ICD-10 HIM Readiness and Implementation ... Steps and Action
Speaker

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  – Revenue Cycle – Northern California
    • Kaiser Permanente
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Goals & Objectives

• Review Key Aspects to ICD-10 Implementation
• Understand the HIM/Coding phases
• Learn more about the Steps and Action to be taken to prepare
• Improve understanding of the Education and Training needs
• CAC as a bridge tool
• Summary and Next Steps
What Can You Do in the Next 30 Days?

• Ask yourself........
• What can I do or will I do in the next 30 days?
• What can I do or will I do in the next 90 days?
• Write down some action items during today's program.
Review Key Aspects to ICD-10 Implementation
Readiness

• **Noun**
  • 1. Prepared or available for service, action, or progress: *I am ready to work. The soup will be ready in a minute. The pupils are ready to learn to read.*
  • 2. Mentally disposed; willing: *He was ready to believe her.*
  • 3. Likely or about to do something: *She is ready to retire.*
  • 4. Prompt in apprehending or reacting: *a ready intelligence; a ready response.*
  • 5. Available

(Source: FreeDictionary.com)

• **Noun**
  • 1. the condition of being *ready.*
  • 2. *ready* movement; promptness; quickness.
  • 3. *ready* action; ease; facility.
  • 4. willingness; inclination; cheerful consent: *a readiness to help others.*
  • 5. a developmental stage at which a child has the capacity to receive instruction at a given level of difficulty or to engage in a particular activity.

(Source: dictionary.com)
Implementation

• **Implementation** is the realization of an application, or execution of a plan, idea, model, design, specification, standard, algorithm, or policy. It can also be to create the new computer system. (Source: Wikipedia)

• **Implementation** is the carrying out, execution, or practice of a plan, a method, or any design for doing something. As such, implementation is the action that must follow any preliminary thinking in order for something to actually happen. In an information technology context, implementation encompasses all the processes involved in getting new software or hardware operating properly in its environment, including installation, **configuration**, running, testing, and making necessary changes. The word deployment is sometimes used to mean the same thing. (Source: SearchCRM.com)
ICD-10 Compliance Timeline - IMPORTANT

• January 1, 2010: Payers and providers should begin internal testing of Version 5010 standards for electronic claims

• December 31, 2010: Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance

• January 1, 2011: Payers and providers should begin external testing of Version 5010 for electronic claims
  CMS begins accepting Version 5010 claims
  Version 4010 claims continue to be accepted

• December 31, 2011: External testing of Version 5010 must be complete to achieve Level II compliance

• January 1, 2012: All electronic claims must use Version 5010 Version 4010 claims are no longer accepted

• October 1, 2013: Claims for services provided on or after this date must use ICD-10-CM/PCS codes for medical diagnoses and inpatient procedures
ICD-9-CM & ICD-10 Code Freeze

- Vendors, system maintainers, payers, and educators requested a code freeze

- On October 1, 2011, the last regular, annual updates to both ICD-9-CM and ICD-10 will be made.

- On October 1, 2012, there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases.

- On October 1, 2013, there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases.
ICD-10 Code Freeze (con’t)

- On **October 1, 2013** there will be no updates to ICD-9-CM as the system will no longer be a HIPAA standard.

- On **October 1, 2014** regular updates to ICD-10 will begin.

- The ICD-9-CM Coordination & Maintenance Committee will continue to meet twice a year during the freeze.

- The public will comment on whether new codes should be created during the freeze.

- Any codes that do not meet the criteria of being a new technology or new disease will be held for consideration of inclusion in ICD-10 after the freeze ends.
Key Aspects to ICD-10 Implementation

• Phase 1: Implementation plan development and impact assessment (first quarter 2009 to second quarter 2011)

• Phase 2: Implementation preparation (first quarter 2011 to second quarter 2013)

• Phase 3: "Go live" preparation (first quarter 2013 to third quarter 2013)

• Phase 4: Post-implementation follow-up (fourth quarter 2013 to fourth quarter 2014)
AHIMA Top ICD-10 Activities

To check your progress AHIMA has a list of top 10 phase activities that you should complete by June 30th, 2011.

1. Ensure Organizational Awareness
2. Establish Executive Leadership
3. Perform Impact Assessment
4. Conduct Systems Inventory
5. Complete Gap Analysis
6. Establish Internal Timeline
7. Determine Plan for Training
8. Prepare Multi-year ICD-10 Implementation Budget
9. Manage Contractual Changes
People, Process, Business, and Technology

- Human resource strategy, change management, organizational research and communication should come together.
- Address and align technology and employee behavior with business needs.
- Impact all aspects of healthcare business and all settings:
  - Assessed
  - Changed
  - Tested and made ready
2011

**People:**
- Communications with both internal and external key stakeholders
  - Regarding preparation activities
- Coding Pre-requisite training for roll out begins and is completed by end of 2011
- Develop detailed ICD-10 Education & Training Plan
- Begin development of education & training materials
- Develop a Change Management Plan and rollout
- Subgroups regular meetings

**Process:**
- Communication Plan roll out and continuous updates
  - Subgroup status reports
- Change Mgmt. plan implementation with sessions across the organization
- Budgetary plan and updates
- Business and Technology strategy and partnership

**Technology:**
- Monitor vendor readiness and compliance
- Analyze end-to-end information and data flow
- 5010 final testing & readiness

Regular ICD-10 Implementation Committee Meetings
2011 is Here ...

Where are you in your ICD-10 Implementation?
2012

**People:**
- Communication with both internal and external
  - Regarding preparation activities
- ICD-10 training rollout begins
- Change Management Plan rollout continues
- Engage staff in P&P changes/revisions
- Subgroups: regular engagement and meetings

**Process:**
- Communications Plan continues
  - Subgroup status reports
- Change Management Plan continues
- Claim processing plan
- Denial Mgmt. plan
- Data report plan
- Review existing policies and procedures related to ICD-9-CM.
- Identify any changes needed in existing policy and procedures
- Budget plan & monitoring

**Technology:**
- 5010 Implementation and go-live
- Monitor vendor readiness and compliance
- Continue with testing
- Data repository testing
2012 is Coming...

Have you planned for this year?
2013

• People:
  • Continue with communications
  • Continue Change Management
  • Conduct detailed ICD-10 Education and Training
    – Classroom/video, etc.
    – Case Examples
    – Study & Testing
  • Practice go-live
  • Conduct documentation improvement sessions
    – Physicians and other clinicians

• Process:
  • Budget impact and monitoring
  • Develop technology final cut over plan
  • Claims processing final testing and go-live
  • Denial Mgmt. processes
  • Identify process improvement
  • Final Deployment plan
  • Practice medical record and account billing dry run
  • Make final process changes
  • Deploy (10/2013)
  • “go-live”

• Technology
  • Monitor vendor readiness and compliance
  • Final preparation and testing
    – Data reporting
  • Revisions
    – Changes to documentation enhancements
  • Cutover process / resources and crisis - Deployment 10/1/2013
  • Gathering of issues
  • Reassessment of systems

Noncompliance = NO payment
2013...

