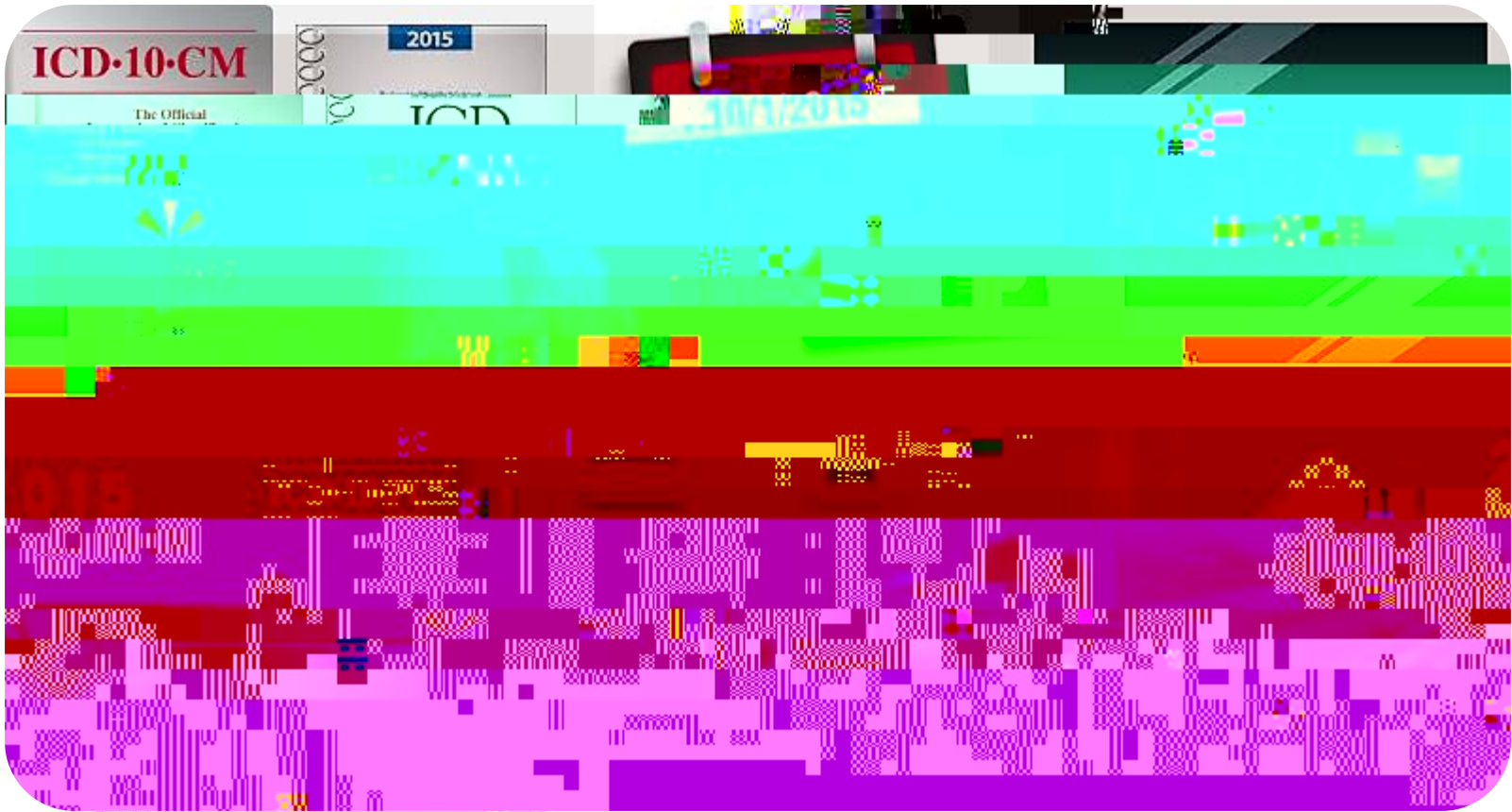


General Information

The information provided in this presentation is meant to serve as a general overview of ICD-10-CM and ICD-10-PCS.

ICD-10



Agenda Topics

What is ICD-10?

Why is ICD-9 being replaced?

What's the difference?

What about ICD-10-PCS?

When will ICD-10 be implemented?

Claim considerations

How will this impact health partners?

Are you ready?

Time considerations

Let's work together!

Resources

What's ICD-10?

ICD-10 is a diagnostic coding system developed by the World Health Organization (WHO) to replace ICD-9.

ICD-10 is the abbreviation for the International Classification of Diseases, Tenth Revision.

What's ICD-10-CM?

