Provider Readiness Checklist

What Providers Can Do NOW to be ICD-10 Ready on October 1st

ICD-10 Preparation information on the UnitedHealthcare website:
www.unitedhealthcareonline.com
➢Tools & Resources tab
➢Health Information Technology link
➢ICD 10

Complete an ICD-10 Documentation Assessment Impact

- Determine how ICD-10 adjudication may differ from ICD-9 on the most critical and common entries, the highest claims and highest reimbursement areas.
- Do a current clinical data accuracy assessment with ICD-9 for current query and reimbursement issues as compared to ICD-10 payouts.

Perform a SuperBill Assessment Impact

- Update internal codes diagnosis and/or procedures, i.e. SuperBill, etc.
- Make provisions for coexistence with ICD-9 and ICD-10 through pre-registration, access and financial counseling of the patient.

Conduct a Systems Impact Assessment

- Work with your vendors to ensure current applications/systems are leveraging the data sources that are currently in place.
- Ask vendors:
  - Are your products ICD-10 ready?
  - Can the system distinguish between ICD-9 and ICD-10 codes?
  - Can the vendor prove it?
  - Does the vendor have the capacity to assist us if and when needed?
  - Is the vendor able to verify that the only valid ICD-10 codes are assigned to billing/claim transactions?
- Determine whether your practice or facility actually installed (and tested) any internal or vendor system upgrades required to accommodate ICD-10 codes.

Execute a Query Process Assessment

- Consider the process:
  - Why and how will the query process need to change?
  - Anticipate the details and risks.
- Complete a clinical documentation evaluation or improvement initiative at the organization level. This will help to ensure the most appropriate, accurate codes are assigned because ICD-10 code selection requires more detail/specifics in clinical documentation.
- Become familiar with different medical terminology for ICD-10.
- Expect a higher volume of queries for first four to six months.
- Consider the initial learning curve for you and your staff.
- Plan for the initial learning curve of medical coder.
- Prepare for a productivity impact: slower response time, claims submission impact and more claim payment denials.
- Anticipate change and make proactive changes to the existing query process.
- Consider scheduling a meeting time each day with medical coders for the first four to six months.

Prepare a Date of Service Business Practice Assessment

- Assess the impact of co-existence of ICD-9 and ICD-10 on billing and on coordination of benefits.
- Determine what to do if one insurance plan has converted to ICD-10 and the other one has not.

Conduct a Financial Assessment

- Assess loss of code assignment and claims submission productivity during the learning curve period for users of code sets.
- Assess the impact of decreased coding productivity on accounts receivables.
- Identify the most common/most frequent ICD-9 codes assigned to medical records/ claim transactions (to determine potential code conditions you will want to test with vendors, clearinghouses and payers).
- Analyze the impact of ICD migration on contracts, price lists, DRGs, etc.
  - Establish necessary policies and procedures that may need to cover both ICD-9 and ICD-10 for a six-month transition period.
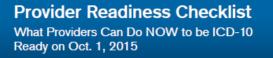
Perform a Training Assessment

- Ensure that all professionals responsible for code generation, coders and billing professionals are trained on ICD-10 and mapping between the two code systems.
- Provide ICD-10 coding training for any ICD-9 trained staff.
- Follow-up to validate all coding staff received thorough ICD-10 training and/or certification.

Start Internal Testing NOW

- Start a dual coding initiative, coding in both ICD-9 &10
  - Ensure documentation compliance and that charts are natively coded based on the documentation to help the practice/facility assess the ICD-10 productivity impact specific to their areas.
- Begin system/integration/regression testing/outside vendor testing:
  - Call your vendor and determine vendor readiness of hardware and how it integrates with software.
  - Evaluate functionality, bandwidth and hardware requirements with vendor.
  - Inquire if the vendor will still be active and supportive with any new software upgrades, due to the delay of the implementation data.
  - Work with your vendor to jointly test clinical, financial, claim generation and reporting processes.
  - Take advantage of any training your vendor is offering on ICD-10 system updates.
  - Test to learn if something worked before and now does not due to software changes, known as regression testing.
  - Determine your vendor readiness and test with them.

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Ensure practice management systems, billing/coding centers or clearinghouses have the ability to submit compliant ICD-10 claim files to UnitedHealthcare.

- **Communicate** with your practice management systems/vendors/clearinghouses to ensure they have fully functional, compliant products and services and complete ICD-10 testing to allow for necessary updates prior to go-live.

- Assess vendor capabilities in the following areas:

  - **Contract** - The current vendor contract should fully address the ICD-10 needs of the practice.

    ○ Communicate practice requirements to your vendor and have the vendor provide written assurance that systems and test plans will meet your practice requirements.

  - **Schedule** - Confirm your vendor's schedule to upgrade their systems to support ICD-10 codes.

  - **Updates** - Confirm that all of your vendor applications or services will be updated for ICD-10.

  - **Readiness** - Confirm vendor systems readiness in early 2015 to allow time for practice/organization testing well in advance of Oct. 1, 2015.

