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What to Expect on October 1, 2015

Countdown to ICD-10

Revised: November, 2015

PR0022 V1.3 11.01.2015



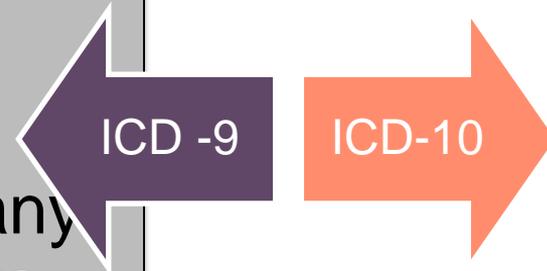
Agenda

- *Who, What and Why of ICD-10*
- *The Basics*
- *Overview of Changes*
- *ICD-10 Code Structure*
- *Submission of Claims*
- *Impact of Non-Compliance*
- *Getting Ready for Transition*
- *Resources and Information*
- *Q & A*



WHAT ARE ICD CODE SETS?

- ICD-9 was developed by the World Health Organization (WHO) for worldwide use in 1979.
- ICD-9 is over 30 years old. Technology has changed, many categories are full, and it lacks sufficient detail.



WHY IS CMS MANDATING THIS CHANGE?

ICD-10

- Provides diagnosis and procedure codes that better reflect the patient's medical conditions and treatments
- Higher quality data to better assess medical care and outcomes and improve patient care and disease management
- Flexible and easier to update as technology, healthcare, and medicine continue to evolve

WHO MUST USE ICD-10 CODES?



Required for anyone covered by the Health Insurance Portability and Accountability Act (HIPAA)

Anyone who submits claims using ICD-9 diagnosis codes must make the switch.

WHAT IS THE IMPLEMENTATION DATE?



On October 1, 2015 the ICD-9 code sets used to report medical diagnosis & inpatient procedures will be replaced by ICD-10 code sets.

