

ICD-10

"Here I Come, Ready or Not"

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Presented by
Patti Frank, CPC

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Bruce Goodman

Humana CIO

WSJ: Do you think we'll ever see something like Y2K again?

Mr. Goodman: There is a new code that the government is promoting around how you describe medical procedures called ICD-10. You have got to go through all the systems where those kinds of codes are carried and expand those fields and bring in those new code sets. It means remediating millions of millions of lines of code across lots of systems—systems hospitals use, we use, doctors' offices use.

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How to Successfully Implement ICD-10

- Awareness
- Planning
- Timing

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History of How We Got Here

- ICD-9-CM initiated in 1979
- ICD-10 developed 1989 by WHO
- Draft of ICD-10-CM available on NCHS website 1997
- AHA and AHIMA conducted field test 2003
- Final regulation published 2009 with implementation date of Oct 2013

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First You Must Complete the 5010 Conversion

- Updates the protocol for submitting claims
- ALL HIPAA covered entities MUST be compliant by 1/1/2012
- Over 850 changes and benefits (process improvement)
- Necessary to support ICD-10
- Build in time for unexpected delays and setbacks

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First You Must Complete the 5010 Conversion

- Not "just a software update"
- Surprise requirements of 5010
 - Zip +4
 - No PO Box allowed in the billing address

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5010 Conversion Questions to ask:

- Project lead and contact information
- Is the 5010 update part of existing contract or additional \$\$ to become compliant?
- When will your vendors be 5010 compliant?
- Will they be ready by 1/1/2012?
- How and when can you test with them?
- When will your payers be ready to test?

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What Resources are Available to Help You With ICD-10

- AAPC
- AHIMA
- CMS
- CDC
- AMA
- Payers

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What Will Change

- Physician
 - More specific documentation will be required
 - Ordering diagnostic tests and therapeutic services
 - EMR (E.g., problem list)
 - Code training
 - Loss of productivity

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What Will Change

- Clinical areas
 - Superbill, other forms
 - ABN
 - Policy revisions based on LCDs and NCDs
 - Protocols, flow sheets, standing orders
 - Referrals
 - Prior authorization

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What Will Change

- Administration
 - Budgets
 - Training
 - Vendor contracts
 - Software/ hardware/ interfaces
 - Cash flow
 - Historical data, trends, comparisons
 - Transition period using ICD-9 and ICD-10
 - New policies and procedures
 - PQRI

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What Will Change

- Coding department
 - Certification
 - Lost productivity
 - Data entry
 - Specificity needed in documentation
 - Encoders/books
 - LCDs/NCDs

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What Will Change

- Billing department
 - 5010 conversion
 - Zip + 4 on all claims with 5010
 - Increased denials
 - Increased claims re-billing
 - Third party payer policies

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Effects of Implementation of ICD-10

- Cash flow problems for providers
- Increased denied claims
- Temporary increase of physician coding errors
- Decreased productivity
- Increased claims re-billing

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Effects of Implementation of ICD-10

<u>Issue</u>	<u>Solution</u>
■ Cash flow problems for providers	■ Set up a line of credit
■ Increased denied claims	■ Scrutinize remittances
■ Temporary increase of physician coding errors	■ Education
■ Decreased productivity	■ Obtain a baseline productivity measure
■ Increased claims re-billing	■ Timely response to requests for additional information

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Training

- Who will need to be trained?
 - Inpatient coders
 - Outpatient coders
 - Physicians
 - Ancillary staff
 - Administrative staff

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CMS Estimate of the Number of Coders Requiring Training

- Part-time coders 179,267
- Full-time coders 50,000

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CMS Estimate of Individual Training Costs*

Classification	Hours Needed	Cost
Inpatient coders	50	\$3,219
Outpatient coders	10**	\$644
Physicians	8	\$1,260
Ancillary staff	8	\$250

*Includes training cost plus lost productivity.
 **AAPC estimates a coder will need 40-60 hrs of education prior to implementation.

