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 ICD-10

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<thead>
<tr>
<th>Category</th>
<th>Etiology, anatomic site, manifestation</th>
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<table>
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<tr>
<th>Category</th>
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- 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.

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<th>Awareness and Assessment</th>
<th>Requirements and Design</th>
<th>Implementation and Testing</th>
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<tbody>
<tr>
<td>Build awareness of the ICD-10 transition among leadership, managers, and direct care staff.</td>
<td>Map commonly used ICD-9 codes to ICD-10 codes.</td>
<td>Make changes to business processes, policies, software, and paper and electronic forms.</td>
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<td>Create a project management structure.</td>
<td>Document changes that need to be made to business processes, policies, software, and paper and electronic forms.</td>
<td>Ensure that staff attend/take the necessary training.</td>
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<td>Perform an impact assessment and identify potential changes to business processes, forms, policies, and systems.</td>
<td>Consider opportunities to make coding more efficient.</td>
<td>Continue close coordination with vendors and confirm vendor readiness.</td>
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<td>Identify vendors to contact to discuss updates for ICD-10.</td>
<td>Assess how many staff will need each type of training and develop/search for training programs and tools.</td>
<td>Contact payers and other business partners to arrange for testing ICD-10 claims.</td>
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<td>Develop an implementation plan, including a plan for communicating across the organization.</td>
<td>Contact vendors (e.g., clearinghouses, trading partners, software) to discuss readiness and steps each party needs to take.</td>
<td>Conduct testing; if issues arise, work with payers, business partners, and vendors to identify and fix problems.</td>
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<td>Estimate and secure a budget.</td>
<td>Refine the timeline for implementing changes and conducting training as needed.</td>
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<td>Assess which staff will require what type of training (e.g., coding, clinical documentation, etc.).</td>
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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:

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<tr>
<th>Organization</th>
<th>URL</th>
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<tr>
<td>LeadingAge</td>
<td><a href="http://www.leadingage.org/ICD10_Impementation.aspx">http://www.leadingage.org/ICD10_Impementation.aspx</a></td>
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<tr>
<td>American Health Information Management Association</td>
<td><a href="http://www.ahima.org/topics/icd10">http://www.ahima.org/topics/icd10</a></td>
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<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td><a href="http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html">http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html</a></td>
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<tr>
<td>MaineCare ICD-10 Email Box</td>
<td><a href="mailto:MaineCareICD10@MolinaHealthCare.com">MaineCareICD10@MolinaHealthCare.com</a></td>
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