South Dakota Medicaid ICD-10 Provider Education Series

ICD-10 Preparation & Implementation

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Agenda

- Brief overview of transition
- What you need to know
- What you can do to be ready
- Testing with SD Medicaid
- Available resources



Federal Mandate

Federal Mandate Updated Timeline:

Final Rule Originally Published by HHS on January 16, 2009 requiring the adoption of ICD-10 on October 1, 2013

- August 27, 2012 Revised compliance date announced by CMS stating a 1-year extension would be granted
- October 1, 2014 is the revised ICD-10 Implementation Compliance Date
- April 2014 ICD-10 language in SGR that delays implementation until October 1, 2015
- October 1, 2015 ICD-10 Implementation Date



ICD-10 Facts

- October 1, 2015 Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)
- ICD-10-CM (diagnoses) will be used by all providers in every health care setting for dates of service on and after 10/1/15
 - No changes for providers who are exempt from reporting diagnoses on claims in South Dakota
- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures for discharges on and after 10/1/15. ICD-10-PCS will not be used on physician claims.



The Good News

 No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes

• CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients



Why Move to ICD-10?

- ICD-9 is more than 30 years old
- It has outdated terms, produces limited data about medical conditions and inpatient procedures, and is inconsistent with new medical practices
- The structure of ICD-9 restricts the number of new codes that can be created and many ICD-9 categories are full
- All other industrialized countries are already using ICD-10
- Improved quality data and patient management
- More accurate reimbursement



Widespread Effect

People

- Providers: Physicians, Facilities
- Payers/Health plans

Process

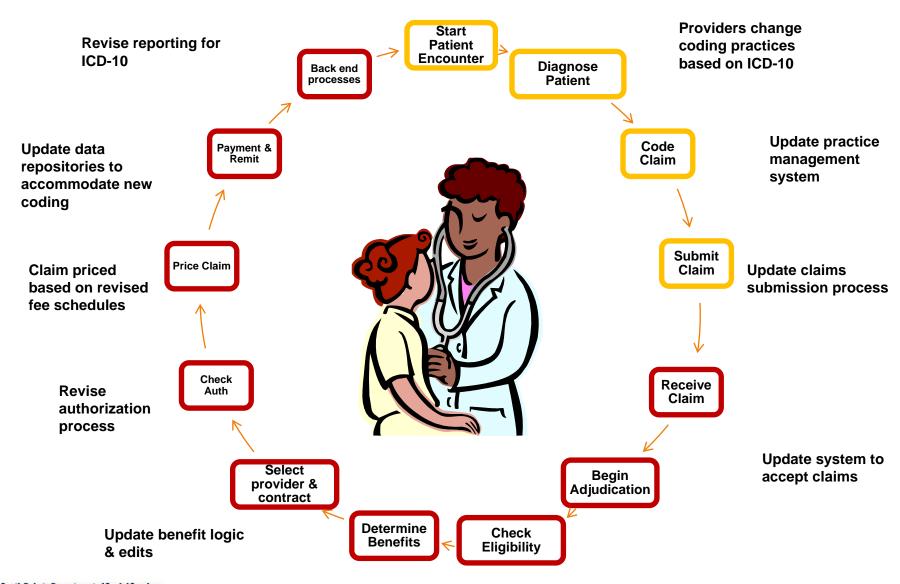
- Medical Management
- Analytics/Reporting

Technology

- Claims Payment Systems
- Interfaces/Third Party Vendors



Areas of Impact





What's the big deal? Don't we update diagnosis codes every year?



Many more codes!