  - **Testing** - Schedule clinical, financial, claim generation and reporting processes with your vendor well in advance of Oct. 1, 2015.

- **Support** - Confirm your vendor's support for ICD-10 transactions tests with payers.

- **Training** - Schedule vendor sponsored training for your organization on ICD-10 system updates.

- **Dual Coding** - Ensure your vendor's systems allow for coding in both ICD-9 and ICD-10 to accommodate transactions with dates of service before and after Oct. 1, 2015.

Visit the **ICD-10 SharePoint** site for additional information.

Resources to Help You Prepare for ICD-10

Frequently Asked Questions

ICD-10 Preparation information on the UnitedHealthcare website:
www.unitedhealthcareonline.com
➢Help
➢Frequently Asked Questions

Resources to Help You Prepare for ICD-10
Frequently Asked Questions

Overview

Oct. 1, 2015 is the compliance date for the transition to ICD-10 coding to replace ICD-9. These codes will be used by physicians and health care professionals to record and identify diagnoses and procedures for claim payments. ICD-10 affects diagnosis and inpatient procedure coding only. It does not affect current procedural terminology coding for outpatient procedures.

Over time, a number of benefits from the ICD-10 implementation will emerge:
- Improved payment accuracy
- Fewer rejected claims
- Improved disease management

Q1. How does UnitedHealthcare plan to communicate with its provider network regarding ICD-10 implementation?

A. UnitedHealthcare has a dedicated web page available at UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > ICD-10, which offers resources and information about ICD-10 preparation. Other sources about ICD-10 include UnitedHealthcare's monthly Network Bulletin and Practice Matters. UnitedHealthcare Provider Advocates and Hospital/Facility Advocates are also available to answer general questions about ICD-10.

> **Tools available on our ICD-10 web page include:**
>
> **New Physician ICD-10 Coding Practice Tool** that allows physicians to practice ICD-10 coding in more than 35 medical specialties. A Quick Reference Guide and a User Guide for the tool also are available on the ICD-10 web page.
>
> To access the tool, go to www.unitechealthcareicd-10codingpracticetool.com. If you are accessing it using Internet Explorer, you will need to use Internet Explorer 11.
>
> **ICD-10 Code Lookup Tool** allows the user to enter in an ICD-9 code and receive an ICD-10 equivalent code(s) and in the reverse order from ICD-10 to ICD-9, which can allow a better understanding of the relationship between the two code sets.
>
> **ICD-10 Decision Tree Tools** are available to view ICD-10 codes for 15 medical conditions.

> **Education and Training:**
>
> **ICD-10 Clinical Documentation Improvement (CDI) webinar** is 28-minute primer on ICD-10 documentation requirements and created in conjunction with AAPC, the nation's largest coding training and credentialing organization.
>
> **Payer's Collaboration Code-Specific, Specialty Specific Documentation Education:** UnitedHealthcare, along with collaboration from Blue Cross Blue Shield of Michigan, Humana, HAP, and Priority Health, is offering a series of free one-hour specialty specific ICD-10 coding education webinars. To access these webinars, go to UnitedHealthcareOnline.com > Tools & Resources > Training & Education. Scroll to HIPAA and ICD-10 section for webinars.

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> **AAPC Discounts** offers the lowest discounted rates for UnitedHealthcare network care providers on ICD-10 coder and clinician training, which includes CME and CEU credits are available.
>
> **ICD-10 Assessment discounts** are available through Optum, our vendor for health and technology services for interactive assessment tools and professional consulting.

Claim Adjudication

Q2. What DRG Grouper will you be using for your claims and will the DRG Grouper version be the same for commercial, Medicare, other claim types?

A. UnitedHealthcare will be using MS DRG 33 for inpatient claims. Please note that state regulations and contractual obligations for grouper software may vary and utilize specific AP-DRG or APR-DRG versions.

Q3. When will UnitedHealthcare DRG grouper software be updated for ICD-10?

A. UnitedHealthcare's update to MS DRG 33 will be concurrent with ICD-10 implementation on October 1.

Q4. Will your acceptance of Not Otherwise Specified (NOS) codes change from ICD-9 to ICD-10?

A. No. UnitedHealthcare recognizes the validity of NOS codes and therefore the acceptance of such codes will not change. It is expected that with the specificity provided by ICD-10 codes, the use of NOS codes will be greatly reduced.

Q5. Will claim payments be delayed pending supporting documentation?

A. We will process claims in ICD-10 as we do today with ICD-9 and request documentation when needed to adjudicate claims on a claim-by-claim basis, or request required medical records for specific situations per the care provider's Participation Agreement. ICD-10 codes provide more specificity, accuracy and completeness than ICD-9 codes. Over time, ICD-10 codes are expected to help reduce the number of requests for additional documentation.

ICD-10 Transition

Q6. Has UnitedHealthcare conducted testing to prepare for ICD-10?

