Meeting the ICD-10 Compliance Date .... Are You Going to Be Ready?!

HCCA Regional Conference
November 2011
Speaker

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Disclaimer

• This material is designed and provided to communicate information about clinical documentation, coding, and compliance in an educational format and manner. The author are not providing or offering legal advice, but rather practical and useful information and tools to achieve compliant results in the area of clinical documentation, data quality, and coding.

• Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. Applying best practice solutions and achieving results will vary in each hospital/facility and clinical situation.
Goals/Objectives

• Brief background and key components to ICD-10 Readiness
• Learn about your 2011, 2012 & 2013 implementation goals
• Understand what steps for readiness you need over the next two years
• Enhance knowledge on the key assessment areas
• Question and answer session
Hot Healthcare Topic

ICD-10 Implementation

ICD-10 Implementation - Ready By October 2013? | PRJHealthCare.com
Schedule Preliminary Assessment to Find Out!
www.prjhealthcare.com

ICD 10 Implementation - Succeed in Your ICD-10 Conversion.
Learn How w/ Protiviti's Expertise.
www.protiviti.com/IDC-10

ICD-10 Implementation - Deep comprehension of ICD-10 issues
Get guidance through the transition
www.milliman.com/ICD-10Implementation

ICD-10 Implementation – AACP
ICD-10 codes and coding information, systems, adoption, education and uses. Understand what challenges and innovations ICD 10 faces.
www.aapc.com/icd-10/ - Cached - Similar

Overview ICD-10
May 5, 2011 ... The Version 5010 change occurs well before the ICD-10 implementation date to allow adequate Version 5010 testing and implementation time. ...
https://www.cms.gov/icd10/ - Cached - Similar

Deloitte | Ten Things to Know About ICD-10 Implementation | Health...
Feb 26, 2010 ... A Department of Health and Human Services (HHS) final ruling states that all health care entities using ICD-9 diagnosis and procedure codes ...
www.deloitte.com/.../e706f7a157a07210VgnVCM100000ba42f00aRCRD.htm - Cached - Similar
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-10 Final Rule CMS-0013-F

- Published January 16, 2009
- October 1, 2013 – Compliance date for implementation of ICD-10-CM and ICD-10-PCS (no delays)
- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes

Version 5010

- New version of the HIPAA standards - Version 5010 includes:
  - Technical
  - Data content improvements
  - The updated version is more specific in requiring the data that is needed, collected, and transmitted in a transaction; its adoption will reduce ambiguities
  - Version 5010 addresses currently unmet business needs, including, for example, providing on institutional claims an indicator for conditions that were “present on admission”
- Most important:
  - Version 5010 also accommodates the use of the ICD-10 code sets, which are not supported by Version 4010/4010A1
Final Regulation for ICD-10

- ICD-9-CM diagnosis code set will be replaced with ICD-10-CM (including the official coding guidelines) for coding:
  - Diseases
  - Injuries
  - Impairments
  - Other health problems and their manifestations
  - Causes of injury, disease, impairment or other problems
- ICD-10-CM will be used in ALL healthcare settings
Final Regulation for ICD-10 (con’t)

• ICD-9-CM procedure code set will be replaced with ICD-10-PCS (including the official coding guidelines) for coding:
  
  • Procedures or other actions taken for diseases, injuries and impairments on hospital inpatients reported by hospitals regarding prevention, diagnosis, treatment and management will use the PCS (Procedural Coding System)

• ICD-10-PCS will be used for facility reporting of hospital INPATIENT services only not replace CPT

No Impact on Use of CPT® and HCPCS Level II Codes
ICD-9-CM & ICD-10 Code Freeze

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

• Last regular, annual updates to both ICD-9-CM and ICD-10 will be made on October 1, 2011

• 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)

- There will be no updates to ICD-9-CM on October 1, 2013 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.
ICD-10 Quick Facts
## Some Differences: Diagnosis Coding  
(Clinical Modification)

<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 with a letter</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.
ICD-10 CM Format

X X X

Category

X X X

Etiology, Anatomical site, Severity

X

Extension
Many Ask . . . Why Are There So Many Diagnosis Codes?

