ICD-10 Post Delay

FAMILY PLANNING COUNCIL - BALTIMORE

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ANN FINN
CONSULTING

Objectives

- At the end of this session, participants will have a basic understanding of:
  - ✓ Background of ICD and implementation challenges
  - ✓ Task oriented check lists to share with clinic ICD-10 team
  - ✓ Overview of changes to typical codes impacting Family Planning and Reproductive Health services

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DID YOU KNOW?

ICD BACKGROUND AND HISTORY

It All Started When...

- In 1700, King of England charged his deputy, John Graunt, to estimate the proportion of live born children who died before the age of six years
- *London Bills of Mortality*, which listed 13 classes of disease in young children was created
- It also helped him estimate that 36% of the children in London died before the age of six
- **First known classification of diseases**

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The French Kick it Up a Notch...

- In 1893, Dr. Jacques Bertillon, the Chief Statistician for the city of Parks, advanced a more detailed and well-organized classification which is considered to be the first ICD
- Bertillion's classification, the *International List of Causes of Death* was adopted by the International Statistical Institute in 1893

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ICD Goes World Wide...

- In 1938, it was published by the Health Organization of the League of Nations
- In 1946, WHO accepted responsibility for the ICD and all subsequent revisions
- At its creation in 1948 when the Sixth Revision was published, it included causes of morbidity for the first time
- World Health Assembly adopted in 1967 the WHO Nomenclature Regulations that stipulate use of ICD in its most current revision for mortality and morbidity statistics by all Member States

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ICD-10 Transition ...

- WHO copyrighted ICD-10 in 1990. Since then, countries around the world have adopted it to report mortality and morbidity
- U.S. began using it in 1999 to report mortality only, unbeknownst to most of us in the health care community
- It wasn't until George W. Bush signed a law in 2009 making ICD-10 implementation mandatory that we started to pay attention to it
- Pressure from physicians and payers helped push back the original compliance date of Oct. 1, 2011, to Oct. 1, 2013 (and potentially later)
- CMS delays implementation from 2013 to October 2014 in 2012

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ICD-10...

- ICD-10 is the tenth revision of the International Classification of Diseases by the WHO
- Replaces the ICD-9 code sets and includes updated medical terminology and classification of diseases
- Consists of two parts:
  - ICD-10-CM for diagnosis coding in all health care settings
  - ICD-10-PCS for inpatient procedure coding in hospital settings
- Diagnosis only for outpatient setting – not CPT

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Divided Industry on ICD-10 Issue - Pros

- Greater accuracy in identifying disease conditions and appropriate treatment
- Secure greater accuracy in claims payments
- Provide a powerful base of data for research and policy
- Improve the quality of clinical analysis and thus medical decision-making
- Improve auditing and adjudication and the accuracy of medical reimbursement
- "The old version is too basic to capture data crucial to modern reform efforts in public health, medical business and public policy."

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Divided Industry on ICD-10 Issue- Cons

- Independent physicians and medical professionals say that the transactional costs of adopting the ICD-10 system are prohibitive, particularly for doctors, hospitals, and other medical professionals in private practice.
- Significant time and resources needed for transition
    - Blue Cross and Blue Shield of Massachusetts is spending an estimated $45 million to incorporate the new code
    - Inova Health System, based in Virginia, expects to spend between $20-$25 million to comply with the new coding requirements
- Information technology systems, including software, for recording data and meeting current and pending reporting requirements under federal law, including many new requirements being imposed under ACA, must be updated

http://www.heritage.org/research/reports/2014/03/delay-the-icd-10-coding-system

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Little Warning...

- CMS has consistently said – there will be no delay in the implementation of ICD-10…
- And then…

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ICD-10 Delayed Till 2015

- **Federal Government Delays ICD-10 Implementation**
- ICD-10 code set implementation date has been moved from October 1, 2014 to no earlier than October 1, 2015.
- Delay was part of the Protecting Access to Medicare Act of 2014 recently passed by Congress and signed into law by President Obama on April 1, 2014.