ICD-10-CM is the abbreviation for the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

The National Center for Health Statistics (NCHS) developed ICD-10-CM as a clinical modification of WHO's ICD-10 for reporting diagnosis codes.

ICD-10-CM is for use in all U.S. health care settings.

Why is ICD-9 being replaced?

Code set is over 30 years old and has become outdated.

No longer considered usable for today's treatment, reporting, and payment processes.

Does not reflect advances in medical technology and knowledge.

Format limits the ability to expand the code set and add new codes.

What's the difference?

ICD-10 code set reflects advances in medicine and uses current terminology.

Code format is expanded.

- Ability to include greater detail within the code

Code set is more flexible.

- Ability to include new technologies and diagnoses

What's ICD-10-PCS?

ICD-10-PCS is the abbreviation for the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

CMS developed ICD-10-PCS.

ICD-10-PCS has no relationship to the basic ICD-10 diagnostic classification and has a totally different structure from ICD-10-CM.

ICD-10-PCS



ICD-10-PCS is a code set designed to replace Volume 3 of ICD-9-CM for inpatient hospital procedure reporting.

- **ICD-10-PCS is for use in U.S. inpatient hospital settings only.**



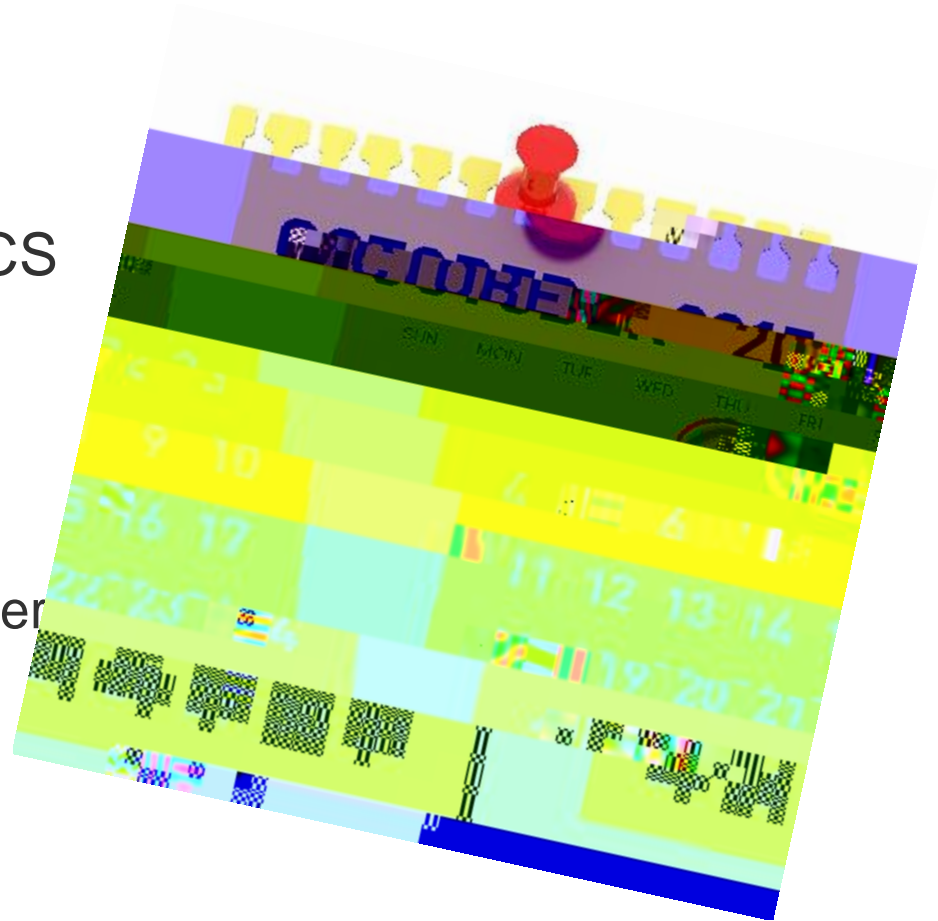
Physicians should be aware that documentation requirements under ICD-10-CM/PCS will impact their inpatient medical record documentation.

When will ICD-10 be implemented?

The U.S. Department of Health and Human Services (HHS) issued a rule on July 31, 2014, that ICD-10-CM and ICD-10-PCS will be implemented into the HIPAA mandated code set on October 1, 2015.

ICD-9 codes must be used for services provided before October 1, 2015.

ICD-10 codes must be used for services provided on or after October 1, 2015.



Will ICD-10 impact all health partners?

ICD-10-CM and ICD-10-PCS will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid Claims.

All providers required to include ICD-9 codes on claims will be required to use ICD-10 codes beginning with the date of service or date of discharge of October 1, 2015. This includes ancillary service providers.

