MLN Connects™

National Provider Call

ICD-10 Basics

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Medicare Learning Network®

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Agenda

- ICD-10 Update — Pat Brooks, CMS
- ICD-10-CM: The Basics — Sue Bowman, American Health Information Management Association (AHIMA)

ICD-10 Update

Pat Brooks, RHIA
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ICD-10 Implementation

- October 1, 2014 – Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)
- No more delays
- ICD-10-CM (diagnoses) will be used by all providers in every health care setting
- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures
  - ICD-10-PCS will not be used on physician claims, even those for inpatient visits

ICD-10 Implementation

- Single implementation date of October 1, 2014 for all users
  - Date of service for ambulatory and physician reporting
    - Ambulatory and physician services provided on or after October 1, 2014 will use ICD-10-CM diagnosis codes
  - Date of discharge for hospital claims for inpatient settings
    - Inpatient discharges occurring on or after October 1, 2014 will use ICD-10-CM and ICD-10-PCS codes

CPT and HCPCS

- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes
- CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients

ICD-10 MS-DRGs

- Medicare Severity Diagnosis Related Grouper (MS-DRG) V30.0 ICD-10 Definitions Manual
  - Available in text and HTML versions
  - Posted on the ICD-10 website
- MS-DRG V30.0 ICD-10 “Summary of Changes”
- ICD-10 Definitions of Medicare Code Edits
- Final FY 2015 ICD-10 MS-DRGs V32.0 subject to formal rulemaking

ICD-10 MS-DRGs

- ICD-10 MS-DRGs
  - MS-DRG v30 ICD-10 mainframe software
  - MCE v30 ICD-10 mainframe software
  - MSG/MCE v30 ICD-10 PC software
- Available through the National Technical Information Service (NTIS)
- Link on CMS website under “Related Links”

MLN Resources

- MLN Matters® Articles:
  - MLN Matters® Special Edition Article SE1239, "Updated ICD-10 Implementation Information"
  - MLN Matters® Special Edition Article SE1240, "Partial Code Freeze Prior to ICD-10 Implementation"
  - MLN Matters® Special Edition Article SE1325, "Institutional Services Split Claims Billing Instructions for Medicare FFS Claims that Span the ICD-10 Implementation Date"
  - MLN Matters® Article MM7492, "Medicare FFS Claims Processing Guidance for Implementing ICD-10"

- MLN Products:
  - "ICD-10-CM/PCS Myths and Facts" Fact Sheet
  - "ICD-10-CM/PCS The Next Generation of Coding" Fact Sheet
  - "ICD-10-CM Classification Enhancements" Fact Sheet
  - "General Equivalence Mappings Frequently Asked Questions" Booklet

CMS ICD-10 Website

- The CMS ICD-10 website provides the latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation
  - Sign up for CMS ICD-10 Industry Email Updates

- The CMS Sponsored ICD-10 Teleconferences web page provides information on upcoming and previous CMS ICD-10 National Provider Calls, including registration, presentation materials, video slideshow presentations, written transcripts and audio recordings

CMS ICD-10 Website

- Medicare Fee-for-Service Provider Resources web page and
- Provider Resources (for all providers) web page provide links to a variety of related educational resources and information
- ICD-9-CM Coordination and Maintenance Committee Meetings

Additional Resources

- The following organizations offer other ICD-10 resources:
  - WEDI (Workgroup for Electronic Data Interchange) website
  - HIMSS (Health Information and Management Systems Society) website

ICD-10-CM: The Basics

Sue Bowman, MJ, RHIA, CCS, FAHIMA
Senior Director, Coding Policy and
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Benefits of ICD-10-CM

- Better data will be available for:
  - Measuring the quality, safety, and efficacy of care
  - Designing payment systems and processing claims for reimbursement
  - Conducting research, epidemiological studies, and clinical trials
  - Setting health policy
  - Operational and strategic planning and designing healthcare delivery systems
  - Monitoring resource utilization
  - Improving clinical, financial, and administrative performance
  - Preventing and detecting healthcare fraud and abuse
  - Tracking public health and risks

Benefits of ICD-10-CM

- Recognition of advances in medicine and technology
- Improved efficiencies and lower costs
- Reduced coding errors
- Greater achievement of the benefits of an electronic health record
- Increased value in the US investment in SNOMED-CT

