



ICD-10 Frequently Asked Questions

Q: What is the current state of ICD-10 readiness of your software application?

A: The delay in ICD-10 has not impacted QMS with our initial plan to release the ICD-10 implementation to our clients. The first phase was released in December and covered foundation/setup changes in the software to prepare for the transition. We are moving forward with releasing phase two in July 2014, which will address additional screen changes to accommodate both ICD-9 and ICD-10 codes. The delay has solely allowed end users the opportunity to continue to prepare and gather additional information to do the necessary setups in their accounts. The last and final phase will be released in February 2015, which will be the final transition of ICD-10 for your facility. The final phase will include the initial porting of the data, based on the necessary setups in phase one and two, and system report changes. After this phase, clients will have ample time to test ICD10 with payors, which have confirmed that they are ready for testing.

Q: Will the application support dual use of the ICD-10-CM and ICD-9-CM code sets?

A: Yes. While ICD-10s are required to be reported on claims with dates of service on or after 10/01/2015, ICD-9s are still relevant to be recorded for the purpose of not all payors being ready for the transition. QMS Focus will have the capability to support the dual use of ICDs. For example: A patient has an insurance coverage change to a payor who is not ready for the ICD-10 transition or if facilities were misinformed that the payor was ready for the ICD-10 transition.

Q: Will the application be able to distinguish between ICD-9 and ICD-10 codes?

A: Yes. ICD-9 codes are displayed in blue whereas ICD-10 codes are displayed in black.

Q: Not all payers will be ready for the ICD-10 transition. Will the application be able to distinguish which payers are ready and those who are not ready for the transition?

A: Yes, the application will be able to distinguish which payers are ready and those that are not ready for the transition.

Q: Will QMS provide the necessary toolsets to identify custom and standard reports that contain ICD codes in the logic or display?

A: Yes. We have several reports that will display the ICD codes based on the account configuration. Various reports will identify a series of which payors are to be reported with ICD-9s and ICD-10s, ICD-9 to ICD-10 translations, code aggregation, ICD lookups, etc.

Q: Does the compliant version allow for code aggregation, code mapping and/or Crosswalks and code searches?

A: Yes.

Q: Can ICD-9-CM codes be disabled for dates of service after October 1, 2014, while remaining enabled for earlier dates of service.

A: Yes. Per CMS, ICD-9s are still required to be reported for claims with dates of service on or before 09/30/2015. For dates of service on or after 10/01/2015, ICD-10s are to be reported. QMS Focus will allow end users to maintain effective end dates for ICD-9 codes, when applicable, for the purpose of back billing.

Q: What customer support and training will be necessary for the new version of the application? Will this be at an additional cost?

A: There is no additional cost for customer support and training. QMS provides webinars for all major upgrades.

Q: Are there additional fees for upgrading the software for ICD-10?

A: No, there are no additional fees. ICD-10 is included in the software fee.

Q: We currently have several interfaces with third party vendors. Will QMS be able to support ICD-10 code sets from third party vendors?

A: Yes, QMS will be able to support ICD-10 code sets from third party vendors.