ICD-10

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Countdown to Compliance

Less than one year from today.

October 1, 2015

In reality...the window to compliance is much sooner.

WHY?
Why Earlier

The ICD-10 transition will require:

◆ Potential (likely) upgrade to your computer system.
◆ Testing through clearinghouse, and
◆ Testing with vendor.
Today’s Presentation

• Making the transition
• What your practice should do now
• What you...the coder should personally do to prepare.
Why make the transition now?

The US healthcare environment has ponder the deployment of ICD-10 for more than 20 years!

- ICD-10 began in 1983!
- The US is WAY behind other countries:
  - Australia – 1998
  - Canada – 2000
  - France – 2005
  - Germany – 2006
  - Korea – 2008
  - Netherlands – 1994
  - Thailand – 2007
- Why have these modern countries made the transition?
- What can we learn from their implementation?
  - Start early
  - Prepare for productivity loss
Training will be the key to success

• Each organization needs to make a list of all employees and assign levels based on the employee’s job function.
• By dividing staff into tiers, who needs to be trained and the materials that need to be covered becomes much easier.
Level of Training

Tier 1
- Staff needs to be familiar that a change in coding has occurred.
- Training is high level focusing on impact to organization

Tier 2
- Moderate level training understanding the use and code selection.
- Compliance with selecting an appropriate code should be stressed with this level of staff.

Tier 3
- These employees need to be experts on the changes and selecting code.
- Training needs to focus on how to interpret the documentation and apply coding rules to the scenario.
- Compliance must be stressed with this level of staff.
Training is Absolutely Vital to Your Organization’s Success.

- Stakeholders:

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ICD-10 Provides Greater Specificity....Resulting in Fewer Denials!

ICD-10 provides greater code options that should mitigate denials.

Other Benefits:
- Allows monitoring of utilization
- Reduce the need for attachments to explain the patient’s condition.
- Better way to track public health and risks.
- Improves clinical, financial, and administrative performance.
- Provides better tools to combat fraud and abuse.
- Should reduce coding errors.
- EMR’s should have the ability to drive the transition.
Downside to transition

Most coders can recite ICD-9 without much thought.

Physicians document with ICD-9 terminology in mind.

ICD-10 has significantly more codes...almost impossible to remember all of them.

There is no system that can map every coding scenario.
How do you get started?

The answer to this question is different depending on the type of setting you practice.

• Reserve cash – regardless of the setting.
• Have strict timelines for testing with clearinghouse and payers.
  • Both are actively posting their testing readiness on their website.
Like 5010...but BIGGER!

ICD-10 is the BIGGEST event in healthcare since the onset of beneficiary enrollment into the Medicare program in July 1966!

Many organizations underestimated the impact of 5010 and as a result...they felt the cash crunch.

The crunch with ICD-10 has the likelihood of being much greater....why?
How to get started – Physician Office

Evaluate your top 10 ICD-9-CM codes.
  – Identify the magnitude of change when you crosswalk to ICD-10-CM.
  – Expand your code select to 50 codes. Most physician practices code 85% of their encounters with less than 50 DX codes.

Update your encounter forms!

Educate...educate...educate...educate what?

• New coding system.
• The expanded number of codes.
• Expanded documentation requirements.
  • The most challenging aspect of ICD-10 in a physician office is training physicians about the expanded need to document.
Systems that Require Assessment...Remember Y2K?

- Clinical systems
- Practice Management
- Data Reporting
- Decision-support
- Billing Systems
- Accounting Systems
- Disease Management Systems
- Quality Management
- Case Management
- Encoding Software
- Registration and Scheduling Systems
- Case-Mix Systems

- Medical Necessity Software
- Ordering systems such as lab
- Clearinghouse – EDI Vendor
- Clinical Protocols
- Custom Reporting Systems
- Claims Adjudication Systems
- Data Extracts & Custom Data Bases
- Clinical Reminder Systems
- All Systems sending and receiving clinical information to/from other resources.
Physician Office Continue

Many physician offices do not keep up with the annual maintenance associated with upgrades...this may cost the organization money.

