



# Kentucky ICD-10 Site Visit

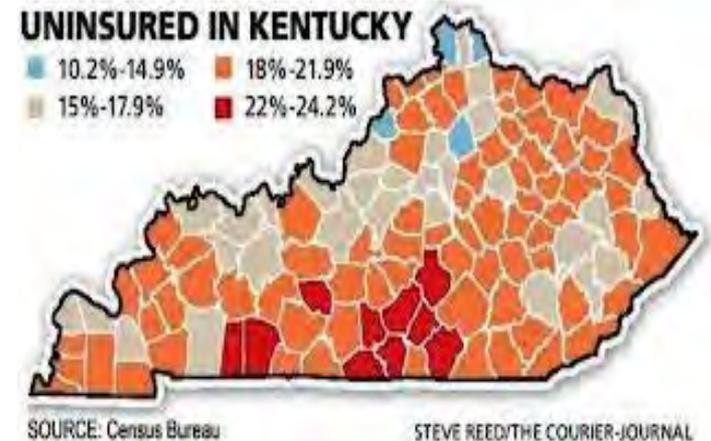
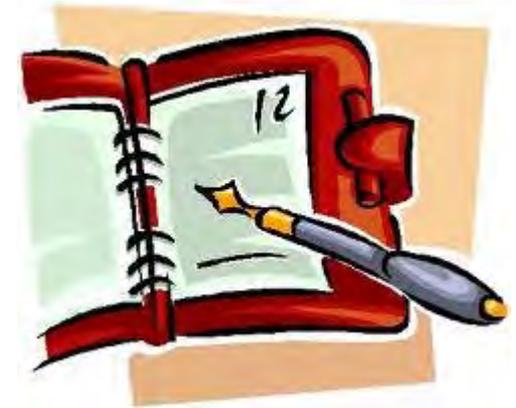
Training segments to assist the State of Kentucky with ICD-10 Implementation

## Segment 3: Claims Management

November 15-16, 2012



- Introduction
- Impact to SMA
- Benefits of ICD-10
- Claims Management – KPI's
- Claims Management Impact
- Impact to Programs and Services
- Impact to Payment Policy
- MITA 3.0



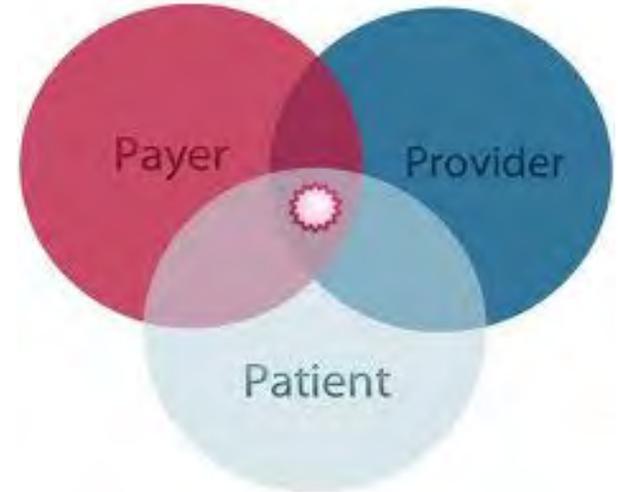
# Impact to SMA

- Claims Processing
- Information Technology
- Product Development
- Enrollment Management
- Reimbursement / Network Management
- Customer Service
- Care Management
- Quality Management



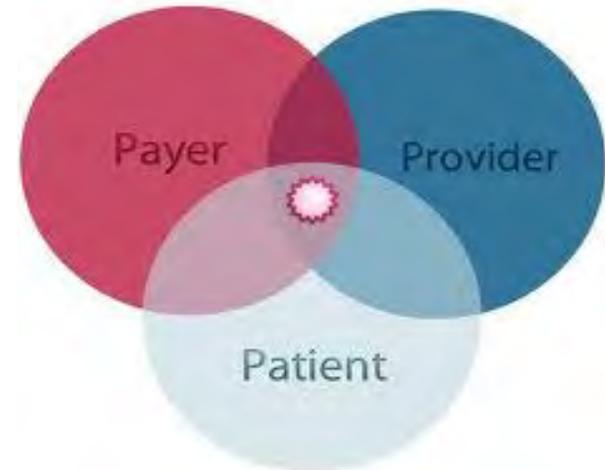
# Claim Impacts To Consider

- Claim edits need to be updated to reflect new codes
- Codes used to determine a covered service require update
- Policies require remediation
- Claims processing during the transition period will require monitoring / Dual Processing
- Claim history will contain ICD-9 and ICD-10 codes; consider impact



# Claim Impacts To Consider

- Applications used to look up claims may have to be modified
- Staff Training
- Update policies, manuals and procedures to accommodate ICD-10
- Develop workarounds



# Benefits of ICD-10

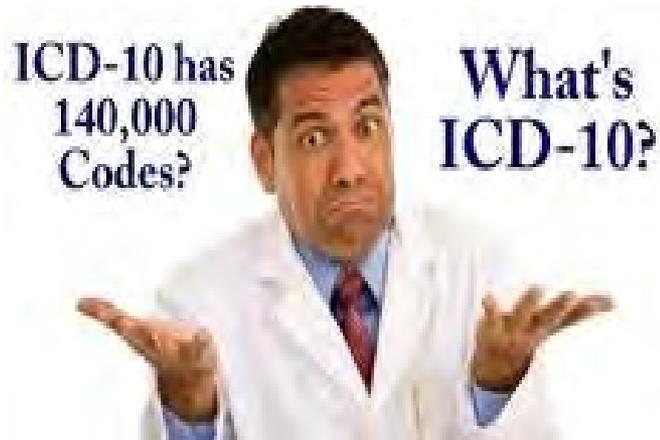
- More accurate payments for new procedures
- Fewer rejected claims
- Fewer improper claims
- Better understanding of new procedures

