

ICD-10 Readiness

A Summary of Payors Testing Efforts August 2015

Overview

The International Classification of Diseases (ICD) is a standardized coding system for medical conditions, diagnoses, and institutional procedures. ICD-10 consist of a new set of codes that will replace the previous ICD-9 codes, which contain outdated and/or obsolete terms that are inconsistent with current medical practice. Effective October 1, 2015, all health care providers in the United States must use ICD-10 codes when reporting and submitting claims.¹ Use of ICD-10 is an essential requirement of the Health Insurance Portability and Accountability Act of 1996.² The implementation of ICD-10 will help achieve health care reform goals by providing better quality data for reporting and outcome measurements as the greater specificity of ICD-10 codes is more effective in capturing public health diseases, which federal, State, and local officials, including researchers, utilize for purposes of public health research, reporting, and surveillance.^{3, 4}

About the Summary

The Maryland Health Care Commission surveyed the five largest payors in the State inquiring about the status of their ICD-10 preparedness activities. The survey collected information on payors' end-to-end testing efforts,⁵ testing partners,⁶ and information on who to contact should providers have any questions. None of the payors indicated plans to accept ICD-10 codes ahead of the effective date. A summary of payors' responses follows:

¹ Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes will continue to be used for outpatient, ambulatory, and office-based procedures.

² Public Law 104-191.

³ Centers for Medicare & Medicare Services, *ICD-10: A Health Care Priority*, May 2013. Available at: <u>www.cms.gov/eHealth/ListServ_ICD10_AHealthCarePriority.html</u>.

⁴ For additional information on ICD-10 and provider resources, visit:

www.cms.gov/Medicare/Coding/ICD10/providerresources.html or www.roadto10.org.

⁵ End-to-end testing provides reasonable assurance of operational readiness through a test environment that involves the submission of test claims with ICD-10 codes and the receipt of a remittance advice explaining the adjudication of the claims. For more information, visit:

www.wedi.org/forms/uploadFiles/36BEE00000542.toc.7.31 Payer Combined.pdf.

⁶ Testing partners can include a wide range of provider types as well as other entities, including but not limited to government agencies, clearinghouses, software vendors, third party administrators, pricing partners, and auditors. A clearinghouse is a company that functions as an intermediary forwarding claims information from health care providers to payors. Among other things, a clearinghouse makes sure that the procedural and diagnosis coded being submitted are valid.

Aetna/Coventry		
ICD-10 Testing Status:	Complete – large-scale internal and targeted external testing, which included institutional, professional, and outpatient claims	
Testing Partners:	Contacted entities with whom they planned to test with; strongly encourages providers to contact clearinghouses and other business partners to conduct testing	
Testing Time Frame:	October 2012 – July 2015	
ICD-10 Testing Results:	Evaluating results; available information can be found at the following link: <u>www.aetnaeducation.com/ihtml/application/student/interface.NewAetna/banner/front_arti</u> <u>cles/icd10_testing_results.html</u>	
Questions/Additional Information:	Call the local provider services number or visit: www.aetna.com/health-care-professionals/icd-10-5010-npi-information/icd-10-faqs.html	

CareFirst	
ICD-10 Testing Status:	In process – providers submit claims through clearinghouses and receive appropriate acknowledgements; claims are then adjudicated and test remittance advices returned
Testing Partners:	Invited clearinghouses and a subset of providers representing a full spectrum of provider types and specialties
Testing Time Frame:	June 8, 2015 – August 28, 2015
ICD-10 Testing Results:	Available information can be found at the following link: <u>www.carefirst.com/icd10</u>
Questions/Additional	E-mail: ICD-10@carefirst.com or visit: provider.carefirst.com/providers/resources/icd-
Information:	<u>10.page</u>

Cigna		
ICD-10 Testing Status:	Complete	
Testing Partners:	Included clearinghouses that submit directly to Cigna	
Testing Time Frame:	January 2012 – July 2015	
ICD-10 Testing Results:	Available information can be found by visiting the provider portal at: <u>www.CignaforHCP.com</u> and navigating to: <i>Resources> Medical Resources> ICD-10</i>	
Questions/Additional Information:	Providers may contact their Cigna Relationship Manager, call customer service at 1-800- 882-4462, or visit Cigna's provider portal at: <u>www.CignaforHCP.com</u> and navigate to: <i>Resources > Medical Resources> ICD-10</i>	

Kaiser Permanente Mid-Atlantic States		
ICD-10 Testing Status:	Complete – testing partners were offered the option to conduct as detailed a test as they prefer; testing opportunities were offered three times in an effort to accommodate all those who wanted to participate	
Testing Partners:	Engaged all provider types and other entities, including both in and out-of-network providers, specialty service providers (e.g., ambulance, durable medical equipment, etc.), government agencies, clearinghouses, software vendors, third party administrators, pricing partners, and auditors	
Testing Time Frame:	March 2014 – July 2015	
ICD-10 Testing Results:	Only testing partners that elected to participate can receive test results, scenarios executed, and test data (de-identified) pertinent to their specific requests or needs	
Questions/Additional Information:	Contact Sirena Perkins, Provider Dispute Resolution Analyst, at <u>sirena.t.perkins@kp.org</u> or 301-816-7193	

UnitedHealthcare		
ICD-10 Testing Status:	Complete	
Testing Partners:	Selected and notified a broad selection of providers (e.g., facilities, physicians,	
	laboratories, etc.) and clearinghouses	
Testing Time Frame:	July 2013 – August 2015	
ICD-10 Testing Results:	Available at UnitedHealthcare's ICD-10 Resource Center at:	
	https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-	
	US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/HIT/PCA	
	<u>11471_DRG_Shifting_Info_Sheet.pdf</u>	
Questions/Additional Information:	E-mail: <u>ICD-10questions@uch.com</u> or visit:	
	www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=6fa2600ae29fb210VgnVCM	
	<u>1000002f10b10a</u>	

Remarks

Payors have taken laudable steps to ensure their information technology systems can support ICD-10. All payors reported implementing fairly comprehensive testing initiatives, some going back a number of years. In general, these initiatives are aimed at ensuring that the transition to ICD-10 does not cause disruption in processing electronic claims. Health care professionals interested in learning more about ICD-10 should review information published by the Centers for Medicare & Medicaid Services (CMS):

• https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10.

CMS has also made the following ICD-10 transition information available to health care professionals:

- <u>Quick Start Guide;</u>
- ICD-10 Infographic;
- Road to 10: The Small Physician Practice's Route to ICD-10; and
- Countdown to ICD-10: 10 Facts About ICD-10.

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