- 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’
Some Differences: Procedure Coding System

<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.
Format of ICD-10 PCS
# 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>X</td>
<td></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>X</td>
<td></td>
</tr>
<tr>
<td>All Other</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
What are the Key Components of Implementation?

- Awareness and Engagement
- Planning and project management
- Goals and deliverables
- Timeline
- Assessments: IT, Coding, payers, contracting and Others
- Communications
- Systems/technology readiness
- Education and Training
CMS says …

- Develop and execute an outreach and education plan for internal and external stakeholders (e.g., Medicare FFS providers, contractors, group health plans, trading partners).
- Develop and execute targeted provider outreach and communications plan.
- Ensure that all existing Medical Learning Network educational products are revised to accurately reflect the new ICD-10 coding system.
- Ensure that the crosswalks of ICD-10 to ICD-9 codes that have been developed are properly applied and utilized in the claims process.
- Design and implement the capability to utilize both ICD-9 codes and ICD-10 codes in all claims related processes and systems.
- Update the 12 claims processes that use ICD codes for grouping, editing, and/or pricing.
Step #1 or Phase 1

- Engage or establish “Project Management” support, you cannot do this alone
- Organize
- Key stakeholders: Multidisciplinary
- Steering Committee and charter
  - Workgroup and/or subgroups
- Awareness and understanding of ICD-10 (ie 101 ppt)
- Leaders: HIM and IT together
Step #2 or Phase 2

- Determine what type of Assessment and gap analysis
- **Systems:** Develop a plan
  - Inventory
  - Analysis
- **People:** Impacted workforce
  - Role based: Coding, auditors, educators, etc.
  - Impact levels/matrix
  - Labor/Union engagement
- **Processes:** Changes to work and workflow
- **Budget preparation**
Step #3 or Phase 3

- Develop a detailed project plan
- Education and Training plan
  - Prerequisite education phase
  - ICD-10 Coding
  - Practice
- System readiness
  - Lab and Pharmacy systems readiness
  - Plan for testing with external users of data (ie vendors and payers)
- Vendor readiness
- Payer readiness
Step #4 or Phase 4 (2013)

- **Education and Training Phase**
  - ICD-10 Training beginning
  - Practice
  - Proficiency assessment for ICD-10

- **Final Systems readiness**
- **Check on PFS/Business office readiness**
- **Readiness checklist**
- **Prepare for Go-Live**
Step #5 or Phase 5 (2013 into 2014)

- Go-Live and Post Go-Live
- OCTOBER 1, 2013
- Command center
- Tracking of issues and problems
- Resolution
- Re-education, refresher training, auditing, etc.
Develop a Detailed Project Plan with a Timeline