ICD-10 OVERVIEW OF CHANGES

Diagnosis Codes

ICD-9
3-5
characters

ICD-10
3-7
characters

Procedure Codes

ICD-9
3-4 numeric
digits

ICD-10
7 alphanumeric
characters

Number of Codes

ICD-9
15,000 codes

ICD-10
155,000
allowable

ICD-10 OVERVIEW OF CHANGES

Includes new conditions,
treatments and
technology

Includes greater
specificity and granularity

Includes details like
laterality and obstetrical
trimester

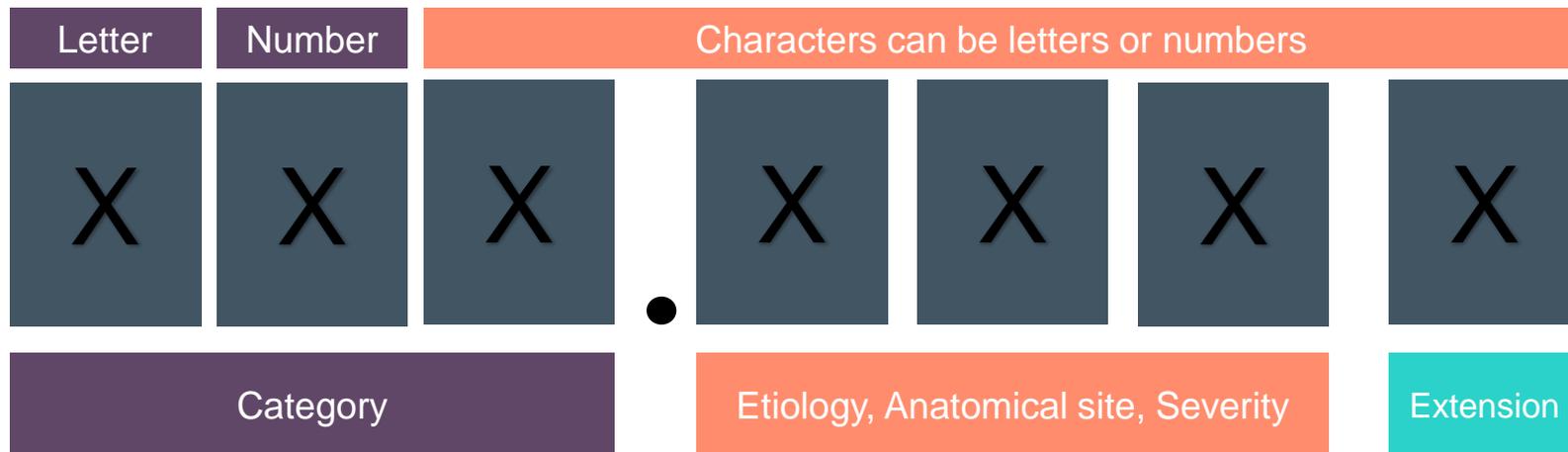
Groups injuries by
anatomical site

Expands diagnosis codes
from 13,000 to 68,000
codes

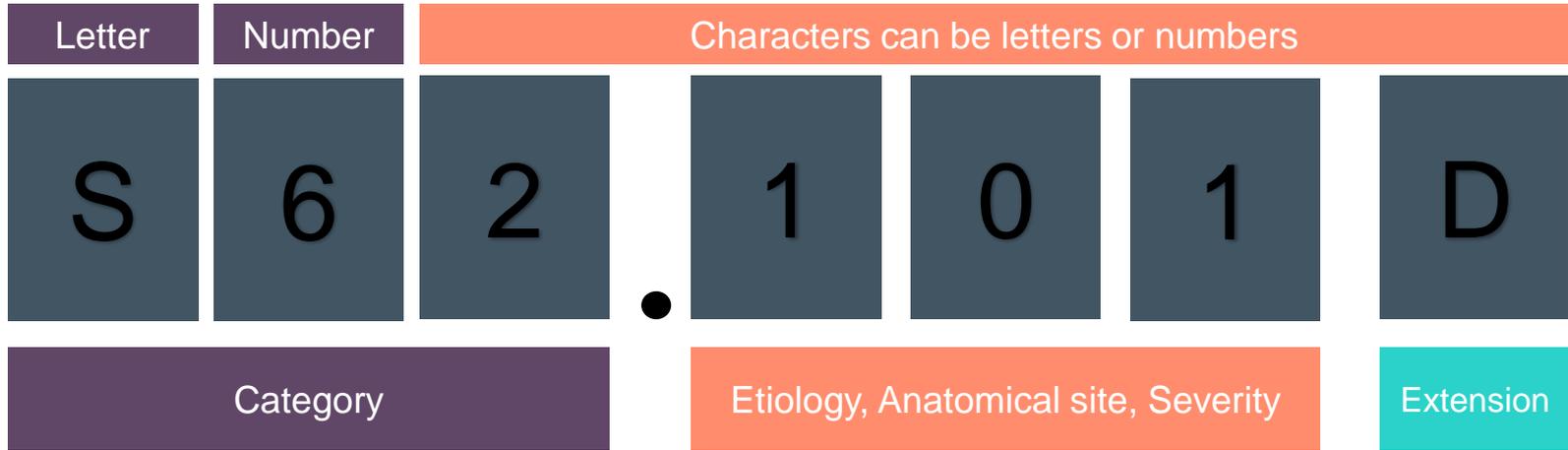
Expands procedure
codes from 3,000 to
72,000 codes

ICD-10 DIAGNOSIS CODE STRUCTURE

OVERVIEW



ICD-10 DIAGNOSIS SAMPLE



ICD-10 CODE STRUCTURE - Diagnosis Position One

A & B: Infectious and Parasitic Diseases

C: Neoplasms

D: Neoplasms, Blood, Blood-forming Organs

E: Endocrine, Nutritional, Metabolic

F: Mental and Behavioral Disorders

G: Nervous System

H: Eye and Adnexa, Ear and Mastoid Process

I: Circulatory System

J: Respiratory System

K: Digestive System

L: Skin and Subcutaneous Tissue

M: Musculoskeletal and Connective Tissue

N: Genitourinary System

O: Pregnancy, Childbirth and the Puerperium

P: Certain Conditions Originating in the Perinatal Period

Q: Congenital Malformations, Deformations and Chromosomal Abnormalities

R: Symptoms, Signs and Abnormal Clinical and Lab Findings

S: Injury, Poisoning, Certain Other Consequences of External Causes

T: Injury, Poisoning, Certain Other Consequences of External Causes

U: *no codes listed, will be used for emergency code additions*

V, W, X, Y: External Causes of Morbidity (homecare will only have to code how patient was hurt; other settings will also code where injury occurred, what activity patient was doing)

Z: Factors Influencing Health Status and Contact with Health Services (similar to current "V-codes")

CHANGES IN SUBMISSION OF CLAIMS

Mixing of ICD-9 and ICD-10 codes IS NOT allowed.

Date(s) of service will determine which code set to use.

You will need to determine the guidelines for your provider type.