This is the year!
2014

- **People:**
  - Continue to update and communicate to staff
  - Reassessments
  - Auditing
  - Education and Retraining
  - Summarize implementation and lessons learned – best practices

- **Process:**
  - Budget impact and monitoring
  - Communications
  - Revise processes for improvement
  - Assess implementation and document lessons learned
  - Revise processes where needed

- **Technology:**
  - Reassess
  - Revise
  - Test
  - Deploy
  - Summarize implementation and lessons learned
2014...

Also add this year to your planning!
# Health Care Settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>ICD-10-CM</th>
<th>ICD-10-PCS</th>
<th>CPT/HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Inpatient</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hospital Outpatient</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Physician</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Laboratory</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>All Other</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Questions

• Does your implementation plan cover multiple years? With multiple phases?
• Did you include post go-live phase?
• What about change management?
Change Management
"Change is hard because people overestimate the value of what they have—and underestimate the value of what they may gain by giving that up."

James Belasco and Ralph Stayer
*Flight of the Buffalo* (1994)
Change Management

- Change management is a structured approach to shifting/transitioning individuals, teams, and organizations from a current state to a desired future state.
- It is an organizational process aimed at empowering employees to accept and embrace changes in their current business environment.
- In project management, change management refers to a project management process where changes to a project are formally introduced and approved.

Change Management

• Often thought of in the IT context:
  – Change management is responsible for managing change process:
    • Hardware
    • Communications equipment and software
    • System software
    • All documentation and procedures associated with running, supporting and maintaining live systems
Organizational Change

• Mission changes
• Strategic changes
• Operational changes (including Structural changes)
• Technological changes
• Changing the attitudes and behaviors of personnel
Successful Change Management

• Effective communications
• Diverse education and training
• Alignment is obtained
• Counsel the fears
• Monitor implementation and revise and update as needed
Change Management Activities

• Carry out activities within the plan; analyze, design and implement the change
• Teams to address the change
• Communication
• Address the “Negaholics”
Managing Change through Team Building

• Employee motivation commonly benefits from suitable and well run team building games, exercises, and activities

• Team building games and activities are useful also in serious business project meetings, where games and activities help delegates to see things differently and use different thinking styles.

• Great teamwork makes things happen more than anything else in organizations

• Learning in teams can have great benefits
CHANGE: Why Does the U.S. Need ICD-10?

- ICD-9-CM is running out of codes. Hundreds of new diagnosis codes are submitted annually. ICD-10-CM and ICD-10-PCS will allow for more codes and also greater specificity and thus better epidemiological tracking. This will enable providers to better identify patients with specific conditions that will benefit from tailored disease management programs — e.g., diabetes, hypertension, asthma.

Sources: WEDI ICD-10 White Paper, 2000; ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, September 2006; AHIMA website

While ICD-10-CM/PCS will impact KP's systems and operations, we believe the impact on our clinicians will be less than in the market because KP uses SNOMED. SNOMED provides more specificity than ICD-9 and therefore puts KP "ahead of the curve" for rolling out ICD-10-CM. ICD-10-PCS will be new for KP (as it is for the industry) and we will therefore have a steeper learning curve.
Change to ICD-10

<table>
<thead>
<tr>
<th></th>
<th>Diagnosis</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>10,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td>20,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10 (WHO)</td>
<td>30,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>40,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10-PCS</td>
<td>50,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10 (WHO)</td>
<td>60,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10 (WHO)</td>
<td>70,000</td>
<td>0</td>
</tr>
<tr>
<td>ICD-10 (WHO)</td>
<td>80,000</td>
<td>0</td>
</tr>
</tbody>
</table>
## Some Differences: Diagnosis Coding & Data

<table>
<thead>
<tr>
<th>ICD-9-CM*</th>
<th>ICD-10-CM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–5 characters in length</td>
<td>3–7 characters in length</td>
</tr>
<tr>
<td>14,315 diagnosis codes</td>
<td>69,101 diagnosis codes</td>
</tr>
<tr>
<td>Only V codes and E codes</td>
<td>ALL codes start with a letter</td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Cannot identify laterality</td>
<td>Can identify laterality</td>
</tr>
</tbody>
</table>

*Based on the 2010 versions of ICD-9-CM and ICD-10-CM.*
Some Differences: Procedure Coding & Data

<table>
<thead>
<tr>
<th>ICD-9-CM*</th>
<th>ICD-10-PCS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–4 digits</td>
<td>7 alphanumeric characters</td>
</tr>
<tr>
<td>3,838 procedure codes</td>
<td>71,957 procedure codes</td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
<td>Flexible for adding new codes</td>
</tr>
<tr>
<td>Generic terms for body parts</td>
<td>Specific terms for body parts</td>
</tr>
</tbody>
</table>

* Based on the 2010 versions of ICD-9-CM and ICD-10-PCS.
ICD-10: Why so MUCH change?

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system
- 17,045 (25%) of all ICD-10-CM codes are related to fractures
  - 10,582 (62%) of fracture codes to distinguish ‘right’ vs. ‘left’
- ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
Tips about Change

• Avoid the loss of valued employees and minimize business disruption from the change
• Answer the questions employees are afraid to ask
• Describe the phases of the change and what employees can expect
• Incorporate “team building” with change management
• Garner support from employees who would otherwise resist the change
• Create an attitude of “Can-do” rather than “Not my job”
<table>
<thead>
<tr>
<th>Staff Impacted</th>
<th>By This Change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Coding</td>
<td>Physician/Prof Fee</td>
</tr>
<tr>
<td></td>
<td>Coding</td>
</tr>
<tr>
<td>Rehab Coding</td>
<td>SNF Coding</td>
</tr>
<tr>
<td>Home Health Coding</td>
<td>Long Term Care</td>
</tr>
<tr>
<td>CDI Staff</td>
<td>Social Services</td>
</tr>
<tr>
<td>Therapists</td>
<td>Auditing Staff</td>
</tr>
<tr>
<td>Coding Educators</td>
<td>Physicians</td>
</tr>
<tr>
<td>Case Management/UM</td>
<td>PFS/Billing Staff</td>
</tr>
</tbody>
</table>
"One key to successful leadership is continuous personal change. Personal change is a reflection of our inner growth and empowerment."

Robert E. Quinn
Project Management

- Planning, organizing, securing, and managing resources to achieve specific goals
- Chair of your ICD-10 Implementation Committee or in addition to the Chair
- Outline goals and objectives
- Develop a charter
- Key milestones and timeline
- Detailed project plan
Understand the HIM/Coding Phases
Managing Implementation (Project) HIM/Coding ICD-10 Readiness Phases

• Implementation plan includes a detailed project plan
• Milestone and timeline
• Assessment or Gap Analysis
  – Education and Training
• Prerequisite course work
• Training and Practice ICD-10 Coding
• Go-Live
• Post Go-Live
Develop an ICD-10 Charter

• A charter is a valuable tool for project management and major implementations
  – Name of your charter
  – Background
  – Purpose and business need
  – Primary Goals & Objectives
  – Assumptions
  – Out of scope
  – Sponsorship and owners
  – Key stakeholders

Charter can be adapted to fit any organization and an array of projects. A good Project Charter literally keeps everyone involved in any way on the same page.
ICD-10 Charter

• Check the WEDI website

• SAMPLE:

  – **Scope of Work:** Identify activities, risks, solutions and education associated with the assessment, planning and implementation of the ICD-10-CM and ICD-10-PCS medical code sets (ICD-10) for business operations, infrastructure, and applications which would include both clinical and administrative areas as applicable.
Systems Inventory

- HIM/coding systems (MS-DRG grouper, encoding software, abstracting systems, and compliance software);
- Revenue-cycle systems;
- Databases and data warehouses;
- Reports (analog and digital);
- Registries; and
- Desktop applications.
Scope: Revenue Cycle (sample)

• Front
  – Preauthorization and scheduling
  – Admitting/Registration

• Middle
  – Documentation
  – Charge Capture
  – Coding

• Back
  – Claims Processing
  – Adjudication
  – Appeals
Documentation – Impact to HIM

• The rules for documentation are not changing with ICD-10
• ICD-10 may require some increased clinical documentation needs
• The documentation guidelines in ICD-9-CM are very specific even today
• The codes have not kept up with the documentation requirements because they may not be specific enough and documentation requirements do not keep up with the codes
• With ICD-10, for the first time ... a clinical classification system that is sophisticated enough, and specific enough, to keep up with the changes in medical and regulations.
Documentation

- Co-morbidities
- Manifestations
- Etiology/causation
- Complications
- Detailed anatomical location
- Sequelae
- Degree of functional impairment
- Biologic and chemical agents
- Phase/stage
- Lymph node involvement
- Lateralization and localization
- Procedure or implant related

- History & Physical
- Consultation
- Operative report or procedure note
- Discharge summary
- Progress notes
- Physician Orders
- Physician visit/encounter note
- Nursing notes
- Physical therapy, Occupational and Speech therapy notes
- Other clinical notes
- Disability qualification and summary
• **ESTIMATES:** 15 percent to 20 percent more specificity – maybe?

• **EXAMPLE:** A patient diagnosed with malignant hypertension and stage V chronic renal disease is admitted to the critical care unit. The patient is now in acute renal failure with acute cortical necrosis.

• First listed diagnosis: I12.0 Hypertensive chronic kidney disease with stage V chronic kidney disease or end-stage renal disease

• Second listed diagnosis: N18.5 Chronic kidney disease, stage V
Documentation (con’t)

• We need greater specificity TODAY and with ICD-10
• Step to take: Report most frequently used diagnosis codes
  – % of not otherwise specified (NOS) and not elsewhere classified (NEC) codes
• Procedure terminology will be impacted
  – Especially with orthopedics
• Report most frequently used inpatient procedure codes
• Conduct an audit or assessment to identify specific documentation gaps
  – You may already have this with CDI
  – Conduct some ICD-10 coding on current inpatient procedures
Documentation Assessment

- Plan an assessment on the quality of Medical Record Documentation
  - 100 to 200 charts (depending on resources and cost)
- What are your top physician queries today?
  - Talk with the HIM and CDI departments
- Evaluate samples of various types of medical records to determine whether documentation supports level of detail found in ICD-10
- Implement documentation improvement strategies where needed
- Nonspecific codes are still available when necessary
Documentation Assessment

“Working now to improve clinical documentation for ICD-10 should be a primary focus of every hospital’s ICD-10 transition plan,” said Sandeep Wadhwa, M.D., Chief Medical Officer and Vice President, Coding and Reimbursement for 3M Health Information Systems.
Assessment Scoring and Prioritization

- **RED** – Represents the highest level of priority which has the most direct relation to the strategic category. The scoring range that determines the high priority range is based upon an organization’s own policy, timelines and goals.

- **YELLOW** – Represents a medium level of priority which has somewhat of a direct relation to the strategic category. The scoring range that determines the high priority range is based upon an organization’s own policy, timelines and goals.

- **GREEN** – Represents a low level of priority which has little to no direct relation to the strategic category. The scoring range that determines the high priority range is based upon an organization’s own policy, timelines and goals.
Physician Setting

• Claim or “Super Bill” Conversion
  – Step #1 – audit/review your current claim form or super bill
  – Step #2 – remove or delete rarely used codes
  – Step #3 – Map ICD-9-CM to ICD-10-CM codes use GEMS
  – Step #4 – Create and review new form
  – Step #5 – Test/practice new claim/super bill form
  – Step #6 – Revise/change if needed
    • Test again
  – Step #7 – Finalize and ready for use
Physician Engagement

• Provide evidence that simplifies the process
• Work with organized medicine to deliver the message
• Partner with key professions that can help facilitate training
  – Continuous
• Leverage existing relationships between coding professionals and physicians
• Use examples to demonstrate the importance of ICD-10 and the changes needed
• Use your EHR or Computer Assisted Coding technology to help bridge the gaps
• **CDM** is a comprehensive file that lists items that can be billed to a patient or insurer by a healthcare provider.

• Purpose: is to develop an accurate summary of charges and services doctors and nurses provide during the course of patient care.

• Most often CPT/HCPCS codes are built into CDM file
  – Promotes accurate billing and reimbursement

• Rarely ICD-9-CM diagnosis or procedure codes
Charging

• CDM = Charge Description Master
• Service code = Departmental number linked to a departmental service &/or treatment
• Description = Narrative title or description of the service/treatment. Printed on the CDM, encounter or charge sheet
• Revenue Code = A 3-digit code on the UB claim. This is typically linked to CPT codes and is an indicator of the service provided
  • 360 = Surgery
  • 750 = GI
• Units = Quantity or volume (for surgical range codes, this most often is (1) as the modifier can indicate multiples)
  – Pharmacy will utilize units field and also in Observation
• CPT Code = A 5-digit numeric code or HCPCS code, which is alphanumeric that describe procedures or services as listed in the AMA CPT book
• Price $ = The dollar amount billed to the payer or the patient for the service/treatment
Charge Description Master

• Assess your CDM to determine if ICD-9-CM codes are being used and automated.

