ICD-10 Readiness Kit
WELCOME!

ICD-10 is on the way... are you ready? Have you considered what the impact to your organization may be? Mitchell has! We have reviewed and assessed the new provider diagnosis coding system and developed this customized pathway to readiness for your transition to ICD-10 CM/PCS.

As you review your readiness kit, you’ll find vital information about the impact of ICD-10 upon the P&C industry, ICD-10 training information, process changes and implementation suggestions. Today P&C uses approximately 10% of the ICD-9 codes for bill review. We anticipate that this percentage will remain the same (10%) even with the expanded ICD-10 code base. Because P&C utilizes a small subset of codes, the transition and training required is manageable and targeted for our industry. We’re looking forward to partnering with you for this important upgrade. Should you have any questions or need more information, please contact your Account Manager.

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MITCHELL PREPARATION FOR ICD-10

At Mitchell, we have individual plans in place to ensure every Mitchell team member is ready for the implementation of ICD-10 CM/PCS codes. Our Health Information Management, Compliance and Professional Service teams have received in-depth training to support their creation of Mitchell’s proprietary databases. In the Service Center, the certified coders are attending Medical Terminology, Anatomy and Physiology classes to polish their skills and re-certify as ICD-10 coders. Additional team members in Development, Account Management, and Customer Support are receiving training tailored to their role at Mitchell to ensure that you receive exceptional support during your transition to ICD-10 CM/PCS.

All Mitchell team members have received comprehensive training around ICD-10 CM/PCS changes. Staff are prepared to address your concerns regarding the ICD-10 CM/PCS implementation with DecisionPoint.

There are three ICD-10 CM/PCS Mitchell internal training tracks:

- **ICD-10 Implementation Team** – Health Information Management (HIM) Team Members, Compliance Team, Professional Service, and any additional ICD-10 Team members. The ICD-10 Team has received extensive in-depth ICD-10 CM/PCS training from an internal American Health Information Management Association (AHIMA) Approved Trainer.

- **Experienced Coding Staff** – Experienced Coders with current certifications. The Experienced Coding Staff will receive in-depth ICD-10 CM/PCS training in Q3-2014, prior to the Oct. 1, 2014 effective date.

- **Non-Coding Staff** – includes Account Management, Customer Support, Management, Business System Analysts and Sales. This track does not require prior coding experience. Staff will receive training in Q1-2014 to support client UAT/testing efforts.
WHAT YOU CAN DO TO PREPARE YOUR ORGANIZATION

Mitchell has ICD-10 information videos available on www.Mitchell.com. Click Media on the top right, select Videos in the left pane and scroll down to the ICD-10 videos in the Auto Casualty Solutions section. Additionally, the MitchellU Coding Module will be updated prior to the Oct. 1, 2014 effective date to include the ICD-10 changes. We also recommend the following training options for you:

**AHIMA (American Health Information Management Association)**
http://www.ahima.org/icd10/

**The American Association of Professional Coders (AAPC) – ICD-10 Training**
http://www.aapc.com

- On-site training
- ICD-10 Boot Camp

**eLearning Center – ICD-10 Medical Coding - online**
http://www.theelearningcenter.com

**Workgroup for Electronic Data Interchange (WEDI)**
http://www.wedi.org

- **ICD-10 WG**
  2nd Tuesday of the month, 2:00 p.m. EST Teleconference

- **Crosswalks**
  2nd and 4th Wednesday of the month, 1:00 p.m. EST Teleconference

- **Impact Assessment**
  2nd and 4th Thursday of the month, 12:00 p.m. EST Teleconference

- **Implementation**
  3rd Tuesday of the month, 2:00 p.m. EST Teleconference

- **Timeline**
  1st and 3rd Wednesday of the month, 2:00 p.m. EST Teleconference
INDUSTRY INFORMATION

Background
In January 2009 the Federal Government issued a new rule requiring the adoption of ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes to replace ICD-9 diagnosis and procedure codes for all dates of service on or after October 1, 2014.

For dates of service on and after October 1, 2014, entities covered under the Health Insurance Portability and Accountability Act (HIPAA) are required to use the ICD-10 code sets in standard transactions adopted under HIPAA. The HIPAA standard health care claim transactions are among those for which ICD-10 codes must be used for dates of service on and after October 1, 2014. Otherwise, your bills and other transactions may be rejected, and you will need to resubmit them with the ICD-10 codes. This could result in delays and may impact your reimbursements, so it is important to start now to prepare for the changeover to ICD-10 codes. This change does not affect CPT coding for outpatient procedures.

Although Worker’s Compensation is excluded from the HIPAA mandate, we expect most Worker’s Compensation will be in step with HIPAA adoption of ICD-10. At the same time, we will anticipate and allow for the support of ICD-9 codes beyond the 10/1/2014 date as to support jurisdictional or client-driven needs.