CHANGES IN SUBMISSION OF CLAIMS



DRAFT - NOT FOR OFFICIAL USE

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNION-FORM CLAIM COMMITTEE (NLUCC) 03/18

1. MEDICARE MEDICAID TRICARE CHAMPVA GOVT/EMPLOYER/SELF/OTHER		2. PATIENT'S NAME (Last, First, Middle Initial)		3. PATIENT'S ADDRESS (in Home)		4. OTHER INSURANCE POLICY OR GROUP NUMBER		5. EMPLOYMENT (General or Periodic)		6. INSURANCE POLICY GROUP OR POLICY NUMBER	
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7. INSURANCE PLAN NAME OR PROGRAM NAME		8. IS THERE ANOTHER HEALTH BENEFIT PLAN?		9. DATE OF SERVICE		10. PROVIDER'S NAME AND ADDRESS		11. SERVICE FACILITY LOCATION INFORMATION		12. BILLING PROVIDER INFO & I.D.#	
9. DATE OF SERVICE		10. PROVIDER'S NAME AND ADDRESS		11. SERVICE FACILITY LOCATION INFORMATION		12. BILLING PROVIDER INFO & I.D.#		13. SIGNATURE OF PROVIDER OR SUPPLIER		14. DATE	

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Forms and processes will change during this transition, including prior authorization forms.

Information on those changes will be posted on the EOHHS website and in the monthly Provider Update.



ICD INDICATOR

1

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 Hdr 2 Hdr 3 Srv 1 Srv 2

Diagnosis Codes

Qualifier	ICD-10	1	2	3	4	5	6	7	8	9	10	11	12
		M10071											

Add
Copy
Delete

2

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

A.	M10071	B.		C.		D.		ICD Ind.	0
E.		F.		G.		H.			
I.		J.		K.		L.			

INPATIENT PROCEDURES

68 DX	G5601		A	B	C	D	E	
0			J	K	L	M	N	
69 ADMIT DX	G5601		70 PATIENT REASON DX	G5601		b	c	71 PPS CODE
74	PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE			
	DATE		DATE		DATE			
	01N50ZZ							
	100515							

IMPACT OF NON- COMPLIANCE

- Providers who are not ready on October 1, 2015 may experience:
- Denied claims
- Additional cost of recoding and resubmission of claims
- Delayed payment
- October 1, 2015 is a hard cutover date – implementation will NOT be phased in.



Preparing for ICD-10

The transition date of October 1, 2015 is quickly approaching....



Getting Ready for ICD-10

Conduct a readiness assessment

Build your team

Conduct an impact assessment

Identify key stakeholders

Assess staff training needs

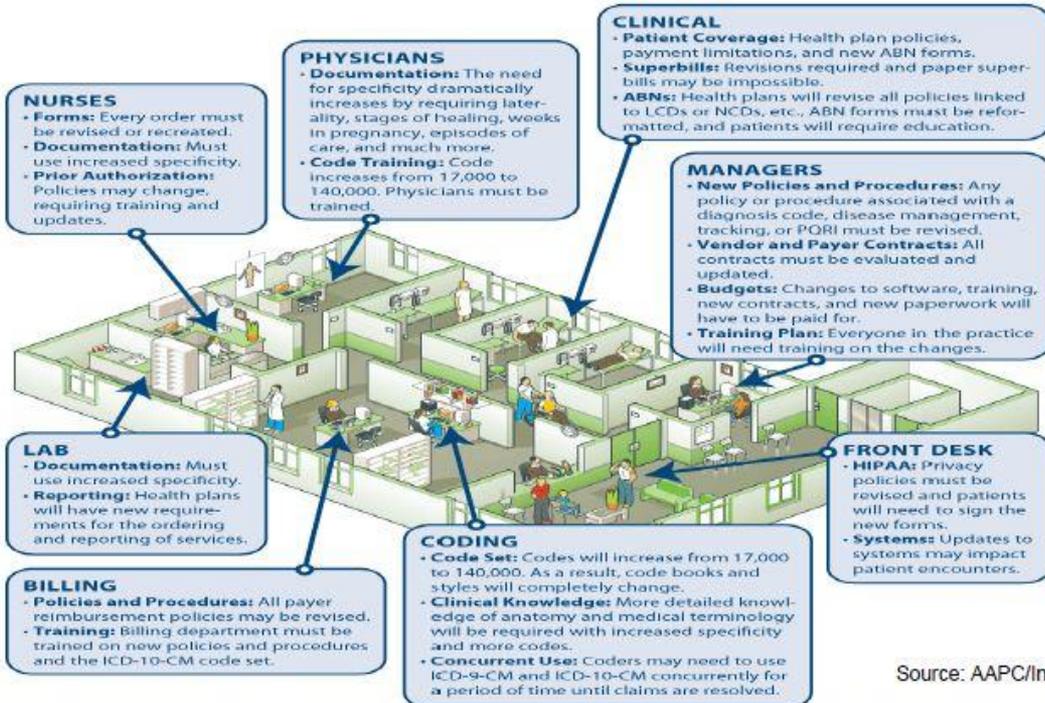
Develop an implementation plan

Let's look at these steps further...