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The Bill

- Under the sustainable growth rate (SGR) fee-setting formula, Medicare physicians were to see reimbursements cut 24 percent on January 1, 2014. However, Congress late last year passed a temporary "pay patch" bill, providing a 0.5% increase through March 31
- The new bill, H.R. 4302, Protecting Access to Medicare Act of 2014, mainly creates a temporary "patch" to the Medicare SGR
- A seven-line section of the bill states that the Department of Health and Human Services (HHS) cannot adopt the ICD–10 code set as the standard until at least October 1, 2015

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Costs of Delay

- Effects of a one year delay include an estimated likely cost of $1 billion to $6.6 billion to the healthcare industry and lost opportunity costs for failing to move to a more effective code set.
- A cloud will also be cast over the employment prospects of more than 25,000 students who have learned to code exclusively in ICD-10 in HIM associate and baccalaureate educational programs.

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Questions New Act Brings Up...

- Will October 1, 2015 become the new deadline?
- Will organizations that are ready to implement ICD-10 be able to do so voluntarily?
- Will ICD-10 be scrapped altogether and instead wait for ICD-11, which is due to be released in 2017?
- So much money has already been spent on implementation, can the healthcare system afford this delay?
- How will you get people serious and enthusiastic with the delay?
- Should I proceed with planning for implementation?

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What Do I Do Now?

3M

This patient is a healthcare CFO presenting ICD-10 anxiety and dissociative behaviors...what is your diagnosis?

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What Do I Do Now?

- "Doing nothing but waiting on ICD-10 is not an option. I can't imagine wrapping it in a bow and putting it on a shelf and then losing our investments."
  - – Dr. John Halamka, CIO for Beth Israel Deaconess Medical Center in Boston
- Delay could be a blessing to some smaller providers - 18 months would allow more breathing room
- NY Medicaid:
  - "Providers are urged to proceed aggressively with their ICD-10 transition and test at their earliest convenience. "
  - "Delay should be seen as an opportunity to better assess and address remaining challenges and not as a reason to pause. "

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Potential Next Steps...

- Prepare for 2015 – be ready
- GAP Analysis - see what needs to be improved
- Use this time to get comfortable with ICD-10 codes and structure
- Review top 50 codes for your specialty
- Dual code –then audit the ICD-10 side to check for accuracy
- Review case examples
- Internal audits

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Assess the Situation

- Assuming ICD-10 is still coming – were you on target for October 1, 2014 implementation?
- Have you started the transition?
- What is your knowledge level on:
  - Implementation strategies?
  - Codes?
- What are your biggest concerns?

- Let's take advantage and make a new plan…

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KEEP CALM AND TRANSITION ON #HRAA

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IMPLEMENTATION STRATEGIES

Who's Impacted? Everyone!

Front Desk

Finance

Clinical Care

ICD-10

IT

HIM

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Assuming the Best -
How Do We Prepare Going Forward?

1. Reassess or develop a plan
2. Create awareness
3. Assess systems & work flow processes
4. Contact and obtain ICD-10 status from vendors and business associates
5. Contact your third party payers – begin testing
6. Access educational needs for staff and providers
7. Reassess or develop your budget
8. Plan for post implementation steps
9. **SET A SCHEDULE**

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Reassess and Develop Your Plan...

Task **Take a moment to reassess post delay**
- Set the stage for success
- Had you started preparing? If not, why?
- What has been the obstacles?
  - Lack of administrative support
  - Lack intensity/importance
- If you had started, are you as far along as you had planned?
- Who owns the process?
- Identify internal strengths and weaknesses
- Identify external concerns
- An honest assessment is critical

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Establish a Committee...