ICD-10-CM Structure

ICD-9-CM

- 3-5 characters
- First character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM

- 3-7 characters
- 1st character is alpha (all letters except U are used)
- 2nd character is numeric
- Characters 3-7 are alpha or numeric
- Use of decimal after 3 characters
- Alpha characters are not case-sensitive

(e.g., Right ankle sprain, initial encounter: S93.401A, S93.401a, s93.401A, s93.401a)

Similarities to ICD-9-CM

- Tabular List
  - Chronological list of codes divided into chapters based on body system or condition
  - Same hierarchical structure
  - Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions
    - A few chapters have been restructured
    - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters

Similarities to ICD-9-CM

- Index
  - Alphabetical list of terms and their corresponding codes
  - Indented subterms appear under main terms
  - Same structure as ICD-9-CM
    - Alphabetic Index of Diseases and Injuries
    - Alphabetic Index of External Causes
    - Table of Neoplasms
    - Table of Drugs and Chemicals

Similarities to ICD-9-CM

- Many conventions have same meaning
  - Abbreviations, punctuation, symbols, notes such as “code first” and “use additional code”

- Nonspecific codes (“unspecified” or “not otherwise specified”) are available to use when detailed documentation to support more specific code is not available

- Codes are looked up the same way
  - Look up diagnostic terms in Alphabetic Index, then
  - Verify code number in Tabular List

Similarities to ICD-9-CM

- Codes are invalid if they are missing an applicable character
- *ICD-10-CM Official Guidelines for Coding and Reporting* accompany and complement ICD-10-CM conventions and instructions
- Adherence to the official coding guidelines in all healthcare settings is required under the Health Insurance Portability and Accountability Act (HIPAA)

Differences from ICD-9-CM

- Expanded detail and specificity
- Laterality (side of the body affected) has been added to relevant codes
- Expanded use of combination codes
  - Certain conditions and associated common symptoms or manifestations
  - Poisonings and associated external cause

Differences from ICD-9-CM

- Injuries grouped by anatomical site rather than type of injury
- Codes reflect modern medicine and updated medical terminology

Combination Codes – Examples

- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- K71.51 Toxic liver disease with chronic active hepatitis with ascites
- K50.012 Crohn’s disease of small intestine with intestinal obstruction

Addition of 7th Character

- 7th character used in certain chapters (e.g., Obstetrics, Injury, Musculoskeletal, and External Cause chapters)
- Different meaning depending on section where it is being used
- Must always be used in the 7th character position
- When 7th character applies, codes missing 7th character are invalid

7th Character Describing Encounter

Initial encounter: As long as patient is receiving active treatment for the condition.

Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.

Subsequent encounter: After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase.

Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.

Sequela: Complications or conditions that arise as a direct result of a condition (e.g., scar formation after a burn).

Note: For aftercare of injury, assign acute injury code with 7th character for subsequent encounter.

7th Character – Fractures

A Initial encounter for closed fracture

B Initial encounter for open fracture

D Subsequent encounter for fracture with routine healing

G Subsequent encounter for fracture with delayed healing

K Subsequent encounter for fracture with nonunion

P Subsequent encounter for fracture with malunion

S Sequela

Placeholder “X”

- Addition of dummy placeholder “X” (or “x”) is used in certain codes to:
  - Allow for future expansion
  - Fill out empty characters when a code contains fewer than 6 characters and a 7th character applies
- When placeholder character applies, it must be used in order for the code to be valid

Placeholder “X”

- “X” is not case-sensitive
  - T46.1**x**5A or T46.1**X**5A– Adverse effect of calcium-channel blockers, initial encounter
  - T15.02**x**D or T15.02**X**D– Foreign body in cornea, left eye, subsequent encounter

Excludes Notes

- Excludes1 note
  - Indicates that code identified in the note and code where the note appears cannot be reported together because the 2 conditions cannot occur together

Example:

E10 Type 1 Diabetes mellitus

Excludes1: diabetes mellitus due to underlying condition (E08.-)
drug or chemical induced diabetes mellitus (E09.-)
gestational diabetes (O24.4-)
hyperglycemia NOS (R73.9)
neonatal diabetes mellitus (P70.2)
postpancreatectomy diabetes mellitus (E13.-)
postprocedural diabetes mellitus (E13.-)
secondary diabetes mellitus NEC (E13.-)
type 2 diabetes mellitus (E11.-)