Providers such as dental and pharmacy services that are not required to include ICD-9 codes today will not be required to include ICD-10 codes after implementation.

Note: Degree of impacts will vary per provider type/specialty. Training and coding assistance during transition will likely be based on specialty.

Will ICD-10 impact all

About CMS ICD-10 Flexibility Guidelines

As stated in the CMS' Guidance, for 12 months after ICD-10

About CMS ICD-10 Flexibility Guidelines

What Are Valid Codes?

All claims with dates of service of October 1, 2015 or later **must be submitted with a valid ICD-10 code**; ICD-9 codes will no longer be accepted for these dates of service.

ICD-10-CM is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity.

A three-character code is to be used only if it is not further subdivided.

Claim considerations

Combining Codes On The Same Claim

Claims may not contain a combination of ICD-9 & ICD-10 codes; individual claims can contain only one code-set.

If ICD-9 & ICD-10 are submitted on the same claim, the claim will reject.

Outpatient services are based on the Date of Service.

Inpatient services are based on the Date of Discharge.

Claim considerations

What about prior authorizations?

If the prior authorization is being submitted prior to 10/1/2015 [regardless of the actual date of service (DOS)], the authorization will be submitted in ICD-9.

When the claim for the service is submitted, and the actual DOS is on or after 10/1/2015, the claim needs to be coded in ICD-10.

Claim considerations

What happens to claims that are not using ICD-10 codes on the effective date?

ICD-10-CM/PCS codes are required beginning October 1, 2015. Claims that are not compliant will be rejected.



How will this impact my practice?



More codes,
greater

How will this impact families, greater s

How will this impact my practice?

Staff training

6-9 months prior to implementation for coders who will not assign ICD-10-CMS/PCS codes until compliance date

50 hours training to hospital inpatient coders (ICD-10-CM and ICD-10-PCS)

16 hours training to other coders (ICD-10-CM only)

ICD-10 coding training will be integrated into the continuing education units (CEUs) that certified coders must take to maintain their credentials.

How will this impact my practice?

New software updates for billers & insurers

Health IT vendors must modify their software, rewriting any programs that bill, process claims and record diagnosis information.

Vendors will need to work with health partners and insurance carriers to implement and test updates that include use of all the new diagnosis codes, so that transition occurs with little to no disruption.

How will this impact my practice?

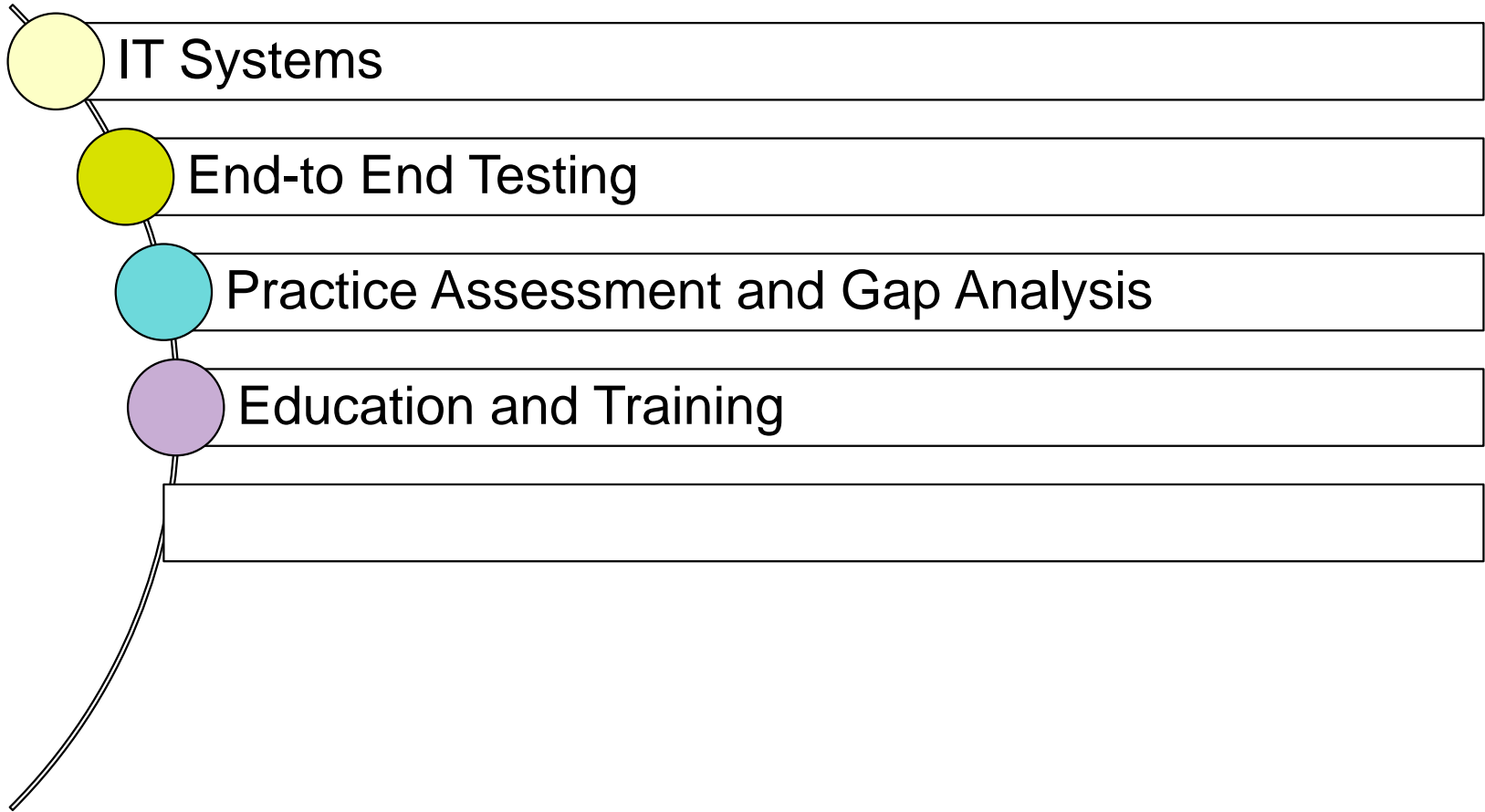
Contract management, billing and reimbursement

