

Monitoring the Transition to ICD-10

A Resource for Hospital Leaders

The actions below will help hospitals determine whether claims are being processed smoothly after the transition to ICD-10 and identify issues that need correction early.

Task	Timing	Comments
Monitor status of submitted claims	At least weekly: <ul style="list-style-type: none"> • Use claims status transaction/acknowledgement transaction, where possible • Some health plans have web portals to check status 	Check for denials or claims that are returned to provider (RTP). Examine those claims for deficiencies and correct the cause of denial. Coordinate with coding staff if ICD-10 codes are the problem.
Monitor Medicare Administrative Contractor (MAC) website	Check daily. Determine if claims processing systems are down for maintenance.	Look for notices regarding software glitches and when to expect corrections or processing of claims. Be aware that MACs may indicate that claims need to be resubmitted after corrections are made.
Know your target volume for claims processed	Identify up front your historical benchmark for claims volume and timeliness of processing (e.g., 14 days after submission). Periodically assess whether claims are being processed within historic revenue cycle timeframes.	Monitor timeframe to determine if shortfalls in expected payments are occurring.
Escalate problems, when encountered	As needed, such as when resolution of processing problems is taking longer than expected.	<ol style="list-style-type: none"> 1) Begin with vendor/clearinghouse. 2) For Medicare, contact MACs and email ICD10_ombudsman@CMS.HHS.gov. 3) For commercial plans, contact the health plan and file a complaint with CMS's National Standards Group at https://htct.hhs.gov/aset/.
Analyze denied or returned claims by ICD-10 code to determine if certain codes are problematic	As needed. Coding staff should verify use of valid codes and follow coding guidelines. Valid codes can be found at https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html in the Downloads section under the bullet "2016 Code Descriptions in Tabular Order." The zipped file is called icd10cm_codes_2016.txt. If problems persist, for Medicare, contact CMS's ICD-10 ombudsman, for commercial health plans, contact the health plan.	Contact CMS Coordination Center and the ICD-10 ombudsman by emailing ICD10_ombudsman@CMS.HHS.gov .
Request hardship/advance payment	As needed. If Medicare contractors cannot process claims in a timely manner due to systems issues, hospitals may request accelerated payments.	Contact your MAC. See the CMS procedures to apply for accelerated payments (Section 150 in the manual, available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf).