ICD-10 Frequently Asked Questions - AdvantX

What Version of AdvantX is ICD-10 Compliant?
- Version 5.0.01

Where can I find ICD-10 Training Materials for AdvantX?
1. Visit our Client Portal (portal.sourcemed.net)
2. Click link on left for Learning Center
3. Click link for ICD-10 Information to go to our ICD-10 Homepage.
4. Scroll to bottom of screen and select AdvantX Users from the right side of the page

What User Tables are affected by ICD-10?
- Diagnosis
- Disease Group
- Insurance Carrier
- Procedure

Is there a way to set all my carriers’ ICD-10 adoption date at once?
- Yes, there is a Preference for ICD-10 Effective Date.

Where can I find the Preference for ICD-10 Adoption Date?
- In Preferences > Billing > Insurance Billing
- Upon entering a date into the field called ICD-10 Effective Date, it will display a checkbox to Turn on ICD-10 for all Carriers.

Will AdvantX support changes to State Reports related to ICD-10?
- Yes. Ensuring you are running the current version of AdvantX State Reports will allow you to have the most up-to-date State Reporting capabilities. The State Reporting Global Setting will need to be set with an ICD-10 effective date starting 10/1/2015, if a payer requires ICD-9, you will be prompted to add ICD9 at time of billing.

Where can I see the ICD-10 Codes used within AdvantX?
- Throughout the AdvantX software, wherever there is an ICD-9 Code (Diagnosis or Procedure) drop-down or read-only display field, there will also be an ICD-10 Code (Diagnosis or Procedure, respectfully) drop-down or display field, respectfully, next or near to it; or a toggle switch/tab between the code sets.
- All AdvantX standard reports that contain ICD-9 Diagnoses and/or ICD-10 Procedure Codes have been updated to also include ICD-10 Codes.
- Demographic forms will allow you to print either ICD-9 or ICD-10 codes via a radio button
- Please visit the AdvantX Users ICD-10 Information page to download a pdf copy of our AdvantX ICD-10 Code Set Presentation for detailed information and screenshots on the changes you can expect in AdvantX for ICD-10.

When entering charges in the billing module the tab currently defaults to ICD-9. On October 1 will this automatically default to ICD-10??
- The tab will default to ICD-10 based on the date entered for the ICD-10 Effective Date in preferences.
ICD-10 Frequently Asked Questions - General

What are ICD-10 code sets?
- The International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) has been broken into the following subsets:
  - ICD-10-CM Codes provide diagnosis classification for use in all U.S. health care treatment settings.
  - ICD-10-PCS Codes provides procedure classification system for use in the Inpatient hospital setting.

Where can I find ICD-10 Training Materials for my product?
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- No. The transition to ICD-10 does not affect CPT coding for outpatient procedures and physician services. Like the ICD-9 procedure codes, ICD-10 PCS codes are for hospital Inpatient procedures only.

Who is affected by the transition to ICD-10? If I don’t deal with Medicare claims, will I have to transition?
- Everyone covered by HIPAA must use ICD-10 starting October 1, 2015. This includes health care providers and payers who do not deal with Medicare claims. Organizations that are not covered by HIPAA, but use ICD-9 codes should be aware that their coding may become obsolete if they do not transition to ICD-10.

Do state Medicaid programs need to transition to ICD-10?
- Yes. Like everyone else covered by HIPAA, state Medicaid programs must use ICD-10 for services provided on or after October 1, 2015.

What happens if I don’t switch to ICD-10?
- Claims for all health care services and hospital inpatient procedures performed on or after October 1, 2015, must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.). Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services provided before October 1, 2015, must use ICD-9 diagnosis and inpatient procedure codes.

Will I need to use both ICD-9 and ICD-10 codes during the transition?
- Management software systems must be able to accommodate both ICD-9 and ICD-10 codes until all claims and other transactions for services before October 1, 2015, have been processed and completed. Promptly processing ICD-9 transactions as the transition date nears will help limit disruptions and will limit the timeframe when dual code sets need to be used.

Will the upgrade to the ICD-10 compliant application require any changes to existing interfaces?
- Interfaces may need the ability to send both ICD-9 and ICD-10 codes.
ICD-10 Frequently Asked Questions- General

Why is the switch to ICD-10 happening?

