HCCA Regional Conference
Dallas, Texas
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ICD-10 COMPLIANCE

SPEAKER
Gloryanne Bryant, RHIA, CDIP, CCS, CCDS
- AHIMA Approved ICD-10-CM/PCS Trainer
- 30+ year HIM Professional and Leader
- Past-President CHIA
- CHIA ICD-10 Advocacy Task Force Chair
- National Director Coding Quality, Education, Systems and Support, Kaiser Permanente Revenue Cycle

DISCLAIMER
- This material is designed and provided to communicate information about ICD-10 Compliance in an educational format and manner.
- The presenter is not providing or offering legal advice, but rather practical and useful information and tools to achieve results in the area of ICD-10 readiness, implementation and adoption.
GOALS/OBJECTIVES

- Review and learn about key ICD-10 compliance risk areas
- Understand the documentation changes in key areas and physician query preparations
- Identify MS-DRG shifts that could be improved upon
- Obtain details on your compliance check list for ICD-10 implementation planning
- Q&A

ICD-10 COMPLIANCE

- It's crunch time for ICD-10 compliance
  Health Data Management

  For providers working on the move from ICD-9 to ICD-10, the government's October 2015 compliance deadline may still seem far off. But it's not. “Many of you may think, ‘Well, I have another year to go,’” said Denesecia Green of CMS' Administrative Simplification Group during a Medicare Learning Network webinar. But time is of the essence, Green said. Granted, in December 2014 there were some indications that another attempt would be made to legislatively extend the deadline.

HOUSE ENERGY AND COMMERCE COMMITTEE 2/2015

- House Energy and Commerce Committee held testimony on ICD-10 2/11/2015
  - Chairman Fred Upton (R-MI) and House Rules Committee Chairman Pete Sessions (R-TX) issued a statement saying that they would hold hearings on ICD-10 and stay in communication with the Centers for Medicare and Medicaid Services (CMS) “to ensure that the [ICD-10 CM/PCS] deadline can successfully be met by stakeholders.”
- Those who testified: AHIMA
ICD-10 COMPLIANCE

CHECKS AND BALANCES

Avoiding the Top 5 Risks of the ICD-10 Conversion

A quick glance to ICD-10 will satisfy the many questions. This white paper includes the 5 major risks of the ICD-10 transition that you should avoid:

- Lack of preparation by your billing practice management and EHR vendor
- Lack of preparation by your staff
- Inefficient training by your staff
- Reduced coding staff and workload
- Financial not associated with higher transition costs

January 2015

ICD-10 FACTS TO KNOW

Q: What is ICD-10-CM/PCS?
A: ICD-10-CM (International Classification of Diseases - 10th Version - Clinical Modification) is designed for classifying and reporting diseases. ICD-10-PCS (Procedure Classification System) replaces the ICD-9-CM procedure coding system and will only be required for facilities reporting on hospital inpatient services. When speaking of both new classifications, the term "ICD-10" is often used.

Q: Who has to comply with ICD-10?
A: All HIPAA-covered entities must convert to ICD-10-CM for reporting diagnoses and ICD-10-PCS for facility reporting of inpatient services, from the 35 year old ICD-9-CM version.

Q: Why does the U.S. need to replace ICD-9-CM?
A: Developed in the 1970s, the ICD-9-CM code set no longer fits with the needs of the 21st century healthcare system. ICD-9-CM is used for many more purposes today than when it was originally developed and no longer able to support current health information needs.

Q: Has the pace of the ICD-10 transition been too rapid?
A: For the past 14 years, healthcare organizations have known that ICD-10 implementation would occur. This provided plenty of time to prepare for the transition. The longer implementation takes, the more it will cost and the more the quality of healthcare data will suffer.

Q: Why is it important not to delay the implementation of ICD-10?
A: ICD-10-CM and ICD-10-PCS must be adopted as soon as possible to reverse the trend of deteriorating health data. Never in U.S. history have we used the same version of ICD for 35 years.

Q: Will ICD-10 procedure codes be used for both inpatient and outpatient hospital services?
A: No. ICD-10 procedure codes are designed only for hospital reporting of inpatient services. Current Procedural Terminology (CPT) codes will continue to be used for physician and outpatient services.