Conduct a
readiness
assessment

- Have you started to think about how this will impact your practice?
- Do all members of your staff know about ICD-10 and the compliance date?
- Have you thought about the impact on your processes?

What Should I Do to Prepare?



Source: AAPC/Ingenix

Build your
team

Providers should think about:

- Who should be involved in the process?
- Who is your point person to coordinate your plan?
- Who will connect with outside vendors or clearinghouses that you utilize?
- Who will attend trainings offered as well as conduct staff trainings?

Conduct an
impact
assessment

You will need to determine all areas that will be affected by the change:

- Computer data storage
- Software applications
- Vendors and clearinghouses
- Revised patient questionnaires to obtain information needed for ICD-10 coding
- Impact on electronic health records
- Staff training for clinical documentation

Identify key stakeholders

Possible stakeholders:

- Staff members
- Vendors
- Clearinghouses
- Coders
- Colleagues

Assess staff
training
needs

Does your staff need?

- A basic overview of ICD-10?
- New office processes?
- New documentation needs?
 - Obtain ICD-10 code books
 - Comparison of commonly used ICD-9 codes to new ICD-10 codes
- New claim submission information?
 - Ex. Obtain new claim forms?

Develop an
implementation
plan

Possible items to include in the plan?

- A project checklist
- Costs associated with the transition (ex. software changes, new claim forms, ICD-10 code books)
- A plan for software/hardware testing
- Staff training
- Communication plan for vendors

Key Vendor
questions

Sample questions for your vendor or clearing house:

- Will you update my products and applications for ICD-10?
- Will there be a cost?
- Will I need new hardware to accommodate ICD-10-related software changes?
- Will you provide training on your software?
- Will you help me test my system with payers and other trading partners?

From <http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-Intro-Guide.pdf>

PES Users

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 Hdr 2 Hdr 3 Srv 1 Srv 2

Diagnosis Codes

Qualifier ICD-10 1 2 3 4
ICD-9 5 6 7 8
ICD-10 9 10 11 12

Referring Provider

SSN/Tax ID Provider ID
Last/Org Name First Name MI

Place Of Service Onset of Current Illness Date 00/00/0000
Special Program Code Admission Date 00/00/0000

EPSDT Referral

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
-----------	-----------	------------	---------------	----------------	--------

Add
Copy
Delete
Undo All
Save
Find...

For PES users: submitted claims will have to be qualified as either ICD-9 or ICD-10.

WHERE TO FIND INFORMATION ON ICD-10

Centers for Medicare and Medicaid Services(CMS) website has all the latest information to support the transition.

Visit www.cms.gov and enter ICD-10 into the search box for the type of information you are seeking. More information is also available on <http://www.roadto10.org/>.

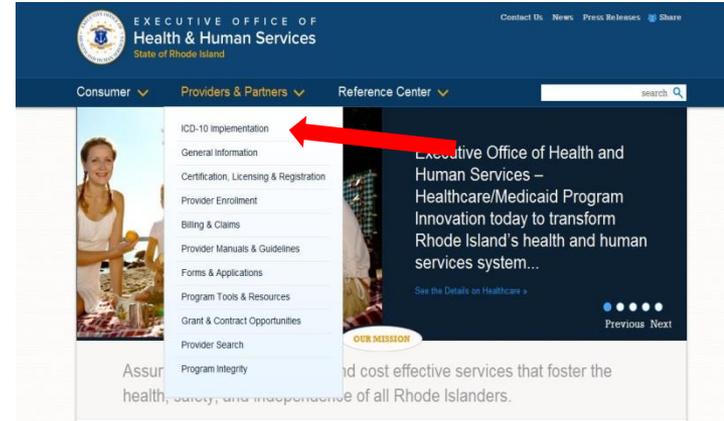
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WHERE TO FIND INFORMATION ON ICD-10

The Executive Office of Health and Human Service (EOHHS) website will have information specific to Rhode Island.

Visit www.eohhs.ri.gov and click on the ICD 10 Implementation tab from the Providers and Partners drop down.

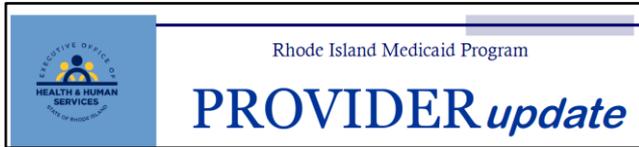


WHERE TO FIND INFORMATION ON ICD-10

Be sure to read the Provider Update each month for the most up to date information. It is posted on the EOHHS website at:

<http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx>

Or you can receive it electronically by asking for your email to be added to the electronic mailing list.



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Q & A



Thank you for your participation.

These slides were presented as an overview of the transition to ICD-10 on October 1, 2015. This overview provided general information on impact and planning.



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