



Getting Ready for ICD-10



Today's Presenters

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Acronyms

- Acronyms used in this presentation can be viewed on the **NGSMedicare.com** website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

Today's Presentation

- **Presentation is available on our website**
 - Go to the NGSMedicare.com website
 - In the **About Me** drop down box, select your provider type and applicable state, click on **Next, accept the Attestation**. On the Welcome page, click the **Education** tab, then **Webinars, Teleconferences & Events**
 - Under the **Register** button for this event, you will see the **Presentation** link
- **Materials from prior webinars are available**
 - Click the **Education** tab, then **Past Events**

Objectives

- To gain a better understanding of ICD-10 to assist you in experiencing a smooth transition
- Provide an update on ICD-10 end to end testing weeks

Agenda

- ICD-10 Highlights
- ICD-10 Testing update
- ICD-10 Reminders
- Medicare Fee-For-Service ICD-10 Implementation Billing Guidelines
- ICD-10 Resources
- Questions and answers

ICD-10 Highlights



ICD-10 Compliance/Implementation

- Compliance date for implementation of ICD-10-CM and ICD-10-PCS is 10/1/2015
 - Includes all HIPAA covered entities
- Medicare claims with DOS on or after 10/1/2015 will be **rejected** if they do not contain a valid ICD-10 code
 - Medicare claims processing systems do not have capability to accept ICD-9 codes for DOS after 9/30/15
 - Medicare claims processing systems cannot accept claims that contain both ICD-9 and ICD-10 codes

ICD-10 Compliance/Implementation

- Claims cannot contain both ICD-9 codes and ICD-10 codes
 - No dual processing
- Institutional claims - RTP
- Professional/supplier claims - Return as unprocessable

Did You Know...

- CPT and HCPCS codes/reporting is not impacted by ICD-10 implementation
- Inpatient procedure code reporting is impacted: ICD-10-PCS replaces ICD-9-PCS
- Complete and specific documentation allows for correct coding
 - If you had diagnosis coding and/or documentation issues with ICD-9, it is highly likely that you will have coding and/or documentation issues with ICD-10!

Manual Comparison: ICD-9-CM vs. ICD-10-CM

- ICD-10-CM manual overall content:
 - Printed in a three volume set (ICD-9 two volume set)
 - Alphanumeric categories rather than strictly numeric categories
 - Some chapters are rearranged, titles have been changed and conditions regrouped; forming 21 chapters
 - Almost twice as many categories as ICD-9
 - Minor changes to coding rules for mortality

ICD-10-CM Manual

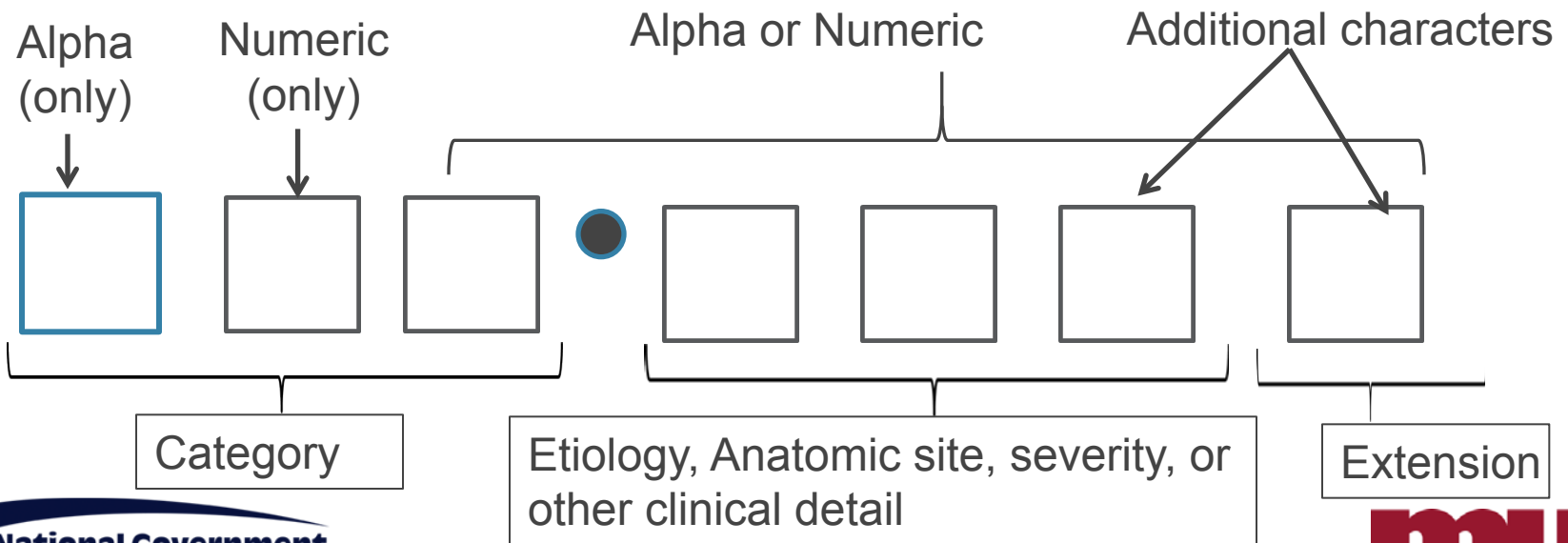
- Introduction
- Draft Official ICD-10-CM Conventions & Guidelines
- Alphabetical Index to Diseases
- Table of Drugs and Chemicals
- Index to External Causes
- Tabular List of Diseases
- Illustrations