- The health care industry is making the transition from ICD-9 to ICD-10 because:
  - ICD-9 codes provide limited data about patients’ medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, it has outdated and obsolete terms, and is inconsistent with current medical practices. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.
  - ICD-10 codes allow for greater specificity and exactness in describing a patient’s diagnosis and in classifying inpatient procedures. ICD-10 will also accommodate newly developed diagnoses and procedures, innovations in technology and treatment, performance-based payment systems, and more accurate billing. ICD-10 coding will make the billing process more streamlined and efficient, and this will also allow for more precise methods of detecting fraud.

Codes change every year. Why is the transition to ICD-10 different from the annual code changes?

- ICD-10 codes are completely different from ICD-9 codes. See the questions below for more information on how they compare. Like ICD-9 codes are now, ICD-10 codes will be updated every year. ICD-9 codes will not continue to be updated after October 1, 2015.

How do the ICD-9 and ICD-10 Diagnosis Compare?

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters</td>
<td>3-7 characters</td>
</tr>
<tr>
<td>First character is numeric or alpha (E or V)</td>
<td>First character is alpha (all letters except U are used)</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Character 2 is numeric; characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td>Use of decimal after third character</td>
<td>Use of decimal after third character</td>
</tr>
<tr>
<td>14,432 codes</td>
<td>79,502 codes</td>
</tr>
</tbody>
</table>

How do the ICD-9 and ICD-10 Procedure Codes Compare?

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 characters</td>
<td>7 characters</td>
</tr>
<tr>
<td>All characters are numeric</td>
<td>Alpha or numeric values</td>
</tr>
<tr>
<td>Decimal after second character</td>
<td>No decimal</td>
</tr>
<tr>
<td>3,859 codes</td>
<td>71,920 codes</td>
</tr>
</tbody>
</table>

Is there an impact for CPT and HCPCS Codes?

- There is no impact on Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding Systems (HCPCS) Codes. CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatient visits.

If I transition early to ICD-10, will CMS be able to process my claims?

- No. CMS and other payers will not be able to process claims using ICD-10 until the October 1, 2015, compliance date. However, organizations will need to work with their internal teams and with business trading partners to test their software systems in advance of this deadline. This involves testing claims, eligibility verification, quality reporting and other transactions and processes using ICD-10 to ensure the new code set can be processed correctly.

What are some activities I should be doing now?

- Visit our ICD-10 Homepage and look under Getting Started: Quick References and Checklist for help on what you can be doing to prepare.

When will SourceMedical’s Applications be ICD-10 compliant?

- ICD-10 compliant versions of SurgiSource, AdvantX and Vision are currently available.

Which version of my Application is ICD-10 compliant?

- Vision: Version 5.2.10
- AdvantX: Version 5.0
- SurgiSource: Version 6.0

These FAQs have been compiled from Customer Readiness Surveys, ICD-10 Presentations, our partners, such as Zirmed® and other trusted sources such as FAQs previously posted by Source Medical and the CMS website.
ICD-10 Frequently Asked Questions - General

Why should I prepare before the deadline for the ICD-10 transition?

- The transition from ICD-9 to ICD-10 will change how you do business. Health care organizations will need to devote staff time and financial resources for transition activities. Activities include:
  - Identifying how ICD-10 will affect your organization.
  - Developing a plan for implementing ICD-10 and creating a timeline of activities.
  - Working with vendors on new software/systems to accommodate ICD-10.
  - Coordinating with vendors, payers and other business partners about ICD-10, especially about testing transactions and processes that use ICD-10.

What questions should I be asking?

- Are any of your commercial carriers requiring ICD procedure codes on ASC claims? If so, which payers?
- Are you billing any of your commercial carriers on paper?
- Are you using the standard UB-04 claim form or a customized form?
  - FL 66 is coded with a 9 for ICD-9; will need to be changed to a 0 for ICD-10; FLs 67 A-Q diagnoses codes; FL 69 admit diagnosis; FL 70 patient reason for visit; SH inpatient FL 71 PPS code (DRG); FL 72 External cause of injury; inpatient FL 74 principal procedure and other procedures codes.
  - Paper claims will generate with the correct code set based on the payer setting. Additionally, a new CMS-1500 claim form will be provided.
- Are you billing any payer (workers comp, Medicaid, etc.) using a paper HCFA? If so, are you using the standard HCFA claim form or a customized form?
- Has it been determined when staff training is being held?

