Preparing for ICD-10-CM
Next Steps for the Medical Office Setting
July 17, 2013

Paul Belton, Vice President
Corporate Compliance
Agenda

• What is ICD-10-CM? A Refresher…
• What does this have to do with managing my practice?
• What areas of operation are impacted by this code change?
• What steps to take (Now!!)
• What steps should I take to minimize issues related to this code change?
What is ICD-10-CM?
ICD-10-CM is not…

• Only a software update
  – Software will need to be updated and in some organizations, multiple applications will be impacted, but updating software is only one small piece.

• Something only “coders” have to worry about
  – What about the scheduling/registration staff, clinicians, billing staff, edit/denials departments?
ICD-10-CM Myths

It won’t require any operational changes
• The billing company is handling everything.
• My physicians do not have to be involved.
• We don’t need to budget for ICD-10-CM.
• There is still plenty of time
ICD-10-CM is....

- ICD-10 is the 10th revision of the World Health Organization’s (WHO) International Classification of Diseases (ICD).
- The 10th revision was originally published by the WHO in 1990.
- CM stands for Clinical Modification (the U.S. version of ICD-10 modified for use in the U.S.).
ICD-10-CM is....

- Final Rule published January 16, 2009 which set compliance date at October 13, 2013.
- In 2012 the implementation of ICD-10 was delayed for 1 year. New compliance date is October 1, 2014.
ICD-10-CM is....

• Replaces ICD-9-CM with a completely new, updated system of codes.
  – No one-to-one crosswalks
  • What about General equivalency mapping (GEMS)?

• Provides a level of detail and specificity never before available.
Advantages of ICD-10-CM

- Flexible
- Provides unique codes
  - Improved coding for most sections
- Incorporates new diagnoses
- Reflects advances in medicine & technology
- Captures more detail regarding
  - Socioeconomics
  - Ambulatory care conditions
  - Problems related to lifestyle
  - Results of screening tests
Advantages of ICD-10

• Increased ability to track and trend diseases
• More accurate coding
• Support of innovative payment designs
• Better utilization and quality management
Structure of ICD-10-CM

- Category
- Etiology, anatomic site, severity
- Additional Characters
  - Added code extensions (7th character) for obstetrics, injuries, and external causes of injury
• New format for ICD-10-CM codes
  – Uses letters I and O
  – Also uses numbers 1 and 0

• Only format of the first two characters are set
  – First character always a letter
  – Second character always a number
  – Third through seventh character can be a number or letter
A lot more detail…

• Combination codes for conditions and common symptoms or manifestations.
  – E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene

• Combination codes for poisoning and external causes.
  – T36.8x2- Poisoning by other systemic antibiotics, intentional self harm

Implication: How good is your physicians documentation today?
Laterality
- M65.061 Abscess of tendon sheath, right lower leg

7th character extensions for episode of care
- S82.041A Displaced comminuted fracture of right patella, initial encounter for closed fracture

Implication: Think about medical necessity since specific side will be defined.
Expanded codes (injuries, diabetes, alcohol and substance abuse, postoperative complications)
- E11.331 Type 2 diabetes mellitus with moderate non-proliferative diabetic retinopathy with macular edema

Inclusion of trimesters in OB codes (elimination of 5th digits for episodes of care)
- O23.01 Infections of kidney in pregnancy, first trimester

Implication: Common theme – documentation
Top Affected Diagnostic Documentation Areas

- Orthopedics
  - Fracture
- Asthma/Pneumonia
- Coma
- Pregnancy
- MI/CHF
- Emphysema

- Stroke
- Diabetes Mellitus
- Respiratory failure
- Pressure Ulcer
- Atrial fibrillation
- Excisional Debridement
Impact by Medical Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
<th>Coding Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>178</td>
<td>430</td>
<td>2.5 x</td>
</tr>
<tr>
<td>Dermatology</td>
<td>172</td>
<td>603</td>
<td>3.5 x</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>220</td>
<td>777</td>
<td>3.5 x</td>
</tr>
<tr>
<td>Family Practice</td>
<td>229</td>
<td>829</td>
<td>3.6 x</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>204</td>
<td>848</td>
<td>4.2 x</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>165</td>
<td>836</td>
<td>5 x</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>143</td>
<td>5,843</td>
<td>40.9 x</td>
</tr>
</tbody>
</table>

Based on diagnostic coding found on 1000’s of ambulatory superbills and using GEMs to convert, this is the increase in codes that can be expected. (White Plume Technologies, 2012)
Approximate Match:
Diagnosis has a direct 1 to 1 mapping, but the diagnosis text has changed slightly.

