

ICD-10 Project Update

October 22, 2013

- **343 days before the transition!** – According to Matthew Albright, acting director of the Administrative Simplification Group in the Office of E-Health Standards and Services for the Centers for Medicare & Medicaid Services (CMS): “The compliance deadline is one year away. There is no change in the compliance date. Absolutely no change-*no change*.”
- **Update Training Plan** – At the 11/18/13 meeting of the DPH ICD-10 Implementation Team, a draft of revisions to the Training Plan will be presented that will include an outline for the training to be presented statewide in 2014. Once the plans are approved and finalized, ICD-10 Contacts will be notified so agencies can begin planning for staff training. Several agencies provided feedback related to the training timeline so those comments will certainly be taken into consideration during development of the draft.
- **Questions for Medicaid** – The following questions were reviewed with representatives from OMMISS at a meeting held on October 15, 2013. Once responses to the questions are received, the ICD-10 Contacts will be notified. If your agency has other ICD-10 related questions that need to be addressed, please e-mail them to Sarah.Brooks@dhhs.nc.gov
 - Will there be opportunities for DPH to test claims processing using ICD-10-CM codes with Medicaid prior to the 10/1/14 compliance date?
 - What is the process and timeline for modifying the Medicaid Clinical Coverage Policies and inclusion of those policies in NC Tracks?
 - DPH specifically needs guidance related to the DMA policy requiring “global billing” for maternity care since it is not possible to do that and also use the correct coding conventions under ICD-10-CM.
 - How will OMMISS address the use of non-specific codes (e.g., Otitis media, ear(s) unspecified)?
 - Will OMMISS share with DPH the GEMs mapping between ICD-9-CM and ICD-10-CM? If so, is there a timeline for completing the mapping so DPH can include this in their ICD-10 Implementation Project Schedule?
 - Pre-authorizations include ICD diagnosis codes. If a pre-authorization is submitted and approved prior to 10/1/14 with an ICD-9-CM code, will a new pre-authorization with ICD-10-CM codes have to be submitted for services provided on or after 10/1/14? May be issue with Medicaid claims as well as multi-payer (POMCS).
 - Will Medicaid follow the CMS timeline for utilization of the new CMS 1500 claim form?
 - Will Medicaid require providers to split professional (837P) claims that have services both before and after the compliance date (10/1/14), resulting in claims with service dates either before the compliance date or on/after the compliance date?
 - Should ICD-10-CM or ICD-9-CM diagnosis codes be used on a professional claim (837P) for services that span the compliance date when those services are contracted and paid as a unit? Examples include a month of DME Rental and global pre-natal services.

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- **CDSA Training** - ICD-10-CM Basic and Comprehensive training for CDSA Implementation Team members began today. Training materials have been modified to be CDSA-focused and are located at <http://publichealth.nc.gov/lhd/icd10/training.htm>
- **ASTHO ICD-10-CM/PCS Transition Community** – The Association of State and Territorial Health Officials (ASTHO) has established a virtual community for everyone in the field of public health to come together to discuss and collaborate on transition-related issues. It is on a platform called phConnect, and it provides a place for public health professionals to post questions/answers, links to resources, and files, and otherwise share helpful information. To join phConnect go to <http://www.phconnect.org>. To join the “ICD-10-CM/PCS Transition” community, go to <http://www.phconnect.org/group/icd-10-cm-pcs-transition-for-public-health>
- **CMS ICD-10 Implementation Guide** - To help the healthcare industry prepare for ICD-10, CMS has developed an online [ICD-10 implementation guide](#)—a Web-based tool that includes a basic overview of ICD-10 as well as step-by-step guidance on how to transition to ICD-10 for small/medium practices, large practices, small hospitals, and payers. Users can easily navigate to information that is most relevant to them, wherever they are in the implementation process.
- **Test Your Coding Skills!** – For those that have had ICD-10-CM coding training, try to code the below scenario and submit your answers to me at sarah.brooks@dhhs.nc.gov . I will let you know how you did. The scenario is more appropriate for agencies that provide primary care but I want to keep your coding skills active.
 - Scenario: An elderly man is seen at the health department with a severe headache. It was determined his hypertension was accelerated (215/110). The client stated he was taking only half of his prescribed medications and was substituting 2 bananas a day for the other half because he had read that the potassium in bananas works to lower blood pressure. Medications were started and his hypertension improved rapidly.