

Welcome



Bringing physicians together for a healthier Ohio

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Agenda

ICD-Overview

Introductions/Welcome

ICD-10: The Road Forward

Ohio State Medicaid Update

Ohio State Medical Association Overview

Q&A

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I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency
I078 Other rheumatic tricuspid valve diseases
I079 Rheumatic tricuspid valve disease, unspecified



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD 10: The Road Forward

*Your Practice's Transition Is in Good Hands.
Yours.*

**Dr. Marc Leib
Dennis Kennedy**



Final Rule Issued

On July 31st, 2014, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases.

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Now is The Time to Prepare

- ICD-10 represents a significant change that impacts the entire health care community.
- Much of the industry has already invested resources toward the implementation of ICD-10.
- While many providers, including physicians, hospitals, and health plans, have completed the necessary system changes to transition to ICD-10, the time offered by the delay and the final rule may help to ensure providers will be ready.



ICD-10 Quick Facts



- ICD-10 international version
 - Adopted by WHO in 1990
 - Most countries other than the US currently use ICD-10
 - ICD-10 (International version) ~ 12,500 diagnostic codes
 - ICD-10 used for mortality reporting in the US - 1999
- ICD-10-CM (US version)
 - ~ 69,000 diagnostic codes
 - Final rule published – 2009
- ICD-10-PCS
 - ~72,000 codes
 - Not part of an international standard
 - Inpatient procedures only

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ICD-10 Clinical Documentation Impacts

Timing of care

Combination codes with symptoms and/or manifestations

Anatomical site specificity

Complications

Laterality

Status codes, personal and family history codes

Disease acuity

General – BMI, tobacco use/smoking exposure, health status

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Clinical Documentation Drives Code Selection

- Enhance communication among providers, and between physician and patient by filling in the gaps in treatment and care
- Provide an accurate representation of the severity and complexity of a patient's illness
- Improve the quality of patient care, and the patient care experience

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ICD9 Comparison to ICD10-CM

Diagnosis Codes – Clinical Example

A patient is seen in the emergency room with an acute exacerbation of her severe persistent asthma.

ICD-9 only captures part of the information available for this patient.

ICD9 Code

Description

49312

Intrinsic asthma with (acute) exacerbation

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ICD9 Comparison to ICD10-CM

Diagnosis Codes – Clinical Example

A patient is seen in the emergency room with an **acute exacerbation** of her **severe persistent asthma**.

ICD-10 provides a more complete description of this patient's condition compared to the limited information available in ICD-9

ICD10 Code

Description

J4551

Severe persistent asthma with (acute) exacerbation

ICD9 Code

Description

49312

Intrinsic asthma with (acute) exacerbation

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Common Questions

- 1 Why are there so many codes?”
- 2 “How will ICD-10 help me take care of my patients?”
- 3 “How are ICD-10 codes relevant to my business?”
- 4 “Why don’t we just wait for ICD-11?”
- 5 “Why are there all these unusual codes?”
- 6 “How is this related to all of the other requirements I am dealing with?”

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Why Are There So Many Diagnosis Codes?

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system
- 17,045 (25%) of all ICD-10-CM codes are related to fractures
- ~25,000(36%) of all ICD-10-CM codes to distinguish 'right' vs. 'left'
- **Only a very small percentage of the codes will be used by most providers**



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Varying Code Volume By Clinical Area

Clinical Area	ICD-9 Codes	ICD-10 Codes
Fractures	747	17099
Poisoning and toxic effects	244	4662
Pregnancy related conditions	1104	2155
Brain Injury	292	574
Diabetes	69	239
Migraine	40	44
Bleeding disorders	26	29
Mood related disorders	78	71
Hypertensive Disease	33	14
End stage renal disease	11	5
Chronic respiratory failure	7	4

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Source: Health Data Consulting 14



“ICD-10 Won’t Help Me Take Care of My Patients”

- Difficult to make the case about how ICD-10 will help Dr. Smith with his encounter with Mary Jones.
- But, it is not just about a single provider—healthcare crosses the boundaries of time and providers; information must flow throughout the system.
- Improving healthcare requires a broad understanding of what works and what doesn't work—ICD-10 will allow information to be collated and analyzed.
- Physicians should be leaders in the healthcare industry by providing accurate data to help improve care throughout the system.