ICD-9-CM Versus ICD-10-CM Diagnosis Code Comparison

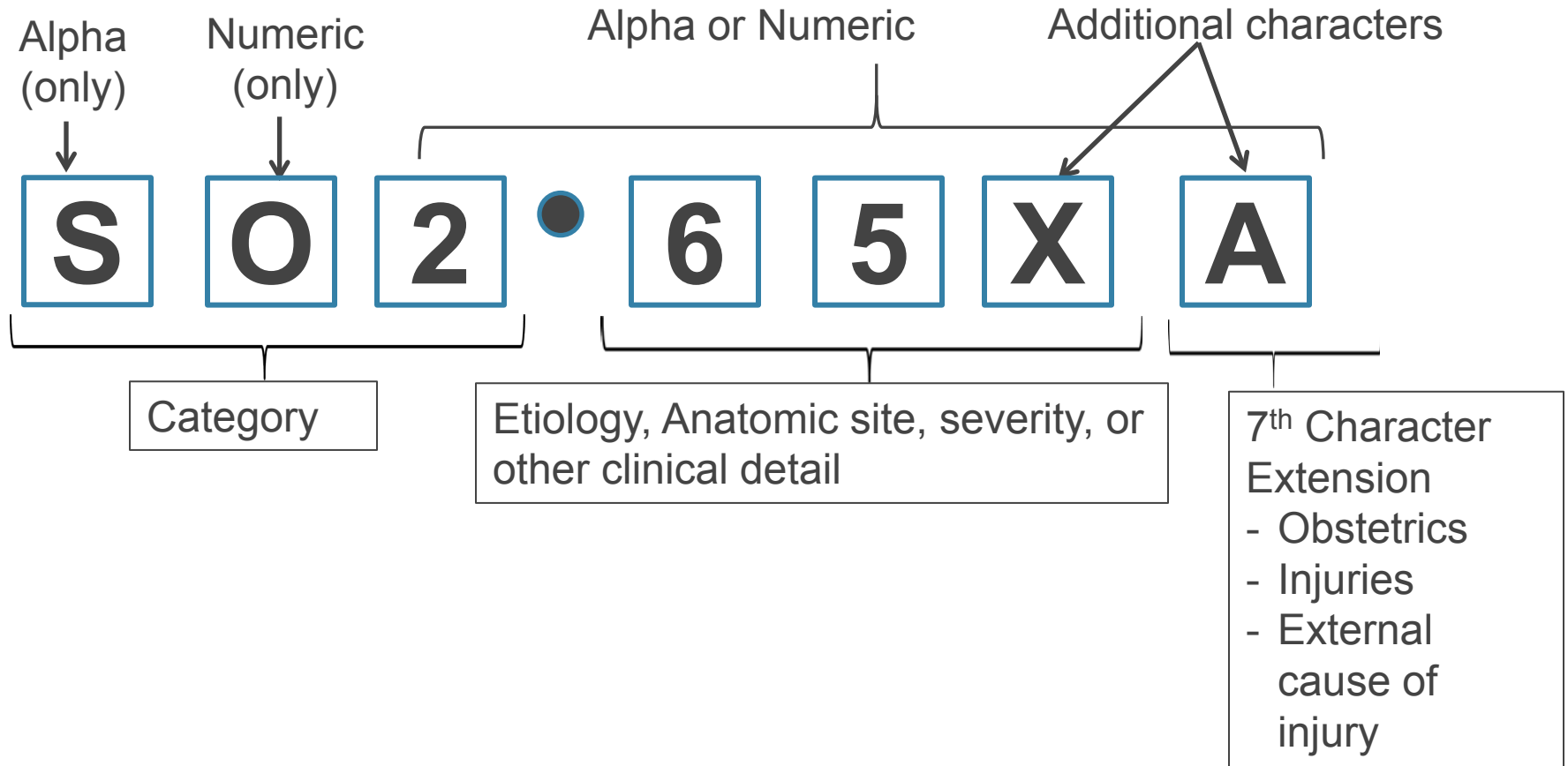
Characteristic	ICD-9-CM (Vol. 1 and 2)	ICD-10-CM
Field length	3-5 characters	3-7 characters
Available codes	Approximately 13, 000	Approximately 68, 000
Code composition (numeric or alphabetical)	Digit 1 = alpha or numeric Digits 2-5 = numeric	Digit 1 = alpha Digit 2 = numeric Digits 3-7 = alpha or numeric
Overall detail embedded within codes	Vague	Very specific, allows description of comorbidities, manifestations, etiology/causation, complications, detailed anatomical location, sequelae, degree of functional impairment, biologic and chemical agents, phase/stage, lymph node involvement, lateralization and localization, procedure or implant related, age related, or joint involvement
Laterality	Does not identify right vs. left	Identifies right vs. left
Sample code	813.15 Open fracture of head of radius	S52123C Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC

ICD-10-CM Structure

- 3 to 7 Characters
- Alpha = any letter A – Z
 - Except: U
 - Letter X is used as a place-holder/filler for certain



ICD-10-CM Structure Example



Excludes Note 1 Defined

■ Excludes 1

- Indicates that the code excluded should never be used (always excluded) at the same time as the code above the Excludes 1 note
- Example: E10 for type 1 Diabetes mellitus
 - Excludes 1: diabetes mellitus due to underlying condition (E08.-); drug or chemical induced diabetes mellitus (E09.-)
 - There are additional conditions listed in this excludes note
- Meaning: Do not assign an E10 code when condition applicable to E08 or E09 (diabetes due to an underlying condition) applies

Excludes Note 2 Defined

■ Excludes 2

- Indicates that the condition excluded is not part of the condition represented by the code, but the patient may have the both conditions at the same time
- Example: L89 pressure ulcer
 - Excludes 2: decubitus (trophic) ulcer of cervix (uteri) (N86); non-pressure chronic ulcer of skin (L97); skin infections (L00-L08)
 - There are additional conditions listed in this excludes note
- Meaning: May code L89 plus any Excludes 2 condition (N86, L97, and/or L00-L08 codes) that coexists

Manual Comparison: ICD-9-PCS vs. ICD-10-PCS

- Will replace Volume 3 of ICD-9-CM
- Used for inpatient procedure reporting
- Approximately 71,000 codes
- Does not affect CPT codes
- Will be changes to documentation requirement for inpatient medical records
- Expanded to seven alphanumeric digits instead of three or four numeric digits
- Institutional Services Split Claim examples see MLN SE1325

ICD-9-PCS Versus ICD-10-PCS Procedure Code Comparison

■ ICD-9-PCS

- 3-4 characters
- All characters are numeric
- All codes have at least 3 characters
- Alpha characters are not case-sensitive
- Decimal after 2nd character

■ ICD-10-PCS

- 7 characters
- Each can be either alpha or numeric
- Numbers 0-9; letters A-H, J-N, P-Z
- Alpha characters are not case-sensitive
- Each code must have 7 characters
- No decimal