Q: Do physicians need to use all the codes in ICD-10?
A: Healthcare providers will not use all the codes in the classification system; rather they will use a subset of codes based on their practice. The ICD-10-CM code set is like a dictionary that has thousands of words, but individuals use some words very commonly while other words are never used.

Q: Does ICD-10 compete with other healthcare initiatives that require time and resources to implement?
A: No. The industry has had 14 years to prepare for the implementation. The benefits of ICD-10 will support important healthcare initiatives such as Meaningful Use, value-based purchasing, payment reform and quality reporting. Without ICD-10, these initiatives gain in the ability to extract important patient health information, enabling payers, providers and policy makers to make a decision in the absence of available or timely data.

Q: What is the value of ICD-10?
A: The improved clinical detail, better capture of medical technology, up-to-date terminology, and more flexible structure will result in:

1. Higher quality information for measuring healthcare service quality, safety, and efficiency
2. Improved efficiencies and lower costs
3. Better coding guidelines and automation
4. Enhanced ability to improve and optimize healthcare services
5. Improved patient safety and outcomes
6. Uniformity of medical education and practice
7. Improved ability to measure outcomes and costs
8. Improved ability to support quality improvement initiatives
9. Improved ability to support research and data mining
10. Improved ability to track and respond to public health threats
11. Reduced need for supporting documentation to support information reported on claims
12. Reduced opportunities for fraud and improved fraud detection capabilities
13. Development of expanded and improved clinical and administrative data sets
14. Improved accuracy and efficiency of coding and billing processes
15. Reduced opportunities for fraud and improved fraud detection capabilities
16. Improved opportunities for fraud and improved fraud detection capabilities
17. Improved opportunities for fraud and improved fraud detection capabilities
18. Improved opportunities for fraud and improved fraud detection capabilities
19. Improved opportunities for fraud and improved fraud detection capabilities
20. Improved opportunities for fraud and improved fraud detection capabilities

ICD-10 FACTS TO KNOW (CON'T)

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WHAT DOES ICD-10 COMPLIANCE MEAN?

- ICD-10 compliance means that HIPAA-covered entities must utilize ICD-10 codes for healthcare services rendered on or after the compliance date.

ICD-10 COMPLIANCE

- ICD-10 Compliance is mandatory for all HIPAA-covered entities, including those who do not handle Medicare claims. There are no exceptions to any HIPAA-covered entities.
- Organizations that are not governed by HIPAA who use ICD-9 codes should be aware that their coding may become obsolete in the transition to ICD-10.

KEY STEPS . . .

- Ensure top leadership understands the breadth and significance of the ICD-10 change.
- Assign overall responsibility and decision-making authority for managing the transition.
- Plan a comprehensive and realistic budget.
- Ensure involvement and commitment of all internal and external stakeholders.
- Adhere to a well-defined timeline.
RISK AREAS

1. Financial impacts and sustainability
2. Work force Readiness & Change Mgmt.
3. Payer & Vendor Readiness: end to end
4. Systems – internal and external
5. Physician & Provider payments
6. Documentation and Coding
7. AR or Discharge Not Final Coded; productivity and denials

REALIZE SUCCESS

Remediation
Testing,
Financial impact analysis
Education, e-learning and training
Verification and validation
Operational readiness
Operational stabilization
Optimization
Change Management

FINANCIAL IMPACTS AND SUSTAINABILITY

Not a free ride to implementation

<table>
<thead>
<tr>
<th>Type of Practice</th>
<th>Typical Small Practice</th>
<th>Typical Medium Practice</th>
<th>Typical Large Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>$12,785 (2,000)</td>
<td>$24,985 (2,000)</td>
<td>$75,600</td>
</tr>
<tr>
<td>System</td>
<td>$4,565 (2,000)</td>
<td>$8,130 (2,000)</td>
<td>$17,100</td>
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<tr>
<td>Monitored alerts</td>
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<td>$10,345 (2,000)</td>
<td>$20,345 (2,000)</td>
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<tr>
<td>Provider Remainal</td>
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<td>$51,770 (5,000)</td>
<td>$103,945 (5,000)</td>
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<tr>
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<td>$34,485 (5,000)</td>
<td>$68,970 (5,000)</td>
<td>$137,945 (5,000)</td>
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<td>$287,265 (2,000)</td>
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</tbody>
</table>

The 2014 estimates include much higher figures due in part to significant post-implementation costs, including the need for testing and the potential risk of payment disruption. Source: AMA website.
CMS PLANNING FOR SMALL & MEDIUM PHYSICIAN PRACTICES


CMS PLANNING FOR SMALL & MEDIUM PHYSICIAN PRACTICES (CON’T)

3M STUDY ON ICD-10 IMPLEMENTATION

This recent study indicated much lower costs for physicians.
WORK FORCE READINESS & CHANGE MGMT.