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Productivity Loss

- Attributable mainly to:
 - Unfamiliarity with ICD-10 index structure
 - Different main or subordinate terms
 - New official guidelines for use of ICD-10
 - More time to review records
 - Need to look up memorized codes
 - Data entry of 7 digit, alphanumeric codes
 - Distinguishing letters and numbers when a code is written. E.g., "O" vs "0" or "I" vs "1" or "Z" vs "2"

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Productivity Loss

- Productivity is expected to return to normal 4-6 months after implementation
- The same level of productivity in data entry may never be achieved

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CMS Estimate of Productivity Loss

Classification	Cost			
	2014	2015	2016	2017
Inpatient coders	\$9.8 M	\$0	\$0	\$0
Outpatient coders	\$9.4 M	\$0	\$0	\$0
Physician practices	\$12.1 M	\$0	\$0	\$0
Improper and returned claims	\$0	\$329.4 M	\$164.7 M	\$49.4 M

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Reasons to Switch to ICD-10

- Allow addition of new codes while maintaining heirarchical structure
- Increased level of detail and specificity
- New codes are flexible and provide unique codes for different conditions
- Reduce requests for additional information
- Reflects current clinical understanding and technological advances in medicine

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Reasons to Switch to ICD-10

- Significant improvements in:
 - Coding primary care encounters
 - External causes of injury
 - Mental disorders
 - Neoplasms
 - Preventive health
- Laterality
- ICD-9 is no longer supported by WHO

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Reasons to Switch to ICD-10

- Standardization of disease monitoring and reporting internationally
- Necessary to fully realize the benefits of HIT adoption
- Diagnosis/symptom combination codes which may allow reporting of fewer codes

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Timeline

- Drop dead date: October 1, 2013
- Code freeze
 - October 1, 2011 is the last regular update for both ICD-9 and ICD-10 code sets
 - October 1, 2012 limited updates to ICD-9 and ICD-10 only to capture new technologies and diseases
 - October 1, 2013, ICD-10 code set will be updated to capture new technologies and diseases only
 - Regular, annual updates to the ICD-10 code set will begin Oct. 1, 2014.

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Comparison of the Number of Codes

Number of Codes			
ICD-9-CM Vol 1&2	ICD-10-CM	ICD-9-CM Vol 3	ICD-10-PCS
14,432	69,368	3,768	86,916

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Code Set Comparison

<p>ICD-9-CM Codes</p> <ul style="list-style-type: none"> ■ 3-5 characters in length ■ Approximately 14,432 codes ■ First digit may be alpha (E or V) or numeric. Digits 2-5 are numeric ■ Limited space for new codes ■ Lacks detail ■ Lacks laterality ■ Difficult to analyze data due to nonspecific codes 	<p>ICD-10-CM Codes</p> <ul style="list-style-type: none"> ■ 3-7 characters in length ■ Approximately 69,368 codes ■ Digit 1 is alpha; digit 2 is numeric; digits 3-7 are alpha or numeric ■ Flexibility to add new codes ■ Very specific ■ Has laterality ■ Specificity improves coding accuracy and depth of data for analysis
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Code Set Comparison

ICD-9-CM Codes <ul style="list-style-type: none">17 chapters855 code categoriesEtiology/manifestation requires 2 codesCodes are non-specific and do not adequately define diagnoses needed for medical researchDoes not support interoperability because it is not used in other countries	ICD-10-CM Codes <ul style="list-style-type: none">21 chapters2,033 code categoriesSingle disease/symptom combination codesDetail improves the accuracy of data used in medical researchSupports interoperability and the exchange of health care data between other countries and the United States
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Challenges Facing Users

- Data entry due to alphanumeric structure
- Confusion between numbers and letters "0" vs "O" and "1" vs "l" and "2" vs "Z"
- Lack of documentation in the medical record to support the more specific ICD-10
- Expanded injury codes in which I-10 groups injuries by site
- Diabetes codes include over 210 choices