# Key Performance Indicators

- Accurate and timely payments in a manner consistent with mandated requirements for contested and uncontested claims.
- First pass rate is monitored
- Monitor customer service metrics
- Action plans in place to effect an increase in electronic; decrease paper submissions
- Defined process and evidence of regular oversight / quality assurance audits for the department
- Appropriate dispute resolution mechanisms in place
- Monitor denials vs. paid vs. pend



# Are Providers Coding Correctly?



- Will provider staff use codes that are most familiar
- Consider effect if the incorrect code is utilized
- Will providers collect the appropriate information

- Challenge of training billers and coders
- How will new requirements and documentation be met
- Are providers aware of SMA plans to comply with regulation





# CMS Defined Code Sets

- Third Party Liability (TPL)
- Hysterectomy, Abortion, Sterilization (HAS)
- Potentially Preventable Readmissions (PPR)
- Early Periodic Screening, Diagnosis and Treatment (EPSDT)
- Emergency Room Visits (ER)





## Third Party Liability

# COB / Third Party Liability

What will be the impact of ICD-10 considering that Medicaid is payer of last resort?

- Impact when entity is a non HIPAA compliant entity
- When primary entity has processing rules (i.e. services span the compliance date, difference in “from date and through date rules” etc.)
- Differences in mapping rules



## Family Planning



# Abortion Procedure Codes

ICD-9 Procedure Codes	Description	ICD-10 PCS	Description	Comments
69.01	Dilation and curettage for termination of pregnancy	10A08ZZ	Abortion of Products of Conception, Via Natural or Artificial Opening Endoscopic	
69.01	Dilation and curettage for termination of pregnancy	10A07ZZ	Abortion of Products of Conception, Via Natural or Artificial Opening	
69.01	Dilation and curettage for termination of pregnancy	10A07ZW	Abortion of Products of Conception, Laminaria, Via Natural or Artificial Opening	Possible GEM files issue. There is a separate code for insertion of Laminaria that is coded when the goal is to dilate the cervix, however, Laminaria is also used in D&C abortion procedures and could possibly be included as a possible alternative for 69.51

# Abortion Procedure Codes (cont.)

ICD-9 Procedure Codes	Description	ICD-10 PCS	Description	Comments
69.51	Aspiration curettage of uterus for termination of pregnancy	10A07Z6	Abortion of Products of Conception, Vacuum, Via Natural or Artificial Opening	Possible GEM file issue. "Aspiration curettage for termination of pregnancy" appears to be accomplished using a vacuum. The GEMs could be inappropriately mapped to 10A07Z6 to the vacuum assisted delivery code which is not the same as an abortion using a vacuum curettage. Perhaps map 69.51 to this code only.
74.91	Hysterotomy to terminate pregnancy	10A00ZZ	Abortion of Products of Conception, Open Approach	
74.91	Hysterotomy to terminate pregnancy	10A03ZZ	Abortion of Products of Conception, Percutaneous Approach	
74.91	Hysterotomy to terminate pregnancy	10A04ZZ	Abortion of Products of Conception, Percutaneous Endoscopic Approach	
75.0	Intra-amniotic injection for abortion	10A07ZX	Abortion of Products of Conception, Abortifacient, Via Natural or Artificial Opening	

# Abortion DX Codes

ICD-9 Diagnosis Codes	Description	ICD-10 CM	Description	Comments
635.92	Legally induced abortion, without mention of complication, complete	Z332	Encounter for elective termination of pregnancy	
636.00	Illegally induced abortion, complicated by genital tract and pelvic infection, unspecified	O045	Genital tract and pelvic infection following (induced) termination of pregnancy	
638.92	Not a valid code			See next row for valid code and mapping
638.9	Failed attempted abortion without mention of complication	O074	Failed attempted termination of pregnancy without complication	

# Abortion DX Codes

ICD-9 DX Codes	Description	ICD-10 CM	Description	Comments
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X0	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, not applicable or unspecified	
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X1	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 1	The backward GEM maps 651.70 to all codes in O3130X. Including all 7 codes so that there is a visual representation of the new concept of the seventh character for fetus. There are codes for the trimester which is new and could technically be included here as an alternative.
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X2	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 2	

# Abortion DX Codes (cont.)

ICD-9 Diagnosis Codes	Description	ICD-10 CM	Description	Comments
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X3	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 3	
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X4	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 4	
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X5	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, fetus 5	
651.70	Multiple gestation following (elective) fetal reduction, unspecified as to episode of care or not applicable	O3130X9	Continuing pregnancy after elective fetal reduction of one fetus or more, unspecified trimester, other fetus	



# EPSDT – Annual Report CMS 416

Report Need	CPT Code	ICD-9 Code Accompanying
Inclusion	83655 Blood lead test	V15.86, V82.5
Exclusion	83655 Blood lead test	984(.0-.9), e861.5