- Diagnoses
 - ICD-9-CM 14,025
 - ICD-10-CM 69,823

- Procedures
 - ICD-9-CM 3,824
 - ICD-10-PCS 71,924



ICD-9 vs. ICD-10 Diagnosis Codes

ICD-9 Diagnosis Code – 14,025	ICD-10 Diagnosis Code – 69,823
3-5 Characters	3-7 Characters
First character is numeric or alpha (E or V)	First character is alpha Second character is numeric
Use of decimal after 3 rd character	Use of decimal after 3 rd character
	Characters 3-7 are alpha or numeric • Letter U is not used
	Use of dummy placeholder "X" for future code expansion

E codes reference External Causes of Injury & Poisoning in ICD-9 E references the Endocrine system in ICD-10

V codes reference Health Status & Contact with Health Services in ICD-9 V – Y codes reference External Causes of Morbidity in ICD-10



ICD-9 vs. ICD-10-PCS Procedure Codes

ICD-9 Procedure Code – 3,824	ICD-10 Procedure Code – 71,924	
3-4 Digits	7 Digits	
Numeric composition	Alpha or numeric composition • Numbers 0 -9 • Letters O & I are omitted	
Examples: Angioplasty – 3 options Artery suture – 1 option	Examples: Angioplasty – 1,298 options Artery suture – 195 options	

The increase in the number of procedures codes is driven by the increased specificity in granularity and laterality contained within the ICD-10 codes



Abrasion of the right knee, initial encounter



Category: Superficial injury of knee and lower leg

Sub-categories: Other superficial injuries of knee

Right knee, initial encounter



Example: Heart Failure

ICD-9	ICD-10
428.0	I5020 Unspecified systolic (congestive) heart failure
	I5022 Chronic systolic (congestive) heart failure
	I5023 Acute on chronic systolic (congestive) heart failure
	I5030 Unspecified diastolic (congestive) heart failure
	I5032 Chronic diastolic (congestive) heart failure
	I5033 Acute on chronic diastolic (congestive) heart failure
	I5040 Unsp combined systolic and diastolic (congestive) heart failure
	I5041 Acute combined systolic and diastolic (congestive) heart failure
	15042 Chronic combined systolic and diastolic heart failure
	I5043 Acute on chronic combined systolic and diastolic heart failure
	I509 Heart failure, unspecified

ICD-10 Specificity

ICD-10 is more specific than ICD-9; however, the coding classification is now conveying what is already known about the condition of the patient. For example:

- Laterality left, right, bilateral, or unilateral
- Trimester of pregnancy and weeks of gestation
- Length of time a patient was unconscious
- Which finger, and which level in a finger amputation
- The type of surgical approach for procedures
- The severity of seizures
- The stage of a decubitus ulcer



Many of the additional codes are related to Code Patterns

Concept	Number of Codes Impacted
Acute or chronic	1764
Open or closed	10,893
Routine healing, delayed healing	11,290
Right or left	25,230
Initial encounter, subsequent encounter or sequela	47,223



What Should I Do?



Impact on Providers

- First Things First:
 - Impact Assessment & Gap Analysis
 - Evaluate Vulnerabilities
 - Systems
 - Operations and Processes
 - Clinical Documentation



System Impacts

- Identify your current systems and work processes that use ICD-9 codes. This could include:
 - Practice Management Systems
 - Reports
 - Electronic Medical Record Systems
 - Clinical Documentation
 - ICD-10 Code Assignment
 - Encounter Forms and Superbills, Coding Cheat Sheets
 - Public Health and Quality Reporting Protocols & Reports
- A good rule of thumb: Wherever ICD-9 codes appear today, ICD-10 codes will need to replace them in the future



System Impacts

- Talk with your practice management/EHR vendor(s) about accommodations for both ICD-9 and ICD-10 codes
- Check your contract to see if upgrades are included or if there is an additional cost
- Discuss implementation and testing plans with any clearinghouses or billing services you may use



Operational Impacts

- Assess staff training needs coders, billing staff, ancillary staff. Anticipate that everyone in your office will require some level of ICD-10 awareness training
- Consider training options and materials available through a variety of resources & venues:
 - Professional Associations AAPC, AHIMA
 - Online Courses ICD10 Monitor, Contexo University
 - Webinars ICD10 Monitor, HC Pro
 - Onsite Training Train the Trainer



Impacts to Payer and Provider

- ICD-10 poses challenges for both payers and providers
 - Readiness for payers and providers
- Data analysis could be challenging for 1-2 years due to both ICD-9 and ICD-10 being used over time
 - Data integrity and comparability
- Readiness will yield advantages for those who execute well
 - No payment interruption

Strongly recommend providers who are still submitting paper claims to move to electronic ASAP. The alphanumeric codes are difficult to decipher and could affect payment and/or timeliness of payment. (O/0, I/1, Z/2). If questions about how to do this send email to: ICD10@state.sd.us



South Dakota Provider Readiness Survey

- A survey was sent out on April 30, 2015 via ListServ as a tool to gage provider readiness
- SD received 274 responses from approximately 3,800 active billers (approximately 7%)
- Provider readiness will assist DSS by informing:
 - Provider training needs
 - DSS testing plan
 - DSS contingency plan
- The Provider Readiness Survey remains open at: http://dss.sd.gov/medicaid/providers/icd10.aspx
- Please respond to the survey, if you have not already done so



South Dakota Provider Readiness Survey

Responses to the survey are extremely valuable in our planning efforts

Initial Survey Results (6/24/2015)

Answer Choices	Responses	
Health System	3.65%	10
Group Practice	23.72%	65
Individual Provider	38.32%	105
Clearinghouse	2.92%	8
Hospital	6.20%	17
Other (please specify)	25.18%	69
Total		274

SD Provider Readiness Survey

Confidence in ability to bill with ICD-10 on October 1, 2015?

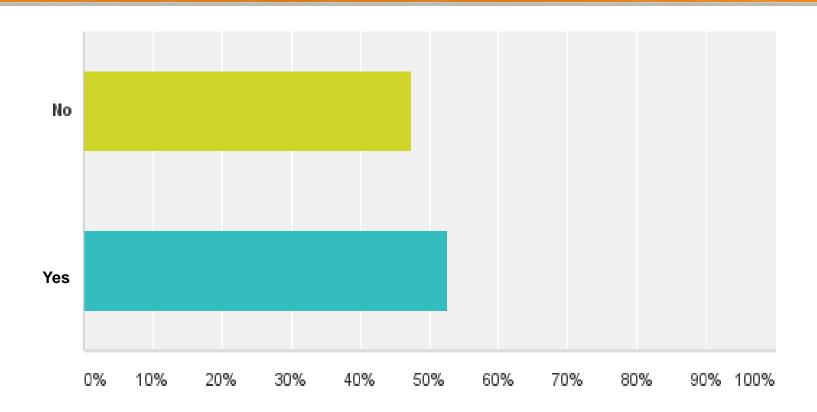
- Confident 44%
- Neutral 15%
- Somewhat 22%
- Not 12%
- Will not be ready -7%

Planning to test with SD Medicaid?

- Yes 53%
- No 15%
- Uncertain 32%



Work with Clearinghouse or Billing Agent?





South Dakota Has Made Great Strides!

- Working on remediation efforts since August 2013
- Impact Analysis completed
- Implementation Plan
 - Business and System Requirements Defined
- Communication and Training Plan
 - ICD-10 Webpage
 - ICD-10 Mailbox
 - Awareness Training
 - ListServ messages
- Risk and Contingency Planning
- Business and System requirements
- ICD-9 to ICD-10 code translations
- Resource Updates
- User Acceptance Testing
- End-to-End Testing
- Provider Readiness Survey