<table>
<thead>
<tr>
<th>ID</th>
<th>Task Name</th>
<th>Duration</th>
<th>Start</th>
<th>Finish</th>
<th>Predecessors</th>
<th>Changes from Original Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vendor Tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Primary/Maintframe Vendor Tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Identify staff to receive training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Produce Training Material</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Establish Organizational implementation Strategy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Determine Product Requirements/reengineering analysis</td>
<td>8 emons</td>
<td>Sun 8/1/10</td>
<td>Tue 3/29/11</td>
<td></td>
<td>Starting 8/1/2010, Combined Reengineering and Product Requirements</td>
</tr>
<tr>
<td>7</td>
<td>Estimate Budgets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Product/Solution Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reduced from 9 months to 7 months New Overlap with Product/Solution Development; reduced from 6 to 5 months Reduced from 6 months to 3 months; overlap with product testing/validation</td>
</tr>
<tr>
<td>9</td>
<td>Product Testing/Validation/Verification</td>
<td>5 emons</td>
<td>Mon 6/27/11</td>
<td>Thu 11/24/11</td>
<td>SSS+3 emons</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Customer Review and Beta Testing</td>
<td>3 emons</td>
<td>Tue 10/25/11</td>
<td>Mon 1/23/12</td>
<td>SSS+1 emons</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Installation and Testing</td>
<td>12 emons</td>
<td>Mon 1/23/12</td>
<td>Thu 1/17/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Customer Support</td>
<td>36 emons</td>
<td>Mon 1/23/12</td>
<td>Wed 1/17/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Secondary Vendor Tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Secondary Vendors are claims software vendors, billing agents, pharmacies, etc.</td>
</tr>
<tr>
<td>14</td>
<td>Identify staff to receive training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Produce Training Material</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Establish Organizational implementation Strategy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Determine Product Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Estimate Budgets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Product/Solution Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Product Testing/Validation/Verification</td>
<td>6 emons</td>
<td>Wed 7/15/09</td>
<td>Mon 1/11/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Customer Review and Beta Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Installation and Testing</td>
<td>6 emons</td>
<td>Sat 7/21/12</td>
<td>Thu 1/17/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Customer Support</td>
<td>24 emons</td>
<td>Mon 1/23/12</td>
<td>Wed 1/17/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Health Plan Tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Planning</td>
<td>120 days</td>
<td>Fri 1/16/09</td>
<td>Wed 7/15/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>High-level planning for ICD-10 activities</td>
<td>1305.54 days</td>
<td>Fri 1/16/09</td>
<td>Sat 1/18/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Awareness, Communication, &amp; Education/Training</td>
<td>1285.54 days</td>
<td>Fri 1/16/09</td>
<td>Sat 12/21/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Provide awareness training to core group and OR Management</td>
<td>3 emons</td>
<td>Fri 1/16/09</td>
<td>Thu 4/16/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Staff Education/Training and Participation in Industry Work</td>
<td>60 emons</td>
<td>Mon 1/16/09</td>
<td>Sat 12/21/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Partner Communications</td>
<td>60 emons</td>
<td>Mon 1/16/09</td>
<td>Sat 12/21/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Develop Tools/ Processes to facilitate assessment activities</td>
<td>5 emons</td>
<td>Mon 1/16/09</td>
<td>Sat 12/21/13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Perform Impact Assessment</td>
<td>129.06 days</td>
<td>Sun 8/1/10</td>
<td>Fri 1/28/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ICD-10 Impact to Providers

ICD-10 Impact

- Smart Sets/Encounter Form - Physicians
- Possibility of Cash Flow Disruption
- IT System Changes
- Impact to Documentation and Coding
- Changes in Business Process
- Staff Education and Training (Variety and Ranges)
Providers Impact

- **Health Information Management**/Medical Records Coding
- Education and training and retraining
- Revenue Cycle Redesign
- Medical Policy & Protocol
- Potential Modification of Provider Contracts
- Productivity reduction
- Pay for Performance Protocols
- Clinical Documentation
  - Physicians
  - Other clinicians
Provider Impact

- **Laboratory and Pharmacy**
  - Will need specific ICD-10-CM codes for laboratory orders
  - Medical necessary/Coverage via the Dx
  - Expect coverage changes
  - Need to support the tests/drugs ordered
  - Transition issues for prior authorizations
Provider Impact

• Quality Measures / Pay for Performance (P4P)
  • New measures need to be determined based on ICD-10-CM codes
  • Must renegotiate with provider groups
  • Difficult to measure impact of change – Is it because of code set or because of changes in the underlying practice?
Payer/Business Operations

- Medical Policy Management
- Claim Administration
- Customer Support
- Provider Credentialing
- Legal and Regulatory Changes
- Utilization Review
- Contracting
- Compliance and Reporting
Medicaid (Medi-Cal) Plan Impact

- Coverage determinations
- Payment determinations
- Medical review policies
- Plan structures
- Statistical reporting
- Actuarial projections
- Fraud and abuse monitoring
- Quality measurements
Medical Management

- Disease Management
- Research
- Utilization Review Processes
- Pre-certification/Referral
- Preventive Care Programs Restructuring
- Clinical Data Management
- Core Measure and quality data
Payer / Claims Processing

- Claims Adjudication
- Edits Restructuring and Usage
- Eligibility Validation
- State Mandates
  - Medi-Cal Readiness
- Federal Readiness: prospective payment systems
  - Medicare
- Reimbursement Rates
- Denial Management
- Covered Services Determination
  - Medical Necessity Policies
- Claim History Mapping
Documentation Assessment?