- Awareness
- Assessment
- Educate
- Train
- Reinforce
- Continue and communicate often

- When it comes to change, communication is critical. It touches every part of the ICD-10 implementation.
- Change communications are the planned and targeted messages designed for specific audiences to fill specific objectives or goals.
- To be effective, we want follow the 3 C’s of communication:
  - Comprehensive
  - Clear
  - Consistent

PAYER & VENDOR READINESS

- Assessment all payers and vendors: list
- Update/upgrade, revise
- Testing
  - Internal and external
- Changes and Retest
- Final check

Evaluate your existing reimbursement patterns to gauge your volumes.

CMS COMMUNICATION

- In this Special Edition article, the Centers for Medicare & Medicaid Services (CMS) clarifies the policy for processing split claims for certain institutional encounters that span the ICD-10 implementation date (that is, when ICD-9 codes are effective for that portion of the services rendered on September 30, 2015, and earlier, and when ICD-10 codes are effective for that portion of the services rendered on October 1, 2015, and later).
ICD-10 AND MEDICAID

MEDICAL NECESSITY

- Difficult . . .
  - due to the pure complexity of the rules
  - due to incomplete or inaccurate documentation and code selection
  - integrating policies into existing software and workflows
  - Incorrect charge code capture/selection or CDM line item charge not agreeing with HIM code
  - staying current with changing policies

Coverage Issues

- ICD-10 Codes will be used to determine coverage:
  - X0801XA: Exposure to bed fire due to burning cigarette, initial encounter
  - 519 codes associated with types of falls
  - 1,397 codes associated with poisoning
  - 711 codes associated with self-harm
  - 898 codes associated with accident
  - 155 codes in the mental & behavioral disorders category including tobacco dependence codes
NCD AND LCD

- National Coverage Determination
  + Transmittals
  + Federal Register
  + Manuals
- Local Coverage Determination
  + MACs

Lots of Rules that impact compliance:
- Age Limits
- Frequency limits
- Non-covered diagnoses
- Non-covered CPTs
- Prior procedure requirement
- Required modifiers
- Required accompanying procedures
- Required documentation
- Secondary Dx requirements
- Sex restrictions
SYSTEMS

- Coding changes associated with ICD-10: GEMs (General Equivalence Mapping)
- Validate with your clearinghouse they are ready
- Validate with your payers – have a list
- Validate with internal quality software is updated and ready
- End to end testing: internal and external – validate this is planned or has occurred

PHYSICIAN & PROVIDER PAYMENTS

- Medical necessity: specific ICD-10-CM codes (diagnosis)
- New updated superbills: Physician practices
  - Will not use ALL 71,000 codes; only those specific to practice like today
- Delays in adjudication: slower payment cycle
- Denials will slow down payments: same as today – contingency plans
- Accuracy of coded data: claims data
- System issues?
- Overall implementation planning and related expenses

OVERVIEW OF CONVERTING A PHYSICIAN PRACTICE TO ICD-10: STEP-BY-STEP

- Get a plan
  - Identify which ICD-9 codes you use heavily
  - Identify the staff that needs to be trained in coding and/or documentation
  - Contact vendors to learn their plans, ICD-10 related costs to the practice, and resources available to the practice
  - Contact the specialty society for any resources available to the practice
  - Visit the CMS website for useful tools and materials
- Get trained
  - Buy or download an ICD-10 diagnosis codebook
  - Arrange and implement ICD-10 coding training for staff
  - Arrange and obtain documentation training for physicians and other clinicians
  - Crosswalk common diagnosis codes to ICD-10 and identify new requirements or differences in essential documentation
  - Sign up for key CMS webinars to increase understanding of the ICD-10 environment
OVERVIEW OF CONVERTING A PHYSICIAN PRACTICE TO ICD-10: STEP-BY-STEP

