CMS ICD-10 Update

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The CMS eHealth Roadmap

CMS eHealth is...
the transformation of health care delivery in the United States through simplified, standardized electronic information and technology, to achieve improved quality of care, better health outcomes, and reduced costs.

The CMS eHealth programs... Will allow safe, secure and easy

Data Exchange

Participation in eHealth and secure data exchange will

Increase Care Coordination

...and lead to payment reform through

Increase Quality

Value-based Modifiers

Accountable Care Organizations (ACOs)

Benefits for providers and patients

- Improved Quality of Care
- Improved Health Outcomes
- Reduced Costs

Other rheumatic tricuspid valve diseases
Rheumatic tricuspid valve disease, unspecified
Rheumatic disorders of both mitral and aortic valves
Rheumatic disorders of both mitral and tricuspid valves
Combined rheumatic disorders of mitral, aortic and tricuspid valves
ICD-10 Compliance

Opportunities for Compliance

• Improve accuracy of payment policies and implementation of payment policies
• Improve Coding Practices & Claims Payment Accuracy and Efficiency
• Enhanced Fraud, Waste, Abuse Prevention and Detection
• Foundational for Health Care Reform
• Better quality measurement through improved identification of patient populations
• More Accurate Understanding of Population Health
• Enhanced research and analytics

Risks of Non-Compliance

• Incorrect or slow claims payment
• Increased risk of improper payments
• Increased error rates
• Penalties for non-compliance
• Increased appeals and customer service volume
• Incorrect or slow Medicare as a Secondary Payer and Coordination of Payments processes
• Disruptions in research, analytics, and longitudinal reporting
• Disruptions to surveillance and public health reporting
# ICD-10 Implementation Update

<table>
<thead>
<tr>
<th>Planning &amp; Analysis</th>
<th>Design &amp; Development</th>
<th>Internal Testing</th>
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</thead>
<tbody>
<tr>
<td>✓ On track for October 1, 2014 – Now in the Internal Testing Phase</td>
<td>✓ Bi-weekly Executive Steering Committee Meetings</td>
<td>✓ Weekly Risk Mitigation Meetings</td>
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<td>✓ Monthly Dashboard Status</td>
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**States**

- Quarterly Assessments for the State Medicaid Agencies
- Ongoing State Medicaid Agency technical assistance and training

**Industry**

- April National Medicare FFS Provider Call- Reached 12,500 providers
- August National Medicare FFS Provider Call- Reached 27,000 providers
- Continuing online training for industry – Reaching 16,000 per quarter
- Website- Reached 98,000 in August, a 20,000 increase since July
- Listserv – Reaching 130,000 people
- NEW – Online Training Module Series
- NEW - Conducting free technical assistance and training with small provider groups, rural health providers, and safety net organizations
<table>
<thead>
<tr>
<th>Organization</th>
<th>Activities (Focus Small Providers)</th>
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<tr>
<td>AAPC</td>
<td>• Joint ICD-10 Training Sessions</td>
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<tr>
<td>AHIMA</td>
<td>• Joint ICD-10 Training Sessions</td>
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<tr>
<td>AMA</td>
<td>• Discussed training assistance. AMA evaluating TA needs.</td>
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<tr>
<td>ANA</td>
<td>• ICD-10 Train-the-Trainer Sessions</td>
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<td>HBMA</td>
<td>• Joint ICD-10 Training Sessions</td>
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<td>HIMSS</td>
<td>• Speaking Engagements and Training Forums</td>
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<tr>
<td>NACHC</td>
<td>• Collaboration with HRSA “Train-the-Trainer” Sessions</td>
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<tr>
<td>NCHICA</td>
<td>• ICD-10 Train-the-Trainer Sessions</td>
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<tr>
<td>NRHA</td>
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<td>PAHCOM</td>
<td>• ICD-10 Training Sessions</td>
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<tr>
<td>WEDI</td>
<td>• Speaking Engagements and Training Forums</td>
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</table>
Now - 2014 General Equivalence Mappings are available for public use

Now - The ICD-10 test grouper currently is available for ICD-10 development purposes

October 2013* - National Coverage Determinations

February 2014* - Home Health Groupers, Inpatient Rehab (Case Mix Groupers), Resource Utilization Groups

April 2014* - Local Coverage Determinations available to industry

August/September 2014* - ICD-10 grouper will be available

* Target dates
CMS ICD-10 Fact Sheets

The ICD-10 Transition: An Introduction

The ICD-10 code sets used to report medical diagnoses and inpatient procedures will replace the ICD-9 code sets. This fact sheet provides background on the ICD-10 transition, general guidance on how to prepare for it, and resources for more information.