Task **The right team makes a difference**
- Assign an ICD-10 champion to lead the crusade
- Set target dates – hold accountable
- Communicate the new system changes to your organization, your business plan, and ensure that leadership and staff understand the extent of the effort the ICD-10 transition requires
- Understand your productivity measures pre and post ICD-10

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Create Awareness...

Task **Awareness regarding ICD-10 changes is important for all levels within the organization**
- Empower staff with the necessary and right amount of information
- Front desk differs from IT differs from billing staff

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Assess and Prepare...

Task **Assess your current systems and work processes, electronic or manual that use ICD-9 codes**
- Clinical documentation
- Encounter forms/superbills
- Practice management system
- Electronic health record system
- Public health and quality reporting protocols

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Vendors and Business Associates...

Task **Talk with your practice management system vendor about accommodations for ICD-10 codes**
- Confirm your system has been upgraded to Version 5010 standards (required since January 1, 2012 and format needed for ICD-10)
- Confirm vendor updates and when they expect to have it ready to install
- Check your contract to see if upgrades are included as part of your agreement
- If you are in the process of making a practice management or related system purchase, ask if it is ICD-10 ready

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Check Third Party Payer Readiness...

Task **Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition**

- Be proactive – don't wait
- How are they handling delay?
- Ask about their plans for ICD-10 compliance
- Ask when they anticipate testing their systems for the transition
- Can you participate in billing ICD-10 testing?
- What methods are your payers using as a crosswalk?

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Review Contracts...

Task **Talk with your payers about how ICD-10 implementation might affect your contracts**

- Because ICD-10 codes are much more specific than ICD-9 codes, payers may modify terms of contracts, payment schedules, or reimbursement
- Review payer's medical necessity and/or policy denials
- Review any pay-for-performance agreements that may be tied to diagnosis codes
- Verify timely limits on resubmissions

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Training and Education...

Task **Assess staff training needs**

- Identify the staff in your office who code, or have a need to know the new codes
- Recognize where there is a need to improve documentation to support ICD-10 coding language
- Identify training opportunities and encourage mentoring environment
- Implement training schedule – factor in summer vacation schedules

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Budget for Time and Costs...

Task **Budget – review and revise as needed**

- Additional costs due to the delay – redo's
- Necessary software updates
- Possible new systems
- Reprinting of superbills, documents etc.
- Training and education
- Additional staff
- Decreased productivity
- Potential negative reimbursement impacts
- Outsourced help

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Develop Post Implementation Plan…

Task **Follow through**
- Review payer remittances
- Track ICD-10 denials
  - Payer specific
  - Coding
  - Payment variances
- Support staff concerns and questions
- Follow-up with extra training where needed
- Hold team accountable

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Post Implementation Reporting…

- Healthcare centers must establish controls to eliminate and identify negative variances
  - Monthly gross charge submissions
  - Electronic file size by day
  - Scrubber and payer submission success rates
  - Aged receivable by payer
  - Denial receipt by payer
- Pre-historical reports should be immediately available for data comparison post ICD-10

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Set a Schedule…

Task Have a transition plan in place and make sure it documents the steps being followed and the dates that milestones will be achieved to comply with ICD-10 requirements

- Include vendor tasks in your plan and timeline, and make sure to communicate with your practice management system and/or EHR vendors regularly about ICD-10
- Establish an emergency fund to cover unexpected costs and possible reimbursement delays

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Potential Pitfalls

- Decreased productivity
- Interrupted cash flow
- Increased amount of rejections
- Incompatible systems
- Increased volumes of work
- Loss of coder expertise due to "retirements"
- Incorrect mapping
- Increased risk of payer audits

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Tips for Success

- **PLAN – IMPLEMENT – FOLLOW THROUGH**
- Don't put yourselves at risk by waiting too long to prepare for the transition to ICD-10
- Small inefficiencies will be magnified if not identified and corrected prior to the transition
- Be supportive and empathic to your team!