Exact Match:
Diagnosis has a direct 1 to 1 mapping, but the diagnosis text remains the same

Match with Multiple Choices:
Diagnosis maps to a set of diagnoses, from which one should be chosen

No Mapping:
Diagnosis does not exist in the ICD code set

Complex Mapping:
Diagnosis matches to multiple sets of ICD diagnoses

1 to Many
1 diagnosis codes maps to 2 or more ICD codes

Source:
Centers for Medicare & Medicaid Services (CMS) General Equivalence Mapping (GEMs). Based on 2011 GEMs mapping
EXAMPLES OF WHAT’S NEW IN ICD-10-CM
# Greater Specificity – I

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>493.90</td>
<td>J45.909</td>
</tr>
<tr>
<td></td>
<td>J45.2*</td>
</tr>
<tr>
<td></td>
<td>J45.3*</td>
</tr>
<tr>
<td></td>
<td>J45.5*</td>
</tr>
<tr>
<td></td>
<td>J45.5*</td>
</tr>
</tbody>
</table>

*ICD-9-CM has a total of 14 asthma codes. Codes available to specify issues such as: intrinsic, extrinsic, with acute exacerbation and with status asthmaticus.*
Greater Specificity – II

ICD-9-CM

658.00
Oligohydramnios, unspecified episode of care

658.01
Oligohydramnios, Delivered on this admission

658.03
Oligohydramnios, antepartum

ICD-10-CM

O41.00x0
Oligohydramnios, unspecified trimester, single gestation/fetus affected unspecified

O41.01x1
Oligohydramnios, first trimester, affecting fetus 1

O41.01x3
Oligohydramnios, second trimester, affecting fetus 3
## Greater Specificity – III

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>No code for alcohol ‘use’</td>
<td>F10.9</td>
</tr>
<tr>
<td>305.00</td>
<td>Alcohol use, unspecified with other alcohol-induced disorder</td>
</tr>
<tr>
<td>Alcohol abuse, unspecified</td>
<td></td>
</tr>
<tr>
<td>305.02</td>
<td>F10.10</td>
</tr>
<tr>
<td>Alcohol abuse, episodic</td>
<td>Alcohol abuse, specified</td>
</tr>
<tr>
<td>303.90</td>
<td></td>
</tr>
<tr>
<td>Alcohol dependence, unspecified</td>
<td>F10.20</td>
</tr>
<tr>
<td>303.91</td>
<td>Alcohol dependence, uncomplicated</td>
</tr>
<tr>
<td>Alcohol dependence, continuous</td>
<td></td>
</tr>
</tbody>
</table>
# Laterality I

<table>
<thead>
<tr>
<th>Laterality</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>382.9 (Acute) Otitis Media</td>
<td>H66.90 (Acute) Otitis Media, <strong>Unspecified</strong> Ear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H66.91 (Acute) Otitis Media, <strong>Right</strong> Ear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H66.92 (Acute) Otitis Media, <strong>Left</strong> Ear</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H66.93 (Acute) Otitis Media, <strong>Bilateral</strong></td>
</tr>
<tr>
<td>Laterality II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICD-9-CM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>174.9 Breast Cancer, Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>174.3 Breast Cancer, Lower-inner quadrant</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ICD-10-CM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C50.919 Breast Cancer, Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C50.319 Cancer of lower-inner quadrant of unspecified female breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C50.311 Cancer of lower-inner quadrant of right female breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C50.312 Cancer of lower-inner quadrant of left female breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laterality and Type of Fracture</td>
<td>ICD-9-CM</td>
<td>ICD-10-CM</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------</td>
<td>-----------</td>
</tr>
<tr>
<td>Unspecified (closed) fracture, shaft of humerus</td>
<td>812.21</td>
<td>S42.309A  Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture</td>
</tr>
<tr>
<td>Open fracture, shaft of humerus</td>
<td>812.31</td>
<td>S42.345D  Nondisplaced spiral fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing</td>
</tr>
<tr>
<td>AND MANY MORE: oblique, comminuted, segmental, displaced . . .</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Increased Use of Combination Codes I

