

ICD-10 Code Transition does Impact Medicare Shared Savings Program Accountable Care Organizations (ACOs)

Despite the fact that Medicare Shared Savings Program ACOs submit their claims to the Centers for Medicare & Medicaid Services (CMS), there are implications to Medicare Shared Savings Program ACO participating providers as it relates to the upcoming transition from ICD9 to ICD10 codes scheduled to take place beginning on October 1, 2014.

A quick overview

There are two parts: ICD-10-CM for diagnosis coding
 ICD-10-PCS for inpatient procedure coding
The change does not affect CPT coding for outpatient procedures.

Many physicians believe that this transition only impacts Medicare and or Medicaid claims. This is not true. ICD-10 coding will affect diagnostic and inpatient procedure coding for everyone covered by the Health Insurance Portability Accountability Act (HIPAA).

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. If providers do not make the transition, claims that are submitted for those new codes will not be processed.

Collaborative Health Systems operational team members have already begun the implementation process for the October 1, 2014 transition date. To provide just one small look into the complexity of the project, once the transition is completed, the number of identified codes will increase from the current 13,000 to 68,000 codes at the go-live date.

Transition Impact on ACO providers – Data Drives Reporting

ACO care coordination efforts used to improve the care of the beneficiary and reduce waste while producing costs savings, begins with CHS receiving the CMS claims data and developing actionable reports for the individual ACOs.

Simply put, if the claims submitted to CMS are miscoded, inaccurate or missing claims that were denied due to bad coding, the data CHS receives from CMS will be flawed. That will start a chain reaction that produces inaccurate reports flowing to participating providers and create inefficiencies in treatment plans and medical interaction with beneficiaries. Those inefficiencies will then ultimately lead to lost opportunities to improve care and reduce waste.

CHS staff is available as a source of information for you as your practices begin to prepare for the upcoming transition. If you have questions, please email us at ICD10Inquiries@universalamerican.com or see the latest ICD-10 news and resource information which can be accessed by visiting <http://www.cms.gov/ICD10>.