ICD-10 is still on track for an effective date of 10/1/2014. Important industry news can be obtained from the various authoritative sites listed below:

http://www.cms.gov/Medicare/Coding/ICD10/index.html - will take you to the Center for Medicare & Medicaid Services (CMS) information for ICD-10. CMS is responsible for the implementation and outreach for the United States implementation efforts in all industries. This site contains the most up-to-date news, email updates, Implementation Planning and code sets.
http://www.ahima.org/icd10/ - AHIMA – this industry trade group supports the Health Information field and is an expert in and an advocate for coding. AHIMA offers several coding certifications and training in the field. They are active in lobbying for the use of ICD-10 and provide the latest information regarding challenges and positive aspects of the implementation. Currently there are two bills HR 1701 and S 972 in the US House of Representatives and US Senate that are attempting to impede the implementation of ICD-10. This site will provide all the information you need to keep up with governmental affairs and lobbying efforts.

http://www.ahacentraloffice.org/ahacentraloffice/shtml/ICDlatestnews.shtml - The American Hospital Association provides up-to-date information on the implementation efforts of hospitals as well as current FAQs that may affect billing by hospitals and payment by payers.

http://www.aapc.com/ICD-10/index.aspx - The American Association of Professional Coders (AAPC) is another trade association dedicated to the training and certification of physician-based coding. The AAPC site contains information on the latest training and implementation for ICD-10 with a focus on the physician office.
http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page - The American Medical Association lobbies for and continues to address the concerns of the implementation of ICD-10 from the physician perspective. Information on this site will address the physician challenges, advocacy and educational resources.
AUTO CASUALTY SOLUTIONS
ICD-10 DELIVERY AND IMPLEMENTATION PLAN
Mitchell has been preparing for ICD-10 for more than two years. The graphic below shows the final stages of our implementation plans with some of the key remaining milestones. We are proactively working with all of our clients to create an upgrade plan that ensures DecisionPoint ICD-10 compliance prior to the 10/1/2014 effective date.

Mitchell Delivery Plan
During 2013, we will be delivering incremental updates at the end of each 2-month development cycle. DecisionPoint 8 will be released 2/25/2014. We will be engaging all of our partners and vendors for joint testing beginning in Q3 2013 and continuing until production release.

Customer Engagement and Planning
Our Account Management team has already begun the initial discussions with you on your ICD-10 planning. We know that you will need to plan and budget your internal resources well in advance to assist with this project. We want to work with you on developing a plan specifically to meet your needs for this upgrade. Your Account Manager will be working with you to establish ideal deployment dates for 2014.

Let’s build a plan today for a successful 2014 upgrade
We have produced several documents to get you started with your internal review of the upcoming changes in DecisionPoint. Your Account Manager can provide you with these documents. They are:

- The *ICD-10 Feature Changes* document - While this document is not the final release notes for DecisionPoint 8, it describes the features of DecisionPoint that are being updated for ICD-10.

- The *ICD-10 IEP Changes* and *ICD-10 PPOIEP Changes* documents – both of these documents provide the details on data format and functional changes for integrations with Mitchell and with Mitchell business partners. These will allow you to assess possible integration changes you may need to make to your system.

- *DecisionPoint Pre-Release Changes document* – with each iteration of the pre-release version of DecisionPoint 8, we will deliver a document describing the functionality that has become available since the last iteration. This will help you target the changes with each version.

**Customer Testing and Upgrades**

*We want your feedback!* We are delivering pre-release versions of DecisionPoint 8 to allow you to see the changes being made before we are finished. A new Collaborative Testing Environment has been setup with a generic version of the latest release. Using a “test” company, you can login into the site and use the new features. We encourage you to take advantage of this preview and the opportunity to send us feedback prior to our final release.
Suggested Next Steps
If you have not already begun your planning, we suggest using the following checklist to track many of the aspects of the project.

Your Internal Transition Checklist
- Start an ICD-10 project to track changes in your organization
- Assign a main contact(s) for ICD-10 and share the names with your Account Manager
- Analyze your internal systems for modifications required to work with ICD-10 changes
- Determine and plan for changes to policies and contracts including any jurisdictional updates
- Determine your workforce training needs

CMS provides a comprehensive “Payer ICD-10 Checklist” that may be helpful to you.  
http://www.cms.gov/Medicare/Coding/ICD10/Payer_Resources.html

Mitchell ICD-10 Transition Checklist
- Initial ICD-10 conversation with Account Manager
- Review the ACS ICD-10 Features Changes document
- Establish upgrade plans for testing and production deployment of DecisionPoint 8
  - Communicate desired dates to Account Manager
  - Schedule dates in 2014 for final UAT and Production deployments
  - Review early testing options on pre-release versions of the software for feedback sharing and proactive troubleshooting
- Perform an internal systems impact analysis to determine changes within your systems necessary for compatibility with the future version of DecisionPoint including:
  - XML / integration changes
  - Non-standard import/export of data
- Review DecisionPoint for possible configuration changes
  - i.e. Sentry™ rules that may need to be updated
- Recommended: Review incremental updates of the pre-release of DecisionPoint 8 in the Collaborative Testing Environment (ask your Account Manager how to access this site)
- Final acceptance testing of DecisionPoint 8
- Production rollout of DecisionPoint 8
Configurability

Per the U.S. Department of Health & Human Services, ICD-9 will be terminated on 9/30/2014, but due to the complex nature of the Property & Casualty industry, we have added flexibility to DecisionPoint in order to allow you to decide what actions you want to take on bills that continue to contain ICD-9 codes after 9/30/2014.

