



OSMA News Now

*The Latest News, Views, Updates, and Information for Physicians
from the Oklahoma State Medical Association*

December 2, 2011

Health Care Providers Should Prepare Now for the Version 5010/ICD-10 Transition - Will You Be Ready?

Are you prepared for the U.S. health care system's change from ICD-9 to ICD-10 diagnosis and procedure codes? The switch to ICD-10 takes effect on October 1, 2013. Leading up to the October 1, 2013, compliance date, there are other important dates:

- Beginning January 2011, providers should begin testing Version 5010 transaction standards with their trading partners
- January 1, 2012, the date for Version 5010 compliance

Prepare now to avoid potential reimbursement delays. If you do not use Health Insurance Portability and Accountability Act (HIPAA) Version 5010 transaction standards starting January 1, 2012, and ICD-10 codes when submitting claims with dates of service on or after October 1, 2013, your claims may not be paid.

What's Changing and Who Is Affected?

Unlike ICD-9 codes, ICD-10 diagnosis codes are alphanumeric, have 3 to 7 digits, and are much more descriptive. ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the HIPAA, not just those who submit Medicare claims. This change does not affect Current Procedural Terminology (CPT) coding for outpatient procedures.

In addition to the code set changes, standards for electronic administrative transactions (such as eligibility inquiries and remittance advices) are being updated from the current Version 4010/4010A1 to Version 5010 on January 1, 2012. Version 5010 accommodates both the ICD-9 and the ICD-10 code set structures. To allow adequate time to meet the January 2012 implementation date, providers should begin testing Version 5010 with their trading partners starting in January 2011. Providers who use practice management software, a clearinghouse, third party biller, or some other way to transmit information between themselves and a health care plan, will need to upgrade their software or work with a clearinghouse or billing service whose systems can accommodate both the Version 5010 standards and the ICD-10 code sets.

Preparing for the Version 5010/ICD-10 Transition

Start with a gap analysis to determine the impact on your organization of both Version 5010 and ICD-10. Use that information to develop an implementation plan, with a detailed timeline, and estimate of costs. Providers should take the following steps now:

- 1. Check with your billing service, clearinghouse, or practice management software vendor.** Your third-party biller and clearinghouse need to make sure that you will be compliant by the deadlines. Software vendors should be developing and testing products that will enable Version 5010 testing with your payers and billing services starting January 2011. Testing with ICD-10 should start sometime after Version 5010 implementation in January 2012, to allow for full ICD-10 implementation on October 1, 2013.
- 2. Start planning to implement the ICD-10 transition.** Meet with your professional and support staff. Discuss where codes are used within your organization to help you assess impact. Assign roles and responsibilities for addressing the transition.
- 3. Identify needs and resources.** Consider changes that might be required. Develop a budget and timeline that take into account specific workflow needs, vendor readiness, and staff knowledge and training.

Version 5010/ICD-10 Resources

There are many professional, clinical, and trade associations offering a wide variety of Version 5010 and ICD-10 information, educational resources, and checklists. Check the Web sites of your associations and other industry groups, or call them, to see what resources are available.

The Centers for Medicare & Medicaid Services (CMS) Web site, www.cms.gov/ICD10/, has official CMS resources to help you prepare for Version 5010 and ICD-10. CMS will continue to add new tools and information to the site throughout the course of the transition.

Transition Date for Version 5010/ICD-10

- **January 2011: Version 5010 testing starts across the health care system. Medicare begins accepting Version 5010 electronic claims.**
- **January 1, 2012: All electronic claims must be submitted using Version 5010.**
- **October 1, 2013: You must submit claims with ICD-10 codes only for services provided on or after this date.**

MEDICAL & LEGAL CRUISE SEMINAR • February 12-19, 2012

This will be a 14-hour CME Seminar & PLICO Credit

Ports-of-Call: Galveston, Texas; Roatan, Honduras; Belize City, Belize; Cozumel, Mexico; Galveston, Texas

A CONTINUING MEDICAL EDUCATION ACTIVITY

Sponsored & Presented by

The Oklahoma State Medical Association; Physicians Liability Insurance Company of Oklahoma
The Oklahoma Board of Medical Licensure and Supervision & American Board of Legal Medicine

