

# DPH ICD-10 Project Update

## June 19, 2014

**October 1, 2015:** The U.S. Department of Health and Human Services will release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The interim rule is in the last stage of review at OMB and should be released soon. HIPAA covered entities will continue to use ICD-9-CM through September 30, 2015. The DPH ICD-10 Project will proceed forward with implementation plans based on the new 10/1/15 date. The Project Schedule has been updated to reflect the new compliance date.

**Partial Code Freeze to Continue:** The Centers for Medicare & Medicaid Services (CMS) has announced the partial code freeze for both the ICD-9-CM and ICD-10 code sets will continue until October 1, 2016. Due to the partial code freeze, no ICD-9-CM, ICD-10-CM, or ICD-10-PCS code updates will occur October 1, 2014. Limited updates to capture new technologies and diseases will be made to the ICD-10 code sets on October 1, 2015; as of that date, there will be no further updates to ICD-9-CM. Regular updates to ICD-10 will begin on October 1, 2016, one year after the implementation of ICD-10.

**2015 ICD-10-CM AND ICD-10-PCS Files Released:** The Centers for Medicare & Medicaid Services (CMS) has posted the 2015 ICD-10-CM and ICD-10-PCS and GEMs files. These updates do not include the 2015 ICD-10-CM Official Guidelines or the ICD-10-CM GEMs. Although *there are no changes to the ICD-10-CM files* or the ICD-10-PCS Official Coding Guidelines, there are updates and revisions in response to public comments in the PCS index entries, PCS definition entries, and changes to the ICD-10-PCS Reference Manual. (Access the [ICD-10-CM and GEMs](#)) ([Read the CMS announcement.](#)) However, ICD-10-PCS will be used by hospitals ONLY – the PCS code set will not be used by any DPH agencies.

**ICD-10-CM Code Books:** If your agency purchased the 2014 ICD-10-CM code books, these are still current since *no changes were made* in the 2015 ICD-10-CM codes. Code books must be available for any staff attending coding training.

**ICD-10-CM Coding Training for Local Health Departments, DPH, and Rural Health:** Limited ICD-10-CM coding training will be offered in September 2014 for any DPH staff and local agency staff members who choose to attend training in 2014 so they can prepare for ICD-10-CM implementation on October 1, 2015. (NOTE: Training for CDSA staff will occur in 2015.) *Basic ICD-10 Coding Training is offered 3 times prior to any specialized training since it is a prerequisite for all other specialized training.* The training dates are as follows:

Basic ICD-10-CM Coding: 9/3/14 (8am-noon); 9/3/14 (1-5pm); 9/15/14 (1-5pm)  
Primary Care, Women's Health, Chronic Disease, BCCCP: 9/18/14 (12:30-4:30pm)  
Maternal Health: 9/18/14 (8:30-11:30am); 9/22/14 (12:30-3:30pm)  
Behavioral Health: 9/22/14 (9-11am)  
STD, HIV, Communicable Dz: 9/23/14 (8:30-10:30am)  
Child Health, Health Check: 9/23/14 (2-5pm)  
Family Planning: 9/23/14 (11am-1pm)

If additional sessions are warranted, these will be scheduled for October. Registration information will be sent out before the end of June.

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**DPH ICD-10 Implementation Project Manager:** The DPH ICD-10 Implementation Project Manager, Sarah Brooks, will be retiring (for good!) in November 2014 and her responsibilities will be transitioned. A transition plan will be developed prior to her departure.

### **ICD-10 Update from NCTracks: Now What? Keep on Keeping on**

The delay of ICD-10 brought a sigh of relief in some quarters and frustration in others. But the delay is a fact. We were committed; now we're recommitting. We encourage you to do the same.

We plan to use this extra time for extended testing. We are in the process of studying our options and haven't determined exactly when provider testing will be offered, but probably not until after the New Year. As you know, the ICD-10 deadline will be no earlier than October 1, 2015. And while that deadline could change as it has done before, we all need to proceed as if it's set in stone.

To prevent a delay in your claims reimbursements, take the extra time to prepare your business software and vendors for ICD-10. Once the plans are finalized, including exactly when provider training and testing will be offered, we will share that information with you. In the meantime, be on the lookout for opportunities to ensure you are ready for ICD-10.

