



# ICD-10

Official CMS Industry Resources for the ICD-10 Transition  
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## **ICD-10/5010 Vendor Conference The SSI Group, Inc.**

**April 27, 2010  
Capital Hilton**





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The SSI Group, Inc.

A national diversified EDI solutions company and healthcare claims clearinghouse, providing claims management technology, EDI platforms and connectivity, facilitating revenue cycle management and claims processing for providers, payers and institutions. SSI processes over 250 million transactions annually for over 1000 government and commercial payers.

Our Mission:

“To provide reliable, easy to use Electronic Data Interchange (EDI) software designed to improve revenue cycle efficiencies by simplifying and automating end user processes.”

This development principal positively impacts our customers and (healthcare provider, payer and vendors) and those who utilize our gateways or software to complete their revenue cycle management to financial institutions.





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## SSI Preparations for 5010 and ICD-10

- SSI's 5010 and ICD-10 project teams have been working on these initiatives over the past two years. We undertook these initiatives in a similar fashion to the HIPAA Transactions. We have completed training of all of staff and the administrative team and provide on-going education and training for our customers on all regulatory initiatives.
- I currently co-chair the WEDI "Early Adopters" committee with Stanley Nachimson. Our group is comprised of Clearinghouses, Vendors, Payers and Providers that are committed to early advancement and testing of the 5010 so that we can identify issues that may affect trading partner implementation, report our findings to CMS and also report and post best practices to the industry. Through our collaborative efforts with CMS, we hope to avert any delays or at least provide the opportunity of knowledge of the issues and time to analyze and determine possible resolutions prior to overall implementation throughout the nation.





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## 5010 and ICD-10 General Awareness of Customers

The 5010 impacts all key transactions from enrollment, eligibility, claims, remittances, and reporting

The ICD-10 impacts virtually every system, interface and impacts all trading partners (Providers, Payers, Vendors, Clearinghouses, etc)

- General finding: Via an informal survey of SSI customers over half of providers are currently assessing what they need to do for 5010
- Specifically:
  - 19% are making or completing changes required
  - 73% are assessing or have action plans
  - 5% have not started or “don’t know”
- Of these respondents who do not know, an overlying response was obtained in that they were relying on their HIS/PMS vendors to assist them in meeting the mandates.





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## 5010 and ICD-10 General Awareness of Customers

- *Providers may not have specific plans and budgets in place but they have initiated their assessments.*
- *Of the 5% who state they have “not started” or “don’t know” the answers fall in the latter category.*
- *SSI has a proactive approach on training and education of the customers by providing:*
  - *National and Regional user conferences that include regulatory updates to keep the customers informed of “what they should be doing”*
  - *Webinars on regulatory topics and software updates related to the regulatory requirements*
  - *Information regarding CMS information and educational opportunities via national and regional units (Atlanta, Dallas, Denver).*
  - *Links to Educational tools and webinars/conferences available via national organizations (HIMSS, WEDI, AHIMA, HFMA, HBMA etc.)*
  - *The above information is communicated via email, alerts, and posted on the SSI customer website for easy access to current and archived materials. Computer based training modules are also offered.*
- *Industry speakers from key organizations (Washington Regulatory speakers, X12, DISA, AHA, WEDI, HIMSS, AHIMA, etc. are engaged for SSI’s national conferences to provide their knowledge and expertise.*





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- Most providers understand the timeline for 5010, but are less clear on the changes that may impact their organization.
- Another concern is the competing initiatives draining their resources. EHR projects, due to financial incentives, are currently in the forefront of their activities. The same resources needed for the EHR project is also utilized for 5010 and ICD-10 initiatives.
- ARRA/HITECH Privacy and Security initiatives and RAC audits also put a strain on resources and their availability for other projects.
- This strain on resources require the providers to make a decision on where their efforts are focused.