“ICD Diagnosis Codes Are Irrelevant to My Business”

- ICD-9 codes currently factor into:
 - Payer processing rules
 - Prior Authorization approvals
 - Quality Measures (PQRS, VBPM, P4P)
 - Compliance (meaningful use)
 - Contracting decisions
 - Risk adjustments
 - Fraud waste and abuse
 - Audits



“ICD Diagnosis Codes Are Irrelevant to My Business”

- In addition, ICD-10 codes are likely to factor into:
 - Changes in reimbursement based on both “what” was done and “why”
 - Managing financial risks for contracted populations (ACO’s) and bundled payment systems
 - Changes in reimbursement based on more robust models of payment adjusted for risk and severity
 - More sophisticated weighting of payments based on DRGs, episodes or other groupings of care.



4 “We Should Just Wait For ICD-11”

- ICD-9 (WHO) Published in 1978
- ICD-10 (WHO) – Endorsed in 1990
- ICD-10-CM draft released in 1995
- Proposed rule for ICD-10 adoption in 2008
- ICD-10 used for mortality in the US since 1999
- ICD-11(WHO) not slated for release until 2017
- Based on historical implementations by the time we get to ICD-11-CM and from there to implementation, it will be **2040**.
- The gap between ICD-9 and ICD-10 is not nearly as dramatic as the gap between ICD-9 and ICD-11

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“There Are a Bunch of Unusual Codes ...”

- Clinician organizations have used codes like; “Hit by a spacecraft” or “Suicide by paintball gun” as examples of unusual ICD-10 codes.
- Interesting to note however, is that the diagnosis codes for the situations noted above are ICD-9 codes and have been around for a long time.
- ***The bottom line:*** don't use the codes that don't make sense or don't accurately represent your patient's condition. They may mean something to someone, but shouldn't bother you.



“There Are Too Many New Requirements.”

- Now there’s a statement we can all relate to...
- However, without accurate standardized data about the patients health condition:
 - Meaningful use isn’t very **meaningful**
 - Accountable care can’t be **accountable**
 - It will be difficult to reach the goal of **affordable** care
 - Health information exchanges may not be **interoperable**
 - Quality measures will lack **quality** data
 - Outcomes can’t be independently **verified**
 - Patient Safety can’t be **assured**



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Putting ICD-10 into Practice



Telling a Different Story

There has been a lot of misinformation in the press.

We would like to tell a different ICD-10 story.

- Improves patient outcomes
- Provides detailed data
- Improves quality tracking and reporting
- Improves accuracy of medical payments
- Decreases fraud, waste, and abuse



