



Rolling Up Your Sleeves On ICD-10
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ICD-10 NOW!



- **Why Do It?**
- Overview of ICD-10
- Mitigating the Challenges
- Clinical Documentation Improvement
- Preparedness and Testing
- Questions

Technobabble

- Well, Doc, I got up this morning and looked in the mirror – Yikes! I have a **R46.1!** *Bizarre personal appearance (ICD-10)*
- Late night with my brother and couldn't stop playing darts – **Z62.891** gets me every time! *Sibling rivalry (ICD-10)*
- I'm sure I still had a little **18653004** from the 4 glasses of **226516007** and it was still early. *Alcohol delirium; Dry white wine (SNOMED CT)*
- Must still have at least a 0.05 **5640-8** and a raging **G44.85!** *Blood alcohol level; headache (LOINC, ICD-10)*
- So, I took two **00904629161**'s hoping to feel better. *Tylenol (NDC)*
- I swear I'll never do that again!



ICD-10 ...

Physician coding is becoming more complex

- W59.22XA** – Struck by turtle, initial encounter
- W59.22XD** – Struck by turtle, subsequent encounter, routine
- W59.22XG** – Struck by turtle, subsequent encounter, delayed
- W59.22XS** – Struck by turtle, sequela

External Causes Codes

- No** national requirement for **mandatory ICD-10-CM external cause code reporting**
- Only required** for Providers if:
 - State-based reporting mandate
 - Payer requirement
- In the Absence of a Mandate → Providers **encouraged** to voluntarily report on claims
- Claims Submission = DATA REPORTING**



Defining Value DSIT

- Non-specific codes and Patient Complexity Profiles

Health plans use **Claims Data** to build patient complexity profiles

Profile repopulated annually using **Claims Data** (Patient complexity baseline every year).

Diagnostic Codes (ICD-9 and ICD-10) are used to calculate patient complexity.


The Impact of Documentation & Coding DSIT

DX	Description	Estimate Cost of Care
250.00	Diabetes w/ no complications	\$1,400
250.5X	Diabetes w/ ophthalmic manifestations	\$2,239
250.1 – 3X	Diabetes w/ acute complications	\$2,930
250.6X 250.8X	Diabetes w/ neurologic manifestations or other specified manifestations	\$3,527
250.4X or 250.7X	Diabetes w/ renal or peripheral circulatory manifestations	\$4,391

Source: BCBSAL Complete Picture of Health Documentation and Coding Improvement Initiative, Aug., 2013


Using EHR for Specificity DSIT

Documentation	Coding
<ul style="list-style-type: none"> • Patient Presents with a broke forearm • Where on the forearm? • Which arm? • What kind of fracture? • First encounter? Subsequent Routine Healing? Subsequent Delayed Healing? Sequela? 	<ul style="list-style-type: none"> • S52 • Lower end of the radius – S52.5 • The right – S52.52 • Torus – S52.521 • Subsequent encounter with delayed healing – S52.521G




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ICD-10 Changeover Basics




- Effective Date → **October 1, 2015**
- Transition requires both ICD-9 and ICD-10
 - DOS < October 1, 2015 → **ICD-9**
 - DOS = October 1, 2015 or > → **ICD-10**
- CMS **CANNOT** process ICD-10 claims pre-Changeover
- Does **NOT** affect CPT coding
- Applies to **ALL** HIPAA-covered entities
- **Medicare** is on track – Internal testing
- **SD Medicaid**
- **Wellmark** – great landing page at <http://www.wellmark.com/Provider/ClaimsAndPayments/ICDTesting.aspx>




Significant Changes with ICD-10



- **Expanded** codes
- Added **code extensions** for injuries and external causes of injuries
- Added **Trimester** to OB codes
- **Significant revisions** to DM codes
- **Laterality** creates unique codes
- **Structural** differences in codes




Overview of ICD-10



- ICD-9 Structure**
 - Alpha/Numeric (E or V)
 - Numeric
 - Category
 - Category, Anatomic Site, Severity
- ICD-10 Structure**
 - Alpha (Every Letter but U)
 - Numeric
 - Numeric or Alpha (Every Letter but U)
 - Category
 - Category, Anatomic Site, Severity
 - Category
 - Placeholder for Increased Specificity
 - Disease Etiology
 - Body Part
 - Illness Severity

Mapping ICD-9 to ICD-10



- One-to-One Mapping**
 - ICD-9-CM 733.6 (Tietze's Syndrome) → ICD-10-CM M94.0 (Tietze's Syndrome)
- One-to-Many Mapping**
 - ICD-9-CM 649.51 (Spotting during Pregnancy) → -OR- ICD-10-CM O26.851 (Spotting 1st Trimester)/O26.852 (Spotting 2nd Trimester)/O26.853 (Spotting 3rd Trimester)
 - ICD-9-CM 962.9 (Heroin Poisoning) → ICD-10-CM T38.801A-T38.894A (One-to-Sixteen)
 - ICD-9-CM 733.82 (Other Cartilage Disorders) → ICD-10-CM M68.00-M68.99 (One-to-2,530)


