

Office of MaineCare Services: ICD-10 Preparation for Residential and Assisted Living Facilities

February 2014

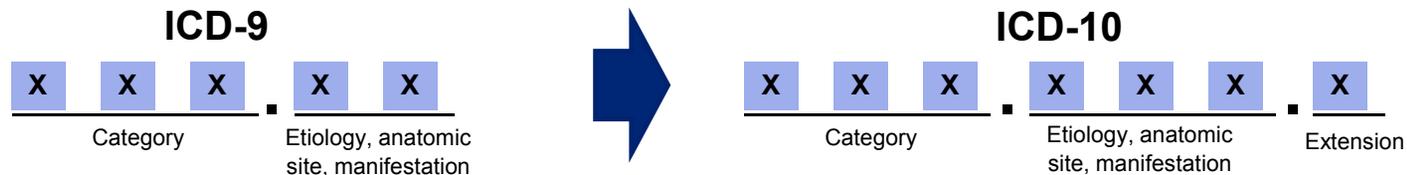


What is ICD-10?

*ICD-10 is the tenth revision of the International Classification of Diseases (ICD) published by the World Health Organization (WHO). The Federal government has mandated that the healthcare industry upgrade from ICD-9 to ICD-10 by **October 1, 2014**.*

Key Differences and Changes

- ICD-10 is a much more complex scheme of classifying diseases reflecting recent advances in disease detection and treatment.
- ICD-10 involves fundamental coding changes, from 3-5 digit numeric codes in ICD-9 to 3-7 digit alphanumeric codes in ICD-10.



- ICD-9 codes are used by many providers and payers in business processes and technology systems. Changes may be required to support ICD-10.
 - Providers need to make changes to their processes and technology in order to continue uninterrupted transactions with payers, including MaineCare.
 - MaineCare is currently making changes to its processes and systems to be ready for ICD-10.

ICD-10 Impacts for Residential and Assisted Living Facilities



The transition to ICD-10 will have a significant impact on Residential and Assisted Living Facilities. Possible impacts are described below.

Forms, Policies, & Processes

- Each facility will be impacted across multiple areas, including:
 - Patient intake
 - Eligibility determination
 - Authorization
 - Certification
 - Scheduling
 - Care management/ disease management
 - Billing and reimbursement
 - Quality management
 - Payment reconciliation
 - Regulatory and compliance reporting
- Any workflows or business processes utilizing ICD-9 must be assessed and modified, if needed, to use ICD-10.
- Any ICD-9 based paper or electronic forms must be replaced by ICD-10 based forms in order to accommodate the new, longer codes.
- Registration forms, encounter forms, and clinical documentation need to be updated to accommodate more detailed documentation of patients' health conditions to support accurate coding in ICD-10.
- Superbills need to be updated to accommodate ICD-10 codes and additional detail required.
- Facilities may wish to modify auditing processes to manage and track claim payment delays or increased denials and authorizations that result from the ICD-10 transition.

ICD-10 Impacts for Residential and Assisted Living Facilities (cont'd)



The transition to ICD-10 will have a significant impact on Residential and Assisted Living Facilities. Possible impacts are described below.

Staff Readiness & Training

- All staff need to understand the mandate to upgrade to ICD-10 and the compliance date of October 1, 2014.
- All staff need to be aware that all claims for discharges or dates of service on or after October 1, 2014 must be submitted with ICD-10 codes or they will deny.
- Most staff need to be able to identify ICD-10 codes and learn the new codes that are likely to be commonly used within their department or the facility as a whole.
- Clinicians need to be educated about the detailed documentation required to code ICD-10 appropriately.
- Billing staff need to be fluent in coding ICD-10; certified coders will need to attend training to upgrade their certification to ICD-10.
- Facilities may experience a reduction in productivity as physicians and staff become familiar with ICD-10 coding and concepts and how to document medical history.