ICD-10-PCS Code Structure

- ICD-10-PCS Manual has 16 sections*
 - Sections 0 – 9; B – D; F – H
 - 3 Main Subsections: Medical and Surgical; Medical and Surgical-related; Ancillary
 - *Section X New Technology is a section added to ICD-10-PCS beginning 10/ 1/15 (MLN SE1519)
- Example (based on Medical and Surgical Section):

Character Position						
1	2	3	4	5	6	7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

Laterality

- Applies to some ICD-10-CM codes/chapters
 - Where laterality applies, assign code based on laterality – code specifies either right, left, or bilateral
 - If medical records do not specify laterality when it applies then report unspecified side
 - Example:
 - H40.121 – Low tension glaucoma, right eye
 - H40.122 – Low tension glaucoma, left eye
 - H40.123 - Low tension glaucoma, bilateral eye
 - H40.129 – Low tension glaucoma, unspecified eye
 - Over 1/3 of expansion of ICD-10 codes is due to addition of laterality

Not Required for Medicare: External Cause Reporting

- No national requirement for mandatory ICD-10-CM external cause reporting
 - May voluntarily report – unless payer or state-based mandate to report
- Similar to ICD-9-CM, Official ICD-10 Coding Guidelines at:
 - <http://www.cdc.gov/nchs/icd/icd10cm.htm> - Chapter 20 “External Causes of Morbidity”

Unspecified Codes

- Report specific diagnosis codes when supported by medical records documentation
- Code each health care encounter to level of certainty known for that encounter
- Signs/symptoms or unspecified codes may be best choice to accurately reflect health care encounter
 - When no definitive diagnosis established, it is appropriate to report signs/symptoms
 - Where there is insufficient information available to assign a more specific code, report appropriate unspecified code

ICD-10 Local Coverage Determinations

- ICD-10-CM code inquiries for LCDs and coverage articles
 - Email box for J6 and JK providers to submit questions about ICD-10 coding as they relate to the published LCD and coverage articles
 - Reserved only for questions relating to ICD-10 codes in LCDs and articles currently posted on CMS Medicare Coverage Database at <http://www.cms.gov/medicare-coverage-database>
- Please submit your ICD-10 code questions to: ICD-10-CMMPUdepartment@anthem.com

Medicare Claim Audits

- Medicare will use same approach under ICD-10 as is currently used under ICD-9
- Providers are expected to code correctly and have sufficient documentation to support codes selected

Did You Know....

- Medicare billing options that are ready to accept ICD-10 coded claims on 10/1/2015
 - Most vendors and clearinghouses
 - FISS DDE
 - NGSConnex (accepts professional claims)
 - PC-ACE Pro32 (free billing software)
 - Paper claim (valid ASCA waiver on file)

Did You Know...

- ICD-9-CM and ICD-10-CM related questions are handled by the American Hospital Association's Coding Clinic <http://www.ahacentraloffice.org>
- Providers are responsible for determining correct diagnostic and procedural coding for services furnished to beneficiaries
 - We do not make determinations about proper use of codes for providers
 - Inquiries about interpretation of procedural and diagnostic coding are referred to entities that have responsibility for those coding sets

ICD-10 Testing Update



CMS National Acknowledgement Testing Results

- March 2015 acknowledgement testing week results
 - 775 submitters participated, submitting almost 9,000 claims
 - CMS accepted 91.8 percent of test claims
 - Most rejects resulted from improperly developed test claims unrelated to ICD-10
- <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/March-15-ICD-10-Acknowledgement-Testing-Week.pdf>

CMS National End-to-End (ETE) Testing Results: 4/27/2015 – 5/1/2015

- Approximately 875 unique entities participated with 1,600 National Provider Identifiers (NPIs) registered to test
 - 50% - Professional claims
 - 43% - Institutional claims
 - 7% - Supplier claims
- Acceptance rate for April was higher than January, with an increase in test claims submitted and a decrease in percentage of errors related to both ICD-9 and ICD-10 diagnosis codes

CMS National End-to-End (ETE) Testing Results: 4/27/2015 – 5/1/2015

- 88% acceptance rate: 23,138 test claims received; 20,306 test claims accepted
- 2% of test claims rejected due to invalid submission of ICD-10 diagnosis or procedure code
- <1% of test claims rejected due to invalid submission of ICD-9 diagnosis or procedure code
- Additional rejections due to non-ICD-10 related errors
 - Examples include: Incorrect NPI, Health Insurance Claim Number, or Submitter ID; as well as DOS outside range valid for testing; invalid HCPCS codes; and invalid POS

CMS National End-to-End (ETE) Testing Results

- **Successful CMS national ETE testing!**
 - All CMS systems are ready to accept ICD-10 claims!
 - LCD and NCD diagnosis codes are published and have been loaded into Medicare claims processing systems
 - To read more about the results:
 - January 2015 Results:
<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/15-Jan-End-to-End-Testing.pdf>
 - April 2015 Results:
<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/15-April-Testing-Results.pdf>

Final ICD-10 End-to-End (ETE) Testing Set for July 2015

- Final ICD-10 ETE testing week 7/20/2015 – 7/24/2015
 - Volunteer selection process is complete
 - Volunteers were notified by June 5
- Reminder: Testers who participated in January and April ETE testing weeks were automatically eligible to test again in July

Acknowledgement Testing Continues

- Any provider who submits claims electronically can participate in acknowledgement testing
- Acknowledgement testing tips:
 - Test files must have "T" in the ISA15 field
 - Send ICD-10 coded test claims that closely resemble the claims that you currently submit
 - Use valid submitter ID, NPI, and PTAN combinations
 - Use current DOS on acknowledgment test claims (i.e. 10/1/2014 – 6/1/2015)
 - Do not use future DOS or your claim will be rejected

Acknowledgement Testing

- Test claims will not be adjudicated
- We will return an acknowledgment to the submitter (a 277A or a 999) confirming whether submitted test claims were accepted or rejected
- Testing will not confirm claim payment or produce a Remittance Advice (RA)
- Note: Test claims are subject to all current front-end edits, including edits for valid NPIs, PTANs, and codes, including HCPCS and POS

CMS Testing Resources

- MLN Matters Special Edition Article SE1409, “Medicare FFS ICD-10 Testing Approach”
- MLN Matters® Article MM8867, “ICD-10 Limited End-to-End Testing with Submitters for 15”
- MLN Matters Special Edition Article SE1435, “FAQs – ICD-10 End-to-End Testing”
- MLN Matters Article MM8858, “ICD-10 Testing - Acknowledgement Testing with Providers”

ICD-10 Reminders!