- Update internal practice tools
  - Convert superbills to ICD-10
  - Convert other materials to ICD-10, such as authorizations, orders, and referrals
  - Identify common code-related causes for current claim denials and identify areas where ICD-10’s specificity in documentation and code assignment can address this
  - Obtain payer medical policies with ICD-10 codes for comparison
- Work with vendors and payers
  - Arrange and implement ICD-10 software upgrades
  - Train staff on use of new software, either directly or via the vendor
  - Identify EMR documentation templates and assess how they support ICD-10 specificity for claims submission and medical necessity
  - Engage payers on any discrepancies and omissions in ICD-10 coding for medical policies
  - Identify if payers anticipate any changes in processing and payment due to ICD-10
  - Identify availability of testing with major payers
- Test the process
  - Perform live or test with vendors and/or payers
  - Identify and correct issues raised during testing
  - Educate staff on the impact of ICD-10 to payer edits, adjudication, and other claims elements to processes within the practice
- Repeat!

CMS SMALL PRACTICE PROJECT

- CMS partnership with AHIMA
- Training and technical assistance in 18 targeted states and 5 designated specialties
- AHIMA Component State Associations (CSA) asked to identify a point of contact within each state to work with CMS
- AHIMA has updated information and provided links to several AHIMA coding resources for posting on the CMS site
- In CSAs where there has been training, the CSA contacts have reached out to their members to support the CMS training programs by attendance and also identifying physician practice facilities to target.

http://www.roadto10.org/
DOCUMENTATION

- Specificity: needed in order to advance healthcare
- Some increased time: providers need to learn new terminology requirements
- Conduct a documentation assessment
- Paper vs electronic (EHR)
- Templates and smart phrases may help
- Work closely with HIM/Coding and CDI leadership

CLINICAL DOCUMENTATION IMPROVEMENT (CDI)

- Having a CDI program may prove to be beneficial to your ICD-10 readiness
- Participate in your documentation assessment
- Develop documentation tips
- Provide physician awareness and work with Physician Champion on inserviceing Medical Staff (small groups or one-on-one)

CLINICAL DOCUMENTATION IMPROVEMENT (CON’T)

- Readiness
- A good CDI program includes the following:
  - Assessment – Internal or a trusted third-party vendor can evaluate current documentation practices to identify inefficiencies and offer strategies for improvement.
    - This can identify and decrease risk
    - Compliance oversight?
  - Getting physician/clinician buy-in – To obtain physician/clinician engagement, determine what their educational preferences are; explain the benefits of education to them; and provide training and programs with minimal impact on their daily routine.
CLINICAL DOCUMENTATION IMPROVEMENT (CON’T)

+ Education – A CDI program with an ongoing education component will ensure new levels of documentation specificity.
  - CDI staff to be educated
  - Assist with Physician educational efforts
+ Follow-up and monitoring – This will provide ongoing quality improvement and validate return on investment.
+ Policies and Procedures - review and update
  - Provide validation of this
+ Query language – review and update
  - Provide validation of this

DOCUMENTATION TIPS

- AHIMA has developed and made available to the healthcare community free tips
- Developed to focus on key terminology, wording to assist with specificity in capturing ICD-10 codes
- Utilization in all settings

EXAMPLE:
- MRSA/MSSA
  - Methicillin-resistant Staphylococcus aureus
  - Include documentation of “MRSA infection” when the patient has that condition.
  - Document if sepsis and/or septic shock is present.
  - Document any associated diagnosis/conditions.
- Methicillin susceptible Staphylococcus aureus
  - Include documentation of “MSSA infection” when the patient has that condition.
  - Document if sepsis, and/or septic shock is present.
  - Document any associated diagnosis/conditions.