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Clinical Documentation

Know Your Role



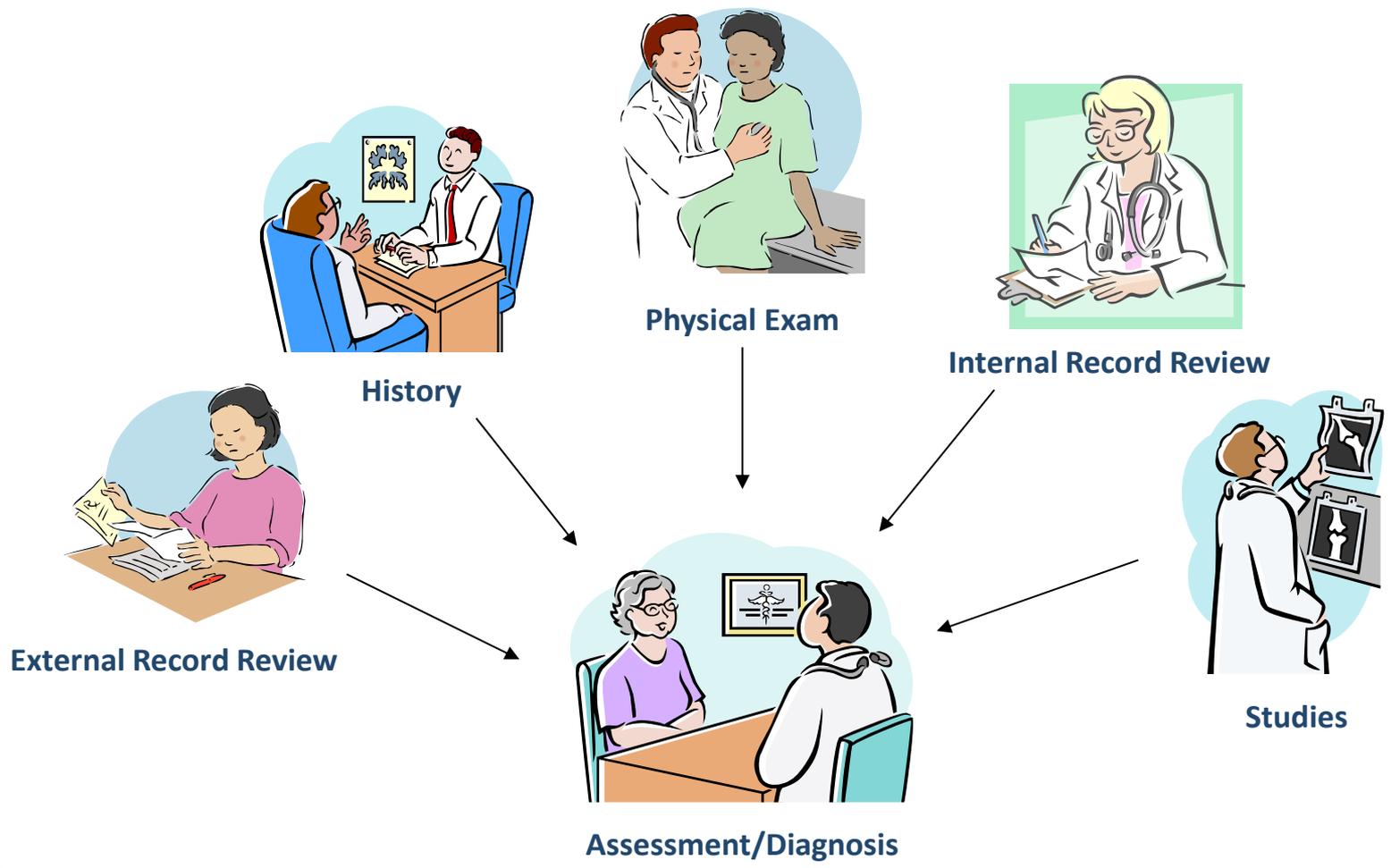
- The role of the clinician is to document as accurately as possible the nature of the patient's conditions and services provide to maintain or improve those conditions
- The role of the coding professional is to assure that coding is consistent with the documentation
- The role of the business manager is to assure that all billing is accurately coded and supported by the documented facts

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Clinical Documentation – The Patient Interface

Where It All Begins



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Good Patient Data

It's all About Good Patient Care...

- **Observation** of all objective and subjective facts relevant to the patient condition
- **Documentation** of all of the key medical concepts relevant to patient care currently and in the future
- **Coding** that includes all of the key medical concepts supported by the coding standard and guidelines

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Clinical Documentation

What They Taught Us in Medical School

- Type of condition
- Onset
- Etiology / Cause
- Anatomical location
- Laterality
- Severity
- Environmental factors
- Time parameters
- Comorbidities
- Complications
- Manifestations
- Healing level
- Findings & symptoms
- External causes
- Type of encounter

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Documentation

Why Is It Important?

- Assures accurate measures of quality and efficiency
- Addresses the issue of accountability and transparency
- Creates a competitive advantage
- Provides better business intelligence
- Supports clinical research
- Supports interoperable sharing of data
- It's just good care!

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Implementation



Getting Your Ducks in a Row



Getting Started

- Establish awareness across members of your organization
- Clearly define strategic goals
- Identify internal and external dependencies
- Identify and prioritize key risks
- Clearly define all business requirements and implementation tasks
- Create a realistic project plan and support it as a priority
- **Test early and often**
- **Get started now!!**

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Road to 10: Small Physician Practice Portal