ICD-9 Code	ICD-10 Code
<b>V15.86</b> Personal history of contact with and (suspected) exposure to lead	Z77.011 Contact with and (suspected) exposure to lead
<b>V82.50</b> Screening for chemical poisoning and other contamination	Z13.88 Encounter for screening for disorder due to exposure to contaminants
<b>984.0</b> Toxic effect of inorganic lead compounds	T56.0X1A Toxic effect of lead and its compounds, accidental (unintentional), initial
<b>E861.5</b> Accidental poisoning by lead paints	No ICD-9-CM code(s) convert to ICD-10-CM E861.5



**Emergency Room**

# ER Codes

ICD-9	Description	ICD-10	Description
0010	Cholera due to vibrio cholera	A000	Cholera due to <u>Vibrio cholerae 01, biovar cholerae</u>
00320	Localized salmonella infection, unspecified	A0220	Localized salmonella infection, unspecified
30390	Other and unspecified alcohol dependence, unspecified	F1020	Alcohol dependence, uncomplicated
47832	Unilateral paralysis of vocal cords or larynx, complete	J3801	Paralysis of vocal cords and larynx, unilateral
65601	Fetal-maternal hemorrhage, delivered, with or without mention of antepartum condition	O4301	<u>Fetomaternal</u> placental transfusion syndrome, first trimester
7790	Convulsions in newborn	P90	Convulsions of newborn
85144	Cerebellar or brain stem contusion without mention of open intracranial wound, with prolonged (more than 24 hours) loss consciousness and return to pre-existing conscious level	S06375A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
85144	Cerebellar or brain stem contusion without mention of open intracranial wound, with prolonged (more than 24 hours) loss consciousness and return to pre-existing conscious level	S06385A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter

# ER Codes

ICD-9 DX	Description	ICD-10 CM	Description
9832	Toxic effect of caustic alkalis	T543x1A	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), initial encounter
9832	Toxic effect of caustic alkalis	T543x2A	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, initial encounter
9832	Toxic effect of caustic alkalis	T543x3A	Toxic effect of corrosive alkalis and alkali-like substances, assault, initial encounter
9832	Toxic effect of caustic alkalis	T543x4A	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, initial encounter
E8432	Fall in on, or from aircraft injuring crew of commercial aircraft (powered) is surface to surface transport	V970xxA	Occupant of aircraft injured in other specified air transport accidents, initial encounter
V242	Routine postpartum follow-up	Z392	Encounter for routine postpartum follow-up



# Diabetes Management

## ICD-9 vs. ICD-10

Diabetes = 276 ICD-10 Codes / 83 ICD-9 Codes

Unique concepts within in ICD-10 codes = 62

Red = New ICD-10 concepts

Blue = Concepts used by ICD-9&10

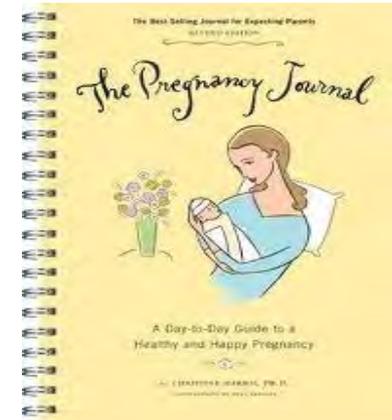
Black = Concepts only in ICD-9

Diabetes Type	Pregnancy	Neurologic complications
Type 1 diabetes	First trimester	Neurological complication
Type 2 diabetes	Second trimester	Neuropathy
Underlying condition	Third trimester	Mononeuropathy
Drug or chemical induced	Childbirth	Polyneuropathy
Pre-existing	Puerperium	Autonomic (poly)neuropathy
Gestational	Antepartum	Amyotrophy
Poisoning by insulin and oral hypoglycemic	Postpartum	Coma
Adverse effect of insulin and oral hypoglycemic		
Underdosing of insulin and oral hypoglycemic		
Neonatal		
Secondary		

# Pregnancy Management ICD-9 vs. ICD-10

State policies for pregnancy will be impacted by:

- Trimester, number of feti, co-morbidities, and complications
- ICD-10-CM codes will capture detail that brings additional value to EHRs
- 500 ICD-10-CM codes that relate to pregnancy (mostly for complications and concomitant conditions); there were 330 ICD-9-CM pregnancy-related codes. The major change to these coding sets is in specifying trimester and gestational week (in ICD-10) versus “episode of care” (ICD-9).
- Hundreds of ICD-10-CM codes that refer to the various complications that can arise during pregnancy



# Pregnancy Management

## ICD-9 vs. ICD-10

### *A Closer Look at Diagnosis Coding for Pregnancy & Childbirth*

Some ICD-9-CM codes for childbirth and pregnancy map directly to primary ICD-10-CM codes, as in the example below:

ICD-9      650.0 Normal Delivery,  
              with outcome of delivery V27.0 Mother with single liveborn *maps directly to*  
**ICD-10    080.0** Encounter for full-term uncomplicated delivery,  
              with outcome of delivery **Z37.0** Single live birth

However, ICD-10-CM codes generally add greater specificity, for example, trimester:

ICD-9      V22.0 Supervision of normal first pregnancy *translates to*  
**ICD-10    Z34.0** Encounter for supervision of normal first pregnancy  
              Z34.00 ..... unspecified trimester  
              Z34.01 ..... first trimester  
              Z34.02 ..... second trimester  
              Z34.03 ..... third trimester

