

ICD-10

THIS CHANGES EVERYTHING...



MEDICAL REIMBURSEMENT SPECIALISTS

WHAT IS ICD-10?

- International Classification of Diseases (ICD) is the standard diagnostic classification for epidemiological, health management and clinical use including:
 - Reporting general health of population groups
 - Monitoring incidence and prevalence of diseases and other health problems
 - Classifying diseases and other health problems on vital records including death certificates and health records.
 - Compiling national mortality and morbidity statistics
- The US has been using ICD-9 since 1979 and it is outdated
- I-10 in use internationally by multiple countries since 1995.

Benefits and Consequences

Benefits of Compliance

- Improved tools for research, epidemiological studies and clinical trials
- Enhanced quality and safety measurement reporting
- Monitoring resource utilization
- Tracking public health risks
- Enhanced disease management
- Better information for strategic and operational planning

Risks of Noncompliance

- Delayed and/or reduced revenue
- Incomplete/inaccurate quality reporting
- Potential loss of payer contracts
- Federal fines against organizations and practices

We're in this Together



Who uses ICD-9-CM

- Diagnoses: ALL Providers ALL care settings
- Procedures: INPATIENT surgeries ONLY



- CPT: ALL non-inpatient physician services



Uses of ICD-9-CM

- Payment calculation (MS-DRG's)
- Statistical database
- Quality of care studies
- Determination of coverage eligibility (NCDs, LCD's, prior authorization)

Why do we need a new system?

- **Reimbursement** – to enhance the accuracy of payments
- **Quality** – better tool for evaluation of medical processes and outcomes

What do we want in a new system?

- **Flexibility:** able to quickly incorporate emerging diagnoses and procedures
- **Specificity:** Exact enough to identify diagnoses and procedures more precisely than ICD-9: I-9 codes have many possible I-10 code choices
- I-9: 13,000 dx codes; I-10 69,000 dx codes

For example:

- Patient suffers a Colles fx of her left wrist. A month later she sustains a Colles fx of her right wrist.
- ICD-9: 813.41. No distinction between right or left. Will PFS need to submit additional documentation to get the second bill paid??
- Tough to get a clean claim out the door for the second episode of care

ICD-10 Colles Fracture

- Left Wrist, initial visit: S52532A
- Left Wrist, routine follow up visit: S52532D

- Right wrist, initial visit: S52531A
- Right wrist, routine follow up visit: S52531D

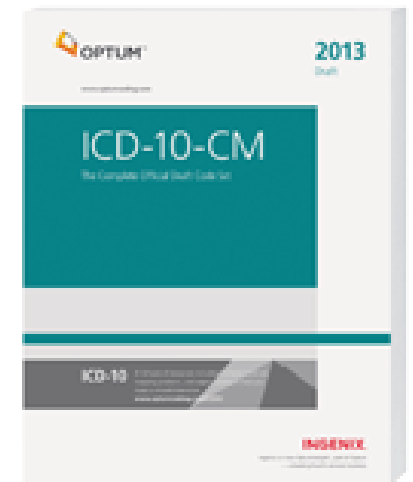
- I-10 also has additional choices for delayed healing, nonunion or malunion of the fx site

ICD-10...not exactly new

- 1990 diagnosis portion endorsed by WHO
- 1994 first release of full ICD-10
- 1999 US implemented for death certificates
- 2002
 - implemented in 138 countries for mortality (death) statistics
 - Implemented in 99 countries for morbidity reporting

Definitely improved!

- More information relevant to ambulatory encounters
- Combination codes for diagnosis and symptoms which will reduce the number of codes needed to describe a condition
- Expanded injury codes
- Pregnancy trimester information
- Laterality and site specificity
- Expanded alcohol and substance abuse codes
- Expanded postop complications codes
- Overall greater code specificity



ICD-10-PCS

- Procedure coding component, developed by 3M under contract with CMS
- Inpatient procedures only
- Strictly for use in the United States
- Does NOT affect CPT/HCPCS coding for outpatient claims
- Completely different coding structure from I-9

I-9 to I-10 Procedure code comparison

Feature	ICD-9 PX Codes	ICD-10 Px codes
Number of Codes	3500	87,000
Format	Up to 4 digits	7 Alpha numeric characters
Decimal Point	Yes, after first 2 digits	No

Why Now?

- Need to standardize transmission of electronic transactions
- Implementation of ICD-10 internationally
- ICD-9-CM is inadequate for reporting clinical data
- US already uses to report mortality statistics

Single Implementation Date for All Users

OCTOBER 1, 2014

- **Date of service** for ambulatory & physician reporting
- **Date of discharge** for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after the CMS implementation date
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time

I-10 everywhere

- Providers cannot opt out of this transition
- All payers must comply with I-10 timeline
- I-9 will not be maintained after Oct. 1, 2014

Duplication of Code Sets

- Currently, only I-9 codes are required, no mapping needed
- For a period of two years or more, systems will need to access both I-9 and I-10 codes as we transition. Mapping will be necessary so that equivalent codes can be found for issues of disease tracking, medical necessity edits and outcomes studies.



GEM'S

General Equivalency Mappings



Developed as a tool to assist with the transition from ICD-9-CM to ICD-10-CM.