What should I do after installing the ICD-10 compliant system to ensure proper performance?

- Providers should plan to test their ICD-10 systems early to ensure they will be ready by the compliance date. Plan to test claims, eligibility verification, quality reporting and other transactions and processes that involve ICD-10 codes from beginning to end. It is important to test both within your organization and with your payers and other business partners.
- Beginning steps in the testing phase include:
  - Working with practice management system and/or EHR vendors/IT staff and coders/billers to develop and test processes and systems using ICD-10 codes.
  - Determining when you will be ready to test, and working with payers and any clearinghouses or billing services that you use to schedule testing.
  - Developing a testing plan that outlines key dates and milestones for when tests should be completed.

What type of training will providers and staff need for the ICD-10 transition?

- The American Health Information Management Association (AHIMA) recommends training begin no more than six to nine months before the October 1, 2015, compliance deadline. Training needs will vary for different organizations, but it is projected to take 16 hours for outpatient coders and 50 hours for inpatient coders.
- Coders in physician practices will need to learn ICD-10 diagnosis coding only, while hospital coders will need to learn both ICD-10 diagnosis and ICD-10 inpatient procedure coding. Take into account that ICD-10 coding training may be integrated into the CEUs that certified coders must take to maintain their credentials.
- In addition, some high-level ICD-10 training will be required earlier so that staff can conduct testing in 2015. This includes training to learn the new ICD-10 systems and to understand how the structure and granularity of the ICD-10 codes will affect clinical documentation.

Will historical data be converted to the ICD-10 format?

- SourceMedical will not map historical data. All records with dates of service prior will still reflect the ICD-9 codes.
ICD-10 Frequently Asked Questions - General

What testing recommendations can you provide?
- Coordinate with your clearinghouse partner for an appropriate testing strategy. SourceMedical platforms provide an option for creating test files for this effort, if your facility does not have a test environment.

After 10/01/2015, will I need to do anything differently to pull ICD-9 codes when rebilling a claim with a DOS that is PRIOR TO 10/01/2015?
- No. Our Vision, AdvantX and Surgisource products will generate ICD-9 codes automatically for all claims that have a DOS that is “prior to” the payer ICD-10 effective date. Meaning after 10/01/2015, if the claim DOS is “prior to” the payer user table/library ICD-10 effective date, the system will automatically send the claim using ICD-9.
- To summarize,
  - Any claim DOS “prior to” the payer ICD-10 effective date, will send ICD-9.
  - Any claim DOS “equal to or greater than” the payer ICD-10 effective date, will send ICD-10.

What aspects of my daily operations will this transition impact?
- Scheduling
- Coding and Billing including search options and claim form changes
- Reports that include either diagnosis or (ICD) procedure codes
- State Reports (if applicable) which include claim data-elements (changes will vary by state agency)
- Interfaces, custom Reports and custom-Forms
- CodeSource (if applicable)

Will my product accommodate both the ICD-9 and ICD-10 code sets simultaneously?
- Yes. This is to ensure accommodation for non-HIPAA covered entities which are not mandated to adopt ICD-10 code sets. Some HIPAA-covered entities may not be ready to accept ICD-10 code sets on the October 1, 2015 deadline.

Is there an additional cost for the ICD-10 compliant solutions?
- The upgrade of the application is included with a current maintenance contract.
  
  Please Note, for CodeSource customers a small fee may be required due to third-party requirements.

Does SourceMedical recommend any additional products or services to support this transition?
- Because of the work associated with updating ICD-10 codes within the application, the CodeSource product may save your staff time and efforts in facilitating this process as well as ensuring accurate entry. For more information on CodeSource, please contact info@sourcemed.net

What type of training should I expect surrounding the ICD-10 compliant application release?
- At this time SourceMedical is providing live web-based training Events to acquaint users of each of the offered platforms with the ICD-10 compliant system.

Will the upgrade require any operating or hardware upgrades?
- The implementation of the ICD-10 compliant system will not require an update of any operating systems or hardware for workstations and servers.

Who can I contact if I have additional ICD-10 questions?
- Your regional Account Manager can assist with most ICD-10 related questions or needs. Should you need assistance in reaching your local resource or find you need further support, please contact info@sourcemed.net

Will SourceMedical be providing any tools for translating ICD codes, such as General Equivalence Mappings?
- No. SourceMedical will not be providing any translation tools or GEMs.