AHIMA ICD-10 DOCUMENTATION TIPS NOW AVAILABLE:
HTTP://BOK.AHIMA.ORG/PDFVIEW?OID=300621

These are FREE and available for EVERYONE, including Physician Practices!
CODING READINESS

- Assessment of Quality
- Education and Training plan
  - Detailed and multi-phased
- Policies and Procedures - review and update
  - Provide validation of this
- Query language - review and update
  - Provide validation of this
- Vendor contracts to be updated
  - Pricing model
  - Ensure their staff are appropriately educated, etc.
  - Provide validation of this

CODING AUDITS/REVIEWS

- Part of the Compliance Process: pre and post go live
- Frequent reviews - To promote consistency in complete and accurate reporting of a facility's patient population
- A variety of chart selection methodologies - Results in the most complete, well-rounded compliance program and yields additional benefits, including accurate reimbursement in a more timely fashion and valuable education to coders
- Ongoing monitoring and evaluation - To encourage continuous performance improvement
  - Data mining
- Strong coder feedback - To provide timely learning re-enforcement
- Coder education - To offer continuous and timely support and feedback to the coding staff
- A trusted vendor partner - To assist in developing the best documentation and coding audit compliance plans based on an organization's specific needs

PHYSICIAN QUERIES

- Review and update all physician query forms; both paper and electronic
- Ensure they contain Nonleading language/wording
- Being now
- Use before go live to begin obtaining specific documentation
MS-DRGs

- Medicare-Severity Diagnostic Related Groups
  - Medicare FFS
- MS-DRGs come in threes, differing only in severity. For example:
  - 163 Major chest procedures w MCC
    - Highest severity
  - 164 Major chest procedures w CC
    - Medium severity
  - 165 Major chest procedures w/o CC/MCC

MS-DRG Shift

- Various assessments found that the DRG assigned to an ICD-10 claim did not always match the DRG assigned to an ICD-9 source claim.
  - Percentage of change
    - 1%
- The change in DRGs for the ICD-10 claim related to an ICD-9 claim is referred to as “DRG Shift”.
- Identify target MS-DRGs for comparison from ICD-9 to ICD-10
- Evaluate volume comparison
- Determine causes of changes in volume

- There will be “some” changes in MS-DRGs due to coding guideline changes.
  - Anemia vs malignancy
- Some changes in MS-DRG assignment will occurred due to code specificity
- Some changes due to MCC/CC movement

MS-DRG Shift (Con’t)
**MS-DRG 812, RED BLOOD CELL DISORDERS WITHOUT MCC**

- Sequencing Anemia as the principal diagnosis under ICD-9 groups these cases to MS-DRG 812.
- However, the ICD-10-CM guideline states to sequence the appropriate code for the malignancy as the principal or first-listed diagnosis followed by code D63.0, Anemia in Neoplastic Disease.
- Sequencing the malignancy first under ICD-10 usually will group these cases to a slightly higher-weighted MS-DRG related to cancer.

**MS-DRG SHIFT: CC/MCC**

- In ICD-9, there are three codes for hypertension:
  - 401.0 Malignant essential hypertension, (CC)
  - 401.1 Benign essential hypertension. (Not CC or MCC)
  - 401.9 Unspecified essential hypertension. (Not CC or MCC)
- Need a report
- ICD-10-CM code I10, is Essential (primary) hypertension, because the concepts of malignant and benign as a way of specifying a type of hypertension have been dropped from the ICD classification.
- Hypertensive crisis and coded in the ICD-9 system as malignant hypertension) could be accompanied by a whole host of CC/MCC qualified conditions, including N17.9, Acute kidney failure, unspecified, which is a CC.

**MS-DRG 391, ESOPHAGITIS, GASTROENTERITIS & MISCELLANEOUS DIGESTIVE DISORDERS WITH MCC**

- Under ICD-9, Esophageal Hemorrhage has its own unique code, 530.82 and groups to MS-DRG 368 (with the addition of an MCC).
- Also, ICD-9 code 530.89, Other Disorders of Esophagus, groups to MS-DRG 391 (with the addition of an MCC). Code 530.89, which is not an MCC, is the closest match to the ICD-10 code, K22.8. Other Diseases of Esophagus which includes esophageal hemorrhage in its definition and is the cause of about 90% of the weight change. A record without an MCC will shift to a lower-weighted MS-DRG.
MS-DRG 191, CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC

- Under ICD-9, code 491.21, Acute Exacerbation of COPD can be further specified to:
  - COPD with Acute Bronchitis, 491.22
  - COPD with Acute Exacerbation of Asthma, 493.22
Under ICD-9, all of these codes are listed as CCs. Cases will group to MS-DRG 191, Chronic Obstructive Pulmonary Disease with CC when either condition above is sequenced as the principal diagnosis followed by one of the other conditions listed above as a secondary diagnosis.