Visit: <http://www.roadto10.org>

The screenshot shows the homepage of the 'Road to 10' portal. At the top, the CMS logo is on the left, and the title 'Road to 10: The Small Physician Practice's Route to ICD-10' is on the right, with navigation links for 'Home', 'Build Your Action Plan', and 'Events'. A left sidebar contains a menu with items: 'ICD-10 Overview', 'Physician Perspectives', 'Webcasts', 'FAQ', 'Quick References', 'Template Library', 'Events', and a highlighted 'BUILD YOUR ACTION PLAN' button. The main content area features a news article dated July 31st, 2014, about the transition to ICD-10. Below the article is a quote: 'CMS has created "Road to 10" to help you jump start the transition to ICD-10.' This is followed by a list of three bullet points: 'Get an overview of ICD-10 by accessing the links on the left', 'Explore Specialty References by selecting a specialty below', and 'Click the BUILD YOUR ACTION PLAN box to create your personal action plan'. A 'Specialty References' section follows, with a sub-header and a paragraph explaining that users can explore common codes, primers, clinical scenarios, and resources for various specialties. Below this is a grid of specialty tiles: Family Practice, Pediatrics, OB/GYN, Cardiology, Orthopedics, Internal Medicine, and Other Specialty. Each tile has a plus sign icon. A large orange 'BUILD YOUR ACTION PLAN' button is positioned to the right of the specialty grid. At the bottom of the page, there are links for 'About Us' and 'Disclaimer', and a copyright notice: 'All Rights Reserved 2014'.

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“Road to 10” Physician Portal

<http://www.roadto10.org>

In collaboration with physicians, CMS developed www.roadto10.org, a no cost tool:

- Designed from a physician perspective
 - ✓ Specialty specific
- Customizable, actionable, bite-sized, short cuts
- Answers the key questions:
 - ✓ What is ICD-10
 - ✓ How do I get started
 - ✓ What is the path to success
 - ✓ What questions to ask
 - ✓ What resources and tools are available

- The *Road to 10* Action Plan contains a checklist of items to consider when planning the transition to ICD-10, organized into 5 key steps:

- 1 Plan Your Journey
- 2 Train Your Team
- 3 Update Your Processes
- 4 Engage Your Vendors & Payers
- 5 Test Your Systems and Processes

VISIT [HTTP:// WWW.ROADTO10.ORG](http://www.roadto10.org) TODAY TO GET STARTED

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Road to 10: Plan Your Journey

Customize Your Action Plan to Your Medical Specialty

Get Started

Tell us a little about your practice, so we can create an Action Plan for you.

My Specialty (Pick one)

Click to select your specialty



Family Practice



Pediatrics



OB/GYN



Cardiology



Orthopedics



Internal Medicine



Other Specialty

My Practice Size (Pick one)

Click the size of your practice so we can better understand your needs.

1-2 Physicians

3-6 Physicians

Over 6 Physicians

My Technology & Staffing Partners (Choose all that apply)

Click the technology and services your practice utilizes to generate a readiness checklist for each vendor.

Electronic Health Records



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Road to 10: Action Plan

Action Plan

Click "Explore Section" within the five sections of your Action Plan below to review the tools provided and action steps defined for you.

Click "Download Action Plan" to download a PDF copy of your personalized action plan to use in your practice.

DOWNLOAD ACTION PLAN

 Edit Practice Details

Plan Your Journey

Explore Section >

Train Your Team

Explore Section >

Update Your Processes

Explore Section >

Engage Your Vendors and Payers

Explore Section >

Test Your Systems and Processes

Explore Section >

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Road to 10: Train Your Team

Common Codes for Your Specialty

We have identified an illustrative sample of high impact diagnosis codes

Primer for Clinical Documentation

This document introduces ICD-10 clinical documentation changes for common conditions associated with your area of practice. It highlights the

Clinical Scenarios

We have created sample, outpatient focused scenarios to illustrate specific ICD-10 clinical documentation considerations. These examples underscore the importance of including the proper level of detail needed to support the selection of the most appropriate ICD-10 diagnosis codes based on a patient's circumstance.

Training and Education Resources

In order to be ready for the transition, your practice must receive appropriate education on the changes that occur with ICD-10. There are three major areas of training your practice should receive.

