



Planning For Success

A Newsletter from Mount Carmel Pre-Planned Services

Phone: 234-7400
Fax 546-4826

June 2011

Stats Corner

April 2011

Incoming Calls

25,792

Outgoing Calls

28,133

Average Talk Time

3.52 minutes

Fax Turnaround Time

24 hours

April Fax Requests

3,715

April Web Requests

1,085

ICD-10 Compliance: Tips For Medical Practices

The ICD-10 transition is coming on Oct. 1, 2013. Prior to that, in a related change—the transition to Version 5010 standards for electronic transaction—occurs on Jan. 1, 2012. If you are covered by the Health Insurance Portability and Accountability Act (HIPAA), you are affected.

About ICD-10
ICD-10 CM/PCS (International Classification of Disease, 10th Edition, Clinical Modification/ Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding and
2. ICD-10-PCS for inpatient procedure coding.

ICD-10-CM was developed by the Centers for Disease Control and Prevention for use in all health care settings.

Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS was developed by the Centers for Medicare & Medicaid Services (CMS) for use in inpatient hospital settings *only*. ICD-10-PCS uses 7 alphanumeric digits instead of the 3 to 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM coding.

The transition to ICD-10-CM/PCS does not affect Current Procedural Terminology (CPT) codes, which will continue to be used for outpatient services.

To comply with mandated changes, each office will need to prepare for two firm deadlines established by the U.S. Department of Health and Human Service (HHS), :

JAN. 1, 2012: Full compliance with Version 5010 standards is required for those who conduct electronic transactions either directly or through a clearinghouse or billing service; and

OCT. 2013: Full implementation for ICD-10 code sets is required.

If you submit electronic claims, you need to have completed internal testing of Version 5010 systems in time to begin external testing with your payers, clearinghouses, billing services and other business partners. (continued)

Compliance Timeline

January 1, 2011

- Payers and providers begin external testing of Version 5010 for electronic claims;
- CMS begins accepting Version 5010 claims; and
- Version 4010 claims continue to be accepted.

December 31, 2011

- External testing of Version 5010 for electronic claims must be complete to achieve Level II Version 5010 compliance.

January 1, 2012

- All electronic claims must use Version 5010;
- **Version 4010 claims are no longer accepted.**

October 1, 2013

- Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures;
- CPT codes will continue to be used for outpatient services.



New Medicaid Information System Will Go Live in August



On August 2, 2011 a new Medicaid information system (MITS) will replace the current, 20-year-old Medicaid management information system (MMIS).

MITS is first and foremost a strategic project to enable Ohio Medicaid to respond to current and emerging business demands in the healthcare marketplace. MITS will improve efficiency by automating many processes that are currently

performed manually. The development and implementation of MITS will provide a secure web site that will offer more support, as well as an array of automated business solutions to increase self-service capabilities.

For more information on MITS implementation, please go to the Ohio Department of Jobs and Family Services MITS Web site at <http://jfs.ohio.gov/mits/index.stm>

ICD-10 Compliance: Tips For Medical Practices (CONTINUED)

Begin by contacting the vendors and billing services you use now to be sure they are ready to provide the support you need. Your vendors will need to have products and services ready well in advance of the compliance deadlines to allow adequate time for testing.

When discussing this transition with your vendors be sure to consider:

- System upgrades/replacements may be needed to accommodate Version 5010/ICD-10;
- Costs involved, and whether or not upgrades will be covered by existing contracts;
- Timelines for upgrades or new systems and when they will be available for testing and implementation;
- Customer support and training

that the vendor can provide.

Talking to your vendors now about ICD-10 and Version 5010 will help ensure that your transition goes smoothly and help you to avoid any reimbursement issues.



Pre-Planned Services: Frequently Asked Questions

1. **What fax number should be used for Pre-Certifications?** Pre-Planned Services has a new number for this purpose. **Please use 234-9055.**
2. **Does it matter which fax number is used when sending an order to Pre-Planned Services?** Yes.
 - If you would like **Pre-Planned Services to call the patient** to schedule the procedure, **Please use 614-546-4826**
 - If you have **already scheduled the procedure with the patient and are simply sending us the order**, **Please use: 614-264-8228**
 - If you are sending Pre-Planned Services **pre-certification information**, **Please use 614-546-9055**



If there are topics you would like to see in this publication, please e-mail your request to centralscheduling@mchs.com. We will try to address submitted topics in future publications.