• If there are included in your CDM then further IT work will be needed to update to the new ICD-10 codes.
  – Upgrade
  – Testing
Claim Processing and/or Patient Financial Services

• Claims Processing
  – May wish to initially consider converting data from ICD-10 to ICD-9 until system changes have been made to support adjudication and edits based directly on ICD-10 logic

• The change is much more than just an adjustment to field length.

• Healthcare providers and payers will need to make changes to format, logic, and business rules of all affected applications and systems.
Claim Adjudication and Denial Mgmt.

- Participation in the ICD-10 Steering Committee
- Complete assessment
- Identify training needs
- Identify budget needs
- Contact payers and discuss processes
  - Payer specific issues
Claim Adjudication and Denial Mgmt.

- Contact your billing service or company
  - Develop a plan
- Review policies and make revisions
- Test claim processing and retest
- Include denial management staff and processes
Claim Appeals

• Update and test software you use
• Monitor and track denials and appeals
  – Run reports
• Check your contracted fee schedule rate with each health plan
• Get your denials and appeals caught up before 10/1/2013
• Review and monitor a sampling of all claims during the first 2-3 months of ICD-10
• Consider being proactive: develop appeal template letters, rationales and supporting documentation templates
Contracting

• Risk analysis, actuarial analysis, contracting, third-party groupers, and other business-related uses of ICD-10
  – Approaches may vary by business process over time, based on a number of factors
Reporting and Decision Support

• Perform detailed analysis of reports currently produced
• Analyze if the same reports will be needed in ICD-10
  – Inventory all reports that contain ICD-9-CM codes
• Are all the reports used and useful today?
• Prioritize sequence of reporting changes and estimate cost
• Can you obtain the data you need for the reports
Data Reporting

• Historical Data Reporting
  – Because historical reporting generally covers a multi-year time span, current ICD-10 codes may be converted backward to ICD-9 codes for a period of time.

• HEDIS® Reporting
  – Since HEDIS specification logic will support both ICD-9 and ICD-10, it makes sense to run measures based on code received (both ICD-9 and ICD-10, concurrently)
Financial Analysis

• Budget
• Reimbursement impact
• Tracking and trending
• Business lines and Profitability
• Comparison of CC/MCC ICD-10 Codes
  – MS-DRG changes?
Coding & HIM

• Many setting are impacted
• Many “issues” today to deal with
  – Documentation
  – Systems
  – Guidelines and Rules
• Medical or clinical coding is very labor intensive and time consuming
• Changes even small ones can impact productivity and quality
ICD-10: Coding Benefits

• Greater detail
• Enhanced categorization models
• Greater severity and risk definition
• Greater precision of definition
• Greater forward flexibility
• Greater ability to integrate clinical information
ICD-10: Coding Productivity

• Impact to productivity?
• Yes, you can expect that
• Estimates range from 12-40% impact
• Preparing will help to decrease the impact
• Hospital, Physician, all settings.....
ICD-10: Productivity

• Canadian experience
• Conduct some work-time-flow study sessions
Questions

• Have you thought about the impact on coding productivity come 10/1/2013?

• What will you do to address this?

• Hire more coding staff?

• Hire external contract coding services?

• Other...?
Learn more about the Steps and Action to be taken to prepare
Other Coding Considerations

- Plan to mitigate **reduced reimbursement** due to documentation deficiencies
- Plan to mitigate increased coding error rates
- Plan to mitigate **increased DNFB** due to coding and billing delays
- Plan to mitigate **increased A/R** due to increased denials
  - Cash flow impact
Other Coding Considerations (con’t)

• Plan for reimbursement changes due to code mapping to MS-DRGs
• Consider Electronic Health Record (EHR)
• Consider Computer assisted coding (CAC)
Impact on Coding

- Education and training
  - Incl. ICD-10 Coding Guidelines
- Change management
- Process assessments
- Audits
- Data quality and compliance
- Reimbursement
Key Action & Questions

• Determine the staff impacted
  – What is your scope?
    • Departmental
    • Facility
    • Organization
    • Company
  – What is your organizations scope?
  – Who is going to take the lead?

• Determine the level of impact
  – Low, Medium and High
  – Define each level of impact (ie high = daily use of codes)

• Include an assessment in the overall plan
Improve understanding of the Education and Training needs
Education and Training Plan

• Important part of your implementation
• Key to success and impact is far reaching
Education and Training

- **Education** = the development of knowledge, in the mind; learning

- **Training** = the practice and learning to do a particular act, trade, art or profession
Questions

• Who will need education?
• What type and level of education will they need?
• What curriculum will be used?
• How will the education be delivered?
• What is the most appropriate and cost-effective method of providing ICD-10 education to the different categories of individuals who need training?
• How much is this going to cost?
Who Needs Education and Training?
(varies depending on position and role)

- Clinical department managers
- Ancillary departments
- Data analysts
- Researchers
- Epidemiologists
- C-Suite Executives
- Performance improvement
- Corporate compliance
- Data quality management
- Data security
- Data analysts
- Payer contract managers and negotiators

- Coders
- Other HIM personnel
- Clinicians
- Senior management
- Information technology
- Quality management
- Utilization management
- Accounting
- Business Office
- Auditors and consultants
- Patient access and registration
Education Plan: ICD-10 Awareness

• Develop a plan
  – Detailed steps and processes are important
  – Responsible individual or group

• Include a timeline
  – Key milestones

• Educate senior management (C-Suite), IT personnel, department managers, and medical staff on: Regulatory requirements
  – High level overview
  – Value of new code sets
  – How ICD-10 fits with other internal and external initiatives
  – Some differences between ICD-9 and ICD-10 code sets
What type and level of education will they need?

- Book-based
- Web-based
- High school level (reading level)
- College level
What curriculum will be used?

• Purchased services or develop your own?
• External vendors....
• AHIMA curriculum
How will the education be delivered?

• Distance or online (webex)
• Classroom
  – Virtual
  – Live
• Independent study
• Combination or blended
Education & Training for Your Coding Staff

- Distance Learning and online (E-learning)
- Webinars/Audio Conferences
- Books
- Local /Regional Professional Associations Chapter Conferences
  - University, academy, boot camps
- AHIMA National Conference
- Workshops/Seminars
- Specialty Specific Training Sessions
- Internal education and training
- Review of Coding Guidelines
Lecture & Listen Education

• Adult learners: think about who is your audience
• Hearing is learning
• Seeing is learning
• Doing is learning
• Combination
Lecture & Listen Education (con’t)

– Some experts say that people remember 20% of what they hear, 30% of what they see, 50% of what they see and hear, and 80% when they hear, see and do.