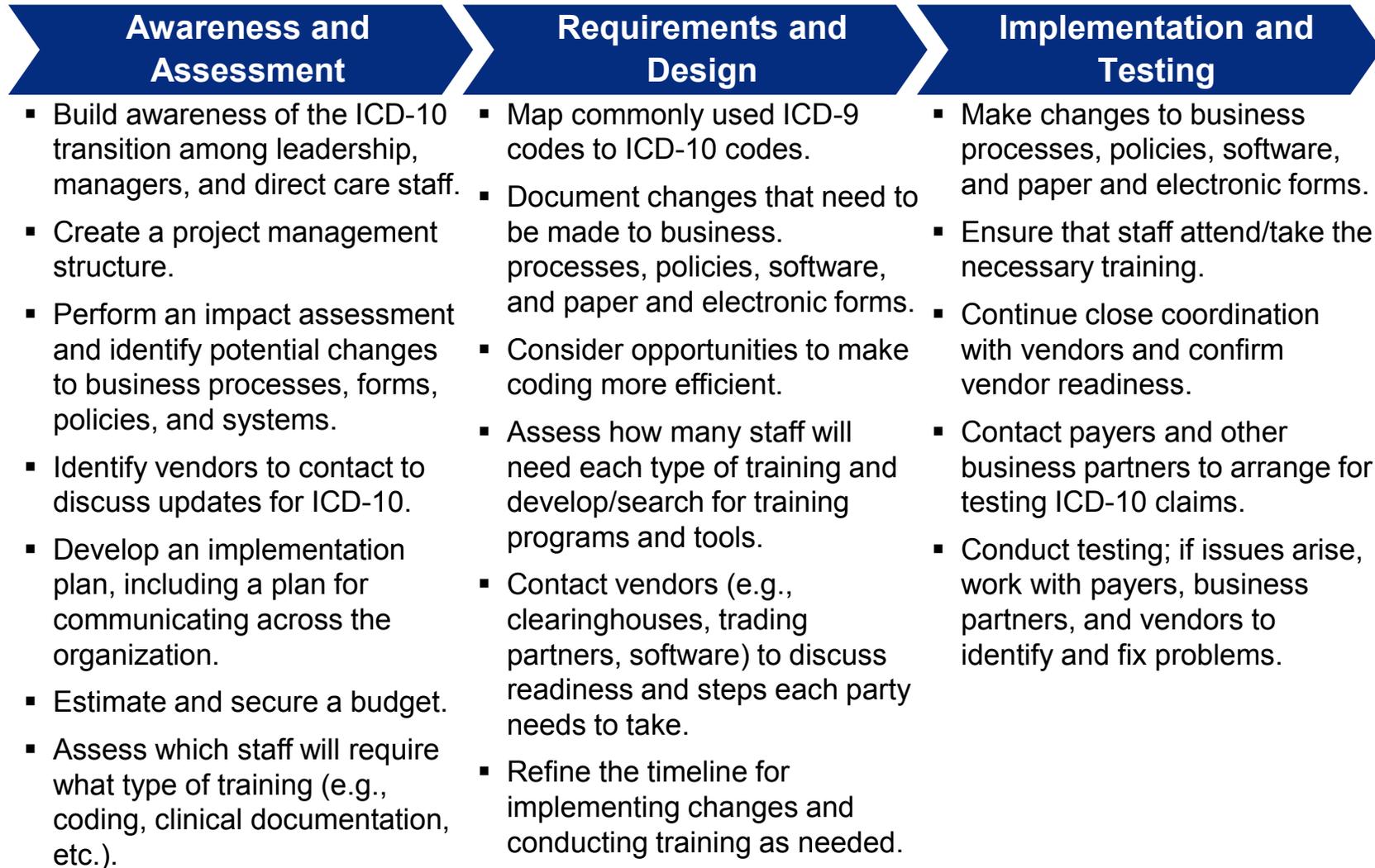
Vendors & Software

- The ICD-10 transition will affect all systems that use ICD-9, such as practice management systems and EHR systems.
- In clearinghouse relationships, the following HIPAA transactions will be affected:
 - 270/271 Healthcare Eligibility Inquiry and Response
 - 278 Healthcare Services Review
 - 834 Benefit Enrollment Transaction
 - 837 Professional Claim
 - Institutional Claim
- Facilities should consult with vendors, including clearinghouses, billing services, and software vendors, to confirm ICD-10 readiness of their systems.

How Residential and Assisted Living Facilities Can Prepare for ICD-10



Providers can prepare for this transition by taking key actions.



Identifying Commonly Used Codes

There are many sources available for identifying commonly used ICD-9 codes.

- The ICD-10 code set is a full replacement of the ICD-9 code set.
- In most cases, there is an approximate one-to-one match, but not always. One ICD-9 code may correspond to many ICD-10 codes.
- Providers are encouraged to search for code mapping sources.

General Equivalence Mappings (GEMs)

- The Centers for Medicare and Medicaid Services has provided a tool, called General Equivalence Mappings (GEMs), that can assist providers in determining which ICD-10 codes to use.
- GEMs defines reasonable matches for mappings between ICD-9 and ICD-10.
- GEMs is available for free on the [CMS website](#).

Other Tools

- Providers are encouraged to research more information independently by searching on the web for ICD-10 codes related to their service type.
- Some example sources are:
 - [AAPC](#)
 - [AMA](#)

Resources For Residential and Assisted Living Facilities



Visit the following sites for more information:

LeadingAge	http://www.leadingage.org/ICD10_Implementation.aspx
American Medical Association	http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page
American Health Information Management Association	http://www.ahima.org/topics/icd10
Centers for Medicare and Medicaid Services	http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html
MaineCare ICD-10 Webpage	http://www.maine.gov/dhhs/oms/icd-10/
MaineCare ICD-10 Email Box	MaineCareICD10@MolinaHealthCare.com