Transitioning to ICD-10

Wednesday, February 12, 2014
11:30 AM EST
Dial In: 1-877-267-1577
Meeting ID: 994 262 500

No audio available through Webinar
• Series of calls will focus on 2014 participation in quality programs to earn incentives and avoid payment adjustments

• All calls Tuesdays at 12 Noon EST and Thursdays at 6:00 PM EST
  – January 7 & 9: Physician Quality Reporting System (PQRS)
  – January 14 & 16: Value Modifier
  – January 21 & 23: ICD-10
  – January 28 & 30: Stage 2 Meaningful Use

• Planning webinar in February to merge information from all programs
# Upcoming 2014 Important Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Milestone</th>
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</thead>
</table>
| **February 28, 2014** | PQRS    | • Last day to submit 2013 PQRS data through some reporting methods (deadline for submission of PQRS data varies by reporting method, but all methods require data to be submitted by end of first quarter in 2014)  
• Last day to submit Part B charges to be included in calculation of 2013 PQRS and eRx incentive payments |
|                | eRx     | • Deadline to request an informal review of application of eRx payment adjustment in 2014 ([2014 eRx Payment Adjustment Informal Review Made Simple](#)) |
| **March 31, 2014** | PQRS    | • Deadline for submission of measures information for QCDRs                                                                                   |
|                | EHR     | • NEW DEADLINE: Last day for EPs to register and attest MU data to receive 2013 incentive (and to avoid the 2015 payment adjustment)  
• Last day of quarter for EPs reporting for first quarter of CY 2014 |
ICD-10 Basics

ICD-10 Implementation
The compliance date for ICD-10-CM and PCS is October 1, 2014.
What is ICD-10?

In 1990, the World Health Organization (WHO) approved the 10th Revision of the International Classification of Diseases (ICD), which is known as ICD-10.

<table>
<thead>
<tr>
<th>What</th>
<th>Why</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A method of coding:</td>
<td>• ICD-10-CM and PCS are complete revisions of their U.S. developed ICD-9 counterparts, which were adopted in 1979</td>
<td>• Compliance Date: 10/1/14</td>
</tr>
<tr>
<td>➢ The patient’s state of health and</td>
<td>➢ More information per code</td>
<td>➢ Outpatient services are based on the Date of Service</td>
</tr>
<tr>
<td>➢ Institutional procedures</td>
<td>➢ Better support for care management, quality measurement, &amp; analytics</td>
<td>➢ Inpatient services are based on the Date of Discharge</td>
</tr>
<tr>
<td>• In the U.S., ICD-10 includes:</td>
<td>➢ Improved ability to understand risk and severity</td>
<td></td>
</tr>
<tr>
<td>➢ ICD-10-CM: clinical modification of WHO standard for diagnoses that is maintained by NCHS and is for specific use in the U.S.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ ICD-10-PCS: inpatient procedures developed and maintained by CMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All HIPAA-covered entities must use ICD-10 for information they transmit electronically</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Why ICD-10 Matters

• ICD-10 Advances Health Care and Implementation of eHealth Initiatives

• ICD-10 Captures Advances in Medicine and Medical Technology

• ICD-10 Improves Data for Quality Reporting

• ICD-10 Improves Public Health Research, Reporting and Surveillance
ICD-10 Compliance

Opportunities for Compliance

• Improve accuracy of payment policies and implementation of payment policies
• Improve coding practices & claims payment accuracy and efficiency
• Enhanced fraud, waste, abuse prevention and detection
• Foundational for health care reform
• Better quality measurement through improved identification of patient populations
• More accurate understanding of population health
• Enhanced research and analytics

Risks of Non-Compliance

• Incorrect or slow claims payment
• Increased risk of improper payments
• Increased error rates
• Penalties for non-compliance
• Increased appeals and customer service volume
• Incorrect or slow Medicare as a Secondary Payer and Coordination of Payments processes
• Disruptions in research, analytics, and longitudinal reporting
• Disruptions to surveillance and public health reporting
**Structural Differences**

- The examples below show the structural differences between ICD-9-CM and ICD-10-CM/PCS.