– Very important in educating and teaching
Education Plan: ICD-10 Awareness

• Educate medical staff on: Impact on documentation and their practice/billing
  – Data quality
  – Reimbursement

• Coders and other HIM professionals should:
  – Become familiar with the structure, organization, and unique features of ICD-10-CM (ALL PROVIDER TYPES) and ICD-10-PCS (INPATIENT HOSPITAL ONLY)
ICD-10 Educational Plan: HIM Coding

- Start with a survey Coding staff
  - Ask some questions of the staff
  - Conduct the assessment

- Targeted educational model for defined ICD-10 audience segments
  - HIM and executive level leadership
  - Educators and current students
  - Experienced coders
  - Managers of data
  - Care providers, etc.

- Tailor education to address varying needs and learning styles

- New ICD-10 Coding Guidelines

- Start with “awareness” education and overview
  - High level overview of ICD-10 and the implementation plan
ICD-10 Education Plan: Coding Assessment / Gap Analysis

• Perform an assessment and/or audit that can help determine your educational needs
  – Evaluate achievement on a course or course work
• AHIMA has identified the following foundational areas for coding staff to know:
  – Medical Terminology
  – Anatomy
  – Disease Process
  – Advanced Pharmacology

DO THIS NOW!
ICD-10 Education Plan: Coding Assessment / Gap Analysis

- Conduct Coding Gap Analysis
  - Conduct gap analysis of coding professionals’ knowledge and skills
  - “tool”
  - Assess coding professionals’ knowledge in biomedical sciences (Medical Terminology, Anatomy and physiology, Pathophysiology – disease process, and Pharmacology)
  - Arrange for additional training in areas identified during assessment
ICD-10 Education Plan: Prerequisite Education

- Four core competency areas: Medical Terminology, Anatomy and physiology, Pathophysiology – disease process, and Pharmacology
- Other areas to consider:
  - Coding guidelines knowledge
  - Basic coding skills
  - Regulatory
- Course work – 10 hrs to 20 hrs depending on the assessment results/findings
- Spread out each course over a 1-3 month period of time
- Plan for those
ICD-10 Educational Plan: HIM Coding

• **Train the trainer – nationally**
  – Watch for AHIMA details and budget – ck their website
  – Check AAPC

• **Develop tip sheets and tools**

• **Code actual records**
  – Use some sample “charts" cleansed

• **Conduct testing: knowledge of ICD-10**

• **Offer online courses**
  – Many vendors offer this
ICD-10 Education: Variety

• True and False
• Multiple Choice
• Case Examples
  – Practice
• Conduct ICD-10 Coding Guideline review
• Practice coding actual cases
  – Dual coding-conduct prior to go-live
Education: Case Examples and Testing

• ICD-9-CM Coding:
  038.9 Unspecified septicemia
  995.92 Severe sepsis
  785.52 Septic shock

• ICD-10-CM Coding:
  A41.9 Septicemia, unspecified
  R65.21 Severe sepsis with septic shock
Questions

• How much education and training will my staff need?
• Will I develop the assessment or purchase from an external source/vendor?
ICD-10 Training Estimates

• Physician setting: Training clinical and administrative staff to use the new ICD-10 code set may require up to 16 hours for coding staff
  – 8 hours for administrative staff
  – 12 hours for providers, according to the analysis.

• Costs may vary depending on the type of training materials used and the resources available.

• Source: American Academy Orthopaedic Surgeons
Training Estimates (con’t)

- Physicians will need approximately 16 to 20 hours of training
- Coders will need 40 to 60 hours of training
  - Professional Fee
  - Hospital Coding
    - Inpatient coding
- Other staff might need approximately six to 10 hours of training

AHIMA Recommendations

• **Intensive coder training** should be provided 6 to 9 months prior to implementation
  - Hospital coding staff
    • CM vs. PCS (more for those who code inpatient)
  - 16 hours of ICD-10-CM training will likely be adequate for most coders, and very proficient ICD-9-CM coders may not need that much
  - Cost of the education and training
    • Budget over several years
AAPC Recommendations

• AAPC and Ingenix have teamed up to bring you the most comprehensive ICD-10 implementation training plan available.
• Education for Physician and practice leaders
  4-6 hrs – ICD-10 Overview and Summary
• Education for staff – coding
• 2 days understanding implementation
• 2-3 days of “coding training”

AAPC Certified coders will be required to take an ICD-10 exam
Prerequisite Educational Phase: Medical Terminology

• **Medical terminology** is a vocabulary for accurately describing the human body and associated components, conditions, processes and process in a science-based manner.
• It is to be used in the medical and nursing fields.
• This systematic approach to word building and term comprehension is based on the concept of: (1) word roots, (2) prefixes, and (3) suffixes.
Test Your Knowledge: Medical Terminology

A. Revision:
1. Completely closing an orifice or lumen of a tubular body part

B. Removal:
2. Cutting out or off, without replacement, all of a body part

C. Excision:
3. Taking out or off a device from a body part
4. Cutting out or off, without replacement, a portion of a body part

D. Resection:

E. Occlusion:
5. Correcting, to the extent possible, a malfunctioning or displaced device
Prerequisite Educational Phase: Anatomy

• **Anatomy** (from the Greek: *separate, apart from, and, to cut up, cut open*) is a branch of biology and medicine that is the consideration of the structure of living things.
Test Your Knowledge: Anatomy

#1 The splenic flexure is part of which portion of the colon?
A. Ascending  
B. Lower  
C. Sigmoid  
D. Transverse

#2 The anterior lingual gland is part of which gland?
A. Minor salivary gland  
B. Pituitary gland  
C. Skene’s gland  
D. Vestibular gland
#3 Which one of the following is an upper arm muscle?
A. Brachialis muscle
B. Coccygeus muscle
C. Cremaster muscle
D. Superior longitudinal muscle

#4 The foramen magnum is part of which bone?
A. Ethmoid
B. Occipital
C. Pelvic
D. Temporal
#5 The larynx includes all but which of the following?
A. Aryepiglottic fold
B. Cuneiform cartilage
C. Glottis
D. Mandibular notch

#6 The basal ganglia includes which one of the following?
A. Circle of Willis
B. Ishium
C. Substantia nigra
D. Subthalamic pallidus
Prerequisite Educational Phase: Disease Process

• Disease process
  – Understanding a particular disease or medical condition through any of the following:
    • characteristics, causes, signs and symptoms, etiology, pathology, and prognosis
Disease Process: Example

• Urinary Tract Infection:
  – Organs and location
  – Function
  – Signs/Symptoms
  – Causes
  – Treatment
  – Statistics
Let’s Test Your Knowledge:
Disease Process
Question #1

• The urinary system consists of the:

  • A. Bladder, kidneys, uterus and urethra
  • B. Kidneys, ureters, bladder and urethra
  • C. Ovaries, uterus, urethra and kidneys
  • D. Urethra, kidneys, bladder and vas deferens
Answer #1 ...
Question #2

• What are the signs and symptoms of a UTI in adults?