DecisionPoint 8 will support both ICD-10 and ICD-9 codes. You will need to determine how your business will process bills with ICD-9 and/or ICD-10 codes after 10/1/2014.

These two key questions will help you determine the right approach for your organization.

1. Do you want to continue to pay bills with ICD-9 codes after September 30, 2014?

   - **Yes**
     - Establish a grace period
   - **Within Grace Period?**
     - **Yes**
       - Analyze with your normal business rules
       - You could use an Endnote to communicate to providers
     - **No**
       - Do not pay
       - Apply Endnote
   - **No**
     - Pay bills with ICD-9 Codes

   An Endnote can denote that ICD-9 codes should no longer be used even though you are paying the bill. Endnotes can help providers, especially covered entities, be compliant and encourage timely payments.

   You should start notifying providers of your acceptance plan now.
2. Do you want to pay bills that contain both ICD-9 and ICD-10 codes?

Pay mixed ICD-9 and ICD-10 bills

Yes

No

This is the optimal process for accurate payments after 9/30/2014

Note: 3rd party claims will contain ICD-9 codes due to the timeframes.

ICD-9 codes will be less prevalent in 1st party claims and will likely phase out in 12 months.

- Note that mixed bills will occur especially for 3rd party claims.
- Smaller provider offices may not be fully educated with ICD-10 and continue to send ICD-9 codes.

DecisionPoint will allow for you to configure the processing of bills based on your answers to the questions above.

Features

ICD-10 will impact the following features of DecisionPoint:

- Bill Screen
- Explanation of Benefits (EOB)
- Diagnosis Pointers
- Diagnosis Edits
  - Non-Specific Diagnosis
  - Non-Traumatic Diagnosis
  - Inappropriate Procedure
  - Invalid Diagnosis
- Analyst Edits
  - CMT/OMT Regions Do Not Match
- Sentry™ Rules
- NJ Carepath
- NY ASC
- 3M® Grouper
- Micro-Dyn
- Expert
- Look-ups
- Crystal Reports®
- Claimant Treatment Guide
As each feature is updated to support ICD-10, Draft Release Notes will be made available to customers to prepare for testing of the features. Draft Release Notes will be updated at the end of each incremental release. Final Release Notes will be published when DecisionPoint 8 is released.

Impact Areas

Here is some additional information on the impacted areas.

Claim System Explanation of Benefits (EOB) and Payment Process Systems
Any ICD-10 data that is needed for your Claim System EOB or Payment Process Systems will be available in the IEP XML. IEP XML changes related to ICD-10 will be documented and updated on a regular basis. Please contact your Account Manager for the ICD-10 IEP Changes Document to analyze the impact to your claim system.

Claimant Treatment Guide (CTG)
The Restrict By Diagnosis field in CTG will be updated to support ICD-10 within the Bill Processing logic. CTG screens also allow for the ability to capture Diagnosis Codes for informational purposes. All pertinent aspects of CTG will be updated to support ICD-10 data. IEP XML changes that are related to ICD-10 and CTG will be documented and communicated to the Managed Care Organizations (MCO).

Custom Data Extracts
All Custom Data Extracts containing data modified by the ICD-10 changes in DecisionPoint will be updated. Our Implementation Services team will be coordinating the changes with you.

Custom Reports
All custom reports containing data modified by the ICD-10 changes in DecisionPoint will be updated. Our Reporting Services team will be coordinating the changes with you.

Data Capture Vendors
Mitchell will work with all of our Data Capture Vendors to ensure ICD-10 codes and pointers can be successfully entered and imported by Mitchell.

DecisionPoint Exception Manager (DPEM)
DPEM has been updated to support ICD-10 elements in the IEP XML.

e-Bills
Mitchell will work with Jopari to ensure ICD-10 integration and testing is conducted for robust end-to-end processing. If you would like to participate in End-to-End testing with Jopari, please contact your Account Manager.

Import Export Program (IEP)
IEP XML changes that are related to ICD-10 and e-Bills will be documented and updated on a regular basis. Please contact your Account Manager for the ICD-10 IEP Changes Document to analyze the impact to your claim system.