Physician/NPP Documentation Reminders

- Documentation must support codes billed – no change with ICD-10 implementation!
 - Includes: CPT, HCPCS, and ICD codes billed
- Physicians not required to learn ICD-10 coding but are encouraged to review Official ICD-10 Coding Guidelines
 - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html> → select ICD-CM and GEMs or ICD-PCS and GEMs (15 and 2016 files available)
 - For inpatient admissions: Appendix I of this manual contains Present on Admission reporting guidelines

Did You Know...

- Using ICD-10 requires no new medical record documentation
 - Information needed to use ICD-10 already exists in your medical record
 - ICD-10 just uses it more specifically and effectively

Time For Action!

- Do not wait for 10/1/2015 to begin education at your office/facility for ICD-10!
- You have time to prepare for ICD-10!
- CMS has created a number of tools and resources to help you succeed
 - “Road to 10” is one tool specifically for smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help you with implementation
 - Refer to the Resources section of this presentation

Time For Action!

- Detailed documentation will be vital to facilitate correct identification of ICD-10-CM and ICD-10-PCS codes!
- Consider:
 - Have your ICD-10 coders identify areas for physicians to increase the detail of their documentation and educate the physicians/NPPs

Educational Tip

- Most practices will use only a fraction of the number of diagnosis codes for a majority of their billing
 - ICD-10 can be more manageable by first concentrating on learning codes used most frequently

Did You Know . . .

- Physicians/NPP should clearly document cause-and-effect relationship between care provided and condition, as well as to identify any complications
 - If coder is unsure whether a condition is truly a complication, it may be helpful to query physician/NPP

Physician/NPP Documentation

- Example: Diabetes coding will require accurate documentation of:
 - Type 1 versus type 2
 - Long term use of insulin
 - Any underlying cause of diabetes
 - Is the diabetes a result of another disorder?
 - Is the diabetes a result of use of a drug or chemical – if so, specify that drug/chemical
 - Any complications of diabetes
 - FYI: CMS video “ICD-10 Coding and Diabetes”
<https://www.youtube.com/watch?v=AEW2cXqXTSQ&feature=youtu.be>

Medicare Fee-For-Service ICD-10 Implementation Billing Guidelines



Split Billing Claims Spanning 10/1/2015 Implementation Date

- To determine which ICD code set to bill, use following guidelines:
 - Professional claims
 - Use “from” date
 - DME claims
 - Use “from” date
 - Hospice (81X, 82X) claims
 - Split by DOS using “from” date

Split Billing Claims Spanning 10/1/2015 Implementation Date

Hospital Inpatient	11X	Do not split; use “through date/ discharge date”
Swing bed	18X	
SNF Inpatient	21X	
Hospital inpatient Part B	12X	Split by DOS using “from” date
SNF inpatient Part B	22X	
Hospital Outpatient	13X, 14X, 85X	
SNF Outpatient	23X	
RHC	71X	
ESRD	72X	

Split Billing Claims Spanning 10/1/2015 Implementation Date

ORF	74X	Split by DOS using “from” date
CORF	75X	
CMHC	76X	
FQHC	77X	
Hospice	81X, 82X	
HH RAP	32X	Report either ICD-9 or ICD-10 based on one date reported (from and through are always same)

Split Billing Claims Spanning 10/1/2015 Implementation Date

- Home Health Inpatient Part B (32x) claims (SE1410)
 - Do not split; use “through” date
 - Note for claims spanning 10/1/2015: Must bill using ICD-10 codes but may use payment group code derived from ICD-9 codes on claims spanning 10/1/2015
 - OASIS assessment completion date determines whether HH Grouper software will apply ICD-9 or ICD-10 codes
 - Same procedure applies to resumption of care, recertification, and follow-up assessments

Home Health

Type of OASIS Assessment	RAP "From/Through" Dates	Diagnosis Coding Used on RAP	OASIS M0090 Date/OASIS Version	Diagnosis Coding Used on OASIS	Claim "Through" Date	Diagnosis Coding Used on Claim
Start of Care/Resumption of Care	Prior to 10/1/2015	ICD-9-CM	Prior to 10/1/2015	ICD-9-CM	10/1/2015 or after	ICD-10-CM
Re-certification	Prior to 10/1/2015	ICD-9-CM	Prior to 10/1/2015	ICD-9-CM	10/1/2015 or after	ICD-10-CM

UB-04 (1450) Claim

- UB-04 FL 66 Diagnosis and Procedure Code Qualifier (ICD Version Indicator) – 1 position code to denote version of ICD codes reported
 - Qualifier Code “9” – designates ICD-9 codes (9th revision) - required on all claims representing services through 9/30/15
 - Qualifier Code “0” – designated ICD-10 codes (10th revision) – required on all claims representing services on/after 10/1/2015

1500 Professional Claim

- 1500 claim form (version 02/12) Item 21 – Enter the patient’s diagnosis/condition
 - Enter ICD Indicator as a single digit between vertical, dotted lines to identify ICD code set reported
 - Qualifier Code “9” – designates ICD-9 codes (9th revision) – required on all claims representing services through 9/30/15
 - Qualifier Code “0” – designated ICD-10 codes (10th revision) – required on all claims representing services on/after 10/1/2015

CMS Resources: Billing Guidance

- MLN Matters® Special Edition Article SE1325, “Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date”
- MLN Matters® Special Edition Article SE1408, “Medicare FFS Claims Processing Guidance for Implementing ICD-10 – A Re-Issue of MM7492”
- MLN Matters® Special Edition Article SE1410, “Special Instructions for ICD-10 Coding on Home Health Episodes that Span October 1, 2015”
- MLN Matters Special Edition Article SE1518 “Information and Resources for Submitting Correct ICD-10 Codes to Medicare”

ICD-10 Resources



National Government Services Website

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Attention All Part A FISS/DDE & DME CSI Users
2015 Annual Medicare Logon Recertification
Recertification Beginning March 2015