<table>
<thead>
<tr>
<th>ICD-9-CM Diagnoses Codes:</th>
<th>ICD-10-CM Diagnoses Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3-5 digits</td>
<td>• 3-7 digits</td>
</tr>
<tr>
<td>• First digit is alpha or numeric</td>
<td>• Digit 1 is alpha</td>
</tr>
<tr>
<td>• Digits 2-5 are numeric; and</td>
<td>• Digit 2 is numeric</td>
</tr>
<tr>
<td>• Decimal is after third digit</td>
<td>• Digits 3-7 are alpha or numeric</td>
</tr>
<tr>
<td></td>
<td>• Decimal is after third digit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9-CM Procedure Codes:</th>
<th>ICD-10-PCS Procedure Codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3-4 digits</td>
<td>• 7 digits</td>
</tr>
<tr>
<td>• All digits are numeric</td>
<td>• Each digit is either alpha or numeric</td>
</tr>
<tr>
<td>• Decimal is after second digit</td>
<td>(alpha digits are not case sensitive and letters O and I are not used to avoid confusion with number 0 and 1)</td>
</tr>
<tr>
<td></td>
<td>• No decimal</td>
</tr>
</tbody>
</table>
ICD-10-CM/PCS
Comparison Examples

The examples below show that ICD-10-CM/PCS codes are more precise and provide better information.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mechanical complication of other vascular device, implant and graft = 1 code (996.1)</td>
<td>• Mechanical complication of other vascular grafts (example: Leakage of aortic graft, initial encounter) = 49 codes</td>
</tr>
<tr>
<td>• Pressure ulcer codes; show broad location, but not depth (stage) = 9 location codes (707.00-707.9)</td>
<td>• Pressure ulcer codes (example: pressure ulcer of right lower back, stage 1; pressure ulcer of right lower back, stage 2, etc.) = 150 codes</td>
</tr>
<tr>
<td>• Angioplasty (PCS) = 1 code (39.50)</td>
<td>• Angioplasty codes specifying body part, approach, and device = 854 codes</td>
</tr>
</tbody>
</table>

Unspecified Codes in ICD-10-CM

• Like ICD-9-CM, ICD-10-CM sign/symptom and unspecified codes have acceptable, even necessary uses.

• Signs/symptoms, or unspecified codes can be the best choice to accurately reflect the health care encounter. Each health care encounter should be coded to the level of certainty known.

• When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code.
  - For example, a diagnosis of pneumonia has been determined but the specific type has not been determined.

• It is inappropriate to select a specific code that is not supported by the medical record documentation.
Clinical Documentation Concepts for ICD-10

1. Review how you document your clinical services. This will help you and your coding staff become more accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes.

2. Examine the documentation for the most often used codes in your practice, and work with your coding staff to determine if it would be specific and detailed enough to select the best ICD-10 codes.
Below are additional examples of the specific information needed to accurately code the following common diagnoses:

<table>
<thead>
<tr>
<th>Diabetes Mellitus:</th>
<th>Fractures:</th>
<th>Injuries:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Type of diabetes</td>
<td>• Site</td>
<td>• External cause</td>
</tr>
<tr>
<td>• Body system affected</td>
<td>• Laterality</td>
<td>• Place of occurrence</td>
</tr>
<tr>
<td>• Complication or manifestation</td>
<td>• Type</td>
<td>• Activity code</td>
</tr>
<tr>
<td>• If type 2 diabetes, long-term insulin use</td>
<td>• Location</td>
<td>• External cause status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Injury related to military, work, or other)</td>
</tr>
</tbody>
</table>
Remember, ICD-10 will not affect the way you provide patient care. ICD-10 just gives more specific choices for coding diagnoses. This information is likely already being shared by the patient during your visit—it’s just a matter of recording it for your coding staff.

Good documentation will also help reduce the need to follow-up on submitted claims—saving you time and money.
CMS

ICD-10 Implementation
The Medicare implementation is on track.
- Testing
- Coverage and payment policy conversion.

CMS working with states to prepare readiness.
- Engaging in regular conference calls, as well as offering implementation tools and technical assistance.