Jopari EOBs
We are currently working with Jopari on the plans for updating their EOB to meet the ICD-10 changes. Your Account Manager will provide samples of the EOB as soon as it is available.
Managed Care Organizations
IEP XML changes that are related to ICD-10 and CTG will be documented and communicated to the MCOs. Mitchell will work with each MCO to ensure ICD-10 integration and testing is conducted for robust end-to-end process. If you would like to participate in End-to-End testing with an MCO, please contact your Account Manager.

NICB/ISO Data Extracts
All Data Extracts containing data modified by the ICD-10 changes in DecisionPoint will be updated. Our Implementation Services team will be coordinating the changes with you.

Out of Network Providers (OONs)
PPOIEP XML has been updated to support ICD-10. Any additional PPOIEP XML changes related to ICD-10 will be documented and communicated to the OONs. Mitchell will work with each OON to ensure ICD-10 integration and testing is conducted for robust end-to-end process. If you would like to participate in End-to-End testing with an OON, please contact your Account Manager.

Sentry Rules
Sentry Rules conditions for ICD-9 have been updated for use with ICD-10 in DecisionPoint 7.2. New conditions for ICD-10 will be implemented with DecisionPoint 8. Please work with your Account Manager to identify your Sentry Rules that use Diagnosis Code(s) in the condition. These Sentry Rules may need to be changed to support ICD-10 data.

Voluntary Provider Networks (VPNs)
PPOIEP XML has been updated to support ICD-10. Any additional PPOIEP XML changes related to ICD-10 will be documented and communicated to the VPNs. Mitchell will work with each VPN to ensure ICD-10 integration and testing is conducted for robust end-to-end processing. If you would like to participate in End-to-End testing with any VPNs, please contact your Account Manager.

SUMMARY
We have provided this document to you to describe Mitchell’s progress and plans to meet the pending ICD-10 compliance changes and what we have available to help you be prepared. Your Account Manager is ready to provide the additional information mentioned and we are eager to start planning this important upgrade with you.
ACS APPENDIX

ICD-10 Frequently Asked Questions

Q1: What is ICD-10?
A: ICD-10 is a diagnostic coding system implemented by the World Health Organization (WHO) in 1993 to replace ICD-9, which was developed by WHO in the 1970s. ICD-10 has been implemented in almost every developed country in the world, except the United States. The ICD -10 codes will become effective 10/1/2014 by all covered entities.

Q2: How is ICD-10-CM different from ICD-9-CM?
A: In many ways, ICD-10-CM is quite similar to ICD-9-CM with regard to the guidelines, conventions, and rules that are used.

Many improvements have been made to coding in ICD-10-CM. For example, a single code can report a disease and its current manifestation (i.e., type II diabetes with diabetic retinopathy). In fracture care, the code differentiates an encounter for an initial fracture; follow-up of fracture healing normally; follow-up with fracture in malunion or nonunion; or follow-up for late effects of a fracture.

While much has been said about the huge increase in the number of codes under ICD-10-CM, some of this growth is due to laterality. For example, while an ICD-9-CM code may identify a condition of the ovary, the parallel ICD-10-CM code identifies four codes: unspecified ovary, right ovary, left ovary, or bilateral condition of the ovaries. The big variances between the two systems are differences that will affect information technology and software in your business. The same concept will apply to injuries that may involve the right and left side of the body.

Q3: What is ICD-10-PCS?
A: ICD-10-PCS is a code set designed to replace Volume 3 of ICD-9-CM for inpatient procedure reporting only. It will be used by hospitals to report procedures and by payers to review for payment. ICD-10-PCS is significantly different from Volume 3 and from CPT® codes and will require significant training for users. The system was designed by 3M Health Information Management for the Centers for Medicare and Medicaid. As with ICD-10-CM, the PCS classification is an integral part of the calculation and selection of DRG groupers used in paying claims.

Q4: What is the HIPAA 5010?
A: The Health Insurance Portability and Accountability Act (HIPAA) is the Federal Law outlining medical security and privacy rules and procedures for simplifying the administration of healthcare billing and automating the transfer of healthcare data between healthcare providers, payers, and plans.

5010 is a new format of the electronic data interchange (EDI) platform to send bills to payers electronically called, EDI. The 5010 version was adopted to replace the 4010 version of the X12 standard that covered what entities (health plans, health care clearinghouses, and certain health care providers) must use when conducting electronic transactions.

The 5010 submission standard accommodates the increased size and complexity in ICD-10 codes and relates almost entirely to health care transactions in the same way that 4010 was used.
The implementation of the 5010 standard required software changes, systems, and procedures used to bill Medicare and other payers. Part of preparing for ICD-10 implementation should naturally include the 5010 progressions as milestones in the overall implementation process. Those affected by the upgrades include all HIPAA covered entities; this means providers, health plans and clearinghouses. Additionally, business associates of these covered entities that use covered transactions for example, billing or service firms.

The effective date for the 5010 implementation was 1/1/2012 with a 6 month grace period.

