

## Impact of ICD-10 on Safety Net Providers

### Webinar Questions

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### HIPAA 5010 Compliance

#### **Q: How do I upgrade to 5010?**

**A:** On January 1, 2012, the health care industry will be required to conduct the current HIPAA electronic transactions using the upgraded 5010 version. The following is the work that needs to be completed in order to become compliant. (This is primarily for small physician offices)

*Step 1 Impact Analysis:* Become familiar with the PMS / EHR software upgrade and conduct an internal impact analysis to determine the impact the change to 5010 will have on your business practices and systems.

*Step 2 Contact your Vendors, Payers, Billing Service, and Clearinghouse:* Contact your vendors for specific details on the installation of upgrades to your PMS / EHR system. Also, contact your clearinghouses, billing service, and payers for preliminary information on when they expect their upgrades will be completed and when they will be ready to accept the 5010 transactions.

*Step 3 Installation of Vendor Upgrades:* Undergo installation of upgrades from your vendor. Keep in mind that the timing of the system upgrades will be dependent on your vendor's readiness, both with respect to product development and scheduling.

*Step 4 Internal Testing and Staff Training:* Once the upgrades are completed, you will need to conduct internal testing of your systems to ensure that you can generate the 5010 transactions. Allow extra time to resolve any issues that may arise and work with your vendor to address these. You will also need to complete staff training throughout the process of implementing and testing your system.

*Step 5 – External Testing with Clearinghouse, Billing Service, and Payers:* Contact your clearinghouses, billing service, and payers to conduct external testing with them. Testing with your trading partners (e.g., clearinghouses and payers) will ensure that you can send and receive the transactions properly.

*Step 6 – Make the Switch to 5010.* After you have completed external testing with some or all of your trading partners, you may switch to using only the 5010 transactions. You are permitted to begin using the 5010 transactions prior to the compliance date, as long as you and the other organization are in agreement with the early conversion.

The following resources are also available:

- [American Medical Association \(AMA\) HIPAA 5010 Toolkit](#)
- [Centers for Medicare & Medicaid Services \(CMS\) HIPAA 5010 Checklist](#)
- [Getready5010 webinars](#)

**Q: Can providers move to 5010 before January 1, 2012? Will all payors be required to accept 5010 by January 1, 2012?**

**A:** A provider may transition to 5010 before January 1, 2012; however, it will depend on how and when its health insurance company will begin accepting 5010 transactions. Additionally, all payors will be required to accept 5010 by January 1, 2012.

**Q: Will a new enrollment be required for 5010?**

**A:** No, customers will continue to use their existing submitter ID in the 5010 file. The format of the login ID has changed to LOGIN ID@submitter ID, however the login ID and submitter ID are the same. Customers who are not registered in the EDI systems with the appropriate vendor will be required to send an EDI Enrollment form to update their vendor information.

**Q: Will paper claims be phased out or stay the same with the 5010 conversion?**

**A:** Although electronic transactions are encouraged, they are not required. Additionally no significant changes have been made to the UB-04 and CMS-1500 claim forms. No format or data requirements were implemented for 5010.

### **ICD-10 Resources & Training**

**Q: What is the name and URL for the CMS Artifacts website?**

**A:** Here is the link to website: <http://www.cms.gov/icd10> to obtain the CMS Artifacts zip file: [http://www.cms.gov/MedicaidInfoTechArch/07\\_ICD-10TrainingSegments.asp#TopOfPage](http://www.cms.gov/MedicaidInfoTechArch/07_ICD-10TrainingSegments.asp#TopOfPage)

Scroll down to the Downloads Section and click on the last one:

[Medicaid ICD-10 Implementation Assistance Handbook Artifacts \[PDF 5MB\]](#)

**Q: When will the small provider handbook be available?**

**A:** The provider book will be available in October.

**Q: Will the small provider handbook address unique requirements for dieticians and diabetes-focused educators?**

**A:** The small provider handbook is a comprehensive tool that will address these specific needs. However, there may be extra steps or functionalities that are not applicable to a particular practice. A provider can also seek advice from a professional organization, such as the American Association of Diabetes Education, for information specific to their specialty.