# Pregnancy Management Medical Concepts

Concept Category	Concept	Alias Terms	Definitions	Used in	Comments	Reference
Severity Level	Mild		Describe a low level of severity	Both		
Severity Level	Moderate		Describe a moderate level of severity	Both		
Severity Level	Severe		Describe a high level of severity	Both		
Syndrome	HELLP Syndrome		A complication of pre-eclampsia and eclampsia , marked by hemolysis, elevated liver enzymes, and low platelet count.	ICD-10		<a href="http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001892/">http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001892/</a>
Time Frame	Childbirth		The process of delivery a child	Both		
Time Frame	Puerperium		The time period for a woman from delivery to six weeks after.	Both		<a href="http://emedicine.medscape.com/article/260187-overview">http://emedicine.medscape.com/article/260187-overview</a>
Time Frame	Preexisting		A condition that existed before some other reference event of condition			
Time Frame	First trimester		The first of three three-month periods during pregnancy	ICD-10		See reference 2G
Time Frame	Second trimester		The second of three three-month periods during pregnancy	ICD-10		See reference 2G
Time Frame	Third trimester		The third of three three-month periods during pregnancy	ICD-10		See reference 2G
Time Frame	Unspecified trimester		The trimester of pregnancy is not known	Both		
Time Frame	Labor	Childbirth	A clinical diagnosis marking the process during which the products of conception (i.e., the fetus, membranes, umbilical cord, and placenta) are expelled outside of the uterus.	Both		<a href="http://emedicine.medscape.com/article/260036-overview">http://emedicine.medscape.com/article/260036-overview</a>
Time Frame	Unspecified time period		A period of time that is no known or defined	Both		
Episode of Care	Antepartum		The time period prior to childbirth	ICD-9		
Episode of Care	Postpartum		The time period shortly after childbirth	ICD-9		
Episode of Care	Delivered		The outcome of labor and delivery	ICD-9		

# HIV / AIDS Management

## ICD-9 vs. ICD-10

ICD-9	DESCRIPTION	ICD-10	DESCRIPTION
042	Human immunodeficiency virus (HIV) disease	B20	Human immunodeficiency virus (HIV) disease
795.71	Inconclusive human immunodeficiency virus [HIV] test (adult) (infant)	R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV],
647.81	Other specified infectious and parasitic diseases of mother with delivery, <i>in which HIV is not even identified as the root disease in the ICD-9 code,</i>	O98.711	HIV disease complicating pregnancy, first trimester
		O98.712	HIV disease complicating pregnancy, second trimester
		O98.713	HIV disease complicating pregnancy, third trimester

# Breast and Cervical Cancer



## *A Closer Look at ICD-10-CM Coding for Breast and Cervical Cancer*

- Some ICD-9-CM codes for breast and cervical cancer map directly to primary ICD-10-CM codes, as in the example below:

ICD-9-CM 180.0 malignant neoplasm of endocervix *maps to*

ICD-10-CM C53.0 malignant neoplasm of endocervix

- But ICD-10-CM codes generally add greater specificity, including gender (“male” used a separate code, 175.0, in ICD-9-CM), and laterality of the affected area, as in this example:

ICD-9-CM 174.3 Malignant neoplasm of lower-inner quadrant of female breast  
*is approximately equivalent to*

ICD-10-CM C50.319 Malignant neoplasm of lower-inner quadrant of unspecified female breast, *but could also be*

C50.311 Malignant neoplasm of lower-inner quadrant of right female breast *or*

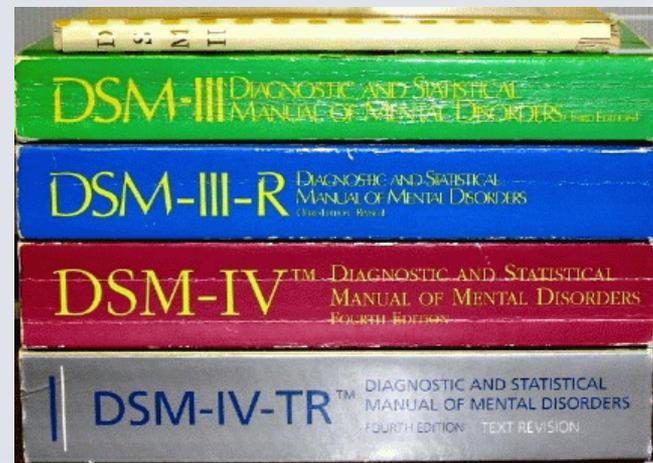
C50.312 Malignant neoplasm of lower-inner quadrant of left female breast.