Q5: What if my organization is not 5010 compliant?
A: DecisionPoint and IEP have been upgraded to the 5010 standard. If you have not upgraded it could cause you to have internal system problems.

Q6: What are Mitchell’s plans to accept ICD-10 codes electronically?
A: DecisionPoint is 5010 compliant today which enables the import and export of ICD-10 data on bills. Other updates to the data in order to be ICD-10 compliant will be available in DecisionPoint 8.

Q7: What is the impact if your business was not 5010 compliant by the 1/1/2012 effective date?
A: If you accept e-bills from providers or you employ a clearinghouse that receives e-bills from providers that are converted to XML and sent to DecisionPoint the upgrade to the 5010 compliant version of DecisionPoint and IEP is required.

In the event the upgrade did not take place prior to the 1/1/2012 effective date there is a high potential that bills will be rejected due to truncations in critical fields such as claimant/provider name, address, etc.

Q8: What if Providers bill ICD-9 codes after the ICD-10 effective date- or a hospital stay extends beyond the effective date?
A: Mitchell will accept both ICD-9 and ICD-10 codes after the 10/1/2014 effective date. DecisionPoint will be capable of analyzing a bill for either code set.

Patients treated or discharged on or after 10/1/2014 should have ICD-10 codes reported on the bills submitted by the providers. This includes a hospital stay where the admission date is before 10/1/2014 and the discharge date occurred on or after 10/1/2014.

In a different scenario where a hospital stay ends before the 10/1/2014 effective date but the bill is sent in after the effective date that bill will coded in ICD-9 codes and will be processed accordingly.

Q9: What is Mitchell’s timeframe to have an ICD-10 compliant version of DecisionPoint?
A: DecisionPoint 8 will be Mitchell’s ICD-10 compliant version. Customers will need to plan for upgrade prior to 10/1/2014 to be compliant.

Q10: How are non-covered entities affected by the implementation of ICD-10?
A: Non-covered entities are not required to transition to Version 5010 and ICD-10. However for many organizations the benefits of adoption far outweigh the challenges. Consequently, the providers are covered entities and need to abide by the HIPAA regulations. Receiving bills from a covered entity to a non-covered entity will cause challenges in the payment system if not cohesive.
Q11: How should hospitals report ICD-10 codes on claims when the dates of service span from prior to 10/1/2014 to on or after 10/1/2014?
A: Ideally hospitals should bill the entire stay using ICD-10. However, some billing and payment systems will not be able to accommodate the DRG calculations for the entire stay and may need to split bills so that the services prior to 10/1/2014 are billed separately and utilize ICD-9 codes; services on or after 10/1/2014 are billed separately and utilize ICD-10 codes. Payers are encouraged to make a decision on how they will pay these types of bills and communicate the preference to the provider/hospital.
Technical Frequently Asked Questions

Q12: What version will contain the ICD-10 enhancement in DecisionPoint? Will ICD-10 be available on the 7.x Platform?
A: Only DecisionPoint 8 will contain our ICD-10 base offering.

Q13: When will DecisionPoint 8 be commercially released?
A: DecisionPoint 8 will be released on 2/25/2014.

Q14: When will DecisionPoint 8 be available for testing?
A: DecisionPoint 8 was made available in a "Collaborative UAT" environment for all customers on July 10, 2013. This testing program will be an opportunity for you to access early versions of the product. Updates will be made to this environment—as each incremental segment of the ICD-10 enhancement are completed.

Q15: How will this impact my integration using IEP XML with DecisionPoint 8?
A: So that you can sufficiently analyze the impact of the ICD-10 changes to your systems, resources and timelines, Mitchell has documented changes to the IEP XML that are specific to ICD-10 and will update the document as additional functionality is implemented.

Q16: Will partners I access through DecisionPoint be ready for ICD-10 as well?
A: Yes, all partners and suppliers of data will be upgraded and tested to ensure that your interaction with our partners remains at the same capacity you currently experience.

Q17: I use the Service Center for Data Capture. Are they prepared to make the change to ICD-10 as well?
A: Yes, the Service Center staff is scheduled to receive training that supports the testing, release, and implementation of the ICD-10 enhancement.

Q18: I receive reports today that reference diagnosis codes. Will those be updated with ICD-10 Codes?
A: Yes, Mitchell reports that utilize diagnosis codes will be updated with the new ICD-10 codes and will be available with the release of DecisionPoint 8.

Q19: How will DecisionPoint Expert change with the implementation of ICD-10 Diagnosis Codes?
A: The data used in the Expert module will be updated to reflect ICD-10.

Q20: How are the ICD-10 Diagnosis tags different from the ICD-9 Diagnosis tags?
A: Both version Diagnosis codes are three characters but ICD-9 has a maximum of seven characters including the decimal while the ICD-10 codes have a maximum of eight characters including the decimal.

