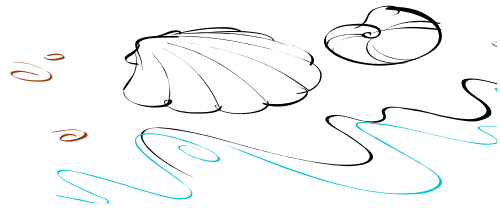


Date: August 2015

Topic: *The ICD-10 Finish Line and AMA Teams
With CMS to Ease Transition*



We're Closing in on the Finish Line!



The October 1st transition date for ICD-10 is now less than 2 months away. All internal testing and review of the ICD10 SLAR upgrades should be in the final stages. Seacoast is recommending that all ICD10 related testing activities be completed in the month of August. In addition, the installation of all ICD10 updates to Live should be completed by mid September (at the latest). Please contact your Seacoast Support Programmer at your earliest convenience to schedule the installation of your ICD10 software.

The following checklist was created to assist with the final stages of your SurroundLab AR ICD10 review:

- Complete areas of SurroundLab AR File Definition that require ICD-10 setup.
 - ✓ Upload or Define Limited Coverage Policies
 - ✓ Update the ICD Code Set and Code Set Effective Date fields in Payer Definition
 - ✓ Attach ICD-10 Limited Coverage Policies to Payer IDs, as needed
 - ✓ Update any Payer-Specific Overrides in Order Code Definition
- Send accessions across the LIS interface (or manually enter) and process in Order Entry
- Test the changes in the ICD-10 version (Tip: use the Release Notes and Companion Guide)
- Submit test claims to Payers and Clearinghouses for Acknowledgement
- Installation of the ICD-10 SLAR version to the Live environment
- Prepare your staff by providing training on system and workflow changes

If you have questions about any of these areas, please see the ICD-10 Companion Guide and 2014 Release Notes. Click on the Adobe icons below to obtain a copy of either document.



ICD-10 Companion Guide



2014 Release Notes

...continued

AMA partners with CMS to ease the ICD-10 transition for providers

CMS has agreed to several provisions to ease the ICD-10 transition for providers. The details are available at the AMA Wire® website <http://www.ama-assn.org/ama/ama-wire/post/cms-icd-10-transition-less-disruptive-physicians>. Please visit the link to read the full article.

Although these concessions may ease the transition for providers, it is important to note the following excerpt from the CMS FAQ release:

The official Guidance only applies to Medicare fee-for-service claims from physician or other practitioner claims billed under the Medicare Fee-for-Service Part B physician fee schedule. Each commercial payer will have to determine whether it will offer similar audit flexibilities.

The entire CMS release can be read via the following link:

<https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>

Claim Submission Guidelines regarding the ICD-10 Code Set remain unchanged.

Notice from CMS on July 6th, 2015 confirms that they will not accept ICD-9 codes for dates of service after September 30, 2015. This notice may be found by viewing the press release “CMS and AMA Announce Efforts to Help Providers Get Ready for ICD-10” at

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/AMA-CMS-press-release-letterhead-07-05-15.pdf>.

In accordance with the coming transition, the Medicare claims processing systems will not have the capability to accept ICD-9 codes for dates of services after September 30, 2015, nor will they be able to accept claims for both ICD-9 and ICD-10 codes.

This dictates that there is no change in coding requirements for claims submitted after the transition. CMS outlines what to expect when submitting ICD-9 diagnosis codes for dates of service on or after October 1st, 2015. The information below is available on the CMS website under Frequently Asked Questions.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICD-10BillingandPaymentFAQs.pdf>

Important: There was NO grace period established to permit providers to continue submitting ICD-9 Codes after the transition date for HIPAA Covered Entities. This will result in REJECTED claims.