Special Session
ICD-10 Updates

Access to Audio Portion of Conference:
Dial-In Number: 877-497-8913
Conference Code: 1322819809#

Please Mute Your Phone
Use the “mute” button or press *6
ICD-10 Updates

Agenda
- Housekeeping & Announcements
- Compliance
- Claim Processing
- Preauthorizations and Anthem Medical Policies
- Anthem Testing Updates
- Continued Support and Provider Resources
- Questions
- Feedback Survey
Housekeeping & Announcements

- Housekeeping
- Handouts & Navigation

1. Select items by checking the boxes
2. Select a destination on your computer
3. Press OK to download

Click here for handouts

Control your view
Full Screen
ICD-10 Compliance Date

The U.S. Department of Health and Human Services (HHS) has issued a rule finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10.

This deadline allows providers, insurance companies, and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on October 1, 2015.

The final rule also requires the continued use of ICD-9 through September 30, 2015.

No delay (so far so good…)

ICD-10 Frequently Asked Questions for Providers Link
ICD-10 Claims Processing

- **No mixed claims:** Consistent with CMS guidelines, we will not accept “mixed” claims (claims filed with ICD-9 and ICD-10 codes on the same claim).

- **ICD-10 codes:** We will not accept ICD-10 codes for dates of service (DOS) or dates of discharge (DOD) *prior to* October 1, 2015.

- **ICD-9 codes:** HIPAA will not allow the use of ICD-9 codes for claims with DOS or DOD *on or after* October 1, 2015.

- **Resubmitting claims:** When resubmitting claims, providers should utilize the code set that is valid for the DOS/DOD. With the ability to dual-process, we will leverage that functionality as appropriate to the mandate.
Starting June 1, 2015, we will begin accepting and processing preauthorization requests containing ICD-10 codes for services scheduled on or after October 1, 2015.

- ICD-9 codes continue to be used must be used to pre-authorize services scheduled through September 30, 2015.

- Some preauthorizations may span the October 1, 2015 compliance date. The code set of the preauthorization will vary, depending on the scenario.

See charts on next two slides for guidance (available on Anthem’s ICD-10 web page)
ICD-10 Pre-Authorizations

ICD-10 Coding Guidelines for Preauthorizations and Claims Submission By Type of Service

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Begins</th>
<th>Ends</th>
<th>Pre-Authorization</th>
<th>Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Admission begins on or after the compliance date</td>
<td>Discharge on or after the compliance date</td>
<td>Preauthorization must be requested with ICD-10 codes.</td>
<td>Claim for services rendered on or after the compliance date must be billed with ICD-10 codes.</td>
</tr>
<tr>
<td>Inpatient with unknown discharge date</td>
<td>Admission begins before the compliance date</td>
<td>Unknown at the time of admission, then discharge occurs on or after the compliance date</td>
<td>Preauthorization must be requested with ICD-9 codes. This preauthorization will be valid for the entire admission.</td>
<td>The code set used on the claim will be based on the discharge date, so the entire claim must be billed with ICD-10 codes.</td>
</tr>
<tr>
<td>Inpatient with known discharge date</td>
<td>Admission begins before the compliance date</td>
<td>Known discharge on or after the compliance date</td>
<td>Preauthorization should be requested with ICD-10 codes.</td>
<td>The code set used on the claim will be based on the discharge date, so the entire claim must be billed with ICD-10 codes.</td>
</tr>
</tbody>
</table>
## ICD-10 Pre-Authorizations

