<table>
<thead>
<tr>
<th>Item</th>
<th>Implemented (Y/N)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2015 HCPCS Codes Updates for Medicare Claims for DME</td>
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<tr>
<td>EHR System Code Set Determination Is Set to the Date of Service NOT the Billing Date</td>
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<tr>
<td>EHR System Claims, which is driven by the date of service (outpatient &amp; physician reporting) or date of discharge (inpatient facility reporting) Pre-Oct. 1, 2015 is set to bill to ICD-9 codes.</td>
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<tr>
<td>EMR System Claims, which is driven by the date of service (outpatient &amp; physician reporting) or date of discharge (inpatient facility reporting) Post-Oct. 1, 2015 is set to bill to ICD-10 codes.</td>
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<td>Are the new character requirements/formats set to reduce the risk of claim rejection?</td>
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<td>Has CMS’ guidance on “split claims” – those that span from the ICD-9 processing timeframe and cross into the ICD-10 processing timeframe been reviewed and implemented?</td>
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<tr>
<td>Do you understand the differences? Medicare Administrative Contractors (MACs) will utilize ICD-10-CM codes to determine coverage not the amount CMS will pay for physician services rendered. MACs will utilize ICD-10-CM and PCS codes to assign discharges to the ICD-10-MS DRG corollary.</td>
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<td>Do you know when it is appropriate to use an “unspecified code”?</td>
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<td>As a HIPAA-covered entity are you compliant with the ICD-10-CM Official Guidelines for Coding and Reporting?</td>
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<td>Have the following been done?</td>
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<tr>
<td>1. Make a plan</td>
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<td>2. Train staff</td>
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<td>3. Update processes</td>
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<td>4. Talk to your vendors and health plans</td>
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<td>5. Test systems and process</td>
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