# Breast Cancer – Medical Concepts

Concept Category	Concept	Alias Terms	Definitions	Used in	Comments	Reference
Localization	Lower-outer quadrant		The region of the breast that is in the area away from the midline of the lower portion of the breast.	Both		See G16 illustration of breast anatomy by quadrant
Localization	Axillary tail		The portion of the breast that extends towards the axilla	Both		See G16 illustration of breast anatomy by quadrant
Localization	Overlapping sites		Sites in the breast that overlap regions	Both	ICD-9 states that this applies where the point of origin cannot be determined. ICD-10 does not include this note.	
Localization	Unspecified site		Sites in the breast that are not documented	Both		
Localization	Other and unspecified site		Somewhat contradictory term that has been dropped in ICD 10 that includes both other and unspecified sites	ICD-9		
Localization	Other specified site		Other sites that are specified and not in the defined list of sites in the code set	ICD-9		
Localization	Ectopic sites		Sites that are outside of the normal anatomical confines	ICD-9		
Localization	Inner breast		The part of the breast towards the midline	ICD-9		
Localization	Lower breast		The lower part of the breast	ICD-9		
Localization	Midline breast		The middle portion of the breast	ICD-9		
Localization	Outer breast		The outer or lateral part of the breast	ICD-9		
Localization	Upper breast		The upper portion of the breast	ICD-9		
Estrogen receptor status	Estrogen receptor site positive	ER+	An over expression of estrogen receptors in breast tissue	Both	ER+ occurs in approximately 70% of breast cancers and is an indicator of the potential receptivity to certain cancer drugs such as tamoxifen	<a href="http://www.cancer.gov/cancertopics/understandingcancer/estrogenreceptors/page3">http://www.cancer.gov/cancertopics/understandingcancer/estrogenreceptors/page3</a>
Estrogen receptor status	Estrogen receptor site negative	ER-	An under expression of estrogen receptors in breast tissue	Both		See G31
Laterality	Right Breast		The breast on the right hand side	ICD-10		
Laterality	Left Breast		The breast on the left hand side	ICD-10		
Laterality	Unspecified breast laterality		Breast that has not been defined as right or left.	ICD-10		
Sex	Female		Female gender	Both		
Sex	Male		Male Gender	Both	Limited detail on male breast in ICD-9 as compared to ICD-10	<a href="http://www.nlm.nih.gov/medlineplus/malebreastcancer.html">http://www.nlm.nih.gov/medlineplus/malebreastcancer.html</a>

# Mental Health Management DSM IV & ICD-10

- DSM is not a valid code
- DSM-IV is compatible with ICD-10
- DSM V is not compatible with ICD-10





# Diagnosis-Related Groups (DRGs)

## The Basics

- DRGs attempt to align actual payment to expected costs by bundling a set of services over a period of time for patients with similar resource intensity and clinical coherence.
- Additionally, DRGs attempt to adjust payments for cost factors outside of a provider's control (e.g. inflation and geographic variation in wage rates)
- The assignment of DRGs and determination of relative payment weight is heavily dependent on inpatient procedures and diagnoses



# Diagnosis-Related Groups (DRGs)

## Moving from ICD-9 to ICD-10

- DRGs are based on an analysis of historical information and are typically licensed and maintained by an entity who is responsible for their updates and revisions
  - But there are no historical information yet for ICD-10
- In order to create DRGs for ICD-10, maintainers use clinical and/or probabilistic maps (e.g. CMS' Reimbursement Map) to use historical ICD-9 data for developing ICD-10 groupers
- The only ICD-10 grouper that has been publically specified for public review and comparison is the MS-DRG (v26+)
- Maintainers attempt to make ICD-10 groupers 'financially neutral' but this assumes coding conventions will be similar across two very different code sets

# Diagnosis-Related Groups (DRGs)

## Unintended Consequence

- A 50 year old woman with rheumatoid arthritis is admitted for a right total hip replacement. Patient is noted to have respiratory failure as a secondary diagnosis at the time of discharge, but this was not primary reason for hospitalization.

ICD-10 procedure:  
0SR90JZ – Replacement of right hip joint w synthetic substitute, open approach

M05651 Rheumatoid arthritis of right hip w involvement of other organs/systems  
J9690 Respiratory failure, unspec, unspec whether hypoxia or hypercapnia

DRG 469  
Major joint replacement or reattachment of lower extremity w/ MCC  
**weight 3.4724 (\$19,390)**

ICD-10 procedure:  
0SR90JZ – Replacement of right hip joint w synthetic substitute, open approach

M05651 Rheumatoid arthritis of right hip w involvement of other organs/systems  
J9610 Chronic respiratory failure, unspec whether hypoxia or hypercapnia

DRG 470  
Major joint replacement or reattachment of lower extremity w/o MCC  
**weight 2.1039 (\$11,748)**