CONTINUED: MS-DRG 191, CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC

- Under ICD-10, one code, J44.1, COPD with Acute Exacerbation includes chronic obstructive bronchitis, chronic obstructive asthma, and chronic obstructive pulmonary disease in its description.
- Will group to a lower-weighted MS-DRG 192, Chronic Obstructive Pulmonary Disease without CC/MCC in ICD-10 because these additional conditions will not be coded separately.

QUALIFIED STAFF?

- **CODING CERTIFICATION:** Will coders need to gain additional certification for ICD-10?
  - AAPC does require a recertification (proficiency assessment).
  - Confirm your employee’s are recertified
  - Although AAPC does allow time to complete
- **AHIMA requires self-study and hours of training on ICD-10.**
  - Confirm your employee’s have received hours
- **Best Practice is to:** Contact the association through which you acquired your certification.
AAPC PROFICIENCY ASSESSMENT

- Successful completion of this assessment by December 31, 2015 satisfies AAPC's ICD-10 certification/maintenance requirement and demonstrates proficiency of ICD-10-CM format and structure, groupings and categories of codes, ICD-10-CM official guidelines, and coding concepts.
- 3.5 hour time limit
- Two (2) attempts at passing
- 80% score required
- 75 multiple choice questions
- Open-book, online, unproctored
- ICD-10-CM only (ICD-10-PCS will not be covered in the assessment)
- No CEUs given
- $60 administration fee (for each two attempts)

AR OR DISCHARGE NOT FINAL CODED

- It is expected that there will be a slow down in processing coded encounters and will billing.
- Coding will need to get as caught up as they can before go-live
- Backup staffing; OT and contract coding from external vendors will be needed
- Claim/billing will also need to prepare for the slow down and then once they receive claims to process to quickly perform

Monitoring and tracking is important!

Quality Reporting

- Hospital-acquired conditions
- Medicare & Medicaid core measures
- Readmissions
- Risk of mortality/morbidity scores
- AHM-Q - HEDIS - Converting to ICD-10 codes, Phase-out ICD-9 in 2016
- NQF is updating measures for ICD-10 codes

- Data availability to assess quality standards, patient safety goals, mandates and compliance
- Higher quality information for measuring healthcare service quality, safety, and efficiency

Specific tools are required to manage continuity of benchmarks, analytics, balanced scorecards & other key performance measures based on coded data.
**Hospital-Acquired Conditions (HACs)**

<table>
<thead>
<tr>
<th>CMS Hospital-Acquired Condition</th>
<th>No. of ICD-9 Codes</th>
<th>No. of ICD-10 Codes</th>
<th>Example ICD-10 Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Object Retained After Surgery</td>
<td>2</td>
<td>5</td>
<td>Type of procedure, type of complications such as adhesions, obstruction, perforation</td>
</tr>
<tr>
<td>Air Embolism</td>
<td>1</td>
<td>1</td>
<td>Specific to air embolism following transfusion, injection or infusion. Many other codes specific to procedures could be added</td>
</tr>
<tr>
<td>Blood Ingested Objects</td>
<td>2</td>
<td>10</td>
<td>Specific site in stomach</td>
</tr>
<tr>
<td>Falls &amp; certain trauma</td>
<td>10</td>
<td>50</td>
<td>Specific fractures, dislocations, burns, &amp; other injuries with laterality</td>
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<tr>
<td>Catheter-associated UTI</td>
<td>5</td>
<td>14</td>
<td>Acute, chronic, with or without hematuria</td>
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<tr>
<td>Venocatheter-associated infection</td>
<td>1</td>
<td>2</td>
<td>NEC or NOS</td>
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<td>Manifestations of Poor Glycemic Control</td>
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<td>With or without coma, type of manifestation, drug or chemical induced</td>
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<td>Mediastinitis following CABG</td>
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<td>Approach, type of incision, drug or chemical induced</td>
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<tr>
<td>Surgical Site Infections following Ortho</td>
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<td>400</td>
<td>Approach, site, laterality &amp; type of device</td>
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<tr>
<td>Deep Vein Thrombosis following Ortho</td>
<td>10</td>
<td>120</td>
<td>Approach, site, laterality &amp; type of device</td>
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<tr>
<td>Bariatric Surgery</td>
<td>1</td>
<td>10</td>
<td>Approach, site, method</td>
</tr>
</tbody>
</table>

More information will be able to be associated with HACs. Education and awareness!

