

ICD-10 Project Update

January 27, 2013

246 Days Before the Transition!

- **ICD-10 Readiness:** There are two surveys that local agencies have been asked to complete related to ICD-10 readiness.
 - **NC Tracks/CMS Survey:** The survey was sent out by NC Tracks on behalf of CMS. This is a national survey of providers so each local agency is encouraged to complete the survey which takes less than 5 minutes. Joy Reed sent an e-mail out last week requesting that LHDs using only HIS not respond to the survey. However, after looking at the survey content, each LHD and CDSA is encouraged to respond to the survey since the majority of the survey is provider-focused. The survey link is https://www.surveymonkey.com/s/ICD-10_Provider_Readiness_CMS. Attached below is a paper copy of the survey for reference purposes but the survey must be submitted through the online link.

For those questions that relate to the status of HIS, the following responses are suggested:

Question 8. What is your expected date to begin ICD-10 external testing with health plans/trading partners/business associates/vendors? Suggested response: July-September 2014

Question 9. Approximately how far would you say that your practice has progressed as of today in each of the following areas related to ICD-10 transition readiness? (Select the one answer for each of the five factors listed below that best describes you current assessment) Suggested responses for 2 of the five factors:

Implementing ICD-10 Compliant Software – for HIS software, 25% (response needs to address any other systems used by your agency)

Testing New Processes and Systems – for HIS software, Not Started (response needs to address local agency systems other than HIS as well as business processes)

Question 10. How confident are you that your organization will be ready to conduct transactions using ICD-10 by October 1, 2014? Suggested response: Confident for HIS but this question applies to business readiness as well

Question 11. How confident are you that your vendors and trading partners will be ready to conduct transactions using ICD-10 by October 1, 2014? Suggested response: Confident for HIS/Netsmart but response also needs to address other vendors and trading partners

Question 13. Have you transitioned to HIPAA electronic transactions standards Version 5010? Suggested response: For HIS, the response is Yes



CMS Readiness
Survey - Jan 2014.doc

- **Local Health Department ICD-10 Readiness Questionnaire:** In an effort to assess the progress local health departments are making with the transition to ICD-10-CM and identify further needs, an ICD-10 Readiness Questionnaire is available through Survey Monkey and each LHD is requested to submit one questionnaire for their agency. This questionnaire is different from the NC Tracks/CMS survey. The Health Directors have been informed of the questionnaire and provided the questionnaire link; the link is provided through this

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communication as well - <https://www.surveymonkey.com/s/XJVVK5Y> . Below is a paper copy of the questionnaire for reference purposes. **The online questionnaire should be completed by February 12, 2014.**



LHD ICD-10
Readiness Questionn:

- **Share ICD-10 Transition Products, Best Practices:** Local agencies are encouraged to share any deliverables that are developed for local use so other agencies can benefit. For example, has your agency developed new processes/forms for encounter recording in preparation for ICD-10? Have any local agencies conducted clinical documentation assessments? If so, what are some of the lessons learned from that process? Any local agencies that are willing to share their hard work can send the deliverables to Sarah.Brooks@dhhs.nc.gov and these may be included in future ICD-10 communications and/or ICD-10 training conducted by DPH.
- **ICD-10-CM Coding Training:** The 2014 schedule for coding training that was sent out in last month's communication is posted on the DPH website at <http://publichealth.nc.gov/lhd/icd10/training.htm> . Registration information will be sent out in February.
- **ICD-10-CM Code Books:** The 2015 ICD-10-CM code books will not be available until fall 2014 so for the ICD-10-CM training DPH will be conducting April - September 2014, local agency staff will need to order the 2014 draft version that is currently available.
- **ICD-10 Coding Basics:** CMS continues to develop resources related to ICD-10. A You Tube ICD-10 Coding Basics video is available for free. It is useful for staff that need an introduction to ICD-10 but does not include coding exercises and application of knowledge - this is included in DPH Basic training that will be offered in 2014. In this MLN Connects™ video on [ICD-10 Coding Basics](#), Sue Bowman from the American Health Information Management Association (AHIMA) provides a basic introduction to ICD-10 coding, including:
 - Similarities and differences from ICD-9
 - ICD-10 code structure
 - Coding process and examples
 - 7th Character
 - Placeholder "x"
 - Excludes notes
 - Unspecified codes
 - External cause codes
- **January Test Your Coding Skills:** For those that have had ICD-10-CM coding training, try to code the below scenario and submit your answer to Sarah.Brooks@dhhs.nc.gov . You will receive a response letting let you know how you did.