- Audit via an in-depth look at the current level of documentation in the medical record
  - Review the lack of code and terminology specificity in the documentation and analyze how to begin the process of improvement
  - Based on the specialty of the practice or a hospital DRG/MDC report
    - Running a frequency report of diagnosis and procedure codes
  - Audit/review the most common diagnosis codes used and frequency
    - Review the patient chart note to make sure the physician or non-physician practitioner is documenting a complete diagnosis to support an ICD-10-CM code
Documentation Assessment (con’t)

• All specialties
• Focused specialty areas: Orthopedic, Cardiac and OB
• Inpatient records and outpatient records
  • Medical
  • Surgical
• Volume of record? # 50-100
• ICD-9 to ICD-10 comparison
• Unspecified codes: NEC/NOS
• Incorporate findings into a physician education/training plan
• Perform this assessment in early 2012 if you haven’t already
Education and Training Plan

- **Role based**
  - Basic, Advanced, Expert
  - Coding staff, Coding Auditors, Coding Educators
  - PFS/Billing
  - Decision Support staff
  - CM/UM staff
  - CDI Staff
  - Others
- **Assess to determine the needs**
- **Budget appropriately**
- **Plan and establish a timeline**
Coding Assessment

• ICD-10 Assessment across Hospital and Physician based coding, auditing and educational staff.
• Core competencies in the health science area: Medical Terminology, Anatomy/Physiology, Disease Process (Pathophysiology) and Pharmacology
  • Multiple choice and/or True/False questions
  • 100-150 questions typically
• Additional areas to consider assessing:
  • Coding Guidelines
  • Coding skills
• Complete the assessment in 2011
• Budget for assessment fee
  • Develop own assessment
  • Purchase external vendor tool
    • Online (web-based) common
Coding Prerequisite Education

- Core competencies in the health science area: Medical Terminology, Anatomy/Physiology, Disease Process (Pathophysicsology) and Pharmacology
- How much...? Hours?
  - The assessment results/findings will indicate
  - 8 hrs or 20 hrs of a core health science course
- Online or classroom or a combination
- Budget for this expense for 2012
ICD-10 Training

- Actual ICD-10 Training – focus of 2013
- Options: Web based training, classroom training and other media as determined.
- Decide regarding the use of internal resources to develop and present the curriculum OR external (purchased).
- Dual Coding: check with your coding vendor (encoder) – IT
  - Gather into data base both sets of codes for at least 6-9 months prior to go live
- Practice and practice
  - Create an online environment to practice coding of cases (may need IT support)
- Proficiency determination- assess whether coding staff is ready
Education & Training Go-Live and Post Go-Live

- 10/1/2013 – ready and in place a command center
- Gathering issues and categories
  - Plan for first 2 weeks
  - First week hold daily calls to share issues and successes
  - Response Team in place
- Audit and determine re-education and re-training
- Monitor claims
  - Tracking denials and remittances
- Policy changes?
- ICD-10 continue into Mid-2014
AAPC – Proficiency Assessment

- What is the ICD-10 Proficiency Assessment and is it required?
- The *ICD-10 Proficiency Assessment* is the only step of this roadmap required for all certified AAPC members. You should prepare yourself as you would for other exams or assessments. To ensure employers continue to have confidence in a certified coder’s ability to accurately code the current code sets, AAPC certified members will have two years to pass an open-book, online, unproctored assessment.
- It will measure your understanding of ICD-10-CM format and structure, groupings and categories of codes, ICD-10-CM official guidelines, and coding concepts.
- Required for AAPC certified coders, recommended for all other coders
- Two (2) years to take and pass the assessment, beginning October 1, 2012 (one year before implementation of ICD-10) and ending September 30, 2014 (one year after implementation)
- 75 questions, open-book, online, and unproctored
- Coders will have two (2) attempts at passing for the $60 administration fee
- ICD-10-CM only (ICD-10-PCS will not be covered in the assessment)
- No CEUs given

*Source: AAPC ICD-10 website*
• AHIMA Certified Professionals are required by CCHIIM (Commission on Certification for Health Informatics and Information Management) to participate in a predetermined number of mandatory baseline educational experiences specific to ICD-10-CM/PCS. These ICD-10-CM/PCS specific CEUs will count as part of all AHIMA certificants’ total CEU requirements for the purpose of recertification. Stated differently, the following CEU requirements will be included as part of each certificants’ total, required CEUs, by credential, per CEU Cycle.