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.50</td>
<td>E11.331</td>
</tr>
<tr>
<td>Diabetes with ophthalmic manifestations, Type II DM</td>
<td>Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td>362.05</td>
<td></td>
</tr>
<tr>
<td>Moderate non-proliferative diabetic retinopathy</td>
<td></td>
</tr>
<tr>
<td>362.07</td>
<td></td>
</tr>
<tr>
<td>Macular edema</td>
<td></td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>414.01</td>
<td>Coronary atherosclerosis of native coronary artery</td>
</tr>
<tr>
<td>413.9</td>
<td>Other and unspecified angina pectoris</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I25.119</td>
<td>Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris</td>
</tr>
</tbody>
</table>
## Common Conditions – No Major Changes in Approach to Code

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperlipidemia</td>
<td>272.4</td>
<td>E78.5</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>715.90</td>
<td>M19.90</td>
</tr>
<tr>
<td>COPD</td>
<td>496</td>
<td>J44.9</td>
</tr>
<tr>
<td>GERD</td>
<td>530.81</td>
<td>K21.9</td>
</tr>
<tr>
<td>Chest pain</td>
<td>786.50</td>
<td>R07.9</td>
</tr>
<tr>
<td>Chronic cholecystitis</td>
<td>575.11</td>
<td>K81.1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>300.00</td>
<td>E41.9</td>
</tr>
<tr>
<td>Headache</td>
<td>784.0</td>
<td>R51</td>
</tr>
</tbody>
</table>

*Note: More specific codes are available in both code systems when the conditions listed are further specified*
# Common Conditions – With Changes

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>250.00</td>
<td>E11.9</td>
</tr>
<tr>
<td>Asthma</td>
<td>493.90</td>
<td>J45.909</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Codes available for <em>transient</em> and <em>mild, moderate or severe persistent</em> asthma</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>427.31</td>
<td>I48.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Codes available for <em>paroxysmal, permanent and persistent</em> atrial fibrillation</td>
</tr>
<tr>
<td>Visit for routine physical</td>
<td>V70.0</td>
<td>Z00.00 without abnormal findings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z00.01 with abnormal findings</td>
</tr>
</tbody>
</table>
Common Conditions – With Changes

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morbid Obesity</td>
<td>278.01</td>
<td>E66.01&lt;br&gt;More specific codes available to specify morbid obesity with alveolar hypoventilation or that due to excessive calories</td>
</tr>
<tr>
<td>Depression</td>
<td>311</td>
<td>F32.9&lt;br&gt;In I-10, the same code is used for Depression NOS and Major Depression</td>
</tr>
<tr>
<td>Major depression</td>
<td>296.20</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>401.9</td>
<td>I10&lt;br&gt;No longer separate codes for benign or malignant HTN</td>
</tr>
</tbody>
</table>
AHIMA/AHA Project

- Comments from participants include:
  - ICD-10-CM a significant improvement
  - More applicable to non-hospital coding than ICD-9-CM
  - Clinical descriptions better
  - Clear and comprehensive
    - Notes, instructions and guidelines
    - Eliminated obsolete terminology
AHIMA/AHA Project

Figure 4: Does ICD-10-CM Appear to be an improvement over ICD-9-CM?

- Yes, 76.3%
- Unsure, 13.8%
- No, 9.9%
WHAT DOES THIS HAVE TO DO WITH MANAGING MY PRACTICE?
ICD-10-CM and Practice Management

- What possible areas within your practice have any contact with diagnosis codes
  - Scheduling/Registration: are they collecting information that ends up being used for the chief complaint, ordering signs/symptoms. What about medical necessity or ABNs
  - Clinicians: do they collect relevant patient history that may impact the diagnosis (i.e. history of tobacco use, alcohol use, family history of cancer)
ICD-10-CM and Practice Management

- Practitioners: is the level of documentation sufficient to support the assignment of specific diagnosis codes now?
- Billing team: are they reviewing claims for diagnoses covered on the LCD or payor policy? Do they appeal claims denied for medical necessity? Who, if anyone, is authorized to change diagnosis codes?
ICD-10-CM and Practice Management

- Analytics: do you have someone that generates reports on your patient population by diagnosis (ex. asthma or COPD for flu shot reminder cards).

- Information Systems: do you have interfaces with other systems that transmit diagnosis information (EMR, billing application, ordering system, claims scrubbing software, clearinghouse).
ICD-10-CM and Practice Management

• Although some might think that this is “simply a diagnosis code set change” the impact to operations goes far beyond the individual “coder”.