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Executive Leadership and Support

Resources - People, Time, Training and Tools

Empowerment - Providing the authority to succeed

Oversight - What needs to get done? Is it happening?

Coordination - Breaking down silos. Synchronizing efforts

Contingencies - What if?

Vision - The road map for leveraging ICD-10

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CODE STRUCTURE AND CONCEPTS

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The Basics...

- Diagnosis only – not CPT for outpatient services
- ICD-10 is not always a one-to-one match to ICD-9 codes
  - Some ICD-10 entries have no ICD-9 equivalent
  - Multiple ICD-9 entries can be mapped to one ICD-10 code
  - Multiple ICD-10 entries can be mapped back to one ICD-9 code

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Where to Locate ICD-10 Code Sets...

- National Center for Health Statistics (NCHS)
http://www.cdc.gov/nchs/icd/icd10cm.htm

- Center for Medicare and Medicaid Services (CMS)
http://www.cms.hhs.gov/ICD10/01_overview.asp

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Key Differences

Features	ICD-9	ICD-10
Possible Codes	14,000	Up to 68,000
Characters	3–5	5–7
Pattern	First digit numeric	First digit alpha
Space for Growth	None	Flexible
Laterality	None	Right, left, bilateral
OB Trimesters	None	First, second, third

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Layout of ICD-10 Diagnosis Code

Alpha (Except U)

2 Numeric
3-7 Numeric or Alpha

Additional Characters

S   0   2   .   6   5   x   A

Category

Etiology, anatomic site, severity

Added 7th character for obstetrics, injuries, and external causes of injury
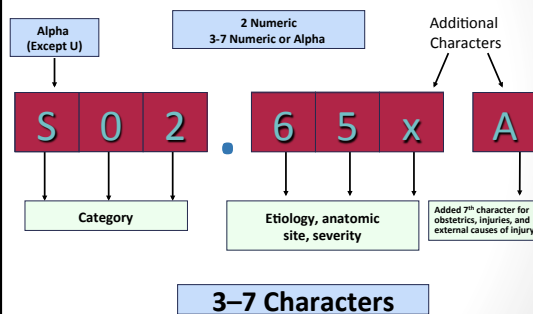
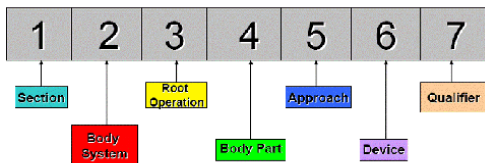**3–7 Characters**

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Code Structure...

- **First character** of the category represents the chapter the code resides in. Category is 3 digits just as it is in ICD-9.
  - A-B = Infectious / Parasitic disease
  - N = Disease of the Genitourinary system
  - R = Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
  - V-Y = External causes of
  - Z = Factors influencing health status and contact with health services
- **Fourth character** identifies the site but it can also identify a treatment of diagnostic modality
- **Fifth, character identifies location**
- **Sixth character identifies laterality**
- **Seventh character** is for greater specificity (extension)

Z	0	1	4	1	1	X

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Code Structure

1	2	3	4	5	6	7

Section
Body System
Root Operation
Body Part
Approach
Device
Qualifier

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New in ICD-10 - Laterality

- Laterality was added to many codes
  - C50.511 Malignant neoplasm of lower-outer quadrant of *right* female breast*
    AND/OR
  - C50.512 Malignant neoplasm of lower-outer quadrant of *left* female breast*
    OR
  - C50.519 Malignant neoplasm of lower-outer quadrant of *unspecified* female breast

- General coding guidelines for laterality are:
  - Use a bilateral code if available
  - Assign separate codes for a bilateral condition when no bilateral code is available

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Exclusion Notes - New in ICD-10

- ICD-9-CM - contains a single type of excludes note which has two different meanings leaving it to the coding professional to determine the correct meaning of the excludes note

- ICD-10-CM - two types of excludes notes designated either as "Excludes 1" or "Excludes 2" in their title.