# Diagnosis-Related Groups (DRGs)

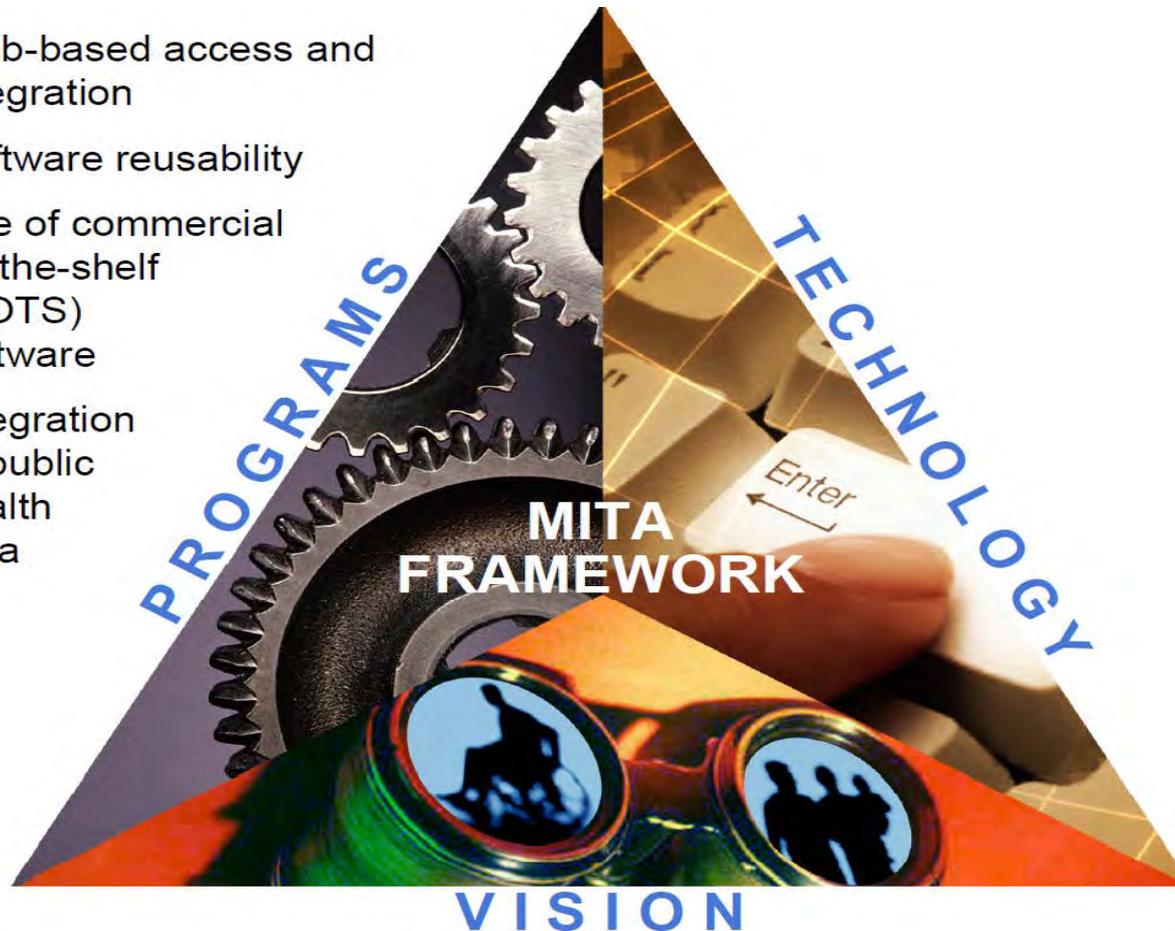
## “Weight” Watchers

- So, what does this mean?
- Since ICD-10 DRGs are based on ICD-9 data and coding practice, they do not account for the learning curve or actual use of the new code set
- This means that we better “watch our weight” - DRG weights that is. We should implement new metrics to monitor DRG weights and assignments to guard against DRG drift.