• Practice managers do not need to become “coders” but they do need to understand what the code change means to their practice in order to develop and implement their ICD-10-CM plan.
Something to think about . . .

• As a practice manager:
  – Plan/schedule resources
  – Oversight of budget and are accountable for meeting that budget
  – Mediate the physician/office staff relationships
  – Determine practice policy
What are the possible operational impacts?
Areas within the medical practice that will be impacted by ICD-10-CM www.aapc.com

**Managers**
- Vendor and Payor Contractors
- Budgets
- Training Plans
- New Policies & Procedures

**Nurses**
- Prior Authorization

**Lab**
- Documentation
- Reporting

**Coding**
- Code Set
- Clinical Knowledge
- Concurrent Use

**Clinical**
- Superbills
- Patient Coverage
- ABN's

**Front Desk**
- HIPAA
- Systems

**Billing**
- Policies & Procedures
- Training

San Diego’s Health Care Leader
ICD-10 Puts Revenue at Risk

#1 Challenge to ICD-10 Readiness
- Physician cooperation

53% of Leaders
- Either don’t expect to, or are unsure if they’ll recoup their outlay on ICD-10 implementation

60% of Leaders
- Expect the impact of ICD-10 will worsen their overall labor costs & short-term cash flow
Why does it Impact me?

Reimbursement
- Overhead costs
- Increase staff levels

Compliance
- Following coding guidelines
- Remain in compliance
Medical Necessity

• Cannot stress enough how medical necessity will come into play with the implementation of ICD-10-CM.

• Payors will be less inclined to accept “unspecified” or “other” codes when there is so much information available in the ICD-10-CM codes.
  – With the implementation of EMR/EHRs the question is raised – *Why don’t you have the information?*
Physicians

- Physicians and other healthcare providers need to be educated on the additional detail required to be documented in the medical record in order to assign ICD-10-CM codes.
Physicians

• Will the requirements for more specific documentation reduce the physician’s productivity?
• If an EMR is used, are they planning on having the physician select the diagnosis code during the documentation process? Will the physician have to search for the diagnosis? Will he be presented with the unspecified diagnosis codes?
Physicians

• Are charge tickets/encounter forms/order forms used that have diagnosis codes printed on them?
  – Due to the number of new codes, it will not be possible to have diagnosis codes printed on forms. How will your process/forms need to be updated in order to accommodate this code change?
This sample superbill was converted to ICD-10-CM by the American Health Information Management Association (AHIMA) solely as an exercise in demonstrating the process of transitioning to a new coding system. It does not represent an endorsement by AHIMA of the use of superbills or this particular superbill format.

<table>
<thead>
<tr>
<th>Suffix</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>B00.9</td>
<td>Herpes Simplex</td>
</tr>
<tr>
<td>K44.9</td>
<td>Hiatal Hernia</td>
</tr>
<tr>
<td>E78.5</td>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td>I10</td>
<td>Hypertension</td>
</tr>
<tr>
<td>E03.9</td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td>E05.9</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>F52.2T</td>
<td>Impotence</td>
</tr>
<tr>
<td>J10.1</td>
<td>Influenza</td>
</tr>
<tr>
<td>G47.0</td>
<td>Insomnia</td>
</tr>
<tr>
<td>K58.9</td>
<td>Irr. Bowel Syn</td>
</tr>
<tr>
<td>M32.9</td>
<td>Systemic lupus erythematosus</td>
</tr>
<tr>
<td>R41.82</td>
<td>Mental Status Change</td>
</tr>
<tr>
<td>G43.9</td>
<td>Migraine</td>
</tr>
<tr>
<td>M79.1</td>
<td>Muscle Pain</td>
</tr>
<tr>
<td>I21.9</td>
<td>Myocardial Infarct/Acute</td>
</tr>
<tr>
<td>I25.2</td>
<td>Myocardial Infarct/Old</td>
</tr>
<tr>
<td>M54.2</td>
<td>Neck Pain</td>
</tr>
<tr>
<td>G62.9</td>
<td>Neuropathy</td>
</tr>
<tr>
<td>R11.0</td>
<td>Nausea, vomiting</td>
</tr>
<tr>
<td>R11.1</td>
<td>Nausea</td>
</tr>
<tr>
<td>E66.9</td>
<td>Obesity</td>
</tr>
<tr>
<td>M19.80</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>H66.9</td>
<td>Otitis Media</td>
</tr>
<tr>
<td>G20</td>
<td>Parkinsons</td>
</tr>
<tr>
<td>J02.9</td>
<td>Pharyngitis</td>
</tr>
<tr>
<td>R09.1</td>
<td>Pleurisy</td>
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</tbody>
</table>