  - Either or both may appear under a category, subcategory, or code

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Excludes 1 – Not Coded Here

- Excludes 1 note is a pure excludes note. It means "NOT CODED HERE!"

- Indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note.

- This note is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition

  - Example:
    - Z20.6 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
    - Excludes1: carrier of infectious disease (Z22.-), diagnosed current infectious or parasitic disease

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Excludes 2 – Not Included Here

- Indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time
- When an Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together if the patient has both conditions
  - Example:
    - Z71.7 Human immunodeficiency virus (HIV) counseling
    - Excludes2 contraceptive or procreation counseling (Z30-Z31), sex counseling (Z70.-)

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What are GEMS?

- **General Equivalence Mappings**
  - Developed by CMS and CDC (free on website)
  - Updated annually by CMS for at least 3 years
  - Tool that can be used to convert data from ICD-9-CM to ICD-10-CM and PCS and vice versa
  - GEMs should not be used as a substitute for learning how to use the ICD-10-CM code sets
    - Mapping simply links concepts in the two code sets, without consideration of context of specific patient information, whereas coding involves assigning the most appropriate code based on documentation and applicable coding guidelines
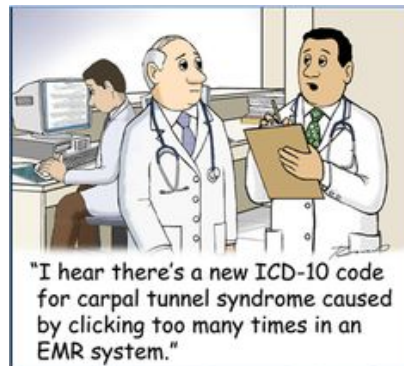
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Let's Take a Look at Some Familiar Codes...

- ICD-9: V25.x Contraceptive Mgmt.
- ICD-10: V25.x Motorcycle rider injured in collision with railway train or railway vehicle

- ICD-9: 042 Human Immunodeficiency Virus (HIV) Infection
- ICD-10: 042 Premature rupture of membranes in the OB section

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"I hear there's a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system."

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Some Codes are a One to One Direct Match...

ICD – 9	ICD-10
V74.5 - Screening examination for venereal disease	Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission

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Direct...

ICD – 9	ICD-10
V01.6 - Contact with or exposure to venereal diseases	Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission

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Some Codes are an "Approximate" Match

Forward Mapping

ICD-9 Code	Description (Source)	ICD-10 Code	Description (Target)
614.9	Unspecified inflammatory disease of female pelvic organs and tissues (PID NOS)	N73.9	Female pelvic inflammatory disease, unspecified

Backward Mapping

ICD-9 Code	Description (Target)	ICD-10 Code	Description (Source)
614.9	Unspecified inflammatory disease of female pelvic organs and tissues	N73.9	Female pelvic inflammatory disease, unspecified
616.9	Unspecified inflammatory disease of cervix, vagina, and vulva		

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Some Codes Combine...

ICD – 9	ICD-10
V73.88 Special screening examination for other specified chlamydial diseases V73.98 Special screening examination for unspecified chlamydial disease	Z11.8 Encounter for screening for other infectious and parasitic diseases

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Some Codes Expand...

- Expanded code selections help us to describe our services better...

ICD – 9	ICD-10
V25.0X	• Z30.01 - Encounter for initial prescription of contraceptives • Z30.012 - Encounter for initial prescription of contraceptive pills • Z30.012 - Encounter or prescription of emergency contraceptive • **Z30.013 - Encounter for initial prescription of injectable contraceptive – new** • **Z30.014 - Encounter for initial prescription of intrauterine contraceptive device - new** • Z30.018 - Counseling and instruction in natural family planning to avoid pregnancy • Z30.09 - Encounter for other general counseling and advice on contraception.

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Expanded...