Training...training...training!

• Everyone that deals with ICD-9 codes will need to be trained on ICD-10.
Hospital Based

Strictly speaking from ICD-10 diagnosis code selection... Hospitals will be impacted by:

• Turn around time for coding.
• Physician documentation.

ICD-10-PCS will go from 4,000 to 200,000 codes.

• Health plans sees this as an opportunity to better align payments to the actual service being performed.
  • EXPECT reimbursement for common procedures to decline due to the level of specificity.
Major ways that ICD-10 will impact healthcare

Besides documentations, ICD-10 will impact:

• Contracting
• Payment
• Analytics
• Coding Accuracy
• Better use of EMR
What do you believe will be the most challenging aspect of ICD-10-CM?

• Documentation that supports the expanded list of codes?
• Understanding ICD-10-CM codes?
• Understanding guideline changes?
  – The guidelines consist of 117 pages.
Key Documentation Challenges

- Diabetes Mellitus
- AMI
- Pregnancy
- Cerebral Infarctions
- Injuries
- Fractures
- Respiratory/Vents
- Drug Underdosing
- ICD-10-PCS
Will ICD-10-PCS Impact Physician Coding?

• Not directly in the physician office.
• However, physicians going to the hospital to provide services must be aware of the documentation requirements under ICD-CM-PCS.
  – Expect hospitals to modify documentation templates to specifically ask questions to provide the full clinical picture.
  – Physicians should expect charts to be returned for additional documentation.
  – Will slow down the revenue cycle.
Anatomy of an ICD-10-PCS Code

1. Section relates to type of procedure
2. Body system refers to general body system
3. Root operation specifies objective of procedure
4. Body part refers to specific part of body system on which procedure is being performed
5. Approach is the technique used to reach the site of the procedure
6. Device specifies devices that remain after procedure is completed
7. Qualifier provides additional information about procedure
Documentation Requirements for ICD-10

- Laterality
- Changes in Timeframes
- Combination Codes
- Greater Specificity
- Inclusion of trimesters in OB Codes
- Episode of Care *
ICD-10-CM

- The CM Manual Divided into three main parts:
  - Official Guidelines
  - Index to Disease & Injuries
  - Tabular List of Diseases & Injuries

- 21 Chapters
- Expanded injury codes grouped by site vs. type of injury
- Laterality (Left and right)
- V and E codes incorporated into main classification
- Added a placeholder X
Anatomy of an ICD-10-CM

3 – 7 Alphanumeric characters (digits)

1st character – Alpha (A-Z)
2nd character – Numeric
3rd – 7th characters – Alpha or Numeric
Decimal placed after the first 3 characters

All letters but U are used
The Letters I & O are used only in the 1st character position
Each letter is associated with a particular Chapter (Except C&D Neoplasms)
Placeholder Characters

• X Marks the Spot
  – ICD-10-CM uses a placeholder character “X” this will allow the code future expansion.
  – Where a placeholder, the X must be used in order for the code to be valid.
7th Character Extension

• Certain ICD-10-CM categories have a 7th character. The “character” must always be in the 7th character field.

• Found predominantly in two chapters:
  – Chapter 15 – Pregnancy, childbirth and the Puerperium
  – Chapter 19 – Injury, Poisoning and Certain other Consequences of External Cause
What do you do?