**CONCEPTS**

**PROCEDURES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthrocentesis</td>
<td>206</td>
</tr>
<tr>
<td>CEM</td>
<td>G000</td>
</tr>
<tr>
<td>Ear Lavage</td>
<td>69210</td>
</tr>
<tr>
<td>EKG</td>
<td>93000</td>
</tr>
<tr>
<td>Holter - 24 hrs</td>
<td>93224</td>
</tr>
<tr>
<td>Inhalation TX</td>
<td>94640</td>
</tr>
<tr>
<td>Stress Test</td>
<td>93015</td>
</tr>
<tr>
<td>Vascular Study</td>
<td>93023</td>
</tr>
<tr>
<td>INJECTIONS</td>
<td>OFFICE SERVICES</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>90632 Hepatitis A (dx: Z23)</td>
<td>99201 Office visit, L1, new</td>
</tr>
<tr>
<td>90746 Hepatitis B (dx: Z23)</td>
<td>99202 Office visit, L2, new</td>
</tr>
<tr>
<td>90658 Flu Vaccine (dx: Z23)</td>
<td>99203 Office visit, L3, new</td>
</tr>
<tr>
<td>90732 Pneumovax (dx: Z23)</td>
<td>99204 Office visit, L4, new</td>
</tr>
<tr>
<td>90178 DT (dx:Z23)</td>
<td>99205 Office visit, L5, new</td>
</tr>
<tr>
<td>90471 Adm. Vac or G00008 /G</td>
<td>99211 Office visit, L1, estab</td>
</tr>
<tr>
<td>9078x Administer Shot immunization</td>
<td>99212 Office visit, L2, estab</td>
</tr>
<tr>
<td></td>
<td>99213 Office visit, L3, estab</td>
</tr>
<tr>
<td>LAB</td>
<td>99214 Office visit, L4, estab</td>
</tr>
<tr>
<td>85024 CBC</td>
<td>99215 Office visit, L5, estab</td>
</tr>
<tr>
<td>85023 CBC+Dif</td>
<td>993XY Wellness Exam / preventive med</td>
</tr>
<tr>
<td>85018 Hot</td>
<td>99080 Special reports</td>
</tr>
<tr>
<td>85652 ESR</td>
<td>99058 Seen as emergency</td>
</tr>
<tr>
<td>85610 PT-INR</td>
<td>G0102-+59 Rectal exam—medicare V76.44</td>
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<tr>
<td>81002 UA w/o micro dx v81.6</td>
<td>G0101-+59 Gyn/rectal—medicare V76.2</td>
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<tr>
<td>81001 UA w micro dx v81.6</td>
<td>Q0091+59 Collect pap—medicare V76.2</td>
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<tr>
<td>80061 Lipid Panel</td>
<td>93000 EKG 99173—stenosis—dx</td>
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<tr>
<td>80076 Liver Panel</td>
<td>20610 Aspirate major joint</td>
</tr>
<tr>
<td>80048 BMP</td>
<td>20550 Inject trigger point</td>
</tr>
<tr>
<td>80056 BMP</td>
<td>47160 Cough</td>
</tr>
</tbody>
</table>

Physicians

- Will I need to adjust the physicians’ schedules to allow time for education on ICD-10-CM?
- Will that impact the physicians or the practices productivity?
- How will we handle the patient overflow with fewer physicians available?
Clinicians

• Based on the responsibilities of the clinicians in the practice, how much time will be needed for education on ICD-10-CM? Will I need temporary staff to fill in or will I have overtime?
• Will we need to update any of our medical history forms to collect information not currently collected?
Front Office

- Will there be health plan coverage changes?
- What about the ABN form? How will they identify the appropriate code to determine if a service is covered?
- Who is responsible to creating, maintaining, updating the practice’s coverage policy information? Will patient education, order forms, or other practice documents need to be updated?
How will you handle the concurrent use of ICD-9-CM and ICD-10-CM codes?

Do they have the background knowledge in anatomy and physiology to understand and assign the ICD-10-CM codes or will they need education in that area as well as in the new code set?

