ICD-10 The Biggest Change in Healthcare in 30 years!

President TrainRX
Lisa Asbell, RN CHP
ICD 10 Transition Specialist
www.trainrx.net

Introduction

- Who we are
- What we do
- What is ICD 10 CM?
- Why should a Physician Liaison care about ICD 10 CM?

ICD 10 CM or PCS

International Classification of Diseases

ICD 10 CM is for ambulatory care and private practice
ICD 10 PCS is for inpatient care

Why this breakout? Knowledge about the private practice side of ICD 10 and how to use it to build relationships!
Purpose

To motivate you to help your providers understand the full impact of ICD 10!

Why that Purpose?

• ICD 10 transition is the biggest change in HC in 30 years.
• Only 5% of providers are currently working on ICD 10.
• 100% should be 6 months into the process
• They are looking for education and resources. They have been given a GIFT!
• Some consultant will come along and charge them providers thousands of dollars unnecessarily.

Why that Purpose?

• They need 6 months of cash flow reserve!
• 10-15% of private practices will not the survive the ICD 10 transition.
• They have no real clue of the impact and cost!
• There are only a handful of ICD 10 transition experts in the Country.
• This is a great chance for you to bring knowledge and build relationships with providers in your community.
• If the providers fail, the hospitals fail!
• Educating your providers on ICD 10 is WIN-WIN-WIN
Here's the Proof

1. Engaging and Educating Physicians and Staff*
2. Assessing Current Readiness and Impact
3. Creating your Timeline and Transition Plan
4. Implementing A Transition Plan
5. Post Transition Analysis and Reporting

*Most Physician Practices are not EVEN in Phase 1!
What's the point? TIMING! Perfect timing to engage providers! Use the extra YEAR!
ICD 10 Objectives

1. Know the foundation and background for ICD-10-CM
   - Definitions of the new ICD-10 terminology
   - Regulatory requirements that drive ICD-10
   - Numerous delays that created a disservice to our providers
   - Why immediate ICD-11 adoption is unlikely
   - Why CMS is committed to ICD-10-CM

ICD 10

2. Understand important aspects of ICD-10-CM coding
   - Important differences between ICD-10 and ICD-9 codes
   - How to use the GEMs ICD-10 mapping system to create simple solutions
   - What documentation changes need to occur to comply with increased code “specificity”
   - The benefits and opportunities of ICD-10-CM

ICD 10

3. Understand how ICD-10-CM will impact your organization
   - Documentation
   - Reporting
   - Office processes
   - Referrals
   - Payers and business partners
   - Budget and productivity
   - Claims and other electronic transactions
   - PM and EMR software
ICD 10

4. Know how to implement a successful ICD-10-CM Transition Plan
   • Key components of the 5 phased transition plan
   • How to organize and guide your project team through the "pre-implementation" survey
   • How to conduct a thorough ICD-10 impact assessment
   • "Simple Solutions" that will achieve your plan goals
   • What post-implementation trends need to be monitored in order to identify ICD-10 associated problems

ICD 10

1. Know the foundation and background for ICD-10-CM
   • Definitions of the new ICD-10 terminology
   • Regulatory requirements that drive ICD-10
   • Numerous delays that created a disservice to our providers
   • Why immediate ICD-11 adoption is unlikely
   • Why CMS is committed to ICD-10-CM

Background

• 1996 – HIPAA – Regulations for privacy, security, unique identifiers and electronic transactions and code sets.
• 2000 – HHS final rule names standard transactions to be used by covered entities
• Covered entities are providers, payers and clearinghouses who conduct specific administrative transactions electronically
Regulatory Requirements

- **January 16, 2009 HHS Final Rule:**
  - Replace inflexible, ambiguous version 4010 electronic format with version 5010 - mandatory use by January 1, 2012
  - Adopt ICD-10 as the new code set to replace ICD-9-CM with mandatory use by October 1, 2013
  - Delayed to October 1, 2015

  *Why 5010?*
  *So the new ICD-10 format can be accommodated!*

The Deadlines

- **January 1, 2011**
  - 5010 External Testing

- **January 1, 2012**
  - 5010 Mandated Use

- **October 1, 2015**
  - ICD-10 Go Live
  - Delayed

Oct. 1, 2015

- Previous delays created uncertainty
- ICD-10 WILL HAPPEN!
- Time to roll up the sleeves & catch up!
- Re-adjust your implementation timelines
- Stop worrying about the ICD-11 rumors!
- Doctors want to doctor!
- Staff will need to shepherd the process!