About ICD-10

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedures coding

ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits under ICD-9-CM, but the format of the code sets is similar. ICD-10-CM is to be used in ICD-10-CM coding procedures. Coding in ICD-10-CM is more specific and substantially different from ICD-9-CM coding procedures.

The transition to ICD-10 is occurring because ICD-9 is producing limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 25 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

Who Needs to Transition

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability and Accountability Act (HIPAA) and will affect those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.

FAQs: ICD-10 Transition Basics

The ICD-10 code sets used to report medical diagnoses and inpatient procedures will replace the ICD-9 code sets. These FAQs provide an overview of the transition to ICD-10 and point to resources for more information.

1. What does ICD-10 compliance mean?
   ICD-10 compliance means that everyone covered by HIPAA is able to successfully conduct health care transactions using ICD-10 codes.

   No. The audit in ICD-10 does not affect CPT coding for outpatient procedures. Use ICD-9 procedure codes, ICD-10-PCS codes for hospital inpatient procedures only.

3. Who is affected by the transition to ICD-10? All don't deal with Medicare claims, will I have to transition?
   Everyone covered by HIPAA must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.

4. Do state Medicaid programs need to transition to ICD-10?
   No. Like everyone else covered by HIPAA, state Medicaid programs must comply with ICD-10.

5. What happens if I don't switch to ICD-10?
   Claims for services and hospital inpatient procedures performed on or after the compliance deadline must use ICD-10 diagnosis and inpatient procedure codes. Those claims will not apply to CPT coding for outpatient procedures. Those that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. To avoid being denied, however, these claims for services and hospital inpatient procedures presented before the compliance date must use ICD-9 codes.

6. If I transition early to ICD-10, will CMS be able to process my claims?
   No. CMS and other agencies will not be able to process claims using ICD-10 until the compliance deadline. However, providers should expect ICD-10 testing to take place up to 18 months.

7. Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?
   ICD-10 codes are different from ICD-9 codes and have a completely different structure. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one-burrow" inclusions in some instances. Like ICD-9 codes, ICD-10 codes will be updated every year.

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS
ICD-10 Resources

ICD-10 Website

ICD-10 Questions Mailbox
- icd10questions@noblis.org

Implementation Guides
- https://implementicd10.noblis.org/

Mapping (GEMs)
- GEMs Crosswalk documents
  - http://cms.hhs.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html (for the diagnosis GEMs) and

The GEMs show the mapping between ICD-9-CM and the appropriate ICD-10 code(s). There are both forward (ICD-9-CM to ICD-10) and backward (ICD-10 to ICD-9-CM) mappings. The 2014 GEMs are based on the 2014 ICD-9-CM and 2014 ICD-10 codes.
ICD-10 Resources (cont’d)

Medicare Learning Network Articles

ICD-10 National Provider Calls

National Coverage Determinations (NCDs)

Medicare Learning Network
- Materials and associated CRs available free on CMS web site for selected NCDs
State Medicaid Agencies

ICD-10 Implementation
Working With the State Medicaid Agencies

- **Quarterly Online ICD-10 Self-Assessments**
  - High level reports and graphics to help guide technical assistance
- **ICD-10 Implementation Handbook**
  - Online tool providing SMA specific information to assist in ICD-10 Implementation
- **State ICD-10 Collaboration Site**
  - Online community and repository for State Medicaid Agencies to communicate, collaborate, and innovate in the successful implementation of ICD-10
- **ICD-10 Bi-Weekly State Forum**
  - Conference call that allows CMS and States to discuss current issues related to ICD-10, and provides a vehicle for State-to-State collaboration on best practices and lessons learned in ICD-10 implementation
- **ICD-10 Site Visit Training**
  - General and specific training geared to assist the SMA’s ICD-10 implementation efforts
- **ICD-10 Policy Briefs**
  - Demonstrations of how ICD-10 supports the Triple Aim through state programs for 9 different policies
- **Health Condition Categories**
  - A foundation for SMAs to define health conditions in alignment with the needs of their specific agency
• Contains information on the following core topics:
  – Limitations of the current ICD-9-CM code set
  – Benefits of implementing ICD-10
  – ICD-10 milestones
  – Key activities
  – Strategies and activities required to implement ICD-10 during the five implementation phases.
State Medicaid Agencies ICD-10 Collaboration Site