[VIEW ICD-10
TRAINING AND EDUCATION
RESOURCES](#)

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Road to 10: Update Your Processes

Improve Clinical Documentation

- OBTAIN** the following information from your clearinghouse, billing service, or system for the most recent twelve (12) month period:
 - Your claim rejections and denials by ICD-9 diagnosis code and payer.
 - The most common unspecified ICD-9 codes you submit by payer.
- PINPOINT** the ICD-9 codes with the highest rate of rejections and denials, by claim count and dollar volume, for each of your largest payers:
 - Categorize the primary reasons for the denials and rejections.
 - Note changes you can make to your documentation and billing processes to address the fundamental causes for the denials

Revise Paper Forms and Templates

- MODIFY** link in
- IDENTIFY** redu
- GAIN**
- INCORPORATE** ICD-10 codes into paper forms and tools which reference diagnosis codes:
 - Pre-admission/Pre-certification
 - Referral
 - Authorization
 - Orders
 - Superbills/Patient Encounters
 - Inpatient and Outpatient Scheduling
 - Quality Reporting
 - Public Health Reporting

Modify Policies and Procedures

- ADD** steps to determine if a patient is eligible for dual/supplemental coverage for special clinical programs which are condition/diagnosis based:
 - End Stage Renal Disease (ESRD)
 - Black Lung Disease
 - Other Conditions
- IDENTIFY** your most common services that may trigger reviews or denials related to medical necessity. Adopt procedures to isolate the ICD-10 diagnosis codes needed to make a coverage determination for these common services prior to claims submission.
- TRACK** patient complaints, payment delays, denials, and increases in authorization volume for at least three (3) months beginning on 10/1/2014. By logging this information, your practice will be in a better position to spot and address problems more quickly.



Road to 10: Engage Your Vendors and Payers

Check the box when you have completed each step.

Technology Vendors

Electronic Health Record (EHR) and Practice Management (PM) systems are impacted by the ICD-10 transition and need to be updated. In addition, other technologies used by your practice such as coding, reporting, and decision support tools may need to be updated. If your practice uses these systems, you will need to coordinate with your technology vendors regarding these updates. Also, there are specific activities your practice may need to complete to implement these updates.

Here you can enter all the vendors you will need to engage. Check the appropriate box when you have completed each step to keep track of your progress.

Contacted	Responded	Vendor Name	Contact Name
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Download Technology Vendor Assessment in the Template Library at www.roadto10.org

The following checklist will help guide you as you engage your technology vendors and payers to complete these activities:

- Contact** your technology vendors to determine if their solutions are impacted by ICD-10. Download a copy of the Technology Vendor Assessment in the Template Library at www.roadto10.org. Email a copy of the assessment to each vendor. Ask them to complete the assessment and return it to you promptly.
- Evaluate** your technology vendor contracts to understand the type of ICD-10 expenses that may be separate from regular fees. Clarify with each vendor the additional ICD-10 technology expenses for which you need to allocate funds.
- Review** the completed Technology Assessments returned to you by each vendor. For each vendor, discuss the questions you have regarding their responses.

Questions for Technology Vendor		
Question	Vendor Response	
Application		
1. Which of your applications are impacted by ICD-10?		
2. Are your applications remediated and are the ICD-10 updates generally available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
3. Is there a separate fee for your ICD-10 updates?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
4. Will your systems use date of service to determine the codes to use (ICD-9 or ICD-10)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
5. Will your systems support dual coding of services rendered before 10/1/2014?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
6. Are there 3 rd party embedded products in your software which need to be updated for ICD-10?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
7. Is additional infrastructure (hardware, servers, etc.) potentially needed to accommodate your ICD-10 updates and store ICD-10 codes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
Code Set Updates		
1. How frequently will ICD-10 diagnosis code updates be applied to your applications?		
2. How long do you plan to support ICD-9 diagnosis code reference files?		
Interfaces		
1. Have your HIPAA transaction sets been updated to address ICD-10?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
2. What other interface changes will be included with your ICD-10 software updates?		
Reporting		
1. Which of your reports are impacted by ICD-10?		
2. How will reports which are dependent upon diagnosis code categories be handled?		
3. How will longitudinal and historical reporting be updated to accommodate ICD-10?		
4. How will quality and public health reports be updated to accommodate ICD-10?		
5. Do any of your solutions require crosswalks from ICD-9 to ICD-10?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
6. Which crosswalks are you providing and can they be customized?		
Configuration		

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Road to 10: Test Your Systems and Processes

Prepare Test Cases

Real world test cases need to be assembled before you start testing. The following checklist provides you with suggestions on how to prepare these test cases.

STEPS TO PREPARE TEST CASES

Perform Internal Testing

Internal testing helps to validate that your key systems can search on, accept, store, process, send, and receive ICD-10 diagnosis codes.

STEPS TO PERFORM INTERNAL TESTING

Conduct External Testing

External testing with vendors and payers will help you validate that transactions containing ICD-10 diagnosis codes can be sent and received successfully.