**Q: Will there be websites for pharmacies or billers to find ICD-10 codes?**

**A:** The latest iteration of ICD-10 PCS, ICD-10 CM and GEMs can be found at <http://www.cms.gov/icd10> on the left side of the screen.

**Q: How much ICD-10 and 5010 compliance training will be needed for Medicare Certified Home Care Agencies?**

**A:** It will depend upon the level of coding. Those agencies using procedure codes will have a more meticulous task than those just using the diagnosis codes. Generally, the intensive training for diagnosis coding is about 16 hours; if you are using both procedure and diagnosis codes the training will be significantly longer.

**Q: Are there any grants or special funding opportunities for HRSA grantees to assist them with the transition from ICD-9 to ICD-10?**

**A:** As of now, there are no specific funds that have been set aside for that purpose. Most of the funding has been put into supporting technical assistance. Here is a link to available HRSA grants:

<http://www.hrsa.gov/grants/index.html#Health%20Professions%20Open%20Opportunities>

### **Impact of ICD-10 and 5010 Conversion**

**Q: What are the improvements in switching from ICD-9 to ICD-10?**

**A:** The ICD-9 system is 30 years old. It no longer has all the terminology needed to keep up with medical practice and it is not designed to expand to include a lot of the new procedures and diagnoses. Overall, the ICD-9 system is antiquated. Other countries have been using the ICD-10 system since the 1990s. The United States is one of the last countries to implement the ICD-10 system. ICD-10 conversion is essential; it provides the level of detail necessary in order to track and to help patients.

Additionally, implementing an ICD-10 system will put the United States on the same platform as other countries allowing more efficient and effective communication. For example, when the H1N1 outbreak occurred a couple of years ago, if the US had the ICD-10 system, we would have been able to better track the virus and compare our patient populations with other countries.

For additional information, American Health Information Management Association (AHIMA) has produced a report that lays out specific reasons for the conversion:

[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok3\\_005426.hcsp?dDocName=bok3\\_005426](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok3_005426.hcsp?dDocName=bok3_005426)

**Q: How will the conversion to ICD-10 and 5010 impact the Department of Health for each state?**

**A:** It will depend on whether or not the state health departments use ICD-9 or ultimately ICD-10 codes, or whether or not they are on another system called Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT). If the state health department uses ICD-9, they will have to convert to ICD-10. Likewise, if state health departments have clinical facilities that engage in billing using the ICD-9, they will also have to convert to the 5010 for transactions. Additionally, if the state health departments provide any pharmacy services to patients, D.0 and 3.0 conversions will be required in addition to the 5010 upgrades.

SNOMED CT consists of formal definitions linked by description logic into relationships. It is not primarily a classification of diseases or procedures, although it can be used to be used to map to other classifications and potentially to generate its own aggregations. Currently, SNOMED CT maps to ICD-9. AHIMA has called for the development of robust maps from SNOMED CT to ICD-10 in order to immediately maximize the value of the clinical data and the benefits of EHR systems once ICD-10 code sets, rules, and guidelines are implemented as a replacement for ICD-9-CM. Specific actions recommended by AHIMA are available on the following website:

[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1\\_028156.hcsp?dDocName=bok1\\_028156](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_028156.hcsp?dDocName=bok1_028156)

**Q: How will the transition impact Federally Qualified Health Center's revenue cycle?**

**A:** It is expected that the 5010 and ICD-10 conversion will affect federally qualified health centers' billing and revenue cycles. Both transitions involve organization-wide planning, training and billing-system/operational changes. However, the Centers for Medicare and Medicaid Services (CMS) and the National Association of Community Health Centers (NACHC) offer robust education options, such as web-based training, implementation checklists, implementation handbooks, sample schedules of events and sample project-management tools.