  *GET BUSY ICD-10-ing!*
2. Understand Important Aspects of ICD-10-CM Coding

- Important differences between ICD-10 and ICD 9 codes
- How to use the GEMs ICD-10 mapping system to create simple solutions
- What documentation changes need to occur to comply with increased code “specificity”
- Benefits and opportunities of ICD-10-CM

ICD Background Information

- Published by WHO in 1990
- U.S. last industrialized nation to implement ICD-10
- Two parts: ICD-10-CM and ICD-10-PCS
- ICD-10-CM – 69,000 codes, ICD-9-CM – 14,000 codes
- 3–7 alpha and numeric characters for ICD-10-CM

Why Do We Need ICD-10?

- ICD-9-CM is outdated:
  - Over 30 years old
  - Many categories full
  - Not descriptive enough
- A coding system needs to be:
  - Flexible to quickly incorporate emerging diagnoses
  - Exact enough to precisely identify diagnoses
ICD-9-CM and ICD-10-CM Differences

ICD-9-CM: Diagnosis Codes
- 3-5 numeric digits in length
- Approximately 14,000 codes
- First digit may be alpha (0-9) or numeric
- Digits 2-4 are numeric
- Limited space for adding new codes
- Lacks detail
- Limited to analyze due to non-specific codes
- Codes are non-specific and do not adequately define diagnosis needed for research
- Does not support interoperability because it is not used by other countries

ICD-10-CM: Diagnosis Codes
- 3-7 alpha-numeric characters in length
- Approximately 69,000 available codes
- First digit is alpha, digits 2 and three are numeric, digits 4-7 are alpha or numeric
- Flexible for adding new codes
- More specific
- More laterality
- Specificity improves coding accuracy and richness of data for analysis
- Does not support interoperability and the exchange of health data between other countries and the United States

“Unspecified” = “Unpaid”

“Physicians may be ICD-10 compliant, but if they abuse the “other” or “unspecified” codes, payment will not occur if a more specific alternative exists.”

David Winkler
Michigan Blue Cross’ Director of Technical Program Management

Justifying medically necessary procedures and services depends on specificity of diagnoses coding!

Payer Readiness (Yes)

At the February, 2013 WEDI meeting, insurers reported they are on schedule for the ICD-10 transition.

How does, “Payers are ready, providers are not” work out for providers?
Documentation: The **KEY** to ICD-10 Success

With increased dx coding specificity comes a requirement for detailed documentation.

Jeri Leong, President, Healthcare Coding Consultants of Hawaii:
“...(for current audits), 40% of the time we were unable to assign a specific ICD-10-CM code based on current documentation.”

How good is YOUR current documentation?

Reimbursement Benefits

- Reduced coding error rates = reduced denials
- Describing higher complexity justifies higher complexity procedure/service payment
- Better data with which to justify better payment for physicians and pay-for-performance metrics
- Levels the insurance company tactics “playing field”

Other Benefits of ICD-10-CM

- More patient information can be recorded, especially in the EMR environment
- Better describe new diseases
- Increased use of automated coding tools
- Reduced requests for additional information
- Improved tracking and reporting for public health surveillance and risk management
- Increased information that can justify quality and outcomes assessment
- Asthma and metal prostheses as examples
GEMs Translation and Training Tool

GEMs=General Equivalence Mapping:
• a reference mapping tool that attempts to include all valid relationships between the codes in ICD-9-CM and ICD-10-CM
• an excellent training tool to be used to familiarize differences between ICD 9 and ICD-10 and to be able to select the correct ICD-10 code.
• The mapping identifies one-to-one and one-to-many code relationships

Practical Uses of GEMs
• Create immediate awareness
• Engage providers and staff
• Facilitate chart audits to analyze current documentation
• Assess managed care contracts
• Facilitates EMR templates updates
• Helps identify “role based” training
• Saves time over manual conversion

3. Understand how ICD-10-CM Will Impact Your Organization
• Documentation
• Reporting
• Office processes
• Referrals
• Payers and business partners
• Budget and productivity
• Claims and other electronic transactions
• PM and EMR software
Key Components of An Implementation Plan

- Create the ICD-10 transition project team
- For each "mission critical" area, identify:
  - objectives
  - designate accountability
  - assign tasks and deadlines.
  A plan without deadlines and accountability is just a "to do" list.
- Use “Simple Solutions” to accomplish your objectives

Developing the Implementation Plan

- Perform an Impact Assessment by identifying every affected area that is touched by a diagnosis code (Guess what? We just did it!)
- Determine area-specific resource needs (human, technological and monetary)
- Create a budget
- Develop a plan, and begin implementing it as soon as possible

Talk To The Docs!

- Doc talk “do's and don’ts”
- Promote benefits of ICD-10
- Provide real world tools

*If all else fails, show them the really fun codes they’ll miss out on if they don’t go ICD-10!*
Great Door Opener!

- Armed with this information? Talk about a door opener.
- This is fresh on the minds of every provider in America and every office manager.