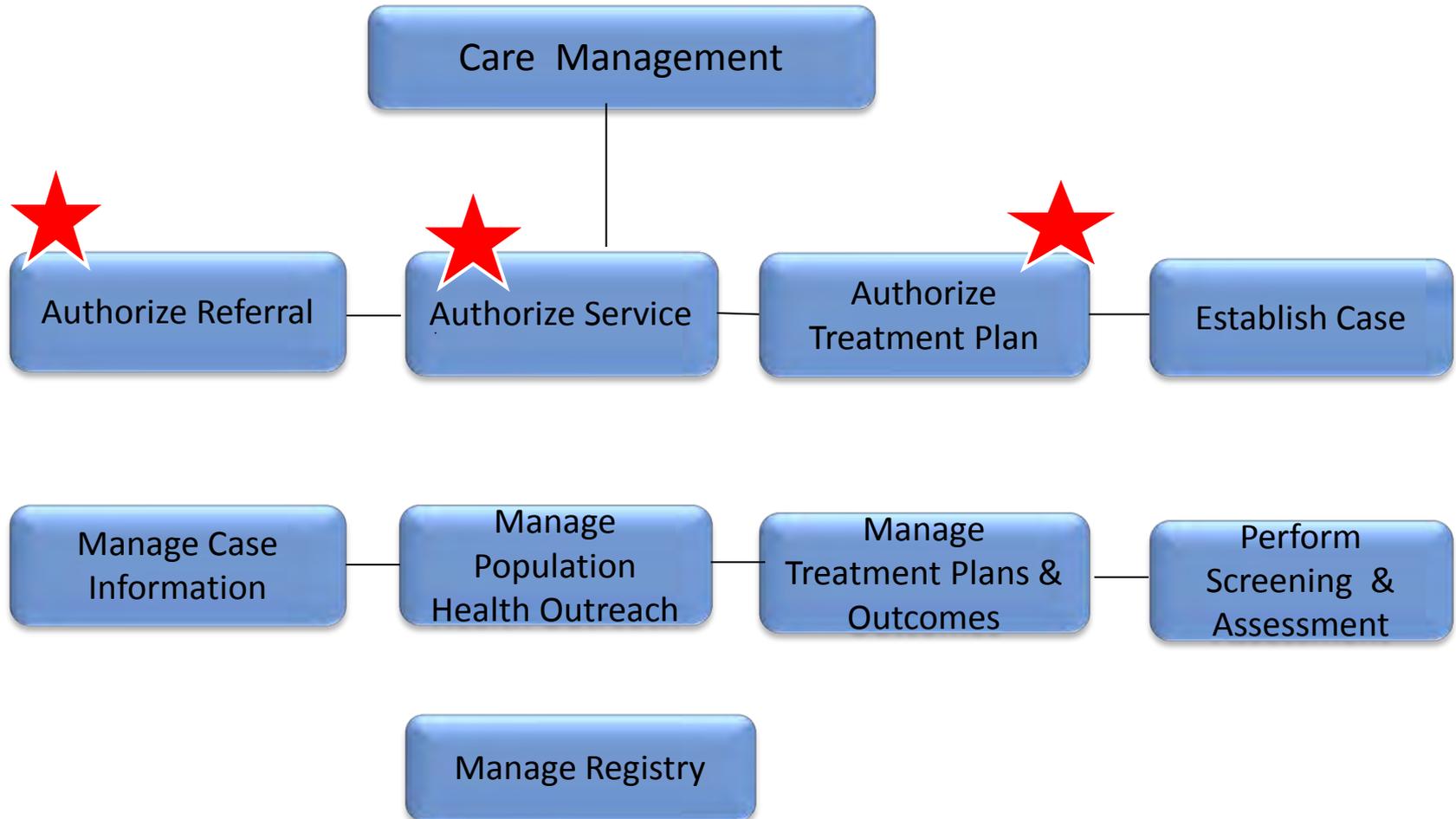


# Introducing MITA 3.0

- Web-based access and integration
- Software reusability
- Use of commercial off-the-shelf (COTS) software
- Integration of public health data



# Care Management Business Processes



# Authorize Referral

Description	ICD-10 Impacts
<p>Used when referrals between providers must be approved for payment</p> <p>Examples are to providers for lab procedures and surgery</p> <p>Primarily used in provider network and managed care settings</p>	<ul style="list-style-type: none"><li>• Referral for specialist may depend on diagnosis and/or procedure</li><li>• May be performed by Health Service Contractors (HSCs)</li></ul>

# Authorize Service

Description	ICD-10 Impacts
<p><b>Encompasses both a pre- and post-approved service request</b></p> <p><b>Focuses on specific types/numbers of visits, surgeries, tests, drugs, Durable Medical Equipment (DME), and institutional days of stay (Primarily used in Fee for Service (FFS))</b></p>	<ul style="list-style-type: none"><li>• <b>Service authorization will depend on diagnosis and/or procedure</b></li><li>• <b>May be performed by HSCs</b></li></ul>

# Authorizations

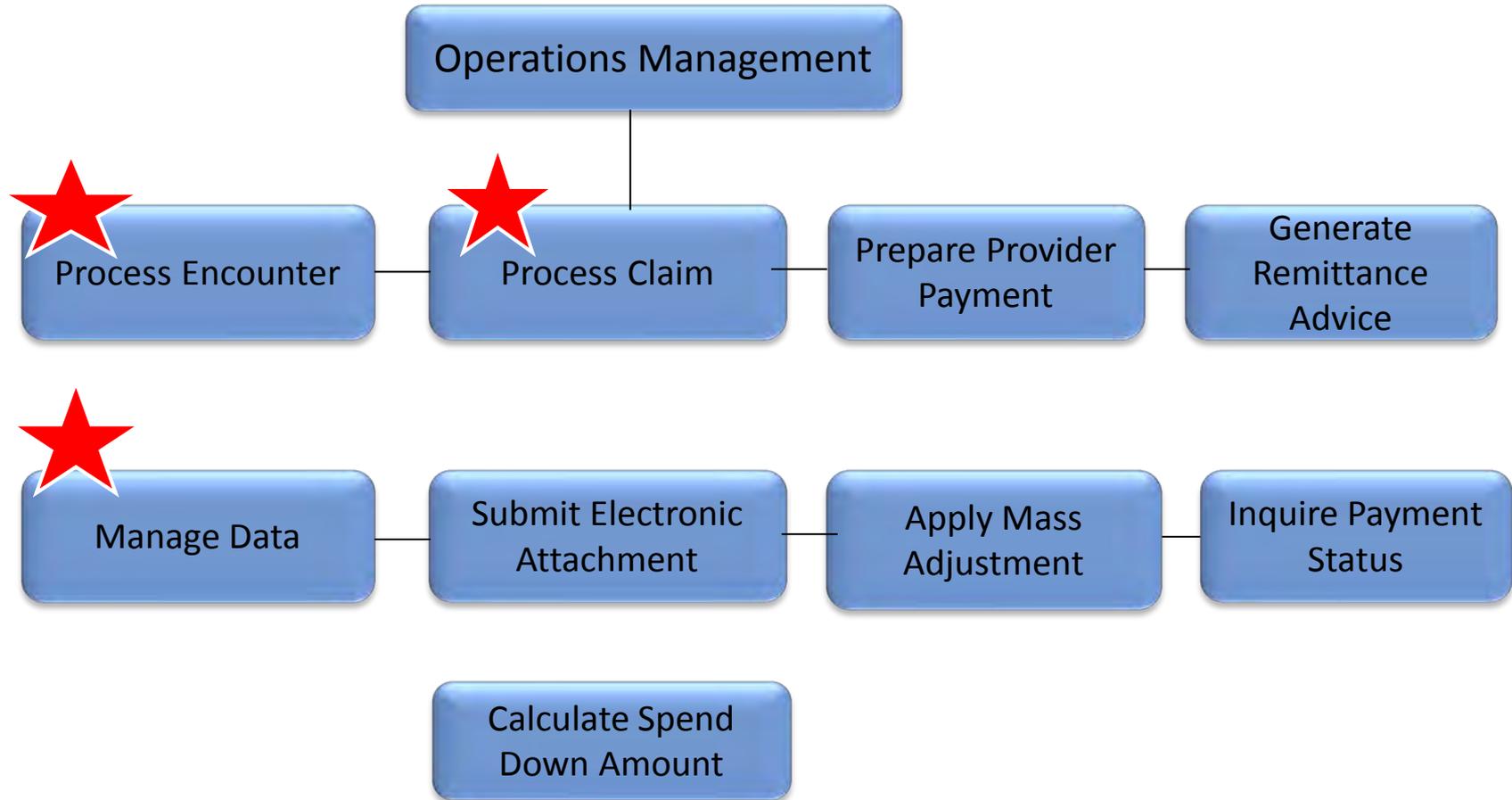
- Impact to the 278 transaction (5010 initiative)
- Ensure translation decisions do not cause access to care and/or budget issues
- Modifications to all prior authorization documents
- Communication and collaboration