**Q: How will the conversion to ICD-10 and 5010 compliance affect small providers who file paper claims?**

**A:** The billing sheet for a paper claim has two sides -- one side includes the patient's name, the procedure used and the diagnosis, while the other side includes a list of potential diagnoses that typically come up in the provider's practice along with the codes that go with them. However, when the providers use the CMS tool to convert the diagnostic codes into ICD-10, the billing sheet transforms into nine pages. If the small

provider works with the clinical and financial staffs to select the most common diagnoses used in the practice, the number of pages in the billing sheet can be decreased. The billing sheet will also be more relevant to their particular practice and business rules. The American Academy of Family Physicians (AAFP) developed a sample “super bill” for a family practice that captured the codes most commonly used in office-based outpatient practices and fits on two pages (See: <http://www.aafp.org/fpm/icd9/fpmsuperbill.pdf> ).

Additionally, for these small providers using paper claims there are General Equivalency Mappings (GEMs). GEMs were developed as a tool to assist with the conversion of ICD-9 CM to ICD-10 codes and the conversion of ICD-10 codes back to ICD-9 CM. The GEMs are forward and backward mappings between the ICD-9-CM and ICD-10 coding systems. They are also referred to as crosswalks since they provide important information linking codes of one system with codes in the other system. (More information can be found at: [http://www.cms.gov/ICD10/11b1\\_2011\\_ICD10CM\\_and\\_GEMs.asp#TopOfPage](http://www.cms.gov/ICD10/11b1_2011_ICD10CM_and_GEMs.asp#TopOfPage)).

However, there is not a technology only fix; the codes do not convert one-to-one. There is a certain level of one-to-one, but it also requires human intervention to make the final conversion from ICD-9 to ICD-10. There are a host of vendor products that incorporate and automate the GEMs mappings. These tools may provide easier navigation of the GEMs.

Paper claims may still be processed by some entities; however, small providers will need to review their contracts because some insurers will no longer accept paper claims. Additionally, the 5010 is a platform not only for claims, but also for all of the other electronic transactions for inquiries.

### **Implementation of ICD-10 and 5010**

**Q: Is there a timeline of ICD-10 implementation tests that can be used for guidance?**

**A:** On the CMS website, there are multiple ICD-10 implementation timelines in PDF format and widgets that can be downloaded to your desktop or mobile device. They can be found here: [https://www.cms.gov/ICD10/03\\_ICD-10andVersion5010ImplementationTimelines.asp#TopOfPage](https://www.cms.gov/ICD10/03_ICD-10andVersion5010ImplementationTimelines.asp#TopOfPage).

CMS is also identifying additional resources that will provide timelines through the AMA and the American Academy of Family Physicians. The National Association of Community Health Centers (NACHC) is also developing a readiness tool that will be available on their website in the first quarter of next year.

**Q: Is the implementation plan the same for small and large providers?**

**A:** Each organization's implementation may be unique due to its size and resources. CMS has created detailed timelines and checklists for small and large providers which can be found on the following websites:

For large providers:

<https://www.cms.gov/ICD10/Downloads/ICD10LargeProvidersRemediated20111213.pdf>

For small providers:

<https://www.cms.gov/ICD10/Downloads/ICD10SmallProvidersRemediated20111213.pdf>

**Q: Will providers have to change all credentialing applications with insurance companies to replace PO Box addresses with a physical address? Will provider's offices still be able to use lockboxes?**

**A:** Once 5010 is implemented, you can no longer use PO Box and lock box addresses as a billing provider address. This rule applies to both professional and institutional claim formats. However, you can still use a PO Box or lock box address as your location for payments and correspondence from payers as long as you report this location as a pay-to-provider address. The pay-to-provider address is only needed if it is different than that of the billing provider. Work with your software vendor to ensure the correct addresses are captured and inserted in the necessary locations on your claim submission.