What do Providers think?

- Many are upset.... MAD
- Most think it’s unnecessary
- Most don’t know the benefits (quicker reimbursement)
- Many relate it to Obama Care (not true)
- Most think it’s just big brother collecting more information
- Most are clueless about the cost
- Many think it will go away all together

4. Implement a Successful ICD-10-CM Transition Plan

- Key components of the 5 phased transition plan
- How to organize and guide your project team through the “pre-implementation” survey
- How to conduct a thorough ICD-10 impact assessment
- “Simple Solutions” that will achieve your plan goals
- What post-implementation trends need to be monitored in order to identify ICD-10 associated problems
Do Now: Physician's Documentation: A Chart Audit

1. Per Doctor: list top 25 diagnoses (by revenue, frequency)
2. Use GEMS to translate ICD-9 to ICD-10
3. Pull patient charts containing those ICD-9 diagnoses
4. Assess current documentation as sufficient or not
5. Create report for providers
6. Customize training by provider
7. Continue to monitor documentation

Do Now: Create Documentation Coding Tools

1. Make a list of your practice's top 20 most frequently used ICD-9-CM diagnosis codes
2. Use the GEMs mapping tool to translate the ICD-9 codes to ICD-10
3. For each ICD-10-CM code, highlight unique documentation and coding requirements
4. Create flash cards, one per code, for your providers

If providers start now and learn the unique documentation and coding requirements for 1 or 2 diagnoses codes per week, they will be prepared for ICD-10-CM when the Oct. 1, 2015 deadline arrives.

Payer and Business Partner “Simple Solutions”

- Begin a dialogue with your payers about:
  - testing
  - ICD-10 implementation plan
  - provider contracts
  - coverage and reimbursement policies

Start asking the important questions NOW!

Delaying until the last minute could have a devastating effect on cash flow!
“Simple Solutions” Training:

Who?

- Identify the staff in your office who code, or have a need to know the codes
- Not all staff require the same level of training.
- Role Based training is essential
- Professional Coding Associations recommend:
  - Providers: 6 – 12 hours
  - Coders: 16 hours (for outpatient coders)
  - Other Staff (depending on involvement): 2-8 hours

“Simple Solutions” Budgeting

Budget for time and costs related to ICD-10 implementation including expenses for all impacted areas:

- Providers see fewer patients
- Coders/billers slow downs
  - (Jeri Leong example – 20 – 25 charts per hour decreases to 8 – 10 charts per hour)
- Expect a 20% drop in revenue
- CMS recommends a 6 month operating capital “war chest!”

“Simple Solutions” – Hardware/Software (cont.)

- Confirm systems upgrades are covered by existing contracts and if not, budget for them.
- Confirm vendor will provide support and training
- Confirm PM/EMR services will accommodate both ICD-9 and ICD-10 as you work with claims for services provided before and after the transition deadline
- Confirm current hardware resources are sufficient to handle the increased load
- Create budget for H/W, S/W purchase and possible IS personnel additional workload
Speedy Efficient EMR's

- How many of you have an EMR?
- Does your current EMR automate manual data entry, documentation and coding - simplifies the ICD-10 transition
- PQRS (Physician Quality Reporting System) and ePrescribe - EMR eases ability to participate
- Available government physician EMR incentives make a new EMR affordable now - over $60,000 for each qualifying provider
- Set up "Meaningful Use" protocols with your EMR to take advantage.

EMR - Another Tool

- ICD-10-CM adds coding, documenting and work process complications.
- EMR is an excellent way to mitigate current and ongoing challenges due to the new transition.
- Government incentives to transition to EMR make NOW the perfect time to do so.

Review of Critical Success Factors

- Management commitment
- Thorough impact assessment
- Adequate planning
- Trained staff
- Thorough testing
- Communication
- Timely decision making
- Follow through with objectives
Advice from Other Countries

- Begin now, take advantage of lead time
- Expect significant ICD-9/ICD-10 data comparability issues due to the fundamental differences in the coding schemes
- Sharpen anatomy and physiology skills
- Keep up coding credentials
- Plan for 6 month productivity loss/learning curve
- Focus on documentation
- Purge bad habits
- Vendor readiness is extremely important
- Communication is critical

Using what you’ve learned

- Use it as a door opener
- Be gentle providers are uneasy about ICD 10
- Say, I understand your feelings but I want to help
- Put positive information in their hands
- Bring in Education
- You can be the ICD 10 Hero in your community
- You’ve learned more today that many office managers know!

How can TrainRX help?

- On-site educational seminars for your providers
- Web based training
- Free audio training
TRAIN RX PROGRAM

Contact info:
Lisa Asbell RN ICD 10 Transition Specialist
727 502 7427
www.trainrx.net