**KEY**

- Coding accuracy
- Clinical documentation improvement
- Medical necessity compliance
- Revenue integrity
- Denial management
- Operational efficiencies

**HR & Staffing Tips**

- HR & Staffing Risks
  - Manage employee burnout: lots of change needs support
    - Change Management
  - Creative Staffing solutions
    - Pool work and staffing
    - Hire differently
    - Remote workforce
    - Grow your own experts; build the workforce
The Centers for Medicare and Medicaid Services (CMS) has an extensive list of resources that explain how to prepare for ICD-10 implementation. You can download:

- Checklists
- Timelines
- Fact sheets
- Tutorials

The World Health Organization (WHO) has a free ICD-10 Training Tool. (But it’s not the ICD-10-CM/PCS versions that U.S. healthcare organizations will be using)

The Healthcare Information and Management Systems Society (HIMSS) ICD-10 Playbook has a great deal of content to help plan the ICD-10 transition.

The American Health Information Management Association (AHIMA) has toolkits, tips, articles, seminars, webinars and workshops.

Reach out to your local professional societies. They should be planning educational and training programs.

Alzheimer’s Disease: every 67 seconds someone in the United States develops this disease! Today, more than 5 million Americans are living with the disease. Almost two-thirds of Americans with Alzheimer’s are women.

Visit: http://www.alz.org/alzheimers_disease_facts_and_figures.asp

Parkinson’s: Despite decades of intensive study, the causes of Parkinson’s remain unknown. Many experts think that the disease is caused by a combination of genetic and environmental factors, which may vary from person to person. As many as one million Americans live with Parkinson’s disease and every year 60,000 Americans are diagnosed with this disease.


ICD-10 offers greater specificity and details with the code and descriptions than ICD-9. Disease Research and Mgmt can be improved.
DISEASES WE ALL CARE ABOUT . . . ICD-10 CAN HELP!

- Neoplasms: In 2014, there will be an estimated 1,665,540 new cancer cases diagnosed and 585,720 cancer deaths in the US.
- Cancer remains the second most common cause of death in the US, accounting for nearly 1 of every 4 deaths.
  + Visit: http://www.cancer.org/research/cancerfac
tostatistics/

- “Chasing the Cure”…… Better coded data will help . . . So let’s get ICD-10 implemented!

Neoplasm codes have been expanded and capture more specificity than in ICD-9. This will help our healthcare system!

ICD-10 COMPLIANCE CHECK LIST

- Review your ICD-10 Implementation Plan
- Obtain an update from key operational areas of your organization or practice
  + Systems
  + Payers
  + Documentation and Coding
- Make adjustments
- Continue with education and re-enforcement
  + Repetition is good
  + System testing; join the CMS testing?
  + Require “status reports” monthly
  + Plan for impact to AR, denials, etc.
  + Include Go-Live planning & activities

HIGH-LEVEL AWARENESS EDUCATION CHECKLIST

<table>
<thead>
<tr>
<th></th>
<th>Medical Management</th>
<th>Clinical Operations</th>
<th>Compliance/Regulatory</th>
<th>Medical Staff</th>
<th>Information Technology/Coding Staff</th>
</tr>
</thead>
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<tr>
<td>Regulatory requirements</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>New ICD-10 within internal and external relationships, including documentation, record-keeping, organization of information, etc.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Medical care and healthcare reform; under-funded, under-insured, and quality improvement and improvement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Preparation and transfer affects on organizational operations (e.g., system changes, process, policies and procedures)</td>
<td>X</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Impact on coding granularity and accuracy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Program considerations</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Impact on revenue and the differences between the legacy and new system</td>
<td>X</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Differences between ICD-10 CM-150 and ICD-9-PCS and how such affect</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Justification for documentation and the importance of a clean and accurate denominator</td>
<td>X</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Impact on documentation, compliance and the importance of a clean and accurate denominator</td>
<td>X</td>
<td></td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>Implementation plan and timeline</td>
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<td></td>
<td>X</td>
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<tr>
<td>Impact on individual physicians and their budgetary considerations</td>
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<td>X</td>
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<tr>
<td>Key processes of each site</td>
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<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
CMS CHECK LIST