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Challenges Facing Users

- Length of 7 characters versus 5
- If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters
- Addition of information relevant to ambulatory and managed care encounters
- Injury codes, unlike "E" codes, are not presented as optional

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Structure of ICD-10-CM

XXX	.	XXX	X
Category, Type of disease		Etiology, Anatomic site, Severity	Extension

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Structure of ICD-10-CM

1 st Digit	Alpha
2 nd Digit	Numeric
3 rd – 7 th Digit	Alpha or numeric

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Example of Increased Specificity

ICD-9-CM Code
814.01 Closed fracture of navicular (scaphoid) bone of wrist

ICD-10-CM Code Choices
S62.011A Displaced fracture of distal pole of navicular (scaphoid) bone of right wrist, initial encounter for closed fracture

S62.021A Displaced fracture of middle third of navicular (scaphoid) bone of right wrist, initial encounter for closed fracture

S62.031A Displaced fracture of proximal third of navicular (scaphoid) bone of right wrist, initial encounter for closed fracture

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Example of Laterality

ICD-9-CM Code
174.1 Malignant neoplasm of female breast, central portion

ICD-10-CM Code

C50.1	Malignant neoplasm, of central portion of breast
C50.11	Malignant neoplasm, of central portion of breast, female
C50.111	Malignant neoplasm, of central portion of right female breast
C50.112	Malignant neoplasm, of central portion of left female breast

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Example of Pregnancy Coding

ICD-9-CM Code
V22.1 Prenatal care, normal, other pregnancy

ICD-10-CM Code Choices

Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester

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Example of Fracture Coding

16 Choices for a 7th Digit

- S52.121A Displaced fracture of head of right radius, initial encounter for closed fracture
- S52.121B Displaced fracture of head of right radius, initial encounter for open fracture type I or II initial encounter for open fracture NOS
- S52.121C Displaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
- S52.121D Displaced fracture of head of right radius, subsequent encounter for closed fracture with routine healing
- S52.121E Displaced fracture of head of right radius, subsequent encounter for open fracture type I or II with routine healing
- S52.121F Displaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- S52.121G Displaced fracture of head of right radius, subsequent encounter for closed fracture with delayed healing
- S52.121H Displaced fracture of head of right radius, subsequent encounter for open fracture type I or II with delayed healing

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Example of Fracture Coding 16 Choices for a 7th Digit

- S52.121J Displaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, IIIC with delayed healing
- S52.121K Displaced fracture of head of right radius, subsequent encounter for closed fracture with nonunion
- S52.121M Displaced fracture of head of right radius, subsequent encounter for open fracture type I or II with nonunion
- S52.121N Displaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, IIIC with nonunion
- S52.121P Displaced fracture of head of right radius, subsequent encounter for closed fracture with malunion
- S52.121Q Displaced fracture of head of right radius, subsequent encounter for open fracture type I or II with malunion
- S52.121R Displaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, IIIC with malunion
- S52.121S Displaced fracture of head of right radius, sequela

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Information Needed for Injury Coding

- External cause (fall from skateboard, fall from tree)
- Intent (accidental, intentional, suicide, assault)
- Place of occurrence (kitchen in reform school, middle school, basketball court)
- Activity (cow milking, knitting, golf)

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Example of an Injury Code

Brenda presented at Prompt Care following an attack by her domestic cat while watching TV at home in bed. She suffered a superficial cat bite to her left hand. The doctor prescribed antibiotics, cleaned her hand and sent her home.

ICD-9-CM Code

882.0 Open wound of hand except finger(s) alone without mention of complication

ICD-10-CM Codes

S60.572A Other superficial bite of hand of left hand
 W55.01 Bitten by cat
 Y93.89 Other activity
 Y92.013 Bedroom of single-family (private) house as the place of occurrence of the external cause

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Example of an Injury Code

Brenda was playing in a softball game and tripped and fell while running to second base. She had contusions to both knees.