Because this is the most obvious area impacted, there is a lot of information available.
Billing Staff

- Again, how will you handle the concurrent use of ICD-9-CM and ICD-10-CM codes?
- Do they have the background knowledge in anatomy and physiology to understand the ICD-10-CM codes or will they need education in that area as well as in the new code set?
- How are errors/denials related to diagnosis codes handled now? Will this process need to change?
What Steps to Take...Now!
Potential Adaptations by Health Care Providers

- Staff education and training
- Business process analysis of health plan contracts
- Coverage determination, and documentation
- Changes to superbills
- IT system changes
- Increased documentation costs
- Cash flow disruption
Steps to Take (Now)

• Identify a project sponsor who will champion entire project
• Develop a high level timeline that starts at October 1, 2014 and work backwards
• Create a sense of urgency
• Do not believe rumors that the implementation dates will change
Important to not go it alone...

• Your billing, practice management, and EHR vendor should be working hard (right now) to adapt your systems for this changeover.

• Ask your vendor these questions:
  – What is covered by vendor contracts?
  – What are vendor plans and timelines?
  – How will systems work with both ICD-9 and ICD-10 codes?
  – What does the implementation process include?
  – Is there a cost associated with training and support?
  – Will we need additional infrastructure and software?

• The answers to these questions will help you determine if you are working with a billing, practice management, and EHR vendor that can make your transition to ICD-10 as painless and inexpensive as possible, letting you focus on educating and training your staff.
What about costs?

• The degree of complexity and direct/indirect costs that are likely to arise out of the “change” to ICD-10 include:
  – Practices may be in for significant practice disruption for the first three to six months of adoption and sustainably endure at least a 15% increase in documentation time.
  – A midsized physician practice could incur as much as $300,000 in hard costs to adapt ICD-10; this total may increase to almost $3 million for a large group.
  – The cost above excludes a number of indirect cost such as additional staffing (such as coding resources) that may arise from the change.
  – MGMA (Medical Group Management Association) recommended practices plan for 16-24 hours of training for the clinical staff and 40-60 hours for the coding staff.
• (William Blair & Company)
A report by Nachimson Advisors, a health care strategic planning firm, estimates the expenses to various aspects of the adaptation to ICD-10 as follows for a “typical” practice:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Practice Size</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Small*</td>
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<tr>
<td>Staff education and training</td>
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<tr>
<td>Business process analysis</td>
<td>$6,905</td>
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<tr>
<td>IT Costs</td>
<td>$7,500</td>
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<tr>
<td>Increased documentation</td>
<td>$44,000</td>
</tr>
<tr>
<td>Cash Flow Disruption</td>
<td>$19,500</td>
</tr>
</tbody>
</table>

* Three physicians and two administrative staff  
** 10 providers, and one full-time coder, and six administrative staff  
*** 100 providers, with 64 coding staff comprised of 10 full-time coders and 54 medical records staff

What you should do to prepare for ICD-10

• You should begin to prepare for it now:
  – Think about how ICD codes are used by your practice and by your payers.
  – Now think about what it will mean when those codes change dramatically.
  – Education is the first step.
  – Learn exactly what the transition to ICD-10 will mean for your practice and for the industry.
  – A comprehensive list of ICD-10 resources for providers can be found at the Centers for Medicare and Medicaid Services (CMS) website.
  – Check the AAPC’s ICD-10 Provider Office Changes and the HIMSS ICD-10 playbook.
Introduction

• This training module is designed for those working in physician practices, outpatient, ancillary, emergency department, and non-acute settings who currently assign ICD-9-CM diagnosis codes.

• Training addresses:
  – Structure and use of ICD-10-CM
  – Overview of the differences between the ICD-9-CM and ICD-10-CM diagnosis coding guidelines and conventions
  – Hands-on coding exercises of some commonly coded conditions
What you should do to prepare for ICD-10

• To get a sense of where your practice stands today in terms of readiness, consider how many of the following questions you can answer:

• Encounter documentation
  – What is your EHR vendor’s readiness plan?
  – Can you name all the vendors that you exchange diagnosis information with?
  – Will your providers’ documentation workflow(s) be specific enough for ICD-10?
  – Do you have a training plan for MAs, physicians, and billing staff?
What you should do to prepare for ICD-10

• Quality measurement
  – What programs do you participate in? Are they outside of your system’s infrastructure? Do you know when you’ll need to generate the necessary reporting updates?
  – How will your utilization review or population management reports change?