STEPS TO CONDUCT EXTERNAL TESTING

Practice and Validate

Practice and validation involves the internal simulation of native ICD-10 coding on select encounters.

STEPS TO PERFORM PRACTICE AND VALIDATION

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Road to 10: Specialty Specific Webcasts

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069 Other rheumatic tricuspid valve diseases



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ICD-10 Documentation & Coding Concepts: Cardiology CMS Webcast

Denesecia Green
Lead E-Health Operations and Governance, Centers for Medicare & Medicaid Services

Mark Bieniarz, M.D.
Board Certified Cardiologist
Chief, Cardiovascular Services, Lovelace Medical Center, New Mexico Heart Institute

Mandy Willis, CCS
AHIMA Approved ICD-10 Trainer

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ICD-10 Documentation & Coding Concepts: Family Practice & Internal Medicine CMS Webcast

Paul Anderson
Lead for ICD-10, Centers for Medicare & Medicaid Services

Maggie Gaglione, M.D.
Board Certified Internal Medicine and Bariatrics
Private Practice at Tidewater Bariatrics, Virginia

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Board Certified Internal Medicine
and Bariatrics

**Medical Director, Tidewater
Bariatrics, Chesapeake, Virginia**




Your Stories are Important



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.

[\(Read Disclaimer\)](#)

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.



Family Practice



Pediatrics



OB/GYN



Cardiology



Orthopedics



Internal Medicine



Other Specialty



BUILD YOUR ACTION PLAN

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I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency
I078 Other rheumatic tricuspid valve diseases
I079 Rheumatic tricuspid valve disease, unspecified



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



Free ICD -10 Resources and Tools



ICD-10 Resources

ICD-10 Website

- <http://www.cms.gov/Medicare/Coding/ICD10/index.html>

CMS Home Health Resources

- <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html>

Mapping (GEMs)

- **GEMs Crosswalk documents**
 - <http://cms.hhs.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>
- **GEMs 2014 General Equivalence Mappings** (Technical Document (zip file))
 - <http://cms.hhs.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>



ICD-10 Resources (cont'd)

Medicare Learning Network Articles

- <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html?redirect=/mlngeninfo>

ICD-10 National Provider Calls

- <http://www.cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Teleconferences.html>

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ICD-10 Resources (cont'd)

American Health Information Management Association (AHIMA)

- <http://www.ahima.org/education/onlineed/Programs/ICD10>

American Academy of Professional Coders (AAPC)

- <http://www.aapc.com/medical-coding/>

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Thank You

Your Practice's ICD-10
Transition is in Good
Hands.

Yours



Build and Sustain Momentum

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Ohio Medicaid ICD-10 Update

- Ohio Medicaid is on schedule to meet the ICD-10 implementation compliance date of 10/1/15.
- Ohio Administrative Code rules and policies are being updated to use the appropriate ICD-10 terminology and/or codes.
- All Ohio Medicaid providers that use ICD-9 on a claim today will be required to use ICD-10 on a claim starting 10/1/15.

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Ohio Medicaid Billing TIPS

1. Claims submitted to Ohio Medicaid for all healthcare services on or after Thursday, October 1, 2015 must use ICD-10.
2. There is no transition period; 10/1/15 is a hard date for compliance. Compliance date is based on:
 - Date of service for outpatient and professional services,
 - Date of discharge for inpatient hospital services,
 - Note: ICD-9 codes will continue to be used on claims with dates of service/discharge **prior to** 10/1/15.
3. Providers cannot bill ICD-9 and ICD-10 codes on the same claim; only one code set per claim will be accepted into MITS.
 - If you typically bill span dates (e.g., Physicians, DME) and your span crosses this date, break the claim into two claims:
 - One claim through September 30, 2015, and
 - Another claim from October 1, 2015 to last date of span.

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Ohio Medicaid Billing TIPS(Continued)

4. Prior authorization requests that will span the 10/1/2015 compliance date will accept ICD-10 codes prior to 10/1/2015.
5. Paid claims that need adjusted will follow the same compliance date guidelines:
 - If the claim is originally filed with the date of service/discharge prior to 10/1/15, ICD-9 will be required.
 - If the claim is originally filed with the date of service/discharge on or after 10/1/15, ICD-10 will be required.
6. Claims that do not use the ICD-10 diagnosis and inpatient procedure codes for dates of service/discharge on or after 10/1/2015 will deny.
 - If you submit claims directly to Ohio Medicaid's MITS web portal, please be sure to select the ICD version indicator (ICD-9 or 10).