Q21: How are the ICD-10 Procedure tags different from the ICD-9 Procedure tags?
A: ICD-9 Procedure codes have a minimum of three numbers and a maximum of four with a decimal between the second and third digit. ICD-10 Procedure codes are seven alpha-numeric characters without a decimal.

Q22: How will my claim system be affected by ICD-10 and DecisionPoint 8?
A: Your claim systems may need to be updated to accept the new codes and your integration with DecisionPoint through the IEP may require updates to send and receive new information.
Q23: How will Mitchell's Data Extracts be impacted by ICD-10 and DecisionPoint 8?
A: Data extracts that include data changed by the ICD-10 updates will be modified to include the new information.

Q24: Will Smart Advisor also be ICD-10 compliant?
A: Yes, Smart Advisor is currently being upgraded to ICD-10 Specifications.
WORKERS’ COMPENSATION SOLUTIONS
PRODUCT/PROCESS
This section of the ICD-10 Readiness Kit will provide specific SmartAdvisor 6 product information as well as process considerations.

Configurability

Per the Center for Medicare & Medicate Services (CMS), ICD-9 will be replaced by the ICD-10 codes for services provided on or after October 1, 2014, but due to the complex nature of the industry, and varying jurisdictional mandates, we have added flexibility to SmartAdvisor in order to allow you continue to process bills containing ICD-9 codes on or after 10/1/2014. We have also added the ability for you to process ICD-10s before 10/1/2014 for testing purposes.

The ICD-10 effective date is Oct. 1, 2014, but, there are a few cross-walking use cases to consider when processing workers’ compensation bills to ensure compliance with state regulatory requirements. This section will summarize the functionality that SmartAdvisor will provide regarding crosswalks and General Equivalency Maps (GEMS). The section will also outline use cases for crosswalks and how a bill could be processed under each use case.

Expected Functionality in SmartAdvisor
Mitchell SmartAdvisor will provide the following functionality in support of crosswalks:

1. SmartAdvisor will provide a user interface for users to view the GEMS provided by CMS, the entity with the authority to define the code sets and the general equivalency mappings from ICD-9 to ICD-10 and vice versa.
2. Should clients decide to create further crosswalk maps either manually or using a third-party mapping tool, clients can load this data into SmartAdvisor using SmartAdvisor’s defined import layout. Once loaded, this data can then be viewed in the user interface.
3. Should a state not be ready to accept ICD-10s after Oct. 1, 2014, we expect that all bills adjudicated within this state’s fee schedule will be billed, coded, and reported with ICD-9s. Should a provider send a bill with ICD-10s for this state, the client may have the following two options:
   a. Send the bill back to the provider to rebill with an ICD-9.
   b. Discuss the codes with the provider and, upon agreement between both parties, change the code from ICD-10 to ICD-9 upon bill entry.
      i. Important Note: Some states require that the billed codes match the codes on the EORs as well as on the reported bill. Should a payer change the code, the payer should document on the bill the fact that there was a conversation with the provider regarding the code change as well as document the provider’s agreement. Otherwise, the payer may be subject to fines.
4. SmartAdvisor will provide the ability to process a bill with ICD-9s or a bill with ICD-10s on and after Oct. 1, 2014. As such, fee schedule rules in the review engine of SmartAdvisor will also support adjudication of bills with either ICD-9s or ICD-10s.
   a. Note: SmartAdvisor will not support a bill with both ICD-9s and ICD-10s. See the use case below outlining this scenario and steps to process mixed bills.
## Use Cases for Crosswalks

Below are the use cases for crosswalks and steps to take to process bills through SmartAdvisor under each use case.