### ICD-10 Coding Guidelines for Preauthorizations and Claims Submission By Type of Service

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Begins</th>
<th>Ends</th>
<th>Pre-Authorization</th>
<th>Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>Service on or after the compliance date</td>
<td>NA</td>
<td>Preauthorization should be requested with ICD-10 codes.</td>
<td>Claim must be filed with ICD-10 codes.</td>
</tr>
<tr>
<td>Long-term Outpatient Services (such as</td>
<td>Services begin before the compliance date</td>
<td>Services end on</td>
<td>Preauthorization obtained in ICD-9 will be valid for</td>
<td>The claims for these services need to be separated and filed with the correct code set for the date(s) of service. Claims with both codes sets, or mixed claims, will not be accepted.</td>
</tr>
<tr>
<td>Physical Therapy, Radiation Therapy,</td>
<td></td>
<td>or after the</td>
<td>services rendered on or after the compliance date.</td>
<td></td>
</tr>
<tr>
<td>Chemotherapy, etc.)</td>
<td></td>
<td>compliance date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*ICD-10 Coding Guidelines for Preauthorizations and Claims Submission By Type of Service*
Our medical policies and clinical UM guidelines have been updated to include proposed ICD-10 coding.

- The ICD-10 coding is available within the Coding section of the Medical Policies on the Anthem provider webpage.

- Please note that at this time, the ICD-10 code list may not be all inclusive and is subject to change.
Anthem’s Testing Activity with Providers

As part of our approach to discovering, understanding and predicting the impact of ICD-10, we have conducted extensive End to End Testing with selected providers and clearinghouses.

The test claims included inpatient, outpatient and professional claims for various specialties.
ICD-10 End to End Testing: Overall Testing Strategy

- We asked providers to create natively ICD-10 coded claims by recoding previously processed ICD-9 claims from the original medical records.

- All file submissions followed the live process of submitting 837 files electronically to clearinghouses, which we received through our electronic gateway.

- We processed and adjudicated the claims, delivering L2 reports and 835 files back to the providers.
ICD-10 End to End Testing: Who Tested With Us

**Number of provider organizations – facility/professional**
- 44 provider organizations (63 entities)
- 36 Hospitals
- 25 Professional Provider Groups

**Number of clearinghouses**
- 13 Clearinghouses
ICD-10 End to End Testing: Lessons Learned

#1 Anthem can accept and deliver electronic claim files with ICD-10 codes through our EDI gateway

- We successfully received 91% of claims submitted for testing
- The types of claims and files validated or supported
  - 837I (Facility)
  - 837P (Professional)
  - 835 remits
  - EDI L2 Reports (TXT)

The 13 Clearinghouses who tested with us

- AthenaHealth
- ClaimLogic
- Emdeon
- Gateway EDI
- GE Health
- MedAssets
- Navicure
- NEBO/Passport
- Quadax
- RealMed/Availity
- RelayHealth
- SSI
- Zirmed
EDI errors found during testing

- **Incorrect ICD E-code usage** – We educated clearinghouses on how to map E-codes with correct Qualifier and how to interpret the EDI edit per CMS guidelines. *This accounted for most of the errors.*

- **Incomplete ICD-10 codes** – Some claims had the last few characters of the ICD-10 codes trimmed while populating claims data on HIPAA 837 files

- **Invalid ICD-10 codes** submitted by providers

- **Invalid data** – Incorrect usage of some of the 837 fields to populate the information
ICD-10 End to End Testing: Lessons Learned

#2  Anthem can process claim files with ICD-10 codes on all claims systems tested

- We successfully processed over 6,900 test claims submitted by providers
  - Inpatient – 65%
  - Outpatient – 11%
  - Professional – 23%

- Claim edits performed as expected in our test environment

Systems Tested

Local Platforms
Includes those used in processing local commercial, BlueCard®, Medicare Advantage and Medicaid business

National Platforms
Anthem National Accounts
FEP
Claims: What to watch for

**Inpatient Claims**

- Approximately 15% of inpatient claims tested demonstrated some Diagnosis Related Groups (DRG) shifts in certain categories, consistent with industry findings.

- Industry analysis of these DRG shifts has resulted in corrections in the subsequent DRG grouper versions so that the shifts are no longer happening.

**Outpatient Claims and Professional Claims**

- In reviewing the outpatient and professional claims tested, we found no significant shifts in the ICD-10 coded claims.