• A. Frequent urge to urinate
• B. Pain during urination
• C. Milky/cloudy urine
• D. All of the above
Answer #2 . . .
Question #3

• Which is not a common cause of UTIs in men?
  
• A. Erectile dysfunction
• B. Catheter usage
• C. Urinary stone
• D. Enlarged prostate
Answer #3 . . .
Question #4

• What is the most common cause (organism) of urinary tract infection (UTI)?

• A. *Escherichia coli* (*E. coli*)
• B. *Staphylococcus aureus* (*S. aureus*)
• C. *Chlamydia*
• D. *Mycoplasma*
Answer #4 . . .
Prerequisite Educational Phase: Pharmacology

• **Pharmacology** (from Greek, "drug") is the branch of medicine and biology concerned with the study of drug action.
Let’s Test Your Knowledge: Pharmacology
Test Your Knowledge: Pharmacology

1. Omeprazole  _____  • A Hypertension
2. Plavix  _____  • B Depression
3. Felodipine  _____  • C GERD
4. Prozac  _____  • D Pneumonia
5. Lisinopril  _____  • E Heart Attack
6. Levofloxacin  _____  • F Congestive Heart Failure
Pharmacology Answers . . .

• 1. Omeprazole ___
• 2. Plavix ___
• 3. Felodipine ___
• 4. Prozac ___
• 5. Lisinopril ___
• 6. Levofloxacin ___

• A. Hypertension
• B. Depression
• C. GERD
• D. Pneumonia
• E. Heart attack
• F. Congestive Heart Failure
## Education: ICD-10-PCS Definition and Terminology Changes

<table>
<thead>
<tr>
<th>ICD-9 Procedure Term</th>
<th>ICD10 Procedure Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputation</td>
<td>Detachment</td>
</tr>
<tr>
<td>Amniocentesis</td>
<td>Drainage</td>
</tr>
<tr>
<td>Arthroscopy, Cystoscopy...</td>
<td>Inspection... Endoscopic Approach</td>
</tr>
<tr>
<td>Closed Reduction</td>
<td>Reposition</td>
</tr>
<tr>
<td>Debridement</td>
<td>Excision, Extraction, Irrigation, Extirpation</td>
</tr>
<tr>
<td>Radical Mastectomy</td>
<td>Resection (right, left or bilateral)</td>
</tr>
<tr>
<td>Subtotal Mastectomy</td>
<td>Excision</td>
</tr>
<tr>
<td>Tracheostomy,</td>
<td>Bypass</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>Extraction of Products of Conception</td>
</tr>
<tr>
<td>Incision</td>
<td>No ICD10 term</td>
</tr>
</tbody>
</table>
Education: ICD-10 Coding Details and Provide Examples

• **Fractures:**
  • Fracture codes include the type of fracture, specific anatomical site, whether the fracture is displaced or not, laterality, routine versus delayed healing, nonunions, and malunions
  • Laterality and identification of type of encounter (initial, subsequent, sequel) are a significant component of the code expansion.

• The fracture seventh character extensions include:
  A – Initial encounter for closed fracture
  B – Initial encounter for open fracture
  D – Subsequent encounter for fracture with routine healing
  G – Subsequent encounter for fracture with delayed healing
  K – Subsequent encounter for fracture with nonunion
  P – Subsequent encounter for fracture with malunions
  S – Sequela
Coding Guidelines

- Educate on the ICD-10 Coding Guidelines
ICD-10 Coding: 8-10 weeks Prior to Go-Live

• Weekly ICD-10 Coding information and tips
• Coding or Encoder/software to show both ICD-9-CM and ICD-10
• Code 20-25 records using ICD-10, bring issues to your Coding HIM leadership
• Develop and post “Tip” sheets
• Create an ICD-10 newsletter
Go-Live 10/1/2013

• Central command center for response to issues
  – Gather and track all questions or concerns that arise within the first 10-14 days of go-live
  – Track issues

• IT issues

• Coding issues
  – Guidelines

• Documentation issues
Post Go-Live Training & Education

- Reassessment and audit post go-live
- Re-education and retraining
  - Clarifications
  - Communications
- Monitoring on-going
- Track patterns and trends
  - Provide feedback and information
- Documentation improvement assessment
- Into 2014 ....
Develop Tips

ICD-10 Coding Tip: Diabetes Mellitus

In an effort to aid Health Information Management Coding Professional for ICD-10, the following is provided with an educational intent.

TIP: Many coding assignment rules that should be family to you in ICD-9 will carry over to ICD-10. In some cases, such as Diabetes Mellitus, one code will satisfy where we were required to use two or more and with a required sequencing to communicate the DM and the complication. In ICD-10, DM codes will include the type of DM, the body system affect as well as the complication affecting that body system – all in one code.

What familiar component, present in ICD-9, for DM is missing in this sequence of information?

ICD-10 Answer: Controlled or uncontrolled is no longer a coding factor in ICD-10 when assigning for diabetes.

Developed by the CHIA Coding & Data Quality Committee 7.2011
AHIMA

- Resources
- Assessment tool and assessment
ICD-10 Interactive Self Learning Tool

The WHO Electronic ICD-10-training tool is designed for self-learning and classroom use. The modular structure of this ICD-10 training permits user groups specific tailoring of courses on individual paths, if desired. Detailed information is given in the introduction of the tool, and in the user guide.

You can access the [User guide](#) from here and print or save it. The manual can also be accessed at any time during the training.

**Start the training**
There are two versions of the training tool

- [Full ICD-10 training](#) that contains all modules
- [Cause of death certificate version](#), for persons that fill in causes of death on a death certificate.

Self-learners may have questions while working on one or the other section of the training. [A website allows interaction with a group of specialists](#).

Translations in different languages are encouraged. An outline of necessary resources, materials and rules is given [here](#).
CAC as a Bridge Tool
Other Tools
Before And After Conversion

- Process of Coding
  - Using Other Tools, such as Computer-Assisted Coding (CAC) before and after conversion
What is CAC?

• Computer Assisted Coding (CAC) technology automatically generates codes directly from clinical documentation.

• Computer/engine will “read” electronic text or handwritten documentation AND provide the tentative ICD-9-CM code(s) ready for validation.

• Leveraging:
  – Computer-based intelligence (systems)
  – Natural Language Processing (NLP)
  – EHR/EMR
CAC

• AHIMA has defined Computer-Assisted Coding (CAC) as *use of computer software to "read" clinical documentation and automatically generate medical codes for review and validation by a trained human coder.*
Other Tools: CAC

- To automatically generate codes, currently CAC uses either
  - natural language processing (NLP)
  - structured data input
Other Tools: CAC

- **NLP** helps boost a coding professional’s productivity by using artificial intelligence to identify concepts in free text and associate codes from controlled vocabularies to the relevant phrases in the text.