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- This strain on resources is also a factor for clearinghouses and software vendors in their efforts.
- There are numerous complex overlapping initiatives with various external and internal integration points that must be thoroughly tested prior to implementation.
- The external points with trading partners (Payers, Vendors, other Clearinghouses and Providers) are dependant on the trading partner's system upgrades and readiness for testing.
- Success is dependant on a well orchestrated, coordinated timeline via constant communication with those partners.





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- SSI is currently at Levels 4 & 5 (application development and testing) for our revenue cycle products) for 5010. ICD-10 updates are incorporated with the 5010 programming updates for each software product.
- SSI software can be hosted at the customer's facility or can be accessed via ASP (internet based) or remote access. There is no difference in modifications for 5010 and ICD-10 whether they access via the internet or at their own facility.
- SSI conducts surveys quarterly for all payers and trading partners to determine their readiness and timelines.
- SSI customers keep SSI informed of their timelines for implementation of updates to their HIS/PMS systems.
- These two steps are important as the HIS/PMS vendor systems updates must be communicated to SSI so that we can then make modifications to integrate our software for interoperability.
- This is an area that the industry could see potential delays if the HIS/PMS vendors do not implement their updates and allow for testing in a timely fashion to then allow secondary and tertiary vendors to then implement and test their integrated products.





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- As part of SSI's analysis of the impacts of the 5010 and ICD-10 on our current software and processes, a major impact is the continued dual support of 4010A1/5010 and ICD-9/ICD-10:
  - for inbound and outbound claims
  - Track and match the version each payer is utilizing, as well as the provider's version they are capable of submitting from their HIS/PMS (Practice Management Software) vendor
  - Convert the claims submission to a compliant version (if submitting in previous version format or file), with the appropriate submission to the primary and secondary payer for claims adjudication. Keeping in mind that the primary payer may require the 5010 version while the secondary payer may require the 4010/A1 version.
  - Then provide appropriate reporting back to the provider (also keeping in mind that some payers will utilize previous transaction versions (e.g., 997/999, 277/277CA or maintain proprietary formats for reports)
  - Continue dual versions for a minimum of two years after implementation, possibly longer, based on the readiness of payers and providers.





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## Payer requirements need to be identified

- Uncertainty if commercial payers will be using:
  - 999, 997 or proprietary reports
  - 277CA or 277
  - Will they require re-registration
  - What will their testing parameters be
  - Will clearinghouses be able to test for all providers who submit claims, or will it be on a provider by provider basis





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- It is important for providers, payers and clearinghouses to monitor claims transmissions after implementing 5010/ICD-10 to assure that the transaction and adjudication of claims is not affected by the updates (for ICD-10 this will be much more difficult than the 5010).
- Payer crosswalks of ICD-9 to ICD-10 codes may differ from commercial payer to payer, so that the cross-walked code for BCBS Florida may not be the same code cross-walked by Availity. Providers must watch this closely for appropriate adjudication and payment of claims.





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Recommendations for the 5010 – Providers should:

- Resolve NPI enumeration issues that prevent you from sending the same NPI for the same service to all payers.
- Make sure system upgrades are current
- Review Front Matter in TR3s to identify operational and policy changes that will be needed to support 5010.
- Identify any elements that have business benefit that can be prepared for or implemented now.
- Review usage rules “if not required, do not send” and complete any system or process work needed to stop sending where applicable.
- Review definitions of inpatient vs. outpatient in UB-04 manual and verify your billing practices are in alignment.





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- Recommendations

- Allow at least two months for Medicare testing and an additional three months for Medicaid testing since these will be the most complex.
- This leaves only seven months to complete testing and migration for all other payers.
- Remember early testing positions you to be in a collaborative role with your trading partners.
- As time nears the compliance date, there will be limited or no negotiating of solutions.
- Don't forget that you should also be coordinating your ICD-10 initiatives as well.





Many thanks to CMS for coordinating this important conference to allow continued in-depth discussions now to alleviate potential delays for the future.

*It will take a concentrated effort of all trading partners, working together to meet the regulatory initiative timelines.*

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