ICD - 10	Description
Z30.014	Encounter for initial prescription of intrauterine contraceptive device - *new*
Z30.430	Encounter for insertion of IUD
Z30.431	Encounter for routine checking of IUD
Z30.432	Encounter for removal of IUD
Z30.433	Encounter for removal and reinsertion of IUD

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Some Codes Will Require Additional Secondary Codes...

ICD – 9	ICD-10
V72.31 - Routine GYN examination	Z01.419 - Encounter for GYN exam (general) (routine) **without** abnormal findings Z01.411 – Encounter for GYN exam (general) (routine) **with** abnormal findings • Use additional codes to identify abnormal findings: • For example: R87.619 - Unspecified abnormal cytological findings in specimens from cervix uteri

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Some Codes Will Split...

- Codes are expanded but also sequenced into different groups – be careful as you look up choices (Both Axx and Bxx)

ICD – 9	ICD-10
054.1x Genital Herpes	• A60.00 - Herpesviral infection of urogenital system, unspecified • A60.01 – Herpesviral infection of penis • A60.02 – Herpesviral infection of other male genital organs - new • A60.03 – Herpesviral cervicitis - new • A60.04 – Herpesviral vulvovaginitis • A60.09 – Herpesviral infection of other urogenital tract - new • A60.1 - Anogenital herpesviral infection, unspecified • B00.2 - Herpesviral gingivostomatitis and pharyngotonsillitis • B00.4 - Herpesviral encephalitis

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Specificity Counts...

- Acuity of condition and specific anatomic sites are required for accurate code selections
- Selection of code must match language in the medical record - document acute or chronic

ICD – 9	ICD-10
616.10 Vaginitis and vulvovaginitis, unspecified	• N76.0 Acute vaginitis • N76.1 Subacute and chronic vaginitis • N76.2 Acute vulvitis • N76.3 Subacute and chronic vulvitis * Use additional code (B95-B97 Bacterial, viral and other infectious agents) to identify infectious agent

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ICD – 9	ICD-10
V69.2 High risk sexual behavior	• Z72.51 High risk heterosexual behavior • Z72.52 High risk homosexual behavior • Z72.53 High risk bisexual behavior
V69.8 Other problems related to lifestyle	• Z72.89 Other problems related to lifestyle (i.e. Self damaging behavior)

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CLINICAL DOCUMENTATION

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Key Documentation Elements...

- **Abnormal test results**
- **Disease Acuity**
- **Infectious agent**
- **Laterality**
- **Site**
- **Timing**
- **Status**
- **Underlying conditions and common manifestation**

Incorporating these common terms of specificity in the medical record, when applicable to the disease or disorder, will enhance quality reporting, and support reimbursement, severity of illness and medical necessity requirements

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Gap Analysis

- Evaluates the clinical documentation specificity for both ICD-9-CM and ICD-10-CM
- Gap analysis will provide:
  - Assessment of the current state and future state requirements for documentation specificity
  - Reimbursement impact associated with the clinical documentation findings
  - ICD-9 to ICD-10 Mapping for Coders and systems
  - Steps for corrective actions and improvements
- **Is your current documentation ready for ICD-10?**

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IF YOU THINK YOU HAVE IT BAD…

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ICD-10 CODE

X35.XXXD:

"Volcanic eruption, subsequent encounter"…

that's some really bad luck!

ICD-10 CODE

Z631:

"Problems in relationship with in-laws"…really!?

Where's the subsequent encounter?

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ICD-10 CODE

V91.12XD:

"Crushed between fishing boat and other watercraft or other object due to collision, subsequent encounter"

…wow

ICD-10 CODE

V9733xD:

"Sucked into jet engine, subsequent encounter"…

they survived the first time!?

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Keep your sense of humor throughout this transition!

ICD-10 CODE

V9107xD:

"Burn due to water-skis on fire, subsequent encounter"...

because they just didn't learn the first time!

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QUESTIONS

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