- Provides an online community and repository for State Medicaid Agencies
- Provides SMA related ICD-10 resources from CMCS and SMAs
- Includes calendar of events for Medicaid ICD-10
Requested Technical Assistance & Training

- 37 States visited
- 12 Policy Remediation workshops held
- 6 Additional training sessions scheduled (by end of FY 2013)

CMS ICD-10 Technical Assistance to States

- Technical Assistance Site Visit
- Scheduled
- Policy Remediation Workshop
Nine Policy Briefs Show How ICD-10 Supports Healthcare Transformation for:

- CHIP
- Pregnancy
- Breast & Cervical Cancer Prevention
- HIV/AIDS
- Alzheimer’s Disease
- Autism Spectrum Disorders
- Traumatic Brain and Spinal Cord Injuries
- Intellectual Disability
- Coordination of Care

...in State Medicaid Programs
### Health Condition Categories

- Affective Disorders
- Anxiety Disorders
- Attention Deficit Disorders
- Autism Spectrum Disorders
- Schizophrenia
- Substance Abuse
- Coronary Heart Disease
- Heart Failure
- Hypertension
- Myocardial Infection
- Cleft Lip/Palate
- Cerebral Palsy
- Diabetes Mellitus
- Hemophilia
- Leukemia
- AIDS/HIV
- Hepatitis
- Lung Cancer
- Brain Injury
- Chronic Dementia
- CVA
- Epilepsy
- Fetal Maturity/Development
- High Risk Pregnancy
- Asthma
- COPD
- End-Stage Renal Disease
- Male related Conditions
- Female related Conditions
- Hip Fracture

- Defines 30 health conditions and code sets universally important to State Medicaid Agencies
- Informs ICD-10 transition business and operational requirements
- End users: Medical staff, policy personnel, coding professionals, coding auditors, reporting and business analysts
Looking Forward

**Pre-Implementation**
- Partner with stakeholder and specialty groups for implementation planning, execution, and communication
- Continue free technical assistance and training for small providers
- Continue Online Training with free CME and explore CNAs - New Module Series
- Host national calls and webinars to address specific ICD-10 topics
- Develop more tailored practical checklists, materials, and communications
- Take national message and targeted technical assistance to the regional and local levels

**Post-Implementation**
- Continued collaboration with stakeholder groups for post-implementation and industry monitoring activities
- Increase internal monitoring activities with a focus on provider payment
- Host national calls and webinars to address specific ICD-10 topics
- Develop materials to assist providers, as needed
For More Information

CMS Point of Contact

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Office of E-Health Standards and Services

• icd10questions@noblis.org
Recent Resources


- **ICD-10 End-To-End Testing Webinar Series: Successful Strategies & Practical Advice**
  - *Providers Roadmap to Testing*:
  - *Clearinghouse Roadmap to Testing*:
  - *Payers Roadmap to Testing*:
  - *Vendors Roadmap to Testing*:
Educational Opportunities

● WEDI Fall Conference - The Health IT Tipping Point: Bridging Strategy & Execution: 6 ICD-10 Sessions
  — Monday, November 18 - Thursday, November 21, 2013 at the Gaylord National Hotel and Convention Center, 201 Waterfront Street, National Harbor, MD 20745
  — Register: [http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=2191A00000323](http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=2191A00000323)

  — Wednesday, January 8 - Thursday, January 9, 2014 at The Biltmore in Miami, FL
  — Register: [http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=38F770000011F](http://www.wedi.org/forms/meeting/MeetingFormPublic/view?id=38F770000011F)