A. Yes. UnitedHealthcare has performed payer-provider testing over the course of the last several years to prepare for the ICD-10 transition including end-to-end claims processing and payment testing, claims transactions and analysis of diagnosis-related group shifts from ICD-9 to ICD-10 coding. We completed this testing as follows:
- Phase 1: ICD-10 Coding & DRG Shift Analysis: 2012 – 2013
- Phase 2: End-to-End Transaction Pilots: 2013 – 2014
- Phase 3: End-to-End Claim Processing & Payment: 2014 – 2015

Q7. Does UnitedHealthcare have plans to crosswalk claims submitted with ICD-9 codes to ICD-10 codes?

A. No. UnitedHealthcare will not process noncompliant claims. Claim submissions that are not correctly coded with valid ICD-9 or ICD-10 codes based on the date of service for outpatient services or date of discharge for inpatient hospital services will be returned for correction and resubmission.

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Q8. How will UnitedHealthcare handle claims which contain invalid ICD codes?

A. UnitedHealthcare will follow standardized HIPAA validation edits that will reject/return the claim to the care provider for correction and resubmission.

Care providers should monitor their rejection reports from their clearinghouse to ensure claim transactions are accepted by UnitedHealthcare. Additional information regarding enhanced claim edits is available at UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Submissions > Enhanced Claim Edits.

Q9. Will UnitedHealthcare follow Centers for Medicare & Medicaid Services (CMS) Guidance and observe the one-year period of claims payment review leniency as they announced recently for Medicare Part B claims submissions for Medicare record reviews/reporting penalties?

A. The CMS Guidance only applies to Medicare Part B claims, which do not affect our business or health plans. CMS has not issued any additional or modified requirements to health plans regarding ICD-10 audit flexibility.

Q.10 How will claims be handled when they include a date span on the CMS 1500 or 837P form which overlaps the discontinuation of using ICD-9 codes and the beginning of using ICD-10 codes?

A. UnitedHealthcare will return claims to care providers that contain both ICD-9 and ICD-10 codes on the same claim. Per CMS guidance, care providers must split claim submissions that carry over the October 1 compliance date so services provided prior to that date are not reported in the same claim as services provided on or after October 1.

Q11. Will you be updating any policies or handbooks for care providers?

A. Policies have been updated and are available at UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > ICD-10. The link to UnitedHealthcare's Medical Policies is toward the bottom of the page under Education.

Q12. Will there be a dual use period where both ICD-9 and ICD-10 codes will be utilized?

A. The nature of the ICD-10 mandate forces the healthcare industry to comply with a dual use period. There will be an undetermined period of time where the healthcare industry will be required to process claims using ICD-9 for dates of service before Oct.1, 2015 and ICD-10 for dates of service on or after Oct. 1, 2015 simultaneously based upon date of service for outpatient services or date of discharge for inpatient hospital services.

Authorizations/ Referrals/ Notifications

Q13. When will you start accepting prior authorizations, referrals or notifications with ICD-10 codes for services to be rendered on or after October 1?

A. Prior authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to October 1 regardless of the date of service for outpatient services or date of discharge for inpatient hospital services.

Q14. What are the UnitedHealthcare ICD coding requirements for prior authorizations covering multiple visits that are expected to occur prior to October 1 and on or after that date?

A. Prior authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to October 1 regardless of the date of service for outpatient services or discharge date for inpatient hospital services.

Q15. Will UnitedHealthcare honor authorizations/referrals/notifications for procedures scheduled for dates of service after October 1 if the authorization/referral/notification was obtained prior to October 1 using an ICD-9 code?

A. Yes, UnitedHealthcare will honor authorization/referral/notifications if they were obtained prior to October 1. No changes or additional authorizations will be required from the care provider.

Q16. Will UnitedHealthcare's prior authorization/referral/notification policy and/or your guidelines for them change with the implementation of ICD-10?

A. No, these processes, policies and guidelines will remain unchanged.

Q17. Should the version of ICD codes listed in prior authorizations/referrals/notifications be based upon the date of service on the claim or the submission date of the authorization request?

A. Prior authorization, referrals and notification transactions received after the service has been provided must be coded in the same ICD version as the claim based on date of service, not on date of claim submission.

Q18. Has UnitedHealthcare tested their authorization/referral/notification system for ICD-10 readiness?

A. Yes, UnitedHealthcare has tested the authorization/notification/referral system for ICD-10 readiness.

Q19. How will UnitedHealthcare handle claims for a patient that is hospitalized over the October 1 implementation date?

A. Use ICD-10 codes for claims with dates of discharge on or after the implementation date of October 1.

Q20. What industry resources are available for transaction readiness and testing?

A. CMS developed extensive provider ICD-10 readiness tools and recommendations and they are available on the CMS website at CMS.gov. An alternative to using CMS is to test with your clearinghouse. Contact them for testing availability.

Resources

- UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > ICD-10.
- CMS has resources including FAQs and other educational material about ICD-10 at cms.gov.

If you have questions, call your Provider Advocate or Provider Services at 877-842-3210.

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