Excludes Notes

- Excludes2 note
  - Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so both codes may be reported together if the patient has both conditions

Example:

L89 Pressure ulcer

Excludes2: decubitus (trophic) ulcer of cervix (uteri) (N86)

diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)

non-pressure chronic ulcer of skin (L97.-)

skin infections (L00-L08)

varicose ulcer (I83.0, I83.2)

ICD-10-CM Specificity Examples

- Increased specificity
  - S72.044G Nondisplaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing
  - I69.351 Sequelae of cerebral infarction, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
  - Z47.81 Encounter for orthopedic aftercare following surgical amputation
  - Z48.21 Encounter for aftercare following heart transplant

ICD-10-CM Laterality Examples

- Laterality
  - C50.511 Malignant neoplasm of lower-outer quadrant of right female breast
  - H01.111 Allergic dermatitis of right upper eyelid
  - L89.223 Pressure ulcer of left hip, stage 3

ICD-10-CM Coding Examples

Type I diabetes mellitus with diabetic nephropathy

<u>Step 1</u>

Look up term in Alphabetic Index:

Diabetes, diabetic (mellitus) (sugar) E11.9
- type 1 E10.9
  - with
    - nephropathy E10.21

ICD-10-CM Coding Examples

Type I diabetes mellitus with diabetic nephropathy (continued)

Step 2

Verify code in Tabular:

E10 Type 1 diabetes mellitus
- E10.2 Type 1 diabetes mellitus with kidney complications
  - E10.21 Type 1 diabetes mellitus with diabetic nephropathy
    - Type 1 diabetes mellitus with intercapillary glomerulosclerosis
    - Type 1 diabetes mellitus with intracapillary glomerulonephrosis
    - Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

Code Assignment: E10.21

ICD-10-CM Coding Examples

Acute cystitis with hematuria

Step 1

Look up term in Alphabetic Index:

Cystitis (exudative) (hemorrhagic) (septic) (suppurative) N30.90
    acute N30.00
        with hematuria N30.01

ICD-10-CM Coding Examples

Acute cystitis with hematuria (continued)

Step 2

Verify code in Tabular:

N30 Cystitis

  Use additional code to identify infectious agent (B95-B97)

  N30.0 Acute cystitis

    Excludes1: irradiation cystitis (N30.4-)

      trigonitis (N30.3-)

    N30.00 Acute cystitis without hematuria

    N30.01 Acute cystitis with hematuria

Code Assignment: N30.01

ICD-10-CM Coding Examples

Chronic obstructive pulmonary disease

<u>Step 1</u>

Look up term in Alphabetic Index:

Disease, diseased (see also Syndrome)
  pulmonary – see also Disease, lung
    chronic obstructive J44.9
      with
        acute bronchitis J44.0
        exacerbation (acute) J44.1
        lower respiratory infection (acute) J44.0

ICD-10-CM Coding Examples

Chronic obstructive pulmonary disease (continued)

<u>Step 2</u>

Verify code in Tabular:

J44 Other chronic obstructive pulmonary disease

Includes: Asthma with chronic obstructive pulmonary disease

- Chronic asthmatic (obstructive) bronchitis
- Chronic bronchitis with airways obstruction
- Chronic bronchitis with emphysema
- Chronic emphysematous bronchitis
- Chronic obstructive asthma
- Chronic obstructive bronchitis
- Chronic obstructive tracheobronchitis

ICD-10-CM Coding Examples

Chronic obstructive pulmonary disease (continued)

Step 2 (continued)

J44.9 Chronic obstructive pulmonary disease, unspecified
Chronic obstructive airway disease NOS
Chronic obstructive lung disease NOS

Code Assignment: J44.9

ICD-10-CM Coding Examples

Fracture of proximal third of scaphoid bone, left wrist, initial encounter

<u>Step 1</u>

Look up term in Alphabetic Index:

Fracture, traumatic
- scaphoid (hand) – see also Fracture, carpal, navicular

- carpal bone(s) S62.10-
  - navicular S62.00 –
    - proximal third (displaced) S62.03-
      - nondisplaced S62.03-