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Find an MU Course | Visit New Provider Center

Take a Web Tour | ICD-10-CM

News
Go to All News Articles

Production Alerts
Upcoming Education

MLN Connects Provider eNews for April 23, 2015
Posted Apr 23, 2015

(SE1505) Physicians and Nonphysician Practitioners Reported on Part A Critical Access Hospital Claims
Posted Apr 22, 2015

(MM9125) Remittance Advice Remark and Claims Adjustment

Before You Call:
Try NGSCONNEX | Use the IVR System | Use PECOS Web

Local intranet | Protected Mode: Off | 100%

National Government Services Website

The screenshot displays the National Government Services website. At the top left is the logo for National Government Services. To its right, it says "JURISDICTION 6 - PART A IN ILLINOIS". A search bar is located on the right side of the header. Below the header is a navigation menu with categories: ENROLLMENT, CLAIMS & APPEALS, MEDICAL POLICY & REVIEW, EDUCATION, Overpayment, Cost Reports, and Provider Resources. The main content area features a "JOB AIDS & MANUALS" section, with a sub-section for "ICD-10 IMPLEMENTATION". A "COUNTDOWN TO ICD-10" widget shows a timer at 160 days, 9 hours, 17 minutes, and 4 seconds. Below this, there are links for "ICD-10 End-to-End Testing Checklists" (Institutional Providers, Professional Claims) and "Benefits of ICD-10". A sidebar on the right contains buttons for "LOG IN TO MU", "SIGN UP FOR EMAIL UPDATES", "CMS.gov Internet-Only Manuals (IOMs)", "New Provider Center", and "POE Advisory Group". At the bottom right of the sidebar is a "Medicare Learning Network" logo with the text "Official Information Health Care Professionals Can Trust" and the URL "http://go.cms.gov/MLNGenInfo". The browser's address bar at the bottom shows "Local intranet | Protected Mode: Off" and a zoom level of 100%.

National Government Services

JURISDICTION 6 - PART A
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ENROLLMENT CLAIMS & APPEALS MEDICAL POLICY & REVIEW EDUCATION Overpayment Cost Reports Provider Resources

JOB AIDS & MANUALS

ICD-10 IMPLEMENTATION

COUNTDOWN TO ICD-10

DAYS | HOURS | MINS | SECS

160 | 9 | 17 | 4

ICD-10
Will Change Everything

AAAPC

ICD-10 End-to-End Testing Checklists

- Institutional Providers
- Professional Claims

Benefits of ICD-10

ICD-10 incorporates greater and specific data from clinical detail and specificity than ICD-9, and offers better support for care management, analytics, and quality measurement. ICD-10 will also improve the understanding of risk and severity. The modern classification system will provide much better data needed for measuring the quality, safety and efficiency of care and improve clinical, financial and administrative performance. Here are some examples of the benefits of ICD-10:

- ICD-10 CM specificity and detail have significantly expanded more than 68,000 codes; ICD-10-PCS significantly expanded more than 87,000 codes

LOG IN TO MU

SIGN UP FOR EMAIL UPDATES

CMS.gov Internet-Only Manuals (IOMs)

New Provider Center

POE Advisory Group

Medicare Learning Network

Official Information Health Care Professionals Can Trust
http://go.cms.gov/MLNGenInfo

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Enter keywords or phrases Search >

- ENROLLMENT
- CLAIMS & APPEALS
- MEDICAL POLICY & REVIEW**
- EDUCATION

MEDICAL POLICY CENTER

Search for Local Medical Policy Information

LCD or article

Search for local coverage determinations and related articles by CMS Identifier (L number or A number), title, keyword, as well as HCPCS, CPT, or ICD-9 codes.

- [Search the CMS Medicare Coverage Database for CPT, HCPCS or ICD-9 codes](#) [EXT. 12](#)

View Indexes of Local Coverage Determination Policies

To view the links to LCDs (or articles) specific to your region, select your state from the **Region** drop-down menu.

Note: Your region-specific CMS Medicare Coverage Database index links will already be displayed if you have previously set your region during your web session.

State

- [Active LCDs for your region](#) [EXT. 12](#)
- [Draft LCDs for your region](#) [EXT. 12](#)
- [How to Access ICD-10 LCDs](#) [PDF. 12](#)
- [In Notice \(Future Effective\) LCDs for your region](#) [EXT. 12](#)
- [Retired LCDs for your region](#) [EXT. 12](#)

View indexes of SIAs, coverage, and LCD-related articles



CMS Resources

- NCD updates specific to ICD-10 coding
 - <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>
- Laboratory NCD updates specific to ICD-10 coding
 - <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html>
- MLN Matters® Special Edition Article SE1421, “How to Access Updates to ICD-10 Local Coverage Determinations in the CMS Medicare Coverage Database(MCD)”
 - CMS MCD: <http://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>

CMS Resources

- ICD-10 website:
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
 - The latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation
- Sign up for CMS ICD-10 industry email updates
 - http://www.cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html

- Medicare
- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Private Insurance
- Innovation Center
- Regulations & Guidance
- Research, Statistics, Data & Customer Support
- Outreach & Education

Home > Medicare > ICD-10 > ICD-10

- ICD-10
- Latest News
- CMS ICD-10 Industry Email Updates
- CMS Implementation Planning
- Provider Resources
- Medicare Fee-For-Service Provider Resources
- Medicaid Resources
- Payer Resources
- Vendor Resources
- Statute and Regulations
- 2015 ICD-10-CM and GEMs
- 2015 ICD-10-PCS and GEMs
- 2014 ICD-10-CM and GEMs
- 2014 ICD-10-PCS and GEMs
- ICD-9-CM Coordination and Maintenance Committee Meetings
- ICD-10 MS-DRG Conversion Project
- CMS Sponsored ICD-10 Teleconferences

ICD-10

ICD-10

Countdown to the
October 1, 2015
ICD-10 Compliance
Date:

DAYS	HOURS	MIN	SECS
153	16	5	32



About ICD-10

The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

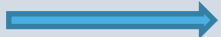
Road to 10: CMS Online Tool for Small Practices

Jumpstart your ICD-10 transition with [Road to 10](#), an online resource built with input from providers in small practices.