- **NLP**

- In this type of system:
  - steps in the workflow could prevent coders from receiving the health record until key documents are available.

- Coding professionals need to review the codes generated by CAC to ensure accuracy and proper reimbursement.
Structured data input is driven by healthcare providers documenting care in electronic health/medical records

- Structured data input
- In this type of system:
  - HIM professionals’ expertise is required regarding health record content management
  - Coding professionals need to review the codes generated by CAC to ensure accuracy and proper reimbursement
Other Tools
CAC

- Additional features can include:
  - Improving concurrent coding
  - Improving remote coding
  - Integrating coding workflow
  - Reimbursement analysis
  - Enhanced business intelligence

- With CAC’s emphasis that the data must be in an electronic format, the ARRA/HITECH incentive payments not only will drive adoption of the meaningful use of certified EHRs, but also it will drive adoption of CAC
Capabilities & Benefits of CAC

• Ability to quickly find, review and verify electronic health record (EHR) documentation
  – Saving time

• Improves code capture for reimbursement (key documentation)
  – Positive financial impact

• Improve case mix index (CMI)

• Expedite coding process
  – Improve DNFC (Discharge not final coded)
  – Improve coding accuracy via edits/flags within CAC
Capabilities & Benefits of CAC (con’t)

• Potential improvement in coding productivity
• Reduction in coding overtime and contract support
• Leverage ICD-10 Educational and Training
• Utilize within CDI (Clinical Documentation Improvement) - Concurrent
• Expedite auditing retrospectively
• Creates a Compliance audit trail
CAC Barriers or Disadvantages

- Electronic text is ideal
  - Versus written
- Interface with your EHR
  - Internet, security
- Change
- Cost
- Implementation & resources
- ICD-10 looming
With the overwhelming increase in the quantity of ICD-10 codes, enhancing the productivity of coders with CAC will become even more critical.
Other Tools
CAC

Vendors have or are developing CAC tools

- 3M’s Codefinder Computer-Assisted Edition
- Dolbey’s Fusion CAC Revenue Management
- Ingenix’s A-Life Medical Actus
- Kiwi-Tek’s PLATOCODE
- QuadraMed
- MedQuist’s CodeRunner CAC
- Precyse Solution’s (with M*Modal) PrecyseCode
- Cobius
- Etc.
Other Tools

CAC

Vendors have or are developing CAC tools

- CAVEATS!
  - Currently, all are built for ICD-9-CM use
  - To date, some CAC products have been installed

ONLY IN

- inpatient environments
- OR
- outpatient (ambulatory care) environments
- OR
- ancillary departments (e.g., radiology, cardiology)
- ASK Questions
Future role of the “Coding Professional”

- Auditor/Validator
- Coding “validation” is the new job role
  - 75% of time validation
  - 10% of time abstracting and research
  - 15% coding
- Competent coding professionals are needed
- Limited time to read/review the medical record
- Use of encoder... limited
- Audit trail where the key documentation to support the code was located for RAC, etc.
Some CAC Next Steps

• Provide and increase awareness
• EHR fit...
• Engage key stakeholders
• Invite CAC vendors to conduct demos
• Read literature on CAC
• Establish committee
• Determine if RFP is needed
• Business case and Funding
• Implementation planning and timeline
ICD-10 Implementation Timeline – Sample

- **1/1/2010**: Business Requirements Complete
- **5/2011**: Business Design And Development
- **11/2010**: 5010 Testing
- **10/2011**: Internal Testing
- **1/2012**: Systems Design And Development
- **1/13/2012**: 5010 HIPAA EDI Implementation
- **10/2012**: Mandated Implementation
- **10/2013**: Post Implementation Work
Poor Planning and Implementation

• What can happen if you and/or your organization, facility or practice is not ready?

• Poorly educated and trained staff
• Data quality issues
• Increased claims rejections and denials
• Increased delays in processing authorizations and reimbursement claims
• Improper claims payment
• Coding backlogs
• Compliance issues and risk
• Decisions based on inaccurate data
The Clock is Ticking...

- Tick, tock, tick, tock

There will be no delays in the implementation date of ICD-10
XXX days and counting......
Questions?
Sample ICD-10 Impact Analysis - Report
CMS ICD-10 Planning Summary
AHIMA Executive Report

Project Scope

CMS recently concluded a one year project with the American Health Information Management Association (AHIMA) to identify and assess the business processes, systems and operations under CMS’ direct responsibility that would potentially be impacted by a transition to the ICD-10 code set. The AHIMA project was the first of several efforts that will be undertaken to prepare CMS for the transition to ICD-10. The second phase of planning has been initiated and is expected to build on AHIMA’s findings and move CMS closer to an implementation plan within the coming year.

The attached document is a high-level and very preliminary summary of a more extensive AHIMA report chronicling CMS business processes that would be impacted by an ICD-10 transition. The information in the summary, including the risk and impact assessments, should be looked at as an initial review subject to change as we complete additional analysis. Although both the project and report were intended to be solely CMS-focused, the agency is committed to sharing, as expeditiously as possible, the entire report (subject to internal clearance) to provide relevant insights for ICD-10 planning and implementation activities. CMS will continue to refine these findings, and as planning efforts continue, will share additional information as it becomes available.

While the primary objective of this analysis was to assess the potential impact of ICD-10 adoption upon the systems, policies, processes and operations under CMS’ direct control, we realize that this new requirement will have wide-ranging impacts upon the States, providers and beneficiaries.
AHA ICD-10 Implementation
Appendix
ICD-10 Myths & Facts

- Myth: The Oct. 1, 2013 date for implementation should be considered a flexible date.
- **Fact:** All HIPAA covered entities MUST implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after Oct. 1, 2013.

- Myth: Implementation planning should be undertaken with the assumption that HHS will grant an extension.
- **Fact:** HHS has no plans to extend compliance date for implementation of ICD-10-CM/PCS; covered entities should plan to complete steps required to implement on Oct. 1, 2013.
Appendix
ICD-10 Myths & Facts (cont’d)

• Myth: There will be no hard-copy code books and all coding will need to be performed electronically.

• **Fact: ICD-10-CM and ICD-10-PCS code books are already available and are a manageable size. The use of ICD-10-CM is not predicated on the use of electronic hardware and software.**
Appendix

ICD-10 Myths & Facts (con’t)

• Myth: The increased number of codes will make ICD-10-CM/PCS impossible to use.

• Fact: Just as the size of a dictionary doesn’t make it more difficult to use, a higher number of codes doesn’t necessarily increase the complexity of the coding system—in fact, it makes it easier to find the right code.