ICD-10-CM Coding Examples

Fracture of proximal third of scaphoid bone, left wrist, initial encounter (continued)

Step 2

Verify code in Tabular:

S62 Fracture at wrist and hand level

Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced

Note: A fracture not indicated as open or closed should be coded to closed

ICD-10-CM Coding Examples

Fracture of proximal third of scaphoid bone, left wrist, initial encounter (continued)

<u>Step 2</u> (continued)

The appropriate 7th character is to be added to each code from category S62:

- A Initial encounter for closed fracture
- B Initial encounter for open fracture
- D Subsequent encounter for fracture with routine healing
- G Subsequent encounter for fracture with delayed healing
- K Subsequent encounter for fracture with nonunion
- P Subsequent encounter for fracture with malunion
- S Sequela

ICD-10-CM Coding Examples

Fracture of proximal third of scaphoid bone, left wrist, initial encounter (continued)

Step 2 (continued)

Verify code in Tabular:

S62.03 Fracture of proximal third of navicular [scaphoid] bone of wrist

S62.031 Displaced fracture of proximal third of navicular [scaphoid] bone of right wrist

S62.032 Displaced fracture of proximal third of navicular [scaphoid] bone of left wrist

S62.033 Displaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist

ICD-10-CM Coding Examples

Fracture of proximal third of scaphoid bone, left wrist, initial encounter (continued)

Step 2 (continued)

Verify code in Tabular:

S62.034 Nondisplaced fracture of proximal third of navicular [scaphoid] bone of right wrist

S62.035 Nondisplaced fracture of proximal third of navicular [scaphoid’ bone of left wrist

S62.036 Nondisplaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist

Code Assignment: S62.032A

ICD-10-CM Coding Examples

Anxiety reaction

<u>Step 1</u>

Look up term in Alphabetic Index:

Anxiety F41.9
depression F41.8
episodic paroxysmal F41.0
generalized F41.1
hysteria F41.8
neurosis F41.1
panic type F41.0
reaction F41.1
separation, abnormal (of childhood) F93.0
specified NEC F41.8
state F41.1

ICD-10-CM Coding Examples

Anxiety reaction (continued)

Step 2

Verify code in Tabular:

F41 Other anxiety disorders

  F41.1 Generalized anxiety disorder

    Anxiety neurosis

    Anxiety reaction

    Anxiety state

    Overanxious disorder

Code Assignment: F41.1

Unspecified Codes

- Each healthcare encounter should be coded to the level of certainty known for that encounter
- Unspecified codes should need to be selected less often due to greater number of code choices in ICD-10-CM
- Unspecified codes should be reported when they most accurately reflect what is known about the patient’s condition at the time of that particular encounter

Unspecified Codes

- When sufficient clinical information isn’t known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate “unspecified” code

- It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code

Unspecified Code Examples

Fracture of left wrist, initial encounter

<u>Step 1</u>

Look up term in Alphabetic Index:

Fracture, traumatic

    wrist S62.10-

        carpal – see Fracture, carpal bone

Unspecified Code Examples

Fracture of left wrist, initial encounter (continued)

Step 2

Verify code in Tabular:

S62 Fracture at wrist and hand level

Note: A fracture not indicated as displaced or nondisplaced should be coded to displaced

Note: A fracture not indicated as open or closed should be coded to closed

Unspecified Code Examples

Fracture of left wrist, initial encounter (continued)

Step 2 *(continued)*

The appropriate 7th character is to be added to each code from category S62:

- A Initial encounter for closed fracture
- B Initial encounter for open fracture
- D Subsequent encounter for fracture with routine healing
- G Subsequent encounter for fracture with delayed healing
- K Subsequent encounter for fracture with nonunion
- P Subsequent encounter for fracture with malunion
- S Sequela

Unspecified Code Examples

Fracture of left wrist, initial encounter (continued)

Step 2 (continued)

Verify code in Tabular:

S62.10 Fracture of unspecified carpal bone

Fracture of wrist NOS

S62.101 Fracture of unspecified carpal bone, right wrist

S62.102 Fracture of unspecified carpal bone, left wrist

S62.109 Fracture of unspecified carpal bone, unspecified wrist

Code Assignment: S62.102A

Unspecified Code Examples

Pneumonia

Step 1

Look up term in Alphabetic Index:

Pneumonia (acute) (double) (migratory) (purulent) (septic) (unresolved) J18.9

Unspecified Code Examples

Pneumonia (continued)

Step 2

Verify code in Tabular:
J18 Pneumonia, unspecified organism
Code first associated influenza, if applicable (J09.X1, J10.0-, J11.0-)

J18.9 Pneumonia, unspecified organism

Code Assignment: J18.9

External Causes of Morbidity

- **No national requirement for mandatory ICD-10-CM external cause code reporting**
- Reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is only required for providers subject to a state-based external cause code reporting mandate or payer requirement
- In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes

What is The Value of Reporting External Cause of Injury Codes?

- Provide valuable data for injury research and evaluation of injury prevention strategies
- External cause of injury data are used at the national, state, and local levels to identify high-risk populations, set priorities, and plan and evaluate injury prevention programs and policies, and are potentially useful for evaluating emergency medical services (EMS) and trauma care systems

External Cause Code Example

Injury sustained from falling down ice-covered steps, initial encounter

Step 1

Look up term in External Cause of Injury Index:

Fall, falling (accidental) W19
    from, off, out of
    stairs, steps W10.9
    due to ice or snow W00.1

External Cause Code Example

Injury sustained from falling down ice-covered steps, initial encounter (continued)

Step 2

Verify code in Tabular:

W00 Fall due to ice and snow

Includes: pedestrian on foot falling (slipping) on ice and snow

The appropriate 7th character is to be added to each code from category W00

A - initial encounter

D - subsequent encounter

S – sequela

W00.1 Fall from stairs and steps due to ice and snow

Code Assignment: W00.1xxA

Increasing Demand for High-Quality Documentation

- Better clinical documentation promotes better patient care and more accurate capture of acuity and severity
  - Quality measures
  - Reimbursement
  - Severity-level profiles
  - Risk adjustment profiles
  - Present on admission reporting
  - Hospital-acquired conditions

Increasing Demand for High-Quality Documentation

- High-quality documentation can help to:
  - Avoid misinterpretation by third parties (auditors, payers, attorneys, etc.)
  - Justify medical necessity

Documentation Gap Analysis

- Assess quality of medical record documentation to identify improvement opportunities
  - Documentation to support ICD-10-CM detail may be better than expected

Documentation Gap Analysis

- Medical record sampling techniques could include:
  - Random samples
  - Sampling by clinical specialty
  - Top diagnoses
  - Top service lines
  - High volume diagnoses
  - Diagnoses known to represent documentation problems today

Clinical Documentation Improvement Strategies

- Identify documentation improvement opportunities that could impact multiple initiatives – don’t focus solely on ICD-10-CM

- Determine best solution for addressing each documentation gap – one size doesn’t fit all

  Examples:

  - Modifications to form or template
  - EHR documentation template
  - System prompts
  - Education
  - Workflow or operational process changes

- Prioritize – start with “low hanging fruit” or issues with greatest impact

Examples of ICD-10 Details that Could be Added to Electronic Health Record (EHR) Templates

- Laterality
- Encounter type (initial, subsequent, sequela, routine healing, delayed healing)
- Anatomic details
- Severity
- Disease relationships

ICD-10-CM Training

- Plan educational strategy
  - Who will need education?
  - What type and level of education will be needed?
    - Only hospital inpatient coders need to learn ICD-10-PCS
    - 3-4 days for coders to learn ICD-10-CM (depends on level of ICD-9-CM knowledge)
    - Additional training may be needed to refresh or expand knowledge in the biomedical sciences
      - Use assessment tools to identify areas of strength/weakness
      - Review and refresh knowledge of biomedical concepts as needed based on the assessment results
    - Training for coders working in a medical specialty area can focus on code sections most applicable to that specialty

ICD-10-CM Training

- Plan educational strategy (continued)
  - How will education be delivered?
  - When should education be provided?
    - Intensive coder training: 6-9 months prior to implementation

Coder Training

- Coder training is available from many sources:
  - Professional associations, medical specialty societies, state medical societies
  - Commercial vendors
  - Independent consultants

- And in many formats:
  - On-line (self-paced, instructor-led)
  - Face-to-face (on-site, off-site)