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Ohio Medicaid Changes

Claims with a delivery procedure code (ICD-10 and CPT) will require an ICD-10 diagnosis code that indicates the week of gestation. This will impact inpatient, outpatient, and professional claims.

ICD-10 Diagnosis Codes

Z3A.00	not specified	Z3A.1 6	16 weeks gestation of pregnancy	Z3A.26	26 Weeks gestation of pregnancy	Z3A.36	36 Weeks gestation of pregnancy
Z3A.01	Less than 8 weeks gestation of pregnancy	Z3A.1 7	17 weeks gestation of pregnancy	Z3A.27	27 Weeks gestation of pregnancy	Z3A.37	37 Weeks gestation of pregnancy
Z3A.08	8 weeks gestation of pregnancy	Z3A.1 8	18 weeks gestation of pregnancy	Z3A.28	28 Weeks gestation of pregnancy	Z3A.38	38 Weeks gestation of pregnancy
Z3A.09	9 weeks gestation of pregnancy	Z3A.1 9	19 weeks gestation of pregnancy	Z3A.29	29 Weeks gestation of pregnancy	Z3A.39	39 Weeks gestation of pregnancy
Z3A.10	10 weeks gestation of pregnancy	Z3A.2 0	20 weeks gestation of pregnancy	Z3A.30	30 Weeks gestation of pregnancy	Z3A.40	40 Weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy	Z3A.2 1	21 weeks gestation of pregnancy	Z3A.31	31 Weeks gestation of pregnancy	Z3A.41	41 Weeks gestation of pregnancy
Z3A.12	12 weeks gestation of pregnancy	Z3A.2 2	22 Weeks gestation of pregnancy	Z3A.32	32 Weeks gestation of pregnancy	Z3A.42	42 Weeks gestation of pregnancy
Z3A.13	13 weeks gestation of pregnancy	Z3A.2 3	23 Weeks gestation of pregnancy	Z3A.33	33 Weeks gestation of pregnancy	Z3A.49	Greater than 42 weeks gestation of pregnancy
Z3A.14	14 weeks gestation of pregnancy	Z3A.2 4	24 Weeks gestation of pregnancy	Z3A.34	34 Weeks gestation of pregnancy		
Z3A.15	15 weeks gestation of pregnancy	Z3A.2 5	25 Weeks gestation of pregnancy	Z3A.35	35 Weeks gestation of pregnancy		

Ohio Medicaid Q&A

- **Q1: Will ICD-10-PCS replace CPT?**

- A1: No. ICD-10 -PCS will be used to report hospital inpatient procedures only. The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) will continue to be used to report services and procedures in outpatient and professional settings. However, all claims (inpatient, outpatient, and professional) will require an ICD-10 diagnosis.

- **More Ohio Medicaid ICD-10 FAQs and billing guidance is located on Ohio Medicaid's ICD-10 webpage at www.medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx. See Provider Q&A and ICD-10 TIPS.

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What Can Ohio Medicaid Providers Do to Prepare for ICD-10?

- 1. Stay up-to-date on Ohio Medicaid ICD-10 implementation**
 - Ohio Medicaid ICD-10 webpage: www.medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx
 - Ohio Medicaid MITS web portal and fee-for-service remittance advice banner messages
 - E-mail Ohio Medicaid ICD-10 questions to: ICD10questions@medicaid.ohio.gov
 - See Ohio Medicaid managed care plan (MCP) ICD-10 webpages; each MCP has their own ICD-10 webpage.
- 2. Educate your staff and yourself about ICD-10**
 - Pay attention to communications from CMS, Ohio Medicaid, Medicaid managed care plans, provider associations, & trading partners
 - Take advantage of free training resources such as those offered by CMS and OSMA
 - Practice coding in ICD-10. Providers have indicated that coding staff discovered that practitioners need to include more detailed information in the medical record in order for the coder to properly code the claim.
 - Ohio Medicaid is working with CMS & Edifecs to offer Ohio Medicaid providers ICD-10 coding practice at no charge. Information about this opportunity will soon be available on Ohio Medicaid's ICD-10 webpage.
- 3. Assess, remediate, and test**
 - Conduct ICD-10 needs assessment
 - Remediate/update your policies, procedures, super bills, and systems in preparation for ICD-10 implementation on October 1, 2015
 - Test, test, test!
 - Test internally
 - Test with your vendors (EHRs, etc.), Medicaid managed care plans, and trading partners
 - Verify that your vendors and trading partners are testing with Ohio Medicaid
- 4. Be cautious of where you receive Ohio Medicaid ICD-10 information; inaccurate information has been disseminated.**