SA = SmartAdvisor  
SH = SmartHub  
FS = Fee Schedule

<table>
<thead>
<tr>
<th>Use Case</th>
<th>What to do in this use case</th>
<th>Other Notes</th>
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<tbody>
<tr>
<td>Providers send ICD-9s on paper bills after effective date.</td>
<td>If client is configured to accept ICD-9 after compliance date then enter the bill with ICD-9s and process through as usual. SA will support the processing of ICD-9 bills after effective date. Otherwise process as a sendback, or crosswalk codes.</td>
<td></td>
</tr>
<tr>
<td>Providers send ICD-9s on eBills after effective date.</td>
<td>If client is configured to accept ICD-9 after compliance date then process the bills as usual. SH and SA will support processing of ICD-9 bills after effective date. Otherwise bill will be rejected with 824 Reject.</td>
<td></td>
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</tbody>
</table>
| Providers send ICD-10s, State has not adopted ICD-10 for billing and reporting | • Send the bill back to the provider to rebill with an ICD-9.  
• Discuss the codes with the provider and, upon agreement between both parties, change the code from ICD-10 to ICD-9 upon bill entry. Capstone rule can be created to pend bills coming in via the Standard Bill Import. 
• Important Note: Some states require that the billed codes match the codes on the EORs as well as on the reported bill. Should a payer change the code, the payer should document on the bill the fact that there was a conversation with the provider regarding the code change as well as document the provider’s agreement. Otherwise, the payer may be subject to fines. | We expect that if a state is not ready to receive ICD-10s for state reporting, the state will also not be ready to accept ICD-10 for fee schedule processing. Therefore, we expect a very small set of bills to fall into the use case where providers send ICD-10s for states not ready to receive ICD-10s. |
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| Bill coder receives bill that has mixed ICD-9s and ICD-10s. | • Return the bill to the provider (Sendback). If the bill is for a state that is ready for ICD-10s, discuss the ICD-9 codes with the provider and upon agreement between both parties, change the ICD-9 codes to ICD-10s upon bill entry.  
• If the bill is for a state that is not ready for ICD-10s, discuss the ICD-10 codes with the provider and upon agreement between both parties, change the code from ICD-10 to ICD-9 upon bill entry.  
• Discuss with the provider and upon agreement between both parties, split the bill into two bills, one with ICD-9s and one with ICD-10s. Process both bills through SA. | |
| Utilization review team member receives referral with no ICD codes. | • Use look-up user interface showing CMS GEMS to manually determine appropriate ICD-9 codes if a state has not adopted ICD-10 or use ICD-10 codes if the state has adopted ICD-10. | |
| Utilization review team member receives referral with ICD-9s after effective date. | • If the bill is for a state that has adopted ICD-10 discuss the codes with the provider and upon agreement between both parties, change the ICD-9 codes to ICD-10s.  
• If the bill is for a state that has not adopted ICD-10 codes or will accept both ICD-9 codes and ICD-10 codes for a period of time, process with ICD-9s. | |
| Data Analytics | Transition plan will be created for data being used for data analytics. | |
Integration

The Product Impact Map below shows the SmartAdvisor Suite of products (in gold) as well as all integration points to external entities (in blue). Mitchell plans to make all updates necessary as it relates to each impact area. As each feature is updated to support ICD-10, Release Notes will be made available to customers to prepare for testing of the features.

Product Impact Map

EARLY UAT TESTING OF ICD-10
Mitchell plans to incrementally deliver ICD-10 functionality to allow clients to test various parts of their bill review workflow as it is affected by ICD-10. The goal is to reduce your risks and improve your understanding of ICD-10 implementations through early testing and confirmation of all aspects of your bill review workflow using ICD-10.

Each upcoming SmartAdvisor build will have ICD-10 associated changes. Some changes will automatically show up in SmartAdvisor, and others will need to be enabled via a configuration setting. The functionality needing configuration settings are those that are available for early testing in your UAT environment but should not be enabled in Production until the cutover date of October 1, 2014.

Below is a timeline showing high level milestones for available functionality. Use this timeline to plan out your testing of ICD-10 in your UAT environment.
Please contact your Account Manager for the latest documentation outlining all the ICD-10 changes to the SmartAdvisor Suite of Products.
SUGGESTED NEXT STEPS
If you have not already begun your planning, you may consider using the following checklist to track many of the aspects of the project.

Your Internal Transition Checklist

□ Start an ICD-10 project to track changes in your organization
□ Assign a main contact(s) for ICD-10 and share the names with your Mitchell Account Manager
□ Analyze your internal systems for modifications required to work with ICD-10 changes
□ Determine your workforce training needs

CMS provides a comprehensive “Payer ICD-10 Checklist” that may be helpful to you. http://www.cms.gov/Medicare/Coding/ICD10/Payer_Resources.html

Your Mitchell-related ICD-10 Transition Checklist

□ Initial ICD-10 conversation with Mitchell Account Manager
□ Review the ICD-10 Readiness Kit
□ If you use client-specific exports/imports or comp compatible exports/imports, establish upgrade plans to standard exports/imports with Mitchell Account Manager
□ Perform an internal systems impact analysis to determine changes within your systems necessary for compatibility with the future versions of SmartAdvisor.
FREQUENTLY ASKED QUESTIONS

Q1: When will the application support ICD-10 Diagnosis and Procedure codes (earliest date for testing)?
A: We plan to support both ICD-9s and ICD-10s between Jan. - Oct. 2014 for the purposes of testing. This would allow a bill with ICD-10 codes to be coded, priced, EOR printed and bill exported in EPE in a test client that is setup to allow ICD-10 prior to compliance date. See the section entitled ‘Early UAT Testing of ICD-10’ of the ICD-10 Readiness Kit.

Q2: As it relates to the Bill Adjudication process applying new codes, mapping/Translating bills with ICD-9 codes to ICD-10 codes.

- Do you anticipate delays/increase lag time to completing the bill adjudication process at the point of transition? Mitigating the risk of penalties?
  A: We don’t anticipate that there will be network connectivity, processing time and overall integration issues and will be doing extensive testing to confirm.