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Mitigating Risk


- Must Review **Known Risks** → Direct/Avoidable
- Understand **Hidden Risks** → Indirect and Complex
 - Payer **Readiness Variability**
 - Payer **Conservatism**
 - Miscoding = Increased Denials
 - ↑ Appeals Validation = Cash Flow Issues
 - Use Assumptive Data Trend to Evaluate Contracts
 - **Cash** "Dry Spell"
 - Evaluate Margin
 - Get Lines of Credit in Place Now
 - **Payer Rules** will Adjust with Experience
 - System **Configuration Mistakes** = Need to Re-bill



Source: HIMSS, ICD-10 Playbook, www.himss.org

Mitigating Risk

- Number 1 Risk → **Financial**
- 4 Major Practice Impact Areas



Mitigating Risk

- By Payer
 - **AR Days**
 - **Aging** of Open AR (*Days and Dollars*)
 - **First Pass Payment** Rate
- **Rejections** by Payer (*# and Type*)
- Number of **"Pending" Claims** for Additional Information



Mitigating Risk

- Coder **Productivity**
 - Experts say to expect up to **40%** decrease
 - Should be re-evaluated after some experience
- Coding **Accuracy**
 - Should include ID'ing root causes
 - Use strengths / weaknesses to target training



Mitigating Risk

- **Metric Trending**
 - Critical to keeping a pulse on operations
 - **Trend** on critical metrics (E.g., *Clean Claim Ratios*)
 - Will help **identify cash-flow "snags"** for remediation
 - Trend **key analytics** to payer interdependencies
 - Problem → Drill into underlying details quickly / benchmark (E.g., *Reimbursement Comparison Reports*)




Mitigating Risk


- Billing **Queries to Providers**
- Provider **Response Time** to Queries
- Percent of **Queries vs. Chart Reviews**



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... on technology 

"That it will ever come into general use, notwithstanding its value, is extremely doubtful ... its beneficial application requires much time and gives a good bit of trouble both to the patient and the practitioner ... and (is) opposed to all our habits and associations."

What technology? EHR? ICD-10?


eDocumentation Capture

- **Non-Structured Information**
 - Example: Narrative Typing or Speech-to-Text
- **Structured, User-Defined Data**
 - Example: Combo or Drop-Down Boxes; User-defined Fields
- **Codified/Object-Oriented Data**
 - Example: Vocabularies such as ICD9, ICD10, Snomed CT, LOINC
- **Natural Language Processing**
 - Example: SIRI, Watson



Clinical Documentation Improvement

- **Review** current documentation for the most common codes
- **What Documentation Types will your system support?**
- **Work with staff** → Documentation Specificity enough for best ICD-10 codes?
- Details can be Added to **EHR Templates**:
 - Laterality
 - Encounter Type (Initial, Subsequent, Sequela, Routine Healing, Delayed Healing)
 - Anatomic Details
 - Severity
 - Disease Relationships
- **Let's look at a few Examples!**



Provider Documentation Training

Area	ICD-9	ICD-10	Comments / Examples
Diabetes Mellitus	59 Codes	>200 Codes	<ul style="list-style-type: none"> • Adds "poorly controlled" in addition to "Controlled" and "Not Controlled" • Adds multiple combination codes • <u>Example:</u> E09.11 → Type 1 Diabetes Mellitus with Ketoacidosis with Coma
Injuries	No Expanded Categories for Injury	Adds 7 th Character Extension to Identify the Encounter Type	<ul style="list-style-type: none"> • A = Initial Encounter • D = Subsequent Encounter for Fracture with Routine Healing • G = Subsequent Encounter for Fracture with Delayed Healing • S = Sequela • <u>Label:</u> Must code the type, cause, size and depth of injury
Drug Under-Dosing	Absent	Codes for when the Patient takes Less Rx than Prescribed	<ul style="list-style-type: none"> • First code the Medical Condition • Secondary Code of Under-dosing • Tertiary Code of Reason • <u>Example:</u> Documentation must include "Patient could not afford their medication."
Cerebral Infarctions	No differentiation between Type and Late Effects of Stroke	Differentiation is made for Late Effects of Stroke by Type	<ul style="list-style-type: none"> • Combination codes exist for common etiologies or manifestations • <u>Example:</u> I63.012 → Cerebral Infarction due to Thrombosis of Left Vertebral Artery

Provider Documentation Training


Area	ICD-9	ICD-10	Comments / Examples
Acute Myocardial Infarction	Age definition is 8 weeks	Age definition is 4 weeks	<ul style="list-style-type: none"> • New categories for subsequent AMI and for complications within 4 weeks (28 days) of event • Difference in terminology • Laterality is included • <u>Example:</u> I21.02 → ST Segment Elevation Myocardial Infarction involving the Left Anterior Descending Coronary Artery
Musculoskeletal	Limited Diagnosis Codes	Expanded Diagnosis Codes	<ul style="list-style-type: none"> • <u>Example:</u> There are 8 codes for pathologic fracture in ICD-9; 150 codes in ICD-10
Pregnancy	Trimester Not Required, uses episodes of care	Documentation of Trimester Required	<ul style="list-style-type: none"> • Counted from 1st day of last period • Must document number of weeks • Episodes of care deleted • Obstructed Labor incorporates reason • Code extensions use to ID baby (1-5) affected by OB condition • <u>Example:</u> (Trimester) O15.03 → Eclampsia in Pregnancy in the 3rd Trimester • <u>Example:</u> (Obstructor/Baby ID) O64.1xx2 → Obstructed Labor due to Breech Presentation, Fetus 2