- There was no shift in benefit categories (i.e., preventive, emergency, etc.).
ICD-10 End to End Testing: Lessons Learned

#3  Anthem’s systems can process pre-authorizations containing ICD-10 codes

- Anthem Care Management (ACM) conducted a successful testing effort with providers. Pre-authorizations processed with no issues.

#4  From a medical management perspective, there was virtually no impact due to ICD-10 codes

- Claims were reviewed for pay/pend/deny status to see if this would change with using ICD-10 codes. No changes were found.
Future Testing with Providers

These test results were from the 2014 End to End Testing with providers and clearinghouses.

- Though we consider this testing successful, we will continue to verify our findings with additional internal analysis and a limited external testing effort in 2015.

- Participants for testing have already been identified for this year’s testing. *No additional providers are needed.*
Anthem’s Testing Activity with Providers

Claim File Acceptance Testing
Access from Anthem’s ICD-10 webpage

Anthem is conducting claim file acceptance testing for EDI direct submitters. The testing tool, Validator®, offers unlimited testing of your EDI HIPAA transactions.

This self-guided, web-based processing application is equipped to test file formats and edits as they pertain to ICD-10. Registration is required.

If you are not a direct submitter, please inform your claims submission vendor (clearinghouse, billing company, etc.) of this opportunity to test with us.

ICD-10 Updates - Testing with providers page
Anthem is offering professional providers a coding practice tool that can be accessed on Anthem’s ICD-10 webpage

Launched in April 2015 ✦ Available until September 2015

BASICS OF THE CODING TOOL
1. ICD-10 coding scenarios are made available to providers
2. Provider registers with an email address and indicates specialty
3. Up to nine (9) coding scenarios are presented for numerous physician specialties
4. Provider or their designated coder reviews specialty-based scenario and codes scenarios in ICD-10

AFTER SCENARIOS ARE CODED
1. Providers can review their coding results against their peers who have also completed coding scenarios (by specialty)
2. We will review aggregate results to assess Provider readiness
3. We will take action as appropriate to communicate results to larger physician network

ICD-10 Updates - Coding Practice Tool Page
Preparing for ICD-10: A Provider’s Perspective

This 10 minute e-cast is a planning resource for professional providers, designed to help physician offices understand:

- Impacts of ICD-10 to office staff, processes and technology
- Changes required to accommodate ICD-10 in day-to-day office operations
- What offices can do to prepare for ICD-10

Available on Anthem’s ICD-10 webpage.
Our continued support of your implementation

For our latest news on ICD-10 and links to resources, visit our **ICD-10 Updates webpage**

On the Anthem Provider Home page, look for the **ICD-10 Updates** link

Questions?
If you have any questions about ICD-10, or surveys for us to reply to, please email us:

**ICD10-Inquiry@anthem.com**
CMS created “Road to 10”, an online resource built with the help of providers in small practices intended to help small medical practices jumpstart their ICD-10 transition.

- Includes specialty references and gives providers
- The capability to build ICD-10 action plans tailored for their practice needs
- Access free Medscape Education modules
- Continuing medical education (CME) and continuing education (CE) credits are available to physicians and nurses who complete the learning modules.

Available on the CMS webpage
Resources: **ICD-10 Monitor**

(*powered by Panacea Healthcare Solutions, Inc.*)

www.icd10monitor.com

**ICD10monitor** is an online news and information source created to help healthcare providers make informed decisions as they transition to ICD-10.

**Talk Ten Tuesdays** are weekly live broadcasts where relevant ICD-10 topics are discussed with industry experts.
ICD-10 Updates

Questions?

Still have ICD-10 questions?
Contact: ICD10-Inquiry@anthem.com
Please complete the Webinar Evaluation Survey

- Individuals completing the evaluation survey within 2 business days will be eligible for a “Blue Prize” package.
- Winner will be notified by email within 3 business days

Thank you for attending