- Mitigating the risk of incorrect code translation leading to incorrect bill adjudication amounts?
  A: We do not intend to translate between ICD-9/ICD-10 unless there is a specific, defined client or jurisdictional need. Our Bill Review and Treatment Guideline Engines will be programmed to recognize both ICD-9 and ICD-10. If you believe that you will have a specific need for translations or crosswalks please contact your Mitchell account manager so that we can better understand your specific needs.

- Bill re-evaluation process – ICD-9 codes vs. ICD-10 codes?
  A: Code set usage is based on DOS/Discharge Date. Those dates do not change on a re-evaluation bill. The version used on the original would be used on the reconsideration.

- Bill adjudication process that address bills with both code sets (new bills ICD-10, older bills ICD-9).
  A: Our position is that the code set used should be based on DOS /Discharge Date on the bill or for inpatient, the discharge date. We do not intend to support or allow bills with both ICD-9 and ICD-10. A bill will have either all ICD-9 or all ICD-10s.

  Note that the UB04 form and the 2013 CMS 1500 form both have a single indicator for the entire bill. We are aligning with our clearing house with regards to bills containing both code sets.

- Impact of this change on any e-billing requirements
  A: With the implementation of the 5010 transaction set, we will be prepared to receive the ICD-10 code sets.
Q3: State reporting requirements?

A: As always, we keep current with state reporting requirements and will continue to monitor state changes. We would expect that states will adopt updated reporting requirements prior to 10/1/2014 to allow the reporting of ICD-10.

Q4: Impact to EDI files – changes we need to make/test to accommodate ICD-10 codes for EOBs for payments.

A: All required changes to EDIs have been identified. Advance notice of all changes has been or will be given. Bill imports now support additional occurrences of ICD codes. ICD version indicator at the bill level for bills and claim level for claims.

Q5: What is the proposed table structure for housing ICD-9 and ICD-10 data within the SmartAdvisor application? Is this going to be data housed in separate tables?

A: ICD-9 and ICD-10 will be housed in the same table with a version indicator so that data can be logically separated.

Q6: How will the system handle ICD-9 codes if submitted after the ICD-10 effective dates for a particular date of service?

A: We will support jurisdiction level ICD-10 Compliance Dates. We will support Client or Claim System level options to 1) Allow ICD-10 prior to Compliance Date (for testing purposes) or 2) Allow ICD-9 after Compliance Date (payer discretion).

Q7: Will Mitchell be doing any ICD code cross walking within the SmartAdvisor application from ICD-9 to ICD-10 and ICD-10 back to ICD-9?

A: No. Please view the Configurability section of the ICD-10 Readiness kit for a detailed answer to this question.

Q8: Is there a solution or product Mitchell charges extra for if the SmartAdvisor application doesn’t perform a crosswalk both ways (ICD-9 to ICD-10, ICD-10 to ICD-9)?

A: CMS gems will be available for lookup for in SA at no additional cost. Custom crosswalks for specific functions may be chargeable. Please contact your Mitchell account manager if you anticipate a need for crosswalks for specific functions.

Q9: If a particular state/jurisdiction hasn’t adopted 5010 or ICD-10 will SmartAdvisor support the ability to crosswalk back to ICD-9 for those states where ICD-10 is not mandated from a state reporting, EDI or e-billing perspective? Is this something that SmartAdvisor will manage from a state reporting perspective regardless of ICD-9 or ICD-10?

A: SmartAdvisor can process the bill as billed (with ICD-9 or ICD-10). If the state mandates billing ICD-9 codes and the provider bills with ICD-10 codes the processing of the bill can be handled in multiple ways depending on the clients’ preferences. The bill can be accepted and processed with ICD-10 codes. The client can stop the bills in Landing Zone for ‘correction’. If the payer wishes to require the provider to use ICD-9s, the paper bills can be processed as send backs and e-bills can be rejected back to the
provider. If a state mandates ICD-10 and the provider bills with ICD-9 codes the same options are available to the payer. We anticipate that payers and jurisdictions will have different requirements when it comes to processing bills that are not compliant with jurisdictional or national standards with respect to ICD-10.

Q10: How are Mitchell and SmartAdvisor going to handle jurisdictional 4010-5010 adoption and ICD-10? If a jurisdiction hasn’t adopted 5010 and a provider submits a bill for dates of service after the ICD-10 effective date is the SmartAdvisor application able to crosswalk back to an ICD-9 code?

A: We will support compliance dates at the Jurisdiction level and will allow clients options on how they wish to deal with exceptions.

Q11: From a report perspective how is Mitchell going to handle creating/running reports at an ICD-9 and ICD-10 level that would report over a period of time that includes both code sets?

A: Reports will be modified to include ICD-9 and ICD-10. If there are specific analytic reports that require GEMS so that like codes can be reported together this would be identified as a Mitchell or client specific requirement. Please contact Mitchell with your analytics requirements for ICD reporting.