ICD-9-CM

924.11 Contusion of knee

ICD-10-CM

S80.01xA Contusion of right knee, initial encounter
S80.02xA Contusion of left knee, initial encounter
W01.0xxA Fall on same level from slipping, tripping and stumbling without subsequent striking against object
Y92.320 Baseball field as the place of occurrence of the external cause
Y93.021 Sports activity, group sport, softball

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Example of Postoperative Complications Coding

K91 Intraoperative and postprocedural complications of digestive system

- K91.0 Vomiting following GI surgery
- K91.1 Postgastric surgery syndromes
- K91.2 Postsurgical malabsorption NEC
- K91.3 Postprocedural intestinal obstruction
- K91.5 Postcholecystectomy syndrome
- K91.6 Intraoperative hemorrhage
- K91.7 Accidental puncture and laceration
- K91.8 Other complications

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General Equivalence Mappings

- Created by CMS
- Purpose is to ensure that consistency in national data is maintained
- Updated annually
- CMS and CDC will maintain the GEMs for at least 3 years beyond October 1, 2013
- Mainly a tool to assist with converting larger ICD-9 databases to ICD-10

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Who Will Use GEMs?

- Coding professionals
- Health Plans
- Providers
- Medical Researchers
- Medical Software Vendors
- Informatics professionals

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What Are the GEMs?

- Two-way translation dictionaries
- Forward mapping: ICD-9-CM (Vol 1&2) to ICD-10-CM
- Backward mapping: ICD-10-CM to ICD-9-CM (Vol 1&2)
- Forward mapping: ICD-9-CM (Vol 3) to ICD-10-PCS
- Backward mapping: ICD-10-PCS to ICD-9-CM (Vol 3)

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How Will GEMS be Used?

- Quality measures
- Research and trending (E.g., morbidity/mortality)
- Conversion of payment systems (Reimbursement Mappings)
- Coverage edits
- Converting any ICD-9-CM based application to ICD-10-CM/PCS

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Why GEMs are not a Crosswalk

- Some ICD-10-CM codes have no predecessor ICD-9-CM code
 - T50.4x6A Underdosing of drugs affecting uric acid metabolism, initial encounter
- Some ICD-9-CM codes do not have an equivalent in ICD-10-CM
 - Thickened endometrium (793.5) does not have a specific code in the alphabetic index of ICD-10-CM
- Multiple ICD-9-CM codes can be represented by one ICD-10-CM code
 - ICD-9-CM
 - 930.0 Corneal foreign body
 - E914 Foreign body accidentally entering eye and adnexa
 - ICD-10-CM
 - T15.00xA Foreign body in cornea, unspecified eye, initial encounter

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Why GEMs are not a Crosswalk

- Some ICD-9-CM codes are represented by multiple ICD-10-CM codes
 - ICD-9-CM
 - 382.9 Unspecified otitis media
 - ICD-10-CM
 - H66.90 - Otitis media, unspecified, unspecified ear
 - H66.91 - Otitis media, unspecified, right ear
 - H66.92 - Otitis media, unspecified, left ear
 - H66.93 - Otitis media, unspecified, bilateral

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Objectives of ICD-10-PCS

- Improve accuracy and efficiency of coding
- Reduce training efforts
- Improve communication with physicians
- Improved coding because more detail can be provided with each digit
- Predictable code formulas should enable non-coders and non-clinicians to decipher codes and arrive at plausible descriptions of procedures

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Benefits of ICD-10-PCS

- Potential for a unique code for each procedure
- Potential for incorporation of new procedures into the system
- Standardization of terminology so a specific meaning is assigned to each term
- Each code character has the same meaning within the specific section
- Decreased need to include supporting documentation with claims

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Benefits of ICD-10-PCS

- Enhanced ability to conduct public health surveillance
- Includes updated medical terminology and classification of diseases
- Provides codes to allow comparison of mortality and morbidity data
- Provides better data for:
 - Processing claims
 - Tracking public health
 - Conducting research