• Fact: Greater specificity and clinical accuracy make ICD-10 easier to use than ICD-9-CM.

• Fact: Because ICD-10-CM/PCS is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9-CM.
Appendix
ICD-10 Myths & Facts (con’t)

• Myth: The increased number of codes will make ICD-10-CM/PCS impossible to use (con’t).

  • **Fact:** Just as it isn’t necessary to search the entire list of ICD-9-CM codes for the proper code, it is also not necessary to conduct searches of the entire list of ICD-10 codes.

  • **Fact:** The Alphabetic Index and electronic coding tools will continue to facilitate proper code selection.

  • **Fact:** It is anticipated that the improved structure and specificity of ICD-10-CM/PCS will facilitate the development of increasingly sophisticated electronic coding tools that will assist in faster code selection.
Myth: ICD-10-CM/PCS was developed without clinical input.

Fact: The development of ICD-10-CM/PCS involved significant clinical input. A number of medical specialty societies contributed to the development of the coding systems.
Appendix
ICD-10 Myths & Facts (con’t)

• Myth: ICD-10-CM-based super bills will be too long or too complex to be of much use.

• Fact: Practices may continue to create super bills that contain the most common diagnosis codes used in their practice. ICD-10-CM-based super bills will not necessarily be longer or more complex than ICD-9-CM-based super bills. Neither currently-used super bills nor ICD-10-CM-based super bills provide all possible code options for many conditions.
TIP: ICD-10-CM Structure
Diagnosis Coding Classification System

- **ICD-9-CM**
  - 3-5 characters
  - First character is numeric or alpha (E or V)
  - Characters 2-5 are numeric
  - Always at least 3 characters
  - Use of decimal after 3 characters

- **ICD-10-CM**
  - 3-7 characters
  - Character 1 is alpha (all letters except U are used)
  - Character 2 is numeric
  - Characters 3-7 are alpha or numeric
  - Use of decimal after 3 characters
  - Use of dummy placeholder “x”
  - Alpha characters are not case-sensitive

**COMPLIANCE DATE: 10/1/2013**
TIP: ICD-10-PCS Structure

Procedural Coding System

• **ICD-9-CM**
  - ICD-9-CM has 3-4 characters
  - All characters are numeric
  - All codes have at least 3 characters
  - Alpha characters are not case-sensitive
  - Decimal after 2nd character

• **ICD-10-PCS**
  - ICD-10-PCS has 7 characters
  - Each can be either alpha or numeric
  - Numbers 0-9; letters A-H, J-N, P-Z
  - Alpha characters are not case-sensitive
  - Each code must have 7 characters
  - No decimal

COMPLIANCE DATE: 10/1/2013
PCS is Inpatient only
ICD-10 has 140,000 Codes? What's ICD-10?

ICD-10 Overview

Are you ready?

ICD-10 Codes Oh My!

ICD-10 Impact & Gap Analysis
Process Re-engineering to support ICD-10
Verification & Validation
Solution & Strategy development
ICD 10 Transition Management
Data Extraction, Conversion and Reporting
Training
Consulting Services

Technology
People
Process

HOPE is not a METHOD
Thank you
References / Resources

• Wikipedia
• http://www.change-management.com
• Change Management Learning Center
• Changing Minds.org
• Leadershipnow.com
References

- AHIMA, The Basics and Beyond. . . ICD-10-CM for Physician Practice; September 2010 Orlando
- National Center for Health Statistics –CDC -ICD-10-CM
- www.cdc.gov/nchs/icd/icd10cm.htm
- CMS Medicare Learning Network -ICD-10-CM/PCS Myths & Facts
- ICD-10 and HIPAA Federal Register Notices
  www.access.gpo.gov/su_docs/fedreg/a080822c.html
  www.access.gpo.gov/su_docs/fedreg/a090116c.html
- ICD-10 Trainer, HCpro
- ICD-10-CM and ICD-10-PCS: Are YOU Getting Ready?, Shannon McCall, RHIA, CCS, CCS-P CPC, HCpro (White Paper)
- http://www.cms.hhs.gov/ICD10
- http://www.aapc.com
- ICD-10, Dr Joe Nichols, Health Data Consulting, 10/2010
- AHIMA Journal: Implementation of ICD-10: Experiences and Lessons Learned from a Canadian Hospital, Kerry Johnson, CCHRA(C), 2004
Resources

- ICD-10 General Information go to the: http://www.cms.gov/ICD10
- MS-DRG Conversion Report:
- Central Version 5010 and D.0 web page on the CMS website http://www.cms.gov/Versions5010andD0
- The CMS ICD-10 website http://www.cms.gov/icd10
- Medicare Fee-for-Service Provider Resources
  - Medicare Fee-for-Service Provider Resources
- Provider Resources (for all providers)
  - http://www.cms.gov/ICD10/05a_ProviderResources.asp
  - Web pages provide links
ICD-10 Web Resources

• http://www.cms.hhs.gov/apps/media/fact_sheets.asp
• http://www.cms.hhs.gov/ICD10/01_Overview.asp
• http://www.cms.hhs.gov/ICD10/03_ICD_10_CM.asp#
• http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm
• http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm
• http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
• http://www.ahacentraloffice.org/ICD-10
Other Resources

• WEDI (Workgroup for Electronic Data Interchange)
  http://www.wedi.org

• HIMSS (Health Information and Management Systems Society)
  http://www.himss.org/icd10
ICD-10/Version 5010 Industry Listening Session Summary

On December 8, 2009, CMS invited representatives of the health care industry to convene in Washington D.C. for a listening session on the transition to ICD-10, and issues associated with the changeover to the Version 5010 standards for HIPAA administrative transactions. The purpose of this session was to get industry feedback on key issues related to the implementations. This included:

- Identifying areas that require a consistent approach and implementation;
- Fostering discussion for partnering opportunities between organizations and CMS to promote best practices;
- Initiating meaningful messaging to the respective organizations' constituents;
- Ensuring that ICD-10 planning and implementation is prioritized within their sectors;
- Leveraging your communication vehicles to help reach plans and providers; and
- Aligning implementation strategies as applicable and appropriate.

As executive summary of the comments received at that meeting is included in the Downloads section below.

CMS ICD-10 Impact Analysis

In September 2008, CMS concluded a one year project with the American Health Information Management Association (AHIMA) to identify and assess the business processes, systems and operations under CMS' direct responsibility that would potentially be impacted by a transition to the ICD-10 code set. The analysis included information gathered from CMS components from late 2007 to early 2008 and was the first of several efforts that will be undertaken to prepare CMS for the transition to ICD-10. An initial summary of AHIMA's executive report is included in the Downloads section below, along with a more detailed report of AHIMA's initial findings.