Using General Equivalence and Reimbursement Mappings

- General Equivalence Mappings (GEMs) are designed to aid in converting applications and systems from ICD-9-CM to ICD-10-CM/PCS
- Reimbursement Mappings are temporary mechanism for mapping claims containing ICD-10-CM/PCS codes to “reimbursement equivalent” ICD-9-CM codes

Using General Equivalence and Reimbursement Mappings

- Maps should not be used to assign codes to report on claims
  - GEMs and Reimbursement Mappings are not a substitute for learning how to use ICD-10-CM/PCS
  - Mapping ≠ coding
  - Mapping links concepts in 2 code sets without consideration of context or medical record documentation
  - Coding involves assignment of most appropriate codes based on medical record documentation and applicable coding rules/guidelines

FAQs

Q: Since ICD-10-CM has more codes, is it more difficult to use than ICD-9-CM?

A: Just as the size of a dictionary or phone book doesn't make it more difficult to use, a higher number of codes doesn't necessarily increase the complexity of the coding system – in fact, it makes it easier to find the right code. Greater specificity and clinical accuracy make ICD-10-CM easier to use than ICD-9-CM. Because ICD-10-CM is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9-CM. The Alphabetic Index and electronic coding tools will continue to facilitate proper code selection.

FAQs

Q: Are ICD-10-CM code books available?

A: ICD-10-CM code books are already readily available from existing ICD-9-CM code book publishers. ICD-10-CM is also available free of charge in PDF and XML formats from the National Center for Health Statistics website:

Q: Where can physician practices obtain a list of ICD-10-CM codes applicable to their particular specialty?

A: Contact the appropriate medical specialty society.

Getting Answers to ICD-10-CM Coding Questions

- American Hospital Association Central Office serves as the U.S. clearinghouse for issues related to the use of ICD-9-CM and ICD-10-CM/PCS codes
  - On-line process for submitting coding questions http://www.codingclinicadvisor.com/
- Submit copy of relevant, de-identified medical record with coding question
- For payment policy questions, contact appropriate payer (e.g., Medicare contractor, private insurer)

AHIMA ICD-10 Resources

- AHIMA website
  - ICD-10-CM/PCS Transition: Planning and Preparation Checklist
  - Practice guidance
    - Putting ICD-10-CM/PCS GEMS into Practice
    - Transitioning ICD-10-CM/PCS Data Management Processes
    - ICD-10-CM/PCS Project Management Resources
    - Planning Organizational Transition to ICD-10-CM/PCS
    - Planning for the ICD-10-CM Transition for LTC Facilities

AHIMA ICD-10 Resources

- AHIMA website (continued)
  - Toolkits
    - ICD-10-CM/PCS Implementation Toolkit
    - Clinical Documentation Improvement Toolkit
  - Other tools
    - ICD-10 Readiness Assessment and Prioritization Tool
    - ICD-10 Vendor Questionnaire

AHIMA ICD-10 Resources

- AHIMA website (continued)
  - Role-based implementation models
    - Physician practice
    - Long-term care
    - Inpatient and outpatient coders
    - Data managers
    - Health plans
    - Academic institutions

AHIMA ICD-10 Resources

- AHIMA website (continued)
  - Training and education
    - Coder readiness assessments
    - Face-to-face or on-line training
    - Publications
    - Webinars/Conferences
  - ICD-10/Computer-Assisted Coding Summit (April 22-23, 2014, Washington, DC)

Question and Answer Session

ICD10-National-Calls@cms.hhs.gov

Coming in Late Summer 2013 – The Medicare Administrative Contractor Satisfaction Indicator (MSI)

Attention: Medicare-Enrolled Providers and Suppliers

- Give CMS feedback about your experience with your Medicare Administrative Contractor (MAC), the contractor that processes your Medicare claims
- Your feedback will help CMS monitor performance trends, improve oversight, and increase efficiency of the Medicare program
- Only providers and suppliers who register for the MSI will be included in the random sample to rate their MAC
- For more information and to register today for the 2013 MSI, go to http://www.cms.gov/Medicare/Medicare-Contracting/MSI/

Evaluate Your Experience

- Please help us continue to improve the MLN Connects National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

Thank You

- For more information about the MLN Connects National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html

- For more information about the Medicare Learning Network (MLN), please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html