Health plans, clearinghouses, large physician practices and hospitals are on target for ICD-10 implementation.
- CMS is providing small physician practices with additional technical assistance.

Vendors are having discussions with their customers to ramp up ICD-10 efforts.
On track for October 1, 2014
- Completed internal testing phase
- External testing phase
- Monthly Reporting
- Weekly Planning Meetings
- Medicare - March 2014 Testing Week

States
- Quarterly assessments for State Medicaid Agencies (SMA)
- Ongoing SMA technical assistance and training
- Medicaid testing
ICD-10 Implementation Update

- **Now** - 2014 General Equivalence Mappings are available for public use
- **Now** - The ICD-10 test grouper currently is available for ICD-10 development purposes
- **Now** - ICD-10 Reimbursement Mappings are available
- **Now** - National Coverage Determinations are available
- **April 2014** - Local Coverage Determinations available to industry
- **July 2014** - Home Health Groupers, Inpatient Rehab (Case Mix Groupers), Resource Utilization Groups
- **August/September 2014** - ICD-10 grouper will be available

* Target dates
## ICD-10 Implementation Update

### Industry

- April National Medicare FFS Provider Call – reached **12,500** providers
- August National Medicare FFS Provider Call – reached **27,000** providers
- Continuing online training for industry – reaching **16,000** per quarter
- Website – reached **85,000** in December
- Listserv – reaching **148,000** subscribers
- **64 free trainings since July 2013** offering technical assistance to small provider groups, rural health providers, and safety net organizations
- Online training module series
- Online ICD-10 Guide
- **Coming Soon** – Small Provider Action Plan
ICD-10 Implementation

Providers
ICD-10 and Physician Practices

NURSES
- **Forms**: Every order must be revised or recreated.
- **Documentation**: Must use increased specificity.
- **Prior Authorization**: Policies may change, requiring training and updates.

PHYSICIANS
- **Documentation**: The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training**: Code increases from 17,000 to 140,000. Physicians must be trained.

LAB
- **Documentation**: Must use increased specificity.
- **Reporting**: Health plans will have new requirements for the ordering and reporting of services.

BILLING
- **Policies and Procedures**: All payer reimbursement policies may be revised.
- **Training**: Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

CODING
- **Code Set**: Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- **Clinical Knowledge**: More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- **Concurrent Use**: Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until claims are resolved.

CLINICAL
- **Patient Coverage**: Health plan policies, payment limitations, and new ABN forms.
- **Superbills**: Revisions required and paper superbills may be impossible.
- **ABNs**: Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted, and patients will require education.

MANAGERS
- **New Policies and Procedures**: Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- **Vendor and Payer Contracts**: All contracts must be evaluated and updated.
- **Budgets**: Changes to software, training, new contracts, and new paperwork will have to be paid for.
- **Training Plan**: Everyone in the practice will need training on the changes.

FRONT DESK
- **HIPAA**: Privacy policies must be revised and patients will need to sign the new forms.
- **Systems**: Updates to systems may impact patient encounters.

Source: AAPC/Ingenix
What Should You Do to Prepare?

Talk to your software vendor, if applicable.

Talk to your clearinghouses, billing service, and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.

Identify changes your practice needs to make to convert to the ICD-10 code set.

Identify staff training needs and complete the necessary training.

Conduct internal testing and training to make sure your practice can generate transactions with the ICD-10 codes.

Conduct external testing with your clearinghouses and payers to make sure your practice can send and receive transactions with the ICD-10 codes.