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AHIMA ICD-10 Ambassador
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OSMA Mission Statement

The Ohio State Medical Association is dedicated to empowering physicians, residents and medical students to advocate on behalf of their patients and profession.

Ohio State Medical Association

Advocacy – representing physicians in front of the legislature, regulatory boards, and government and private payers

Member Services – communications and education to assist in running your practice and discounts on professional development

Member Discounts – access to exceptional practice management-related products and services through the OSMA Preferred Partner Program

OSMA Advocacy

- **Prescription Drug Abuse:** working with stakeholders to prevent abuse while empowering physicians to responsibly prescribe controlled substances.
- **Prior Authorization Reforms:** developing a comprehensive bill to reform and streamline the prior authorization and pre-certification processes for introduction in 2015.
- **Medical Liability Reform:** working with legislators to implement an OSMA bill that protects patient-physician conversations from being admissible when an unanticipated outcome occurs

OSMA Education

www.osma.org/education

Annual Education
Symposium

April 10, 2015

ICD-10 Coding Courses

Starting in Spring 2015

Medicare & Medicaid
Updates

Summer 2015

Payer & Reimbursement
Updates

Fall 2015

Webinars

On demand

OSMA Member Benefits

OSMA VITALS

Your monthly resource for a healthy practice

Follow us on:



Welcome to the third issue of **OSMA Vitals**, a practice management newsletter prepared exclusively for our valued physician and associate members.

As a member of the Ohio State Medical Association (OSMA), you'll receive this monthly newsletter to keep you up to date on important information, events and deadlines that are relevant to you and vital to your practice. If you do not wish to receive *OSMA Vitals* the second week of each month, click [here](#) to opt out of this monthly email. (Note: By clicking unsubscribe, you will be removed from all OSMA emails).

IMPORTANT DATES & DEADLINES

- April 1: Deadline to switch to new CMS 1500 form...[More info](#)
- April 8: Windows XP Sunset...[More info](#)
- May 1: Enrollment begins for Medicaid Managed Care, My Ohio...[More info](#)
- June 24: OSMA Medicaid and Medicare Updates begin...[More info](#)

VITAL RESOURCES

HIT Solutions

OHIO STATE MEDICAL ASSOCIATION



HIT Solutions: Windows XP Sunset
Effective April 8, 2014, Microsoft will no longer support the Windows XP operating system. As a result, technical assistance and automatic updates for Windows XP will no longer be available to those still using Windows XP technology. This raises three issues for medical practices – compliance, security, and operations. [Click here for more information.](#)



CMS 1500 Form

To prepare for the transition to ICD-10, the Centers for Medicare and Medicaid Services (CMS) has updated the 1500 claim form to accept the new code set. This form will accommodate ICD-9 and ICD-10

codes, but the person completing the form must indicate the code set used. [Click here](#) for more information or [here](#) to view the form.



Partner Tip: Meaningful Use Stage 2: Is Your Practice Ready?

Is your practice ready for the new core measures and higher reporting thresholds of Stage 2

Meaningful Use? [Athenahealth](#), an OSMA Preferred Partner, is offering a complimentary webinar on Wednesday, April 16 at 12:15 p.m. designed to help practices form a plan and take action. Meaningful Use Stage 2: Is Your Practice Ready will address how measures differ from those in Stage 1 and how to best prepare for Stage 2 by examining Stage 1 performance. [Register today to learn](#)

- Information and Publications
- OSMA Community
- Education
- Payer Assistance
- Preferred Partner Program

The OSMA partners with organizations that are willing to provide members exceptional service, discounts, and/or preferred terms and conditions.

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- athenahealth
- CompManagement, Inc.
- The Doctors Company
- EasyIT
- PQRSwizard
- Provista
- Ready10
- Transworld

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Questions and Discussion