MPC

ICD10 Part Two—Is it too late?

September 2015

MEDICAL PRACTICE CONSULTANTS, INC.

CELEBRATING 22 YEARS OF EXCELLENCE

CMS and AMA Announce Efforts to Help Providers Get Ready For ICD-10

The International Classification of Diseases, or ICD, is used to standardize codes for medical conditions and procedures. The medical codes America uses for diagnosis and billing have not been updated in more than 35 years and contain outdated, obsolete terms.

- The use of ICD-10 should advance public health research and emergency response through detection of disease outbreaks and adverse drug events, as well as support innovative payment models that drive quality of care.
- CMS' free help includes the "Road to 10" aimed specifically at smaller physician practices with primers for clinical documentation, clinical scenarios, and other specialty-specific resources to help with implementation. CMS has also released provider training videos that offer helpful ICD-10 implementation tips.
- The AMA also has a broad range of materials available to help physicians prepare for the October 1 deadline. To learn more and stay apprised on developments, visit AMA Wire.

Frequently Asked Questions

Question 1. What if I run into a problem with the transition to ICD-10 on or after October 1st 2015?

Answer 1. CMS understands that moving to ICD-10 is bringing significant changes to the provider community. CMS will set up a communication and collaboration center for monitoring the implementation of ICD-10. This center will quickly identify and initiate resolution of issues that arise as a result of the transition to ICD-10. As part of the center, CMS will have an ICD-10 Ombudsman to help receive and triage physician and provider issues. The Ombudsman will work closely with representatives in CMS's regional offices to address physicians' concerns. As we get closer to the October 1, 2015, compliance date, CMS will issue guidance about how to submit issues to the Ombudsman.

Question 2. What happens if I use the wrong ICD-10 code, will my claim be denied?

Answer 2. While diagnosis coding to the correct level of specificity is the goal for all claims, for 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/practitioner used a valid code from the right family. However, a valid ICD-10 code will be required on all claims starting on October 1, 2015. It is possible a claim could be chosen for review for reasons other than the specificity of the ICD-10 code and the claim would continue to be reviewed for these reasons. This policy will be adopted by the Medicare Administrative Contractors, the Recovery Audit Contractors, the Zone Program Integrity Contractors, and the Supplemental Medical Review Contractor.

Question 3. What happens if I use the wrong ICD-10 code for quality reporting? Will Medicare deny an informal review request?

Answer 3. For all quality reporting completed for program year 2015 Medicare clinical quality data review contractors will not subject physicians or other Eligible Professionals (EP) to the Physician Quality Reporting System (PQRS), Value Based Modifier (VBM), or Meaningful Use (MU) penalty during primary source verification or auditing related to the additional specificity of the ICD-10 diagnosis code, as long as the physician/EP used a code from the correct family of codes. Furthermore, an EP will not be subjected to a penalty if CMS experiences difficulty calculating the quality scores for PQRS, VBM, or MU due to the transition to ICD-10 codes.

Back to learning and implementing new regulations!

MEDICAL PRACTICE CONSULTANTS, INC.
Renee M. Brown, President
1900 NW Expressway, Suite 625
Oklahoma City, Oklahoma 73118
(405/848-8558)

www.mpcinc.biz

ICD10 Part Two—Is it too late?

In the event, you missed it—See the following letter sent to all Medicare providers.

Dear Medicare Provider:

On October 1, 2015, the United States transitions from ICD-9 to ICD-10 as the medical code set for medical diagnoses and inpatient hospital procedures. I am writing to remind you that while there is still time to get ready-and resources available to help you prepare -we are rapidly approaching the October 1 deadline. If you don't use a valid ICD-l0 code starting on October 1, 2015, you will not be able to successfully bill for your services.
As a reminder, the International Classification of Diseases, or ICD, is used to standardize codes for medical conditions, diagnoses, and institutional procedures and has not been updated in this country for more than 35 years. The current code set, ICD-9, contains outdated, obsolete terms that are inconsistent with current medical practice. Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes will continue to be used for outpatient, ambulatory, and office based procedure coding.
Starting on October 1, Medicare claims with a date of service on or after October 1, 2015 will only be accepted if they contain a valid ICD-10 code. The

Medicare claims processing systems will not have the capability to accept ICD-9 codes for dates of service after September 30, 2015 or accept claims that contain both lCD-9 and ICD-10 codes.

We understand that moving to ICD-10 is a significant change, and CMS wants providers to be successful. In response to requests from the provider community, I directed CMS to release guidance that allows for additional flexibility in the claims auditing and quality reporting processes.
For 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-l 0 diagnosis code as long as the physician/practitioner used a code from the right family. However, a valid ICD-J 0 code will be required on all claims starting on October 1, 2015.

For all quality reporting completed for program year 2015, Medicare clinical quality data review contractors will not subject physicians or other Eligible Professionals (EP) to the Physician Quality Reporting System (PQRS), Value Based Modifier (YBM), or Meaningful Use (MU) penalties during primary source verification or auditing related to the additional specificity of the ICD-I0 diagnosis code, as long as the physician/EP used a code from the correct family of codes. Furthermore, an EP will not be subjected to a penalty if CMS experiences difficulty calculating the quality scores for PQRS, YBM, or MU due to the transition to ICD-10 codes.

- CMS will not deny any informal review request based on 2015 quality measures if it is found that the EP submitted the requisite number/type of measures and appropriate domains on the specified number/percentage of patients if the EP's only error(s) is/are related to the specificity of the ICD10 diagnosis code (as long as the physician/EP used a code from the correct family of codes).
- CMS will set up a communication and collaboration center for monitoring the implementation of ICD-10. This center will quickly identify and initiate resolution of issues that arise as a result of the transition to ICD-10.
- CMS will name an ICD-10 Ombudsman to help receive and triage physician and provider issues.

The complete guidance can be found on the CMS website at www.cms.gov/ICD-10. If you are not yet ready for the transition to ICD-10, there is still time and CMS is ready to help. CMS's free help includes tools to help you succeed in preparing yourself and your office for ICD-10. To jumpstart your efforts, begin with the new lCD-10Ouick Start Guide. It, along with many other resources, is available at the CMS website at www.cms.gov/icd10.This summer, I urge you to take advantage of these tools.

Another valuable resource available on the CMS website is the "Road to 10," which is specifically geared toward addressing the needs of small physician practices, but is helpful for other provider types as well. The "Road to 10" includes primers for clinical documentation, clinical scenarios, and other specialty specific resources to help with implementation. CMS has also released provider training videos that offer helpful lCD-10 implementation tips.
In addition to what CMS provides, health insurance plans, medical societies, coding organizations, and trade associations offer many free resources to expedite your ICD-l 0 transition.

As we work to modernize our nation's health care infrastructure, the coming implementation of ICD-10 will set the stage for improved patient care and public health surveillance across the country, leading to better identification of illnesses and earlier warning signs of epidemics and pandemics, such as Ebola. Over time, ICD-10 will improve coordination of a patient's care across providers, advance public health research and emergency response through detection of disease and adverse drug events, support innovative payment models that drive quality of care, and enhance fraud detection efforts.

Our nation's health care community has invested deeply in preparing for this transition. We've seen unprecedented cooperation across stakeholders, as providers, health plans, and vendors have worked together toward a smooth transition. I encourage you to get ready and continue in this spirit of cooperation as we complete the switch to ICD-IO -and beyond.

Andrew M. Slavitt Acting Administrator

"An education isn't how much you have committed to memory, or even how much you know. It's being able to differentiate between what you do know and what you don't."

By Anatole France (1844-1924)