Helpful Links:
http://www.himss.org/library/icd-10/playbook?navItemNumber=13480
# Implementation Tips

| Physician Engagement | • Communicate practice needs for a successful transition  
| Resource | • Communicate risks  
| Resources | • Allocate people, time, and tools  
| Oversight | • Ensure everyone is trained appropriately  
| Coordination | • Monitor what is being done  
| | • Respond immediately to issues  
| Coordination | • Work with vendors, payers, and trading partners  
| | • Utilize industry tools (i.e. transition guides, fact sheets, best practices)  
| | • Reach out to other providers - you are not alone!  
| Contingencies | • Plan for the “what ifs”.  
| Future | • Ongoing improvements to support ICD-10 |
Implementation Tips

**Systems** Prepare Software & Systems
- Upgrade and remediate systems as needed (EHR, Practice Management)
- Test (internal, external)
  - Identify alternative ways to submit your ICD-10 claims if your system isn’t ready

**People** Educate and Train Staff
- Coder, anatomy and physiology, and implementation training
  - Seek coder and implementation training
  - Explore coding exercises and scenarios
  - Determine use of third-party or outsourced coders

**Process** Review Internal Policies
- Internal operations
  - Contact clearinghouses, trading partners, etc.
  - Review clinical documentation practices
Where Should You Be?

- Conducting testing within your organization

### ICD-10 Timeline for Small-Medium Practices at a Glance

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan</td>
<td>Feb</td>
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<tr>
<td>PLANNING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify resources</td>
<td></td>
<td></td>
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<tr>
<td>Create project team</td>
<td></td>
<td></td>
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<tr>
<td>Assess effects</td>
<td></td>
<td></td>
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<tr>
<td>Create project plan</td>
<td></td>
<td></td>
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<tr>
<td>Secure budget</td>
<td></td>
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<tr>
<td></td>
<td>Mar</td>
<td>Apr</td>
</tr>
<tr>
<td>COMMUNICATIONS</td>
<td></td>
<td></td>
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<tr>
<td>Inform staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact vendors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact payers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor vendor prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor payer prep</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>May</td>
<td>Jun</td>
</tr>
<tr>
<td>TESTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High-level training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for test team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1: internal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2: external</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Jul</td>
<td>Aug</td>
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<tr>
<td></td>
<td>Sep</td>
<td>Oct</td>
</tr>
<tr>
<td>COMPREHENSIVE TRAINING</td>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coding</td>
<td></td>
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<tr>
<td></td>
<td>Nov</td>
<td>Dec</td>
</tr>
</tbody>
</table>

**DEADLINE OCT 1, 2014**

Ongoing practice before “go live”
Resources

ICD-10 Implementation
Resources

CMS website: www.cms.gov/icd10

- Features fact sheets, FAQs, implementation guides, timelines, and checklists
CMS ICD-10 Email Updates provide timely information

To sign up for updates:
1. Go to cms.gov/icd10
2. Select “CMS ICD-10 Industry Email Updates” from left navigation bar
3. Click on “Sign up for update messages”
Resources

Timelines and checklists for:

- Small to medium practices
- Large practices
- Small hospitals
- Payers
Resources

ICD-10 Medscape Videos

• ICD-10: A Roadmap for Small Clinical Practices
• ICD-10: Small Practice Guide to a Smooth Transition

Free continuing medical education (CME) and continuing education (CE) credits available to physicians and nurses who complete a brief post-test. Accessible from CMS ICD-10 website: www.cms.gov/icd10
Transition Guides
Online ICD-10 Guide: Provider Resources page, cms.gov/ICD10

Step-by-step ICD-10 advice for clinical practices, small hospitals, and payers
CMS ICD-10 Fact Sheets

The ICD-10 Transition: An Introduction

The ICD-10 codes used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 codes. This fact sheet provides background on the ICD-10 transition, general guidance on how to prepare for it, and resources for more information.

About ICD-10
ICD-10-CM (International Classification of Diseases, 10th Edition, Clinical Modification) Procedure Coding System consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is used in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar. ICD-10-PCS is used in U.S. inpatient hospital settings only; ICD-10-PCS uses 1 numeric digit instead of the 1 to 4 numeric digit used under ICD-9-CM procedure coding. Coding using ICD-10-CM is more specific and consistently different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-10 produces a limited set of data about patients' medical conditions and hospital inpatient procedures. ICD-9-CM is 40 years old, has outlived its terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

Who Needs to Transition
ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by Medicare, Medicaid, and any other insurer that reimburses claims using ICD-9-CM codes. The change to ICD-10 does not affect CPT coding for outpatient procedures.