If a diagnosis code requires a 7th digit and the code is a 4-digit code?
Place an X in the 5\textsuperscript{th} and 6\textsuperscript{th} Digit

- Character X is used as a 5\textsuperscript{th} character placeholder in certain 6 character codes.
More Codes = More Detail
Example: Acute Bronchitis

- ICD-9-CM = 1 Code
  - 466.0 Acute Bronchitis

- ICD-10-CM = 9 Codes
  - J20.0 Acute bronchitis due to Mycoplasma pneumoniae
  - J20.1 Acute bronchitis due to stptococcus
  - J20.3 Acute bronchitis due to coxsackievirus
  - J20.4 Acute bronchitis due to parainfluenza virus
  - J20.5 Acute bronchitis due to respiratory syncytial virus
  - J20.6 Acute bronchitis due to rhinovirus
  - J20.7 Acute bronchitis due to echovirus
  - J20.8 Acute bronchitis due to other specified organisms
  - J20.9 Acute bronchitis, unspecified
Diabetes Mellitus

ICD-9-CM
- Category 249-250 (59 Codes)
- 4th and 5th digit identify manifestation, complication, or type
- Additional code for insulin dependency V58.67

ICD-10-CM
- Categories E08-E13 (200+ Codes)
- Combination codes used to identify manifestation and complication
- Type of diabetes is separated by categories in ICD-10 (E10 Type 1, E11 Type 2)
- Z79.4 used for long term insulin use
- Drug induced goes to Drug Code/DRG
- Inadequately controlled, poorly controlled, out of control are assigned to diabetes by type with hyperglycemia

The complexity with diabetes will center around obtaining adequate physician documentation to select an accurate code. Suggest modifying templates to capture the basic information.
Pregnancy

ICD-9 CM
- Categories 630-679

ICD-10 CM
- Categories O00-O09A
- Code identifies trimester
- Code identifies the number of fetuses
- Placeholders are often used in this chapter
Fractures

• Assigning episode of care 7th characters for fractures can be complicated.
• The episode of care provides additional information about the fracture including:
  – Communicates open or closed
  – Outlines whether healing is routine or with complications such as delayed, nonunion, or mal-union.

HIGHLY SUGGEST: Update intake forms to ask specific questions from patient regarding his/her prior treatment. Also update the documentation template to prompt the physician about the episode of care.
Underdosing

• Underdosing is new in ICD-10.
• Identifies situations where a patient takes less medication that prescribed by the physician.
• List the medical condition first.
  – Then underdosing as a secondary diagnosis.

• Why this is important.
• Initial encounter is defined as the period when the patient is receiving active treatment for the injury, poisoning, or other external causes. An “A” may be assigned on more than one claim.

• Example:
  – Patient seen by ED for injury, and the ED orders an x-ray that is read by radiologist, and a consult with orthopedic. The 7th character is used by all three physicians, and also reported on the ED visit.
Episode of Care Continue

• An encounter after the active phase of treatment, when the patient is receiving routine care for the injury.
  – Example – That ED patient may return to the Ortho’s office to have injury reevaluated to ensure proper healing. The 7\textsuperscript{th} character assigned by the Ortho would be “D.”

• Late effects – The 7\textsuperscript{th} character “S” is assigned for complications or conditions that arise as a direct result of an injury. No time limit on the use of these codes.
Episode of Care Continue (Fractures)

- A – Initial Encounter Closed Fracture
- B – Initial Encounter Open Fracture
- D – Subsequent encounter for fracture w/routine healing
- G – Subsequent encounter for fracture with delayed healing
- K – Subsequent encounter for fracture w/nonunion
- P – Subsequent encounter for fracture with malunion
- S – Sequela (Late effects)
- If physician fails to document open or closed, code as closed.
Unspecified

- Physicians love unspecified codes.
- BEWARE..stay away from unspecified codes due to:
  - Medical necessity denials.
  - This will impact your health plan scorecard.
What should I personally do to prepare?

• Explore every available resource:
  – MLN (Medicare Learning Network)
  – CMS
    • Links, tips, and frequently asked questions
• Familiarize yourself with the new code set, especially the codes that you use most often.
• Coach your providers
• Understanding anatomy and physiology is even more important
• Help out where you can
Questions?

Thank You!