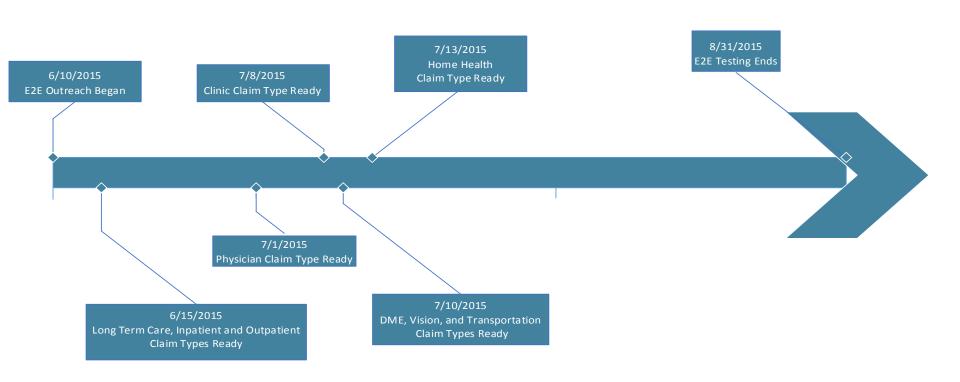


End-to-End (E2E) Testing

- South Dakota Medicaid is ready to perform end-to-end (E2E) testing
- E2E testing focuses on the ability of trading partners to exchange ICD-10 transactions with the Medicaid Management Information System (MMIS)
- E2E testing will validate:
 - Provider and trading partner systems
 - Remediated business processes
 - Payment policies
 - Claims adjudication rules and edits



Testing Timeline



LaunchPad

- Verify that you have current log in credentials
- Log in to LaunchPad
- Select Test Internet Applications "DP96X12Medx" and then follow the standard process for uploading claim batches
- Please use a subset of claims (week, month, etc.) already sent to the state so the demographic information on each claim is different (provider ID, patient ID, etc.) and there is a wide array of test claims. Submit a file with these original claims "as is" to the state with the existing ICD-9 codes.
- Then re-code those same claims with the new date of service (3/1/2015) with the appropriate ICD-10 code and submit that file to the state. The result should be two files submitted with equal number of claims, matching demographic information, but different dates of service and ICD codes.



• A Few things for your consideration:

- All ICD-10 testing occurs in a test environment
- For the purposes of testing we are using 3/1/2015 as 10/1/2015 date
- We encourage you to re-use ICD-9 claims that have been previously submitted, processed and paid. For ICD-10 claims, please consider modifying the ICD-9 claim to have ICD-10 codes and with dates of services on or after 3/1/2015.
- Use "T" indicator in the ISA 15 segment so they don't process as production
- We don't have any limit on number claims that you can submit, but if you are planning to submit more than 1,000 claims do let us know
- We strongly encourage to use the Launchpad application to upload the files to the State
 or we would request you to give us access to your SFTP server so that we can connect
 to your server and download the files from there



CollabT

- The testing partner, defined as any trading partner (healthcare organization, individual provider, clearinghouse, or billing organization), completes the registration process and receives system access [see below for details]
- SD Medicaid creates a workspace in the tool called a test program. This workspace acts as a collaborative environment where the testing can occur [example: a 'diabetes' test program].
- SD Medicaid populates the test program area with test scenarios that reflect the specific business objective, claim type, or specialty associated with the test program [example: 7 different medical situations that are associated with diabetes]
- The testing partner logs into the CollabT system and reviews their assigned test programs and test scenarios
- The testing partner then re-codes the given test scenarios in ICD-10 and submits the results
- CollabT creates a claim file and sends it to SD Medicaid for processing
- SD Medicaid submits the results back into CollabT, which makes them available to the testing partner
- The testing partner can look up the results of their ICD-10 coding input within the tool itself



Paper

- Please write "ICD-10 Test Claim" across the top of the claim form
- Send test claims to:

ICD-10 Testing

Nordstrom Building

521 E. Sioux Ave

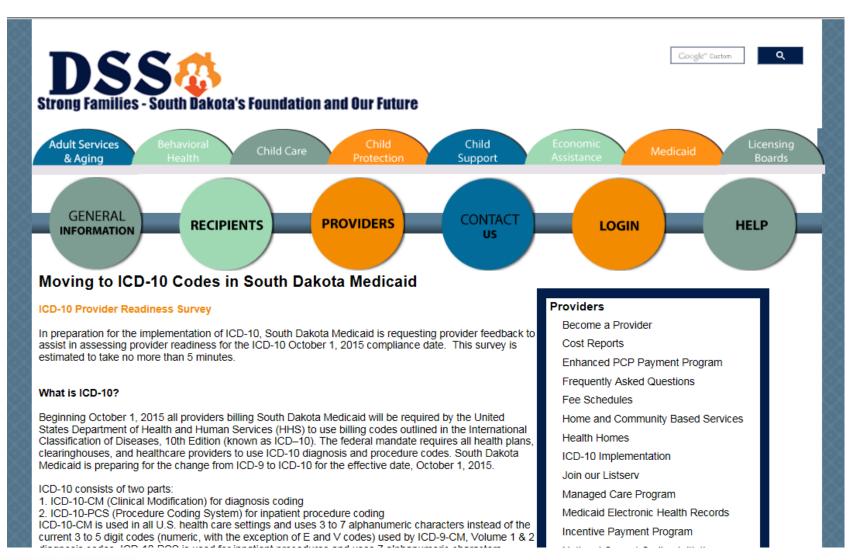
Pierre, SD 57501

- On a separate piece of paper, please include your contact information including a phone number and/or email address, in case there are any questions about the test claims that you submitted
- Once received, SD Medicaid will process your claims and generate a Remittance Advice (RA). Please allow up to 15 business days for the RA to be generated and mailed to you based on the claim type you are submitting.



SD Medicaid ICD-10 Webpage

Website: http://dss.sd.gov/medicaid/providers/icd10.aspx





South Dakota ICD-10 Resources

SD Medicaid ICD-10 Webpage:

http://dss.sd.gov/medicaid/providers/icd10.aspx

Telephone Services Unit:

(800) 452-7692 – In-State

(605) 945-5006 – Out-of-State

SD Medicaid ICD-10 Mailbox:

ICD10@state.sd.us



CMS Provider Resources

CMS Website: http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

Template Library

Events

BUILD YOUR ACTION PLAN



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.

(Read Disclaimer)

PLAN box.

Specialty References

Select a profile below to explore the common codes, primers for clinical documentation, clinical scenarios, and additional resources associated with each specialty. You can also get started on your own plan now by choosing BUILD YOUR ACTION PLAN below.



South Dakota Department of Social Services



CMS Provider Resources

BACK AND NECK PAIN (SELECTED) (ICD-9-CM 723.1, 724.1, 724.2, 724.5) CHEST PAIN (ICD-9-CM 786.50 TO 786.59 RANGE) DIABETES MELLITUS W/O COMPLICATIONS TYPE 2 (ICD-9-CM 250.00)		•
		0
		•
	SPIRATORY INFECTIONS (ICD-9-CM 462, 465.9, 466.0) IISMS SHOULD BE SPECIFIED WHERE POSSIBLE]	•
*Codes wi	th a greater degree of specificity should be considered first.	
R10.9*	Unspecified abdominal pain	
R10.84	Generalized abdominal pain	
R10.33	Periumbilical pain	
R10.32	Left lower quadrant pain	
R10.31	Right lower quadrant pain	
R10.30	Lower abdominal pain	
R10.2	Pelvic and perineal pain	
R10.13	Epigastric pain	
R10.12	Left upper quadrant pain	
R10.11	Right upper quadrant pain	
R10.10	Upper abdominal pain, unspecified	
R10.0	Acute abdomen	
CD-10-CN	1 Codes	



Additional Resources

- www.CMS.gov/ICD10
- http://www.roadto10.org/
- http://www.cms.gov/Medicare/Coding/ICD 10/Downloads/ICD10SmallandMediumPractices508.pdf
- www.AHIMA.org
- www.AAPC.com
- http://www.amaassn.org/resources/doc/washington/icd10-checklist.pdf
- http://www.icd9data.com/
- https://www.aapc.com/icd-10/codes/

GO LIVE OCTOBER 1, 2015