Specialty-Specific Roadmap

- CDI for ICD-10 → Specific to your specialty
- Who's in your provider community? (*Twitter, Blogs, Medical Associations, etc.*)
- The **Answers** are out there!
 - AHIMA and CMS Road to 10 – Specialty-Specific Webcasts (*FP, IM, OB/GYN, ORTHO, RADIO and PEDI*) - <http://www.roadto10.org/webcasts/>
 - Am. Academy of Neurology – Implementation Software - <https://www.aan.com/practice/billing-and-coding/icd-10-cm/>
 - AAPC Medical Coding – ICD-9 Crosswalks to ICD-10 (*Derm, Anesthesia, Behavioral, Cardio, Vascular, ED, ENT, FP, GI, Surgery, IM, Multi-Specialty, Neuro, OB/Gyn, Hem-Onc, Ophthal., Ortho, Path, Peds, Pulmonary, Radiology, and Urology*) – <https://www.aapc.com/icd-10/crosswalks/icd-10-dermatology.aspx>

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Practice Action Items Summary

- **Impact Analysis** → what systems / workflows touch ICD-9 today?
- ID potential **changes to workflows** and **business processes**
- Develop ICD-10 **Transition Plan**
 - Organizational-specific needs, vendor readiness, staff knowledge
 - Inventory systems, forms, manuals, policies & procedures, business assoc.
 - Identify needs, resources and associated costs for budgeting and timeline planning
 - Participate in available testing opportunities
- **Clinical Documentation Improvement (CDI)** program
- Communicate, communicate, communicate!
 - Pay attention to client announcements
 - **Are your key points-of-contact for domain areas current with you IT Partners?**

Cost Considerations

- It will cost in **resources & money**
- Coder Compensation increases **20%** due to ICD-10 coder shortage
- **29-40%** decrease in coder productivity during training period
- **15%** decrease in coder productivity long-term due to slower process *(Includes increase of coding errors)*
- Many are looking to **outsourced coders** to compensate for coder productivity shortfalls
- Clinical **Documentation** Training Critical
 - Rigorous documentation needed to code
 - Some ICD-10 will not allow code submission without specific documentation = lower payments or payment withheld
- Anticipate **slower collection** rates, including ↑ denials 

Planning and Preparedness

Plan For...	Consider...
<ul style="list-style-type: none"> • Hiccups in Cash Flow • Coding Errors • Productivity Decrease • Increase in Clinic Stress 	<ul style="list-style-type: none"> • Financial Line of Credit • Train and Educate • Benchmark and Measure for purposeful improvements • Normalcy should return in 4-6 months • Celebrate Your Success!


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Testing Roadmap


- **3 Types of Testing**
 - System Testing
 - Business Process Testing
 - External Party Testing
- **System Testing**
 - "Current State" Regression Testing – *Does current ICD-9 functionality work with upgrade?*
 - Remediation Testing – *Does upgraded ICD-10 functionality work?*
 - Interface/Integration Testing – *Can content be successfully transmitted?*
- **Business Process Testing**
 - Internal End-to-End Testing – *Flow a patient through all internal systems*
 - Targeted Testing of Special Events – *E.g., Pre-cert, Documentation audits*
 - Dual Coding Validation – *Coder proficiency, productivity, and accuracy; and CDI*

Source: #4 - ICD-10: Where are we now and Next Steps, IMH, Phoenix, Feb. 2015

Testing Roadmap




- **External Party Testing**
 - o Technical Validation with Payer/Clearinghouse – *Claim submission and acknowledgment*
 - o Advanced Validation with Payer – *Adjudication and Remittance Processing*
 - o Reporting Agencies and other 3rd Parties
 - Technical ability to generate reports/data
 - Validate completeness and correctness
- **3-Steps**
 - o Can PM **generate** an accurate ICD-10?
 - o Can you **confirm** EDI/Clearinghouse/Payer claim acceptance?
 - o Can Payer **process, adjudicate and provide remittance** on ICD-10 claims?




Source: #4 ICD-10: Where are we now and Next Steps, Jan 2012

More Resources



- **Code Set and Guidelines** → <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- **AAFP Timeline and Cost Calculator** → <http://bit.ly/17aOutS>
- **HIMSS - ICD-10 Cost Predictive Modeling Tool** → <http://bit.ly/1zTnzfq>
- **CMS ICD-10 Basics** → <http://go.cms.gov/17aPuOO>
- **AHIMA Resources** → <http://www.ahima.org/icd10>



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Questions?

Thank You!

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