Program Chairman: S. Sandy Sanbar, MD, PhD, JD, Program Chairman

Program Co-Chairperson: Carl Hook, President & CEO, PLICO

Medical Program (7 Hours):

Co-Moderators – Drs. Mehta & Sanbar

- Medical Ethics – (0.75 Hour) S. Sandy Sanbar, MD, PhD, JD
- Advances in Family Medicine – (0.75 Hour) Tomas Owens, MD
- Advances in Cardiology – (0.75 Hour) Terrance Khastgir, MD
- Advances in Nephrology – (0.5 Hour) AnupaKhastgir, MD
- Renal Damage Prevention – (0.5 Hour) TirunelveliVenkataraman, MD
- Advances in Obesity – (0.75 Hour) Rita Raman, MD, JD, MS
- Advances in Pediatrics – (0.5 Hour) Dr. Rita Raman
- Pain Management: Children – (0.5 Hour) Dr. Rita Raman
- Pain Management: Adults – (0.5 Hour) Dr. Sanbar
- HIV/AIDS – Medical-Legal – (0.5 Hour) Dr. Sanbar
- Questions & Answers – (1.0 Hour) PANEL: ALL SPEAKERS

Risk Management Program (7 Hours)

Co-Moderators – Drs. Hook & Sanbar

- PLICO: New Developments – (0.5 Hour) Carl Hook, MD
- Legal Aspects of HIV/AIDS – (0.75 Hour) Dr. Sanbar
- Law of Child Abuse – (0.75 Hour) Dr. Rita Raman
- FDA REMS: Pain Management – (0.5 Hour) Dr. Sanbar
- Malpractice Lawsuit Guide – (0.5 Hour) L. Nazette Zuhdi, JD, LLM
- Malpractice Causes & Defense – (0.5 Hour) John Wiggins, JD
- Informed Consent – (0.5 Hour) John Wiggins, JD
- Expert Witness Testimony – (0.5 Hour) Dr. Sanbar
- Mock Trial Vignettes – (1.0 Hour) Wiggins, Zuhdi & Sanbar
- Medical-Legal Cases, Qs & As. – (1.5 Hours) PANEL: ALL SPEAKERS

Accreditation Statement

- This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Oklahoma State Medical Association (OSMA) and the Physicians Liability Insurance Company (PLICO). The OSMA is accredited by the ACCME to provide continuing medical education for physicians.
- The OSMA designates this live activity for a maximum of 14 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This activity is approved for credit toward the PLICO Risk Management premium discount.
- Faculty/CME Planning Committee have no relevant financial relationships to disclose.

To Reserve Ship Cabin, call NNS Cruises Travel Agent Judy Rector at: (405) 641-4359
E-Mail: rector120@aol.com

Dual Eligible Stakeholders Meeting

The Oklahoma Health Care Authority is inviting Medical Providers who service their Dual Eligible Population to attend the next Stakeholder Meeting. It is very critical that moving forward in our proposal that we get as much feedback as possible from various providers in our health care network. The Dual Eligible Demonstration Project is a federally funded initiative that allows states to design innovative practices, find ways to improve the quality of care and improve the communication lines between providers, families and other public entities in order to provide better and more coordinated care for Medicare and Medicaid enrollees who are “dually eligible” under both of these programs. Oklahoma is one of fifteen states that has been awarded a contract (through OHCA) to support the design of a project aimed to improve the coordination of care for people with Medicare and Medicaid coverage.

The Dual Eligible Stakeholders are tasked with ensuring that their contributions to the design proposal are consistent and coordinated; 2) reviewing work from other projects and models in other states serving people who are dually eligible, or that have the potential to impact people who are dually eligible; and 3) making recommendations for the design and implementation of the proposal.

Future Stakeholder Meetings:

3rd SoonerSilver Stakeholder Meeting - January

Dual Eligible Stakeholder Meeting - Brandie.Candelaria@okhca.org

January 19th, 2011 11:00am – 2:00pm @ OHCA – South in the Seminole Conference Room

****Please RSVP to Brandie Candelaria so that we may have an accurate count for lunch.**