Forward and backward mappings



Will be updated annually for a minimum of three years

Version 5010 paves the way...

The new standard for healthcare electronic transactions

- Allows for increased complexity of I-10 codes
- Can distinguish between ICD-9-CM and ICD-10-CM/PCS codes

Impact on Multiple Depts.

- ✓ All Ancillary Services
- ✓ PFS
- ✓ Care Managers
- ✓ Compliance
- ✓ Finance
- ✓ HIM
- ✓ IT
- ✓ Patient Access
- ✓ Physicians, hospital and practices
- ✓ Quality Management

Clinical Documentation

- **Clinical documentation**
 - **What are high volume, high dollar dxs and pxs?**
 - **Does current documentation support I-10 coding?**
 - **How will we improve our documentation?**
 - **Provider buy-in**
 - **Teaching documentation strategies**

Coder Impact

– Training:

- code sets
- anatomy and physiology

– Staffing:

- anticipate decline in productivity

– Computer Assisted Coding?

- Implement before I-10

Revenue Cycle Management

- Projected cost industry-wide 1.6 to 13.5 billion
- Reimbursement changes: DRG's, APC's
- Training
- Buy-in from providers
- Teaching providers documentation strategies
- Payment delays
- Slower claims processing
- Decreased coding productivity

Where do we use I-9 today?

- Superbills and “cheat sheets”
- charge tickets
- Vendor and payer contracts
- Medical necessity documentation; ABN’s, NCD’s LCD’s, prior authorization
- Care management, utilization review and quality reporting
- These are the touch points where I-10 needs to be integrated, working with staff, providers, vendors, and payers.

Action steps: ASSESS

- Identify systems and processes that use icd-9 codes
- Evaluate interfaces where codes are exchanged
- Identify all contractors that rely on diagnosis codes
- Claims processing activities that use icd-9 codes
- Reporting requirements: discharge data submission, other
- Will we need to retain historical data?
 - Research
 - Case mix analysis
 - Trending of clinical data
 - DRG related financial information

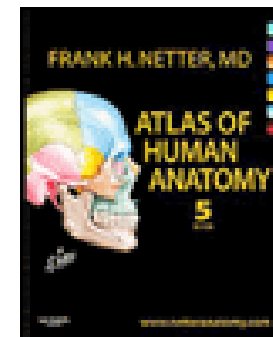
PREPARE

- **Begin changes with all vendors and outside partners.**
- Update processes and policies
- Identify and secure needed training materials



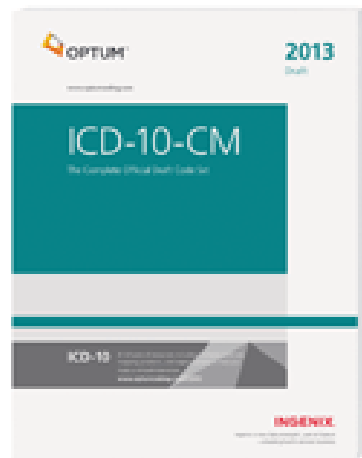
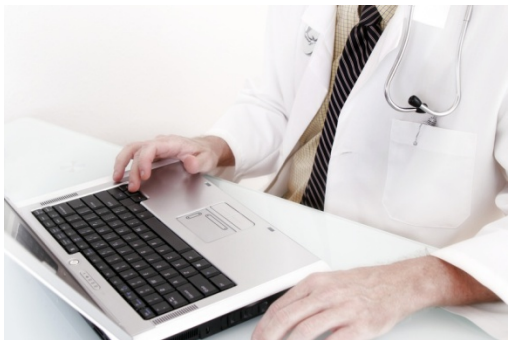
TRAIN

Train staff and providers on the changes including
new policies and processes
code set training
software changes
anatomy & pathophysiology for ICD-10



TEST

Test all changes for ICD-10 prior to implementation and aim for high percent of accuracy in documentation and coding.

A complex ICD-10-CM coding form, likely a claim form, with numerous fields and red highlights. The form is densely packed with text and tables, and the red highlights indicate specific areas of interest or error. The form is oriented vertically and contains various codes and identifiers.



IMPLEMENT



Evaluate and refine

Evaluate your results: What worked, what didn't work?

- Denied claims?
- Documentation issues?
- Coding delays?
- Coding accuracy?

Find gaps between expectations and results, make adjustments,
then implement adjustments.



Web Resources

CMS

- General ICD-10 Information

<http://www.cms.hhs.gov/ICD10>

- ICD-10 Notice of Proposed Rulemaking

[http://www.cms.hhs.gov/TransactionCodeSetsStands/02 TransactionsandCodeSetsRegulations.asp](http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp)

- ICD-10-PCS Coding System and Training Manual

[http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08 ICD10.asp](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08_ICD10.asp)

Web Resources

CDC

- General ICD-10 info:

www.cdc.gov/nchs/about/major/dvs/icd10des.htm

- ICD-10-CM files, info & equivalence mapping to ICD-9-CM:

www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

Web Resources

AHA

- Central Office on ICD-9-CM
- <http://www.ahacentraloffice.org>
- AHA Central Office ICD-10 Resource Center
- <http://www.ahacentraloffice.org/ICD-10>

AHIMA

- ICD-10 General Information
- <http://www.ahima.org/icd10>