# Authorize Treatment Plan

Description	ICD-10 Impacts
<p>Encompasses both pre- and post-approved treatment plan</p> <p>Primarily used in care management settings where team assesses client, completes plan, which prior-authorizes providers and services over period of time</p>	<ul style="list-style-type: none"><li>• Treatment plans are created for specific diagnoses</li><li>• May be performed by HSCs</li><li>• Updates to treatment plan as diagnoses change</li></ul>

# Operations Management Business Processes



# Process Encounter

Description	ICD-10 Impacts
<p><b>Receives original or adjustment claim/encounter and determines its submission status, validates edits, service coverage, Third Party Liability (TPL), coding; and populates with pricing information</b></p> <p><b>Sends validated data to audit process and failed data sets to the remittance advice/encounter report process</b></p>	<ul style="list-style-type: none"> <li>● <b>Diagnoses and procedures are used in claims edits</b></li> <li>● <b>Claims edits, provider allowed services, member coverage, medical necessity, authorization</b></li> <li>● <b>COB</b></li> <li>● <b>Validation of code sets and correct coding</b></li> <li>● <b>Program Integrity (PI) edits</b></li> <li>● <b>Groupers and bundles</b></li> <li>● <b>Pricing of claim/encounter</b></li> <li>● <b>Different processes for encounters</b></li> </ul>

# Edit Claim

CA2 – PROCESS CLAIM DATA AGAINST DEFINED SERVICE, POLICY, AND PAYMENT PARAMETERS					
Ref #	System Review Criteria	Source	Yes	No	
CA2.1	Verifies that all fields defined as numeric contain only numeric data.	SMM			
CA2.2	Verifies that all fields defined as alphabetic contain only alphabetic data.	SMM			
CA2.3	Verifies that all dates are valid and reasonable.	SMM			
CA2.4	Verifies that all dates are valid and reasonable.	SMM			

CA2 – PROCESS CLAIM DATA AGAINST DEFINED SERVICE, POLICY, AND PAYMENT PARAMETERS					
Ref #	System Review Criteria	Source	Yes	No	
CA2.5	Verifies that all coded data items consist of valid codes, e.g., procedure codes, diagnosis codes, service codes, etc. are within the valid code set HIPAA Transactions and Code Sets (TCS) and are covered by the State Plan.	SMM HIPAA			
CA2.6	Verifies that any data item that contains self-checking digits (e.g., Beneficiary I.D. Number) passes the specified check-digit test.	SMM			
CA2.7	Verifies that numeric items with definitive upper and/or lower bounds are within the proper range.	SMM			
CA2.8	Verifies that required data items are present and retained) including all data needed for State or Federal reporting requirements (see SMM 11375).	SMM			
CA2.9	Verifies that the date of service is within the allowable time frame for payment.	IBP			
CA2.10	Verifies that the procedure is consistent with the diagnosis.	SMM			
CA2.11	Verifies that the procedure is consistent with the Beneficiary's age.	SMM			
CA2.12	Verifies that the procedure is consistent with the Beneficiary's sex.	SMM			
CA2.13	Verifies that the procedure is consistent with the place of service.	SMM			

# Process Claim

Description	ICD-10 Impacts
<p><b>Receives a claim/encounter from audit claim/encounter process, applies pricing algorithms, calculates managed care and Primary Care Case Management (PCCM) premiums, decrements service review authorizations, calculates and applies member contributions, and provider advances, deducts liens and recoupment</b></p> <p><b>Responsible for ensuring all adjudication events are documented in Payment History data store and are accessible to all Business Areas</b></p>	<ul style="list-style-type: none"><li>• <b>Diagnoses and/or inpatient procedures may impact bundling methodologies (i.e. case rates, DRG, per diem etc.)</b></li></ul>

# Manage Data

Description	ICD-10 Impacts
<p>Preparation of data sets and delivery to federal agencies (e.g. CMS, SSA). Includes activity to extract, transform to the required format, encrypt for security and load the electronic file to the target destination.</p>	<ul style="list-style-type: none"><li>• Diagnoses and/or inpatient procedures codes are part of claims data</li></ul>

# Questions