Conduct dual coding analysis, map and compare codes that your practice uses most often.

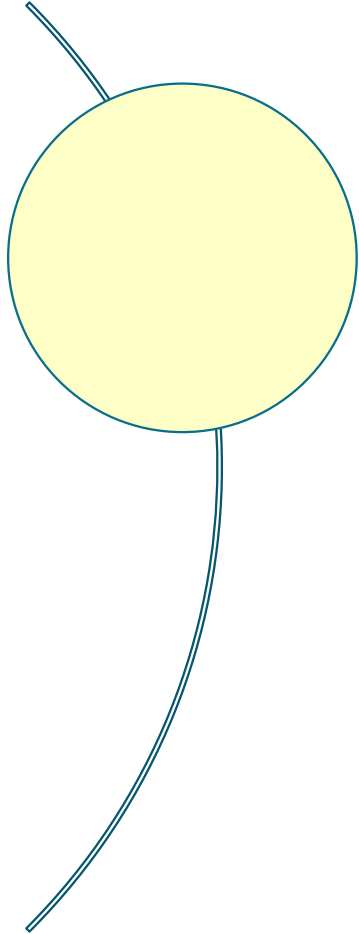
Scrutinize ICD-9 to ICD-10 code reimbursement.

Understanding how new ICD-10 codes align with existing ICD-9 contracts and reimbursements data will be critical to billing and coordination of benefits.

Are you ready?



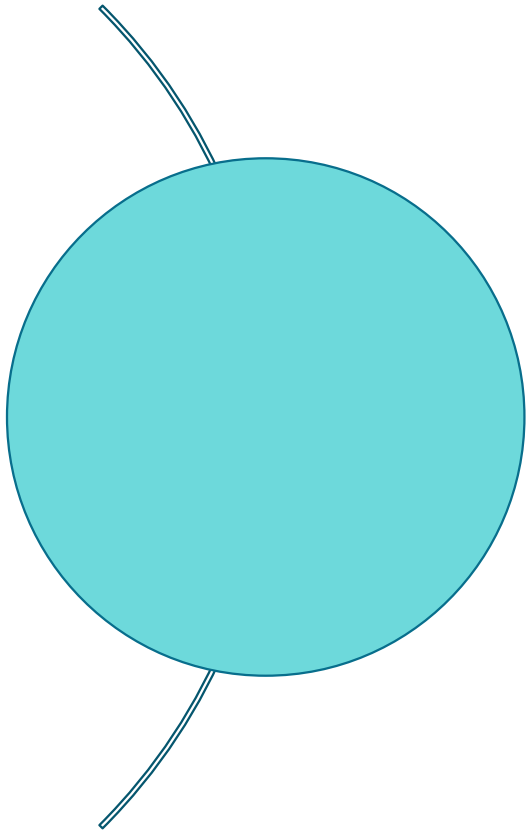
Are you ready?