ICD-10 Basics for Medical Practices

The ICD-10 transition takes planning, preparation, and time, so medical practices should continue working toward compliance. The following quick checklist will assist you with preliminary planning steps:

1. Identify your current systems and work processes that use ICD-9 codes. This could include your clinical documentation, encounter forms, practice management systems, electronic health record systems, contracts, and public health and quality reporting. Consider what ICD-10 codes will replace ICD-9 codes in your area.
2. Plan and implement any required changes to your practice systems before the October 1, 2015, deadline. ICD-10 codes will become mandatory starting October 1, 2015.

FAQs: ICD-10 Transition Questions

1. What is ICD-10 compliance mean?
ICD-10 compliance means that everyone covered by CMS is able to successfully conduct health care transactions using ICD-10 codes.

No. The shift to ICD-10 does not affect CPT coding for outpatient procedures. Use ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.

3. 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 CMS must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.

4. Do state Medicaid programs need to transition to ICD-10?
Yes. Like everyone else covered by CMS, state Medicaid programs must comply with ICD-10.

5. What happens if I don't switch to ICD-10?
Claims for services and hospital inpatient procedures performed on or after the compliance deadline must use ICD-10 diagnoses and inpatient procedure codes. This does not apply to CPT coding for outpatient procedures. Claims that do not use ICD-10 diagnoses and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services and inpatient procedures provided before the compliance date must use ICD-9 codes.

6. If transition isn't easy to 10, will CMS be able to process my claims?
As the transition to ICD-10 is expected to take up to 18 months, CMS has developed an implementation plan to support providers. The implementation plan includes a series of tools and resources to help providers transition to ICD-10.

7. Codes change every year, so why is the transition to ICD-10 any different than the annual code changes?
ICD-9 codes are changed every year, and the transition to ICD-10 is a more significant change. ICD-10 codes are used to report diagnoses and inpatient procedures, whereas ICD-9 codes are used for outpatient procedures, ambulatory services, and public health reporting.

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS.
ICD-10 Resource Links

ICD-10 Website

- CMS.gov/ICD10

Online Guide and Implementation Guides

- Available through the “Provider Resources” link on the CMS.gov/ICD10 website sidebar

Mapping (GEMs)

- Available through the “ICD-10-CM and GEMs” link on the CMS.gov/ICD10 website sidebar
ICD-10 Resource Links

ICD-10 National Provider Calls

• “CMS Sponsored ICD-10 Teleconferences” link on the CMS.gov/ICD10 website sidebar

National Coverage Determinations (NCDs)

• CMS.gov/Medicare-Coverage-Database/

Medicare Testing Week

• Medicare Learning Network Article MM8465
ICD-10 Resource Links

Medicare Reimbursement Mappings

- 2014 Reimbursement Mappings – Diagnosis Codes and Guides through the “ICD-10-CM and GEMs” link on the CMS.gov/ICD10 website sidebar

- 2014 Reimbursement Mappings – Procedure Codes and Guides through the “ICD-10-PCS and GEMs” link on the CMS.gov/ICD10 website sidebar

- Links to ordering the ICD-10 Pilot Version 31.0 Mainframe and PC version of the ICD-10 MS-DRGs and Medicare Code Editor (FY 2014 version) from NTIS through the “ICD-10 MS-DRG Conversion Project” link on the CMS.gov/ICD10 website sidebar

- Medicare Learning Network

Medicare Claims Processing Guidance for ICD-10

- Medicare Learning Network Article MM7492
Looking Forward

Pre-Implementation

• Collaboration with stakeholder groups for pre-implementation and industry monitoring activities
  – **New** - CMS weekly planning meetings with industry stakeholders
  – **New** - WEDI stakeholder coalition “ICD-10 Implementation Success Initiative”
    • Public and private partnership to help providers through the transition
• National calls and webinars to address specific ICD-10 topics
• Targeted materials to assist providers

Post-Implementation

• Continued collaboration with stakeholder groups for post-implementation and industry monitoring activities
• Increase internal monitoring activities with a focus on provider payment
• Host national calls and webinars to address specific ICD-10 topics
• Develop targeted materials to assist providers
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