"Road to 10" includes specialty references and helps providers build ICD-10 action plans tailored for their practice needs.

CMS Resources

- Check out the updated [CMS ICD-10 Resources Flyer](#).
- Access three new Medscape Education resources that provide guidance around the transition to ICD-10. Continuing medical education (CME) and nursing continuing education (CE) credits are available to health care professionals who complete the learning modules. Anyone can earn a certificate of completion. If you are a first-time visitor to Medscape, you will need to create a free account to access these resources.
 - Video: [ICD-10: Getting From Here to There -- Navigating the Road Ahead](#)
 - Video: [ICD-10 and Clinical Documentation](#)
 - Expert Column: [Preparing for ICD-10: Now Is the Time](#)
- View the [ICD-10 Introduction](#) fact sheet.





Roadto10.org is your one-stop source for all things ICD-10

Road to 10: The Small Physician Practice's Route to ICD-10



Home

ICD-10 Overview

Physician Perspectives

Webcasts

FAQ

Videos

Quick References

Template Library

Events

BUILD YOUR ACTION PLAN

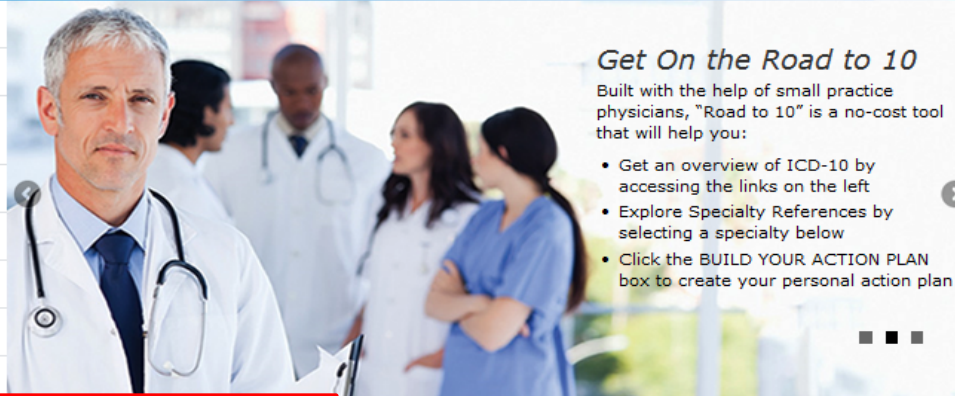
What's New?

New "Care Across the Continuum" Animated Video Available

The video illustrates the journey of a patient as he advances in age and the part ICD-10 plays in that journey. [MORE](#)

New Physician Champion Videos Now Available

Physician Champions Jose Santana and Ricardo Martinez have new tips for you. [MORE](#)



Get On the Road to 10

Built with the help of small practice physicians, "Road to 10" is a no-cost tool that will help you:

- Get an overview of ICD-10 by accessing the links on the left
- Explore Specialty References by selecting a specialty below
- Click the BUILD YOUR ACTION PLAN box to create your personal action plan

Specialty References

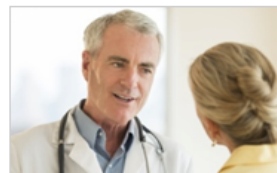


Explore the codes, primers for clinical documentation, clinical scenarios, and other resources dedicated to your specialty.

Choose from the following:

- [Family Practice](#)
- [Pediatrics](#)
- [OB/GYN](#)
- [Cardiology](#)
- [Orthopedics](#)
- [Internal Medicine](#)
- [Other Specialty](#)

Build Your Action Plan



Tell us a little about yourself so we can create a customized action plan to help you transition your practice to ICD-10.

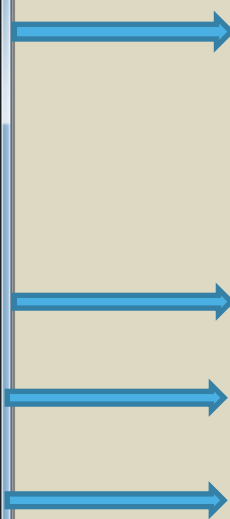
[MORE](#)



Share Your Story

Want to share your success story or lessons learned?

[Send it to us](#) and it may be included on this site to help guide other physicians on the Road to ICD-10.



CMS Resources

- ICD-10 Teleconferences web page:
 - <http://www.cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Teleconferences.html>
 - Information on MLN Connects National Provider Calls and videos, including presentation materials, video slideshow presentations, written transcripts, and audio recordings for each call
- Provider Resources web page
 - <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
 - Educational resources and information for all providers

CMS Resources

- Medicare Fee-For-Service Provider Resources web page
 - <http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html>
- Medicare Learning Network® Educational Materials for the FFS provider community
 - ICD-10 Testing Resources
 - MLN Matters® Articles
 - Medicare Learning Network Products
 - MLN Connects™ Videos
- CMS Resources, including National Coverage Determination Conversion Information
 - <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>

ICD-10 Resources

- Official ICD-10 Coding Guidelines
 - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
 - Appendix I contains Present on Admission Reporting Guidelines
- ICD-10 General Information
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html>

MS-DRG Software

- ICD-10-CM-PCS-Billing-Payment-FAQs-Fact-Sheet (CMS MLN Product ICN 908974)
- ICD-10 MS-DRG Conversion Project
 - <http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html>
- CMS Medicare Severity Diagnosis Related Grouper (MS-DRG) and Medicare Code Editor (MCE) can be obtained from the National Technical Information Service
 - <http://www.ntis.gov/products/grouper.aspx>
 - <http://www.ntis.gov/products/cms-medicare.aspx>
- Version 31 of the ICD-10-CM and ICD-10-PCS MS-DRG software is now available
- The final, approved ICD-10-CM and ICD-10-PCS MS-DRGs, to be implemented on 10/1/14 (FY 15) - will be available after the next rulemaking cycle for FY 15

American Hospital Association (AHA) Resources

- ICD-9-CM and ICD-10-CM related questions are handled by the American Hospital Association's Coding Clinic
 - <http://www.ahacentraloffice.org>
 - <http://www.codingclinicadvisor.com> > Submit a Question
- Central Office on ICD-9-CM
 - <http://www.ahacentraloffice.org>
- AHA Central Office ICD-10 Resource Center
 - <http://www.ahacentraloffice.org/codes/ICD10.shtml>
 - Some of the information available includes: ICD-10 Implementation Guide; Submit a Question; Resources; Webinars; Products; Coding Clinic Quiz; Speakers; Reference Materials; Articles and Reports; Downloadable Materials; Links

Additional Resources

- The following organizations offer other ICD-10 resources:
 - American Academy of Professional Coders (AAPC): www.aapc.com
 - American Hospital Association (AHA): www.aha.org
 - American Health Information Management Association (AHIMA): www.ahima.org and <http://www.ahima.org/icd10>
 - Centers for Disease Control (CDC): www.cdc.gov/nchs/icd.htm
 - Workgroup for Electronic Data Interchange (WEDI): www.wedi.org/
 - Health Information and Management Systems Society (HIMSS): www.himss.org/
 - World Health Organization (WHO): <http://apps.who.int/classifications/icd/en/>

15 MAC Satisfaction Indicator (MSI)

- Your opinion is important to us
 - 10 minute survey on the services we provide
 - Survey accessible via a unique URL starting June 15th
 - CFI Group – survey contractor
 - All responses are kept confidential

CERT A/B MAC Outreach & Education Task Force



CERT A/B MAC Outreach & Education Task Force

- A joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program
- Shared goal of reducing the national improper payment rate as measured by the CERT program
- Partnership to educate Medicare providers on widespread topics affecting most providers and complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions
- **Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

Participating Contractors

- Cahaba Government Benefit Administrators, LLC/J10
- CGS Administrators, LLC/J15
- First Coast Service Options, Inc./JN
- National Government Services, Inc./J6 and JK
- Noridian Healthcare Solutions, LLC/JE and JF
- Novitas Solutions, Inc./JH and JL
- Palmetto GBA/J11
- Wisconsin Physicians Service Insurance Corporation/J5 and J8

CERT A/B MAC Outreach & Education Task Force

- The CERT Task Force educates on common billing errors and contributes educational Fast Facts to the CMS website
 - CMS MLN Provider Compliance Fast Facts web page
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
 - In addition, the CERT Task Force section on the NGS Medicare.com website provides a link to the CMS MLN Provider Compliance Fast Facts

CERT A/B MAC Outreach & Education Task Force

■ CERT Task Force Web Page

- Go to our website, <http://www.NGS Medicare.com>; in the **About Me** drop down box, select your provider type and applicable state, click on **Next**, **accept** the **Attestation**. Choose the **Medical Policy & Review** tab, then choose **CERT**, the **CERT Task Force** link is located to the right of the web page.

■ Task Force Scenarios

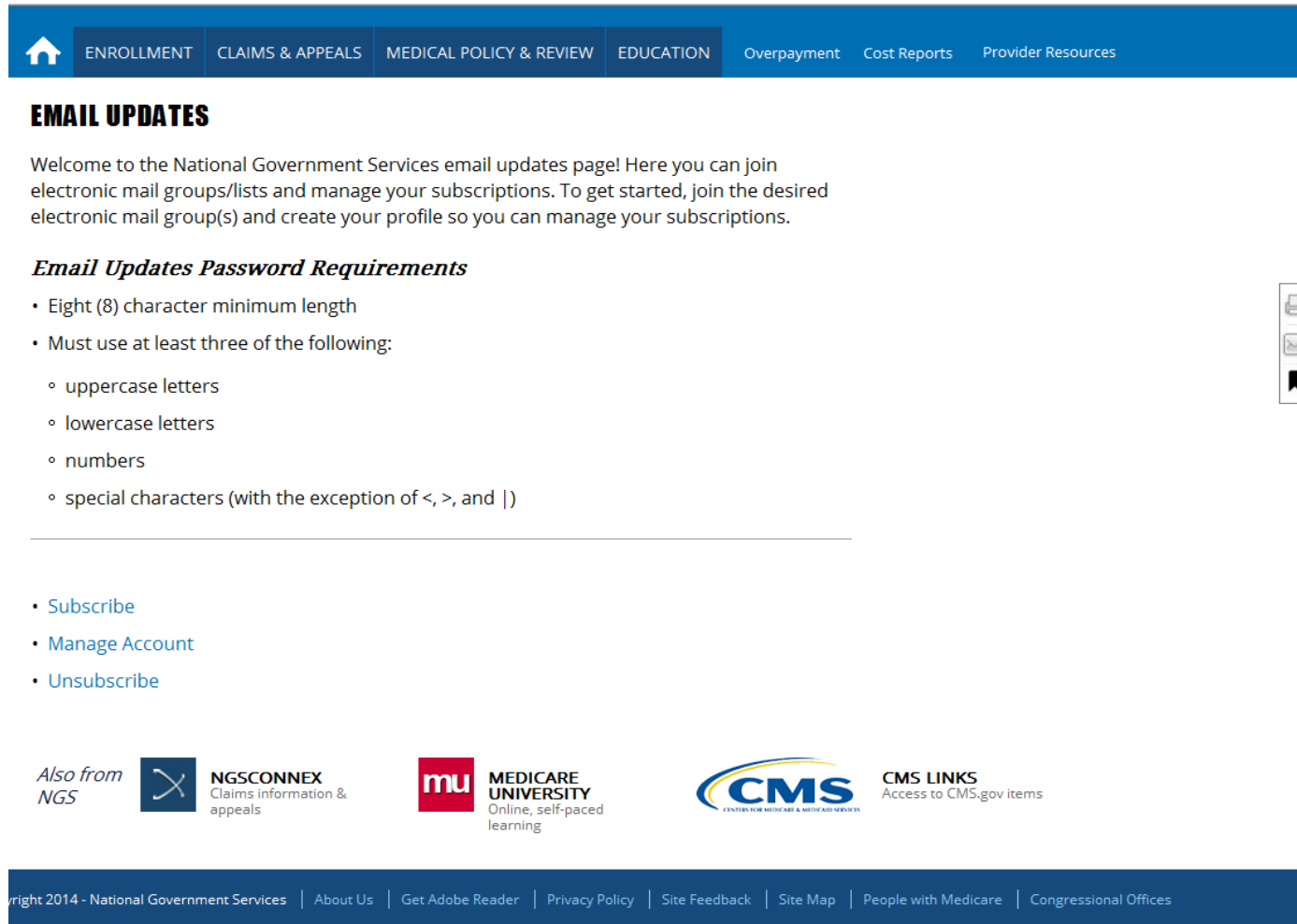
- Complying with medical record documentation requirements
- Documenting therapy and rehabilitation services
- Look for new articles added to this page and provided in your Email Updates

CERT A/B MAC Outreach & Education Task Force

- CMS works closely with the CERT A/B MAC Task Force and the CERT DME MAC Outreach & Education Task Force
 - CMS has a web page dedicated to education developed by the CERT A/B MAC Outreach & Education Task Force
 - <http://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-Outreach-and-Education-Task-Force.html>

Email Updates

- Subscribe to receive the latest Medicare information.