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- Scenario: The clinic physician's diagnosis was possible avian influenza with pneumonia and lung abscess.
- Assign all appropriate ICD-10-CM diagnosis codes. The answer will be included in the February communication.
- **December Test Your Coding Skills:** Below are the scenarios and answers from the December communication.
 - Scenario: 23-year-old female who is 25 weeks pregnant with a single fetus that has critical aortic stenosis and evolving hypoplastic left heart syndrome. If left untreated, critical aortic stenosis may result in a severely damaged left ventricle in the newborn. Additionally, hypoplastic left heart syndrome may be fatal and typically requires multiple surgeries after birth.
 - Answer: **O35.8XX0** Maternal care for other (suspected) fetal abnormality and damage, not applicable or unspecified; **Z3A.25** 25 weeks gestation of pregnancy
 - Scenario: A Type 1 diabetic patient is seen for follow-up of a recent below knee amputation of the left leg for non-healing gangrenous ulcer on his left foot secondary to diabetic peripheral angiopathy. The operative site was healing very nicely, and there was no evidence of infection. Physician's diagnoses: status post below knee amputation, diabetes mellitus.
 - Answer: **Z47.81** Encounter for orthopedic aftercare following surgical amputation; **Z89.512** Acquired absence of left leg below knee; **E10.51** Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
- **Revised CMS 1500 Paper Claim Form: Version 02/12:** *The following information was provided by CMS.*

CMS began receiving claims on the revised CMS 1500 claim form (02/12) on January 6, 2014. The CMS 1500 claim form is the required format for submitting professional and supplier claims to Medicare on paper, when submitting paper claims is permissible.

Features of the Revised Form

The revised form, among other changes, notably adds the following functionality:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM diagnosis codes.
- Expansion of the number of possible diagnosis codes to 12.
- Qualifiers to identify the following provider roles (on item 17):
 - Ordering
 - Referring
 - Supervising

Note: although the revised CMS 1500 claim form has functionality for accepting ICD-10 codes, do not submit ICD-10 codes on claims for dates of service prior to October 1, 2014.

Instructions for Completing the Revised Form

Instructions for completing the revised CMS 1500 claim form (02/12) are provided in the Medicare Claims Processing Manual (Pub. 100-04).

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Medicare will continue to accept the old CMS 1500 claim form (08/05) through March 31, 2014. However, on April 1, 2014, Medicare will receive professional and supplier paper claims on only the revised CMS 1500 claim form (02/12). Claims sent on the old CMS 1500 claim form (08/05) will not be accepted.

Note: The Administrative Simplification Compliance Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The current standard adopted under HIPAA for electronically submitting professional health care claims is the 5010 version of the ASC X12 837 Professional Health Care Claim standard and its implementation specification, Technical Report 3 (TR3). More information about the ASC X12 and TR3 is available on the [ASC X12](#) website.

- **Netsmart Plans for Software Changes that will impact HIS:** DPH continues to monitor the status of HIS software revisions related to ICD-10-CM. Based on information provided by Netsmart, it is anticipated that the HIS software upgrades to accommodate ICD-10 will be available from Netsmart 2nd Quarter, 2014. Once the updates are loaded, the HIS Business Support Group will conduct user acceptance testing before the updates are promoted to the end users. The following information is available on the Netsmart Community website.

“Some of the enhancements that you will see:

Diagnosis Set Up form

- Enables the organization to have diagnosis specific to client agency admission or by program
- Enables the organization to set the Start date that ICD-10 will be active for the agency, program, with option for Payor.

Diagnosis form

- Captures all the diagnosis detail and saving relevant code information.
- Ability to search the resource database for diagnosis

Diagnosis view

- Updated to show past diagnosis information and new diagnosis information.

Billing outputs

- The outputs will reflect the code logic to output the correct code value for the appropriate date/payor/program
 - HCFA 1500
 - 837
 - UB-04

The ultimate plan is have this implemented early enough so that end users can begin using the new structure on the next review of the client’s diagnosis in order to collect the ICD-10 code. The new structure will capture both ICD-9 and ICD-10 so it can be used immediately after implementation in preparation for the cutover date.”