• The total number of ICD-10-CM/PCS continuing education units (CEUs) required, by AHIMA credential, is as follows:
  - CHPS – 1 CEU
  - CHDA – 6 CEUs
  - RHIT – 6 CEUs
  - RHIA – 6 CEUs
  - CCS-P – 12 CEUs
  - CCS – 18 CEUs
  - CCA – 18 CEUs

• Certificants who hold more than one AHIMA credential will only report the highest number of CEUs from among all credentials held. For example, if a certificant has both an RHIA and CCS, the certificant would normally report 40 (30 CEUs for RHIA and an additional 10 CEUs for CCS) CEUs per recertification cycle, and 18 of these CEUs will be required to cover ICD-10-CM/PCS.

*Source: AHIMA ICD-10 website*
Remember that . . .

• **Not all people learn alike**
  • **Visual learners**
    • learn best by seeing (reading, pictures)
  • **Auditory learners**
    • learn best by listening (hearing and repetition)
  • **Kinesthetic learners**
    • learn best by doing (finding the answers to questions, games, practice or analysis)
Systems Readiness

- Systems upgrades/replacements needed to accommodate Version 5010/ICD-10
- Costs involved and whether upgrades will be covered by existing contracts
- IT will be a main player in your implementation and readiness
- EHR: MD order sets, diagnosis drop-downs, etc.
- IT to work closely with HIM
Many External Resources

• There are many great resources available
• CMS
• AHIMA
• AAPC
• CHIA
• HIMSS
• HFMA
• HCCA
Some Important Next Steps

- Implementation planning
  - Engage key stakeholders
- Talk with your HIM Director and/or Coding manager
- Provide awareness across the organization
- Communication strategy
- Change Management strategy
- Investigate CAC technology and request vendors to conduct demos
- Include ICD-10 readiness in your compliance plan for 2012 and 2013
Steps and Action to Take

- Hold monthly implementation meeting
- Monitor successes and failures
- Prepare monthly and quarterly progress reports
- Map out the timeline into 2014
- Budget accordingly
"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)
Summary

- Version 5010 Upgrade of formats for transactions between payers and providers (837, 287, etc.)
  - **January 1, 2012** CMS Compliance Date
- Single implementation date for all users
  - No grace period
- ICD-10-CM/PCS Upgrade of diagnoses and procedures codes
  - **October 1, 2013** CMS Compliance Date
- Implementation and Readiness Plan
  - Include post go-live phase
- Documentation assessment
- Education and Training is a significant part to success
  - Conduct an assessment to identify areas of strength/weakness in the biomedical sciences
- Systems ready?
- Check out external resources
- Plan into 2014…
Any Questions??
Thank you
References/Resources

- ICD-10 General Information go to the: http://www.cms.gov/ICD10
- 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 http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp and
- Provider Resources (for all providers) http://www.cms.gov/ICD10/05a_ProviderResources.asp web pages provide links
Resources

- **WEDI (Workgroup for Electronic Data Interchange)**
  http://www.wedi.org
- **HIMSS (Health Information and Management Systems Society)**
  http://www.himss.org/icd10
Use the CMS ICD-10 Website

ICD-10
» Overview
» Latest News
» CMS ICD-10 Industry Email Updates
» ICD-10 and Version 5010 Compliance Timelines

CMS Implementation Planning
» Provider Resources
» Medicare Fee-for-Service Provider Resources
» Medicaid Resources
» Payer Resources
» Vendor Resources
» Statute and Regulations
» Version 5010
» 2011 ICD-10-CM and GEMs
» 2011 ICD-10-PCS and GEMs
» 2010 ICD-10-CM and GEMs
» 2010 ICD-10-PCS and GEMs
» ICD-9-CM Coordination and Maintenance Committee Meetings

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.
ICD-10 Web Resources

- [http://www.cms.hhs.gov/apps/media/fact_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)
- [http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm](http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm)
- [http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm](http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm)
- [http://www.ahacentraloffice.org/ICD-10](http://www.ahacentraloffice.org/ICD-10)
Basic Education Sites

• NCHS – Basic ICD-10-CM Information
  http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

• CMS – ICD-10-PCS Information
  http://www.cms.hhs.gov/ICD10/02_ICD-10-PCS.asp

• AHIMA - ICD-10 Education
  http://www.ahima.org/icd10/index.asp

• WEDI – ICD-10 Implementation
  www.wedi.org