The screenshot shows the Medicare University website's 'Email Updates' page. At the top is a blue navigation bar with a home icon and links for ENROLLMENT, CLAIMS & APPEALS, MEDICAL POLICY & REVIEW, EDUCATION, Overpayment, Cost Reports, and Provider Resources. Below the navigation bar is the 'EMAIL UPDATES' section. It includes a welcome message, a section titled 'Email Updates Password Requirements' with a bulleted list of password rules, and a list of links: 'Subscribe', 'Manage Account', and 'Unsubscribe'. At the bottom of the page are logos for 'Also from NGS', 'NGSCONNEX', 'MEDICARE UNIVERSITY', and 'CMS LINKS'. A footer bar contains copyright information and various utility links.

[Home](#) | [ENROLLMENT](#) | [CLAIMS & APPEALS](#) | [MEDICAL POLICY & REVIEW](#) | [EDUCATION](#) | [Overpayment](#) | [Cost Reports](#) | [Provider Resources](#)


EMAIL UPDATES


Welcome to the National Government Services email updates page! Here you can join electronic mail groups/lists and manage your subscriptions. To get started, join the desired electronic mail group(s) and create your profile so you can manage your subscriptions.


Email Updates Password Requirements


- Eight (8) character minimum length
- Must use at least three of the following:
 - uppercase letters
 - lowercase letters
 - numbers
 - special characters (with the exception of <, >, and |)

- [Subscribe](#)
- [Manage Account](#)
- [Unsubscribe](#)

Also from  **NGS**
National Government Services

 **NGSCONNEX**
Claims information & appeals

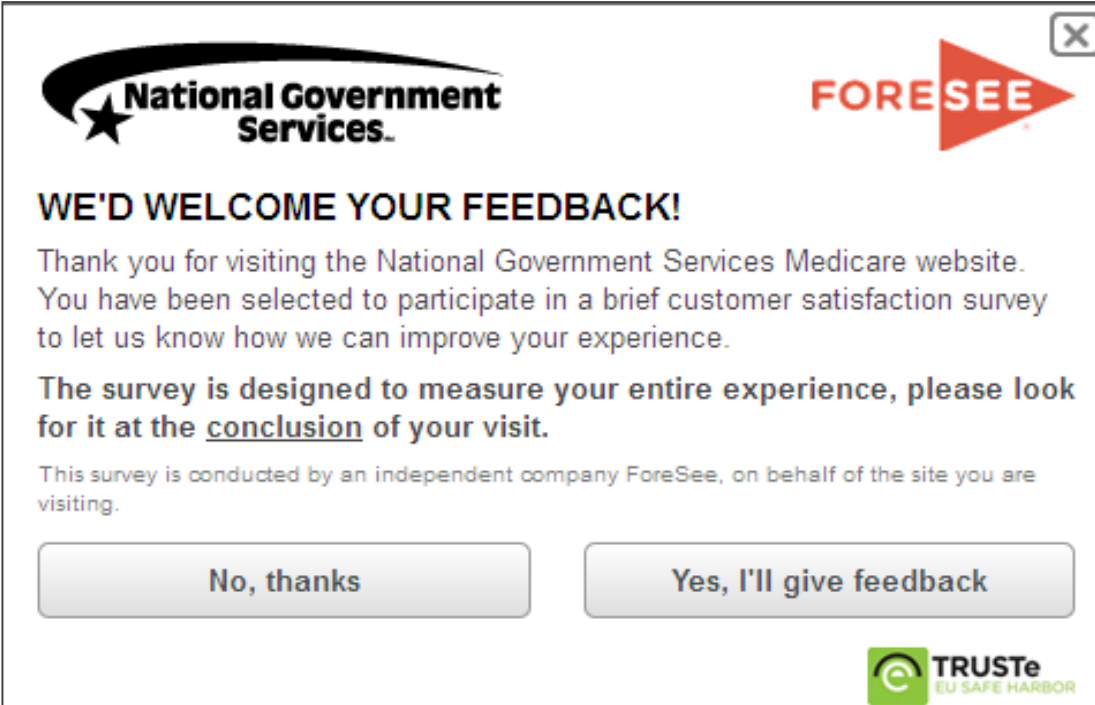
 **MEDICARE UNIVERSITY**
Online, self-paced learning

 **CMS LINKS**
Access to CMS.gov items

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Website Survey

- This is your chance to have your voice heard— Say “yes” when you see this pop-up so National Government Services can make your job easier!



The image shows a screenshot of a survey pop-up window. At the top left is the National Government Services logo, and at the top right is the FORESEE logo. The main text reads: "WE'D WELCOME YOUR FEEDBACK! Thank you for visiting the National Government Services Medicare website. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience. The survey is designed to measure your entire experience, please look for it at the conclusion of your visit. This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting." At the bottom, there are two buttons: "No, thanks" and "Yes, I'll give feedback". In the bottom right corner, there is a TRUSTe EU SAFE HARBOR logo.

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
 - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- Website
 - <http://www.MedicareUniversity.com>

Medicare University Self-Reporting Instructions

- Log on to National Government Services' Medicare University
 - <http://www.MedicareUniversity.com>
 - Topic = **Getting Ready for ICD-10**
 - Medicare University Credits (MUCs) = **1**
 - Catalog Number = To be provided
 - Course Code = To be provided
 - Visit our website for step-by-step self-reporting instructions.
 - Click on the **Education** tab, then the **Medicare University Course List** tab, click on the **Get Credit** link. This will open the **Get Credit for Completed Courses** web page.

Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?