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Structure of ICD-10-PCS

- ICD-9-CM procedure codes (Vol 3)
 - Have a 3-4 numeric structure
 - Codes are organized into chapters mostly by body system
- ICD-10-PCS codes are 7 digit alphanumeric
 - Digits 0-9 and
 - Letters A-H, J-N, P-Z may be assigned to each character
- 1st character represents one of 16 sections
- 2nd-7th characters have a standard meaning within a section but may differ in meaning across the 16 sections

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16 Sections Represented by 1st Character

<ul style="list-style-type: none"> ■ 0 – Medical and surgical ■ 1 – Obstetrics ■ 2 – Placement ■ 3 – Administration ■ 4 – Measurement and monitoring ■ 5 – Extracorporeal assistance and performance ■ 6 – Extracorporeal therapies ■ 7 – Osteopathic 	<ul style="list-style-type: none"> ■ 8 – Other procedures ■ 9 – Chiropractic ■ B – Imaging ■ C – Nuclear medicine ■ D – Radiation oncology ■ F – Physical rehabilitation and diagnostic audiology ■ G – Mental health ■ H – Substance abuse treatment
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In Section 0 (medical and surgical) Digits 2-7 Represent:

- Body system
- Root operation
- Body part/region
- Approach
- Device
- Qualifier

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Example: Appendectomy

Ø	Medical and Surgical	Section
D	Gastrointestinal System	Body System
T	Resection	Operation
J	Appendix	Body Part
Ø	Open	Approach
Z	No Device	Device
Z	No Qualifier	Qualifier

ICD-10-PCS Code: ØDTJØZZ

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Dilation of one coronary artery using an intraluminal device via percutaneous approach (PTCA with stent)

0 Medical and surgical
 2 Heart and great vessels
 7 Dilation: Expanding an orifice or the lumen of a tubular body part

Body Part	Approach	Device	Qualifier
0 Coronary artery, one site	0 Open	4 Drug-eluting intraluminal device	6 Bifurcation
1 Coronary artery, two sites	3 Percutaneous endoscopic	D Intraluminal device	Z No qualifier
2 Coronary artery, three sites		T Radioactive intraluminal device	
3 Coronary artery, four or more sites		Z No device	

ICD-10-PCS Code: 02703DZ

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Example: Vaginal Delivery

1 Obstetrics	Section
0 Pregnancy	Body System
E Delivery	Operation
0 Products of Conception	Body Part
X External	Approach
Z No Device	Device
Z No Qualifier	Qualifier

ICD-10-PCS Code: 10E0XZZ

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Develop an Organizational Plan

- Identify stakeholders
- Assess impact
- Develop a communication process
- Develop a budget
- Develop an implementation plan
- Develop a training/education plan
- Develop information/technology systems implementation plan including testing
- Plan outcomes measurement

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Perform an ICD-10 Readiness Audit

- Review the most common diagnosis codes used and the frequency
- Map the most common codes to ICD-10-CM by using the GEMs
- Verify the accuracy of the mapping using a book of all ICD-10-CM codes
- Review the lack of specificity in the documentation and analyze how to begin the process of improvement
- Auditor will assess the documentation and make a determination if:
 - Documentation supports the current diagnosis reported
 - Will documentation support an I-10 code

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Perform an ICD-10 Readiness Audit


- Develop a priority list of diagnoses that require more granularity
- Identify practitioners who would benefit from focused training to assist in making sure he/she will be able to support medical necessity using ICD-10
- Educate
 - Show the comparison between both coding systems
 - Encourage practitioners to begin documenting more specifically
 - Keep results and comprise a periodic summary
 - Most effective education plan will be to start early and discuss the changes so everyone is aware long before the changes take place
 - Give physicians small bits of information over a long period of time


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Questions 



Patti Frank, CPC
Consultants in Practice Management
Lenexa, KS
pfrank@kc.rr.com
913-541-0496

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