**Q: What is going to happen to the Diagnosis-Related Groups in the ICD-10 conversion?**

**A:** The Diagnosis-Related Group (DRG) is a hospital classification system that groups patients by common characteristics requiring treatment which is then considered by CMS in the development of payment methodologies. Since DRGs are informed by ICD data they will need to be updated based on ICD-10 data. For a detailed discussion, refer to the following: [https://www.cms.gov/ICD10/Downloads/ICD-10\\_MSDRG\\_Impacts.pdf](https://www.cms.gov/ICD10/Downloads/ICD-10_MSDRG_Impacts.pdf)

Effective October 2011, a code freeze was implemented for both ICD-9 and ICD-10 to facilitate the conversion of the health care industry by creating a "fixed target" rather than a constantly shifting one. .

Updates to the DRGs will not occur until after two full years of ICD-10 data have been collected and analyzed. The CMS website provides additional information on the conversion of the DRGs from ICD-9 to ICD-10 (See: [https://www.cms.gov/ICD9ProviderDiagnosticCodes/09\\_MS\\_DRG\\_Conversion\\_Project.asp](https://www.cms.gov/ICD9ProviderDiagnosticCodes/09_MS_DRG_Conversion_Project.asp)).

**Who will ICD-10 effect?**

**Q: How will dentists and dental coding be affected by 5010 compliance and ICD-10?**

**A:** The Code on Dental Procedures and Nomenclature produced by the American Dental Association (ADA) is the official coding used by dentists. Any claim submitted on a HIPAA standard electronic dental claim must use dental procedure code from the version of the Code in effect on the date of service. Therefore, those dentists using electronic dental claims will need to upgrade to 5010 compliance. However, there has been no coding change for the ADA. If there are any surgical procedures that would be medically warranted, then that ICD-10 coding would be required.

**Q: Will skilled nursing facilities and long-term care facilities be required to have certified coders for the ICD-10 conversion?**

**A:** Long term care (LTC) facilities are exempt from ICD-10 Procedure Coding System (PCS); however, they still must convert to ICD-10 Clinical Modification (CM). Therefore, if the nursing facility and/or long term care facility already has certified coders for ICD-9 they will still be needed for ICD-10 conversions and coding. Additionally, here are some tips for LTC facilities from ARIMA: <http://www.icd10watch.com/blog/ahimas-4-icd-10-tips-ltc-facilities>

**Q: How will ICD-10 conversion impact Durable Medical Equipment (DME) suppliers?**

**A:** If DME suppliers use ICD-9 codes in any transactions, they will also need to be converted to ICD-10 codes on October 1st, 2013.

### **HIPAA 5010 Non-Compliance**

**Q: What is CMS's plan to support ICD-10 non-compliant providers after the October 1st, 2013 deadline? Will ICD-9 claims be accepted after September 30, 2013, if so, under what conditions?**

**A:** ICD-9 claims will be accepted after September 30, 2013 if the date of service was provided before this date. Therefore organizations will need to carry out dual processing. For example, if someone is hospitalized from April 1st to September 30th, the providers are okay. However, if the hospitalization crosses into October 1st the provider will need to use ICD-10. This is one of the challenges of the ICD-10 conversions. For compiling, back billing, or re-filing a claim before the cut-off of October 1st, the ICD-9 codes will be used, even if the bill is sent afterward. It is dependent on the date of service.

**Q: What if the provider's clearinghouse is not prepared for HIPAA 5010 compliance?**

**A:** It is necessary to have a serious conversation with the clearinghouse. If that is the provider's only clearinghouse, they will want to seek legal counsel. If the clearinghouse is not prepared, the provider will not be able to send out claims and therefore will not get paid. This is definitely something the provider should discuss and receive in writing from

the clearinghouse on what to do until the clearinghouse is compliant. Here is some additional information and a timeline for clearinghouses to prepare for 5010 compliance: <https://www.cms.gov/ICD10/Downloads/ICD10VendorsRemediated20111213.pdf>

**Q: Will Workers Compensation continue to accept ICD-9 claims?**

**A:** Yes, Worker's Compensation is not a HIPAA covered entity. There are several entities that are not HIPAA covered, however, many of them will be making the shift because they will be receiving ICD-10 codes. Workers comp carriers use of specific codes are mandated by each state. Therefore, it would be best to check each state's Department of Labor and Workman's Compensation area.