**Medicaid Testing:** As noted above, Medicaid is working on their testing strategy. End-to-end testing that includes LHDs and CDSAs is certainly being advocated by DPH. Once decisions on testing are made, it will be essential that test cases be developed that test a majority of the services provided. Your help is needed! Begin compiling the types of cases your agency wants to see included in the testing and submit these to [Sarah.Brooks@dhhs.nc.gov](mailto:Sarah.Brooks@dhhs.nc.gov). For example:

1. Agencies could maintain copies of encounter forms that represent the top 5 diagnoses seen in each program and code the encounter forms using ICD-10-CM so these can be used for testing.
2. Make a list of services offered wherein your agency has to submit specific ICD-9-CM codes in order for the claim to be paid by Medicaid (for example, Family Planning Waiver).
3. Make a list of claim types that need to be tested (for example, maternal health global billing)
4. Identify the business processes that need to be included in end-to-end testing such as appointment scheduling, referral, pre-certification, check-in, EHR/Medical documentation, coding, billing, etc.

DPH has requested 10 trading partner slots so that testing can be done with HIS for both LHDs and CDSAs and then each non-HIS vendor system can test (e.g., Insight, Patagonia, Allscripts, etc). DPH will continue advocating for the 10 slots.

**Medicare Testing:** Providers, suppliers, billing companies and clearinghouses can submit ICD-10 acknowledgement test claims to their Medicare fiscal intermediary anytime up to the new planned October 1, 2015 ICD-10 implementation date. However, the Centers for Medicare and Medicaid Services (CMS) is advising stakeholders to delay this front-end testing until after October 6, 2014, when Medicare is scheduled to update its systems. CMS has stated that end-to-end testing for Medicare claims will be available in 2015. More to come!

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### ADMINISTRATIVE SIMPLIFICATION EMAIL UPDATE

## Successful Results from CMS ICD-10 Acknowledgement Testing Week

*Additional testing scheduled for next year*

By Niall Brennan, Acting Director, CMS Offices of Enterprise Management

This past March, the Centers for Medicare & Medicaid Services (CMS) conducted a successful ICD-10 testing week. Testers submitted more than 127,000 claims with ICD-10 codes to the Medicare Fee-for-service (FFS) claims systems and received electronic acknowledgements confirming that their claims were accepted.

Approximately 2,600 participating providers, suppliers, billing companies and clearinghouses participated in the testing week, representing about five percent of all submitters. Clearinghouses, which submit claims on behalf of providers, were the largest group of testers, submitting 50 percent of all test claims. Other testers included large and small physician practices, small and large hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers, and ambulance providers.

Nationally, CMS accepted 89 percent of the test claims, with some regions reporting acceptance rates as high as 99 percent. The normal FFS Medicare claims acceptance rates average 95-98 percent. Testing did not identify any issues with the Medicare FFS claims systems.

This testing week allowed an opportunity for testers and CMS alike to learn valuable lessons about ICD-10 claims processing. In many cases, testers intentionally included such errors in their claims to make sure that the claim would be rejected, a process often referred to as negative testing. To be processed correctly, all claims must have a valid diagnosis code that matches the date of service and a valid national provider identifier. Additionally, the claims using ICD-10 had to have an ICD-10 companion qualifier code and the claims using ICD-9 had to use the ICD-9 qualifier code. Claims that did not meet these requirements were rejected.

HHS expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30,

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2015. Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgement test claims anytime up to the anticipated October 1, 2015 implementation date. Submitters should contact their local [Medicare Administrative Contractor](#) (MAC) for more information about acknowledgment testing. However, those who submit claims may want to delay acknowledgement testing until after October 6, 2014, when Medicare updates its systems.

CMS will be conducting end-to-end testing in 2015. Details about this testing will be released soon.

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Centers for Medicare & Medicaid Services (CMS) has sent this update. To contact Centers for Medicare & Medicaid Services (CMS) go to our [contact us](#) page.

**CMS ICD-10 Resources:** Check out the CMS webpage, “Road to 10” at <http://www.roadto10.org/>.

1. There are links to short (less than 1 hour) webcasts that address ICD-10 documentation and coding concepts for different specialties (e.g., Pediatrics, OB-GYN). CMS continues to add webcasts that are geared to physicians.
2. ICD-10 implementation action plans can be developed based on different medical specialties. These tools are very easy to use and could assist your agency ICD-10 Implementation Team in developing action plans. The down side is that many of the public health agencies do not fit into a specific specialty. Agencies may want to review the Family Practice action plan first, then determine if you want to look at action plans for specialty areas like OB-GYN or Pediatrics to ascertain the differences. The action plan provides a checklist that agencies can use as your readiness assessment.

**EHR Readiness Toolkit:** This is not related specifically to ICD-10 but wanted to pass along a link for an EHR Readiness Toolkit available at <http://www.himss.org/ResourceLibrary/genResourceFAQ.aspx?ItemNumber=30357>