• Revenue Cycle Impact
  – How many certified medical billers do you have? Do they need to re-certify?
  – Do you know what ICD-9 codes are commonly used on your claims? How are they changing in ICD-10?
  – What rules might payer implement, and what are some errors you might see? (For example: V202 Routine Infant Care becomes V202xxx Motorcycle Accident Injury)
What you should do to prepare for ICD-10

• 2012 Create Awareness
  – Identify and empower your ICD-10 team.
  – Watch for and share periodic updates about preparation and industry readiness.
  – Talk with your vendors about their readiness plans.
  – Assess clinical and billing staff training needs.
  – Include ICD-10 costs and projects in your 2013 planning.
What you should do to prepare for ICD-10

- 2013 Plan, Scope and Budget
  - Identify what workflows will need to change at your practice (e.g., clinical documentation, encounter forms, superbills, and public health/quality reporting).
  - Budget for time and costs related to the conversion, such as system updates, resource materials, and training.
  - Monitor release communications to stay informed about communications and new functionality associated with ICD-10.
  - Use reporting to review the common diagnosis codes on your claims by specialty and how they are changing in ICD-10.
  - Design any workflows that need to change at your practice.
What you should do to prepare for ICD-10

- 2014 Transition to ICD-10
  - Train your patient care staff on your new documentation requirements
  - Train your charge entry/coding staff on new coding requirements. The typical professional should start training about six months before they need to meet new requirements.
  - Recertify any professional medical billers, if necessary.
  - Update provider documentation workflows, if necessary
What you should do to prepare for ICD-10

- 2014 Transition to ICD-10
  - Update your practice superbills, as necessary, to handle the specificity required by ICD-10.
  - Monitor communications to stay informed about communications and new functionality associated with ICD-10.
  - Review contracts to gauge impact on reimbursement rates in 2014 and beyond.
  - Implement custom rules to review any complex coding situations for your billing staff.
  - Monitor your practice metrics, such as post-visit documentation and charge entry lag, to provide QA feedback and more training where needed.
Steps to take to Minimize Issues in the Transition to ICD-10-CM?
Examine...

- **Policies & Procedures**
  - Review policies associated with diagnosis codes, disease management, tracking, and PQRS to identify necessary changes

- **Vendor & Payor Contracts**
  - Evaluate contracts for requirement to be compliant with ICD-10-CM conversion and prepare for possible renegotiations
Develop…

- **Budgets**
  - Software upgrades, purchases
  - New forms/templates/documents
  - Training material, location, support
  - Delay in reimbursement post implementation

- **Training Plans**
  - Oversight of training plan to ensure all aspects are covered and job rolls are included
  - Scheduling of staff to attend training and coverage for staff while being trained
AMA ICD-10-CM Checklist

- Create a list of all your practices and work flow processes that use ICD-9 codes today, both clinical and administrative. Also, create a list of all your vendors, including contact person and phone number/email address.
  - Identify all staff who work with ICD-9 & exactly what they do related to ICD-9
  - Identify all possible work flow changes needed to implement ICD-10
  - Identify your billing service contact person & their phone number/email
  - Identify your clearinghouse(s), contact person & their phone number/email
  - Identify a contact person & phone number/email for each of your payors
  - Contact your vendor(s) to determine their implementation plans for ICD-10
  - Contact your billing service to determine their implementation plans for ICD-10
  - Contact your clearinghouse to determine their implementation plans for ICD-10
  - Contact your payors to determine their implementation plans for ICD-10
AHIMA Top 10

- Ensure Organizational Awareness
- Establish Implementation Leadership
- Perform Impact Assessment
- Conduct Systems Inventory
- Complete Gap Analysis
- Establish Internal Timeline
- Determine Plan for Training
- Prepare Implementation Budget
- Manage Contractual Changes
Available resources and use them appropriately:

AHIMA Preparation Checklist

AHIMA Top Ten

AHIMA (American Health Information Management Association) ICD-10 Implementation Site
http://www.ahima.org/icd10/

American Academy of Professional Coders (AAPC) ICD-10 Implementation Site
Center for Medicare and Medicaid Services (CMS)

<table>
<thead>
<tr>
<th>CMS ICD-10</th>
<th><a href="https://www.cms.gov/ICD10/">https://www.cms.gov/ICD10/</a></th>
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<td>CMS Medicare Fee-for-Service Provider Resources</td>
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Questions and Answers