IT Systems: Confirm with your practice's Billing Service, Clearinghouse/s and Practice Management Software Vendor/s that they are ready to provide the support needed to meet the compliance deadline.

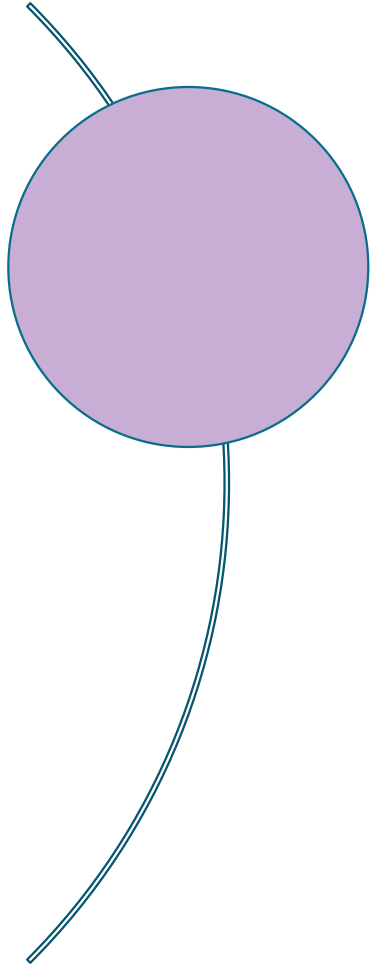
End-to End Testing: Contact your top 10 insurance carriers to get on their schedules to test end to end.
End-to

Are you ready?



Practice Assessment and Gap Analysis: Identify all touch points in your systems and business processes that need to be changed, including billing forms that need to be updated for compliance. Perform an ICD-10 readiness audit on the top 25 ICD-9-CM codes you utilize the most.

Are you ready?



Education and Training: Bring coders and physicians up to speed on the new ICD-10 requirements. Use available ICD-10 resources and training materials from:

- Centers for Medicare and Medicaid
- Professional associations and societies
- Software and system vendors

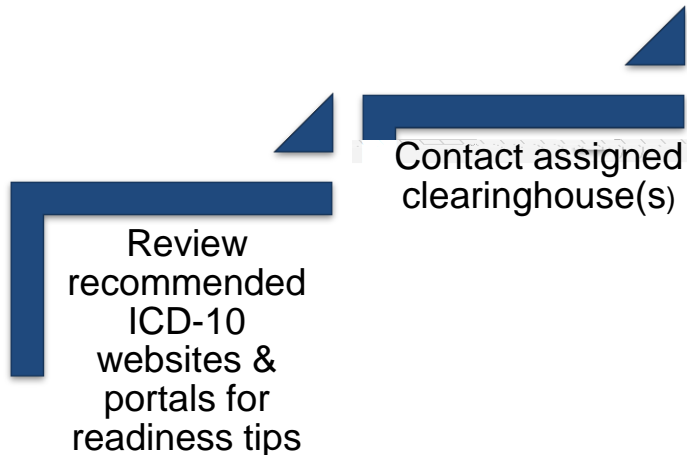
Documentation: Clinical documentation improvement helps prevent high ICD-10-related denial rates and supports improved compliance. -

Are you ready?



Time considerations for health partners

Starting today, what are your next steps to test and implement ICD-10 before 10/1/15?



Let's work together!

Our key activities are already underway with testing involving claims, financial systems, hospitals, clearinghouses and other vendors.

We have resources to keep you informed:

ICD-10 Resource Center on provider websites

Includes links to other websites such as:

American Medical Association

Workgroup for Electronic Data Interchange

American Academy of Professional Coders

Let's work together

Additional links to online resources

www.icd10watch.com/

<http://coalitionforicd10.org/>

<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

<http://www.ahima.org/icd10>

<http://www.himss.org/library/icd-10/playbook>

<http://www.cdc.gov/nchs/icd/icd10cm.htm>

<http://www.ahacentraloffice.org/codes/ICD10.shtml>

<http://www.ncvhs.hhs.gov/wp-content/uploads/2014/05/091210p06b.pdf>

Sources

<https://www.caresource.com/documents/icd-10-provider-faqs/>

<http://www.roadto10.org/whats-different/>

<http://www.roadto10.org/roadto10-webcasts/>

<https://www.aapc.com/icd-10/faq.aspx#faq4>

<https://www.caresource.com/documents/tips/>

<https://www.caresource.com/documents/tips-icd-10-march-2015/>

<https://www.caresource.com/documents/update-icd-10-training-needs-and-provider-checklist/>

<http://medicaid.ohio.gov/portals/0/providers/billing/icd10/qanda/icd10-qa-2-2014.pdf>



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