- Seek Resources on the ICD-10 transition. CMS and professional and membership organizations have developed information and resources to guide you through ICD-10 implementation.
- Establish an ICD-10 Project Team. This team will be responsible for overseeing the ICD-10 transition, and will vary based on the size of your organization. Larger practices should have a team with representatives from different departments (e.g., executive leadership, physicians, and IT). Smaller practices may only have one or two individuals responsible for helping the practice make the switch to ICD-10.
- Develop an ICD-10 Communication and Awareness Plan. This plan will map out how your organization will communicate with internal staff and external partners about ICD-10 throughout the transition.
- Revise and Revisit Your Implementation Timeline. Since the ICD-10 compliance deadline is now October 1, 2014, your timeline for ICD-10 implementation activities will need to be updated.
- Share Your Implementation Plans and Timelines. Discuss the new ICD-10 compliance deadline and share your revised implementation plans and timelines with internal staff and external partners to ensure transition activities are coordinated.
- Share Best Practices and Lessons Learned: Communication and collaboration will help organizations as they transition to ICD-10.

CHECKLIST

Things to Do in the Future In the next few months
- Provide high-level training sessions for clinicians and coders and gradually move to more detailed training
- Start testing ICD-10 codes and systems in your practice
- Use ICD-10 codes along with ICD-9 codes for diagnoses you see most often
- Check your data and reports for accuracy
- Keep a pulse on your vendors and payers readiness
- Begin testing ICD-10 codes in external operations (e.g., with partners such as payers, clearinghouses, and billing services)

Things to Do When the Deadline Hits
- Fully transition to ICD-10 on October 1, 2015, to stay compliant
- Report ICD-9 codes for services provided before October 1, 2015
- Report ICD-10 codes for services provided on or after October 1, 2015
- Identify and correct errors as necessary

ICD-10 REVIEW AND...

- ICD-10 Anxiety?
  - Loss of Productivity
  - Staff Shortage
  - Increased DNFB
  - Loss of Revenue
- Pressure
- Communications: clear and clean
- Provide assistance where needed

- PLAN:
  - Command Center for Go-Live
  - Systems issues
  - Patient issues and communications regarding claims
  - Closely monitor AR or DNFB/DNFC
  - Track-CMI
  - Watch RAC Requests
  - Audit coding post golive
  - Re-educate
**ACTION & NEXT STEPS**

- 1. Review and Refresh your readiness
- 2. Budget for potential cash-flow impacts
- 3. Prepare for delayed payment and claims adjudication
- 4. Ensure you have open lines of communication
- 5. Deal with “Change Mgmt.”
- 6. Prepare for IT software updates, patches, conversion and testing
- 7. Adjust accounts receivable reserves as needed
- 8. Prepare for health information management (HIM) productivity delays and educational expense outlays
- 9. Ensure status reports from key operational areas are continuing
- 10. Use the free resources and tools available

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**SUMMARY**

- ICD-10 can help our nations healthcare system
- Readiness
- Preparing
- Planning and DOING!

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**ICD-10 ADVOCACY**

- Lots of swirl around implementation timeline
- Testimony 2/11/2015
- We need ICD-10 October 2015!
Are there any questions?

Thank you

Gloryanne.h.bryant@sbcglobal.net
The American Health Information Management Association (AHIMA) recommends training begin no later than six to nine months before the compliance date.

The number and type of diagnosis codes you commonly use

The degree of training required can vary based upon:
- Your specialty
- Overview training for staff members engaged in management and/or administrative functions.
- Coding training for staff members who work with codes on a regular basis.
- ICD-10 training is typically organized into three categories. The type of training required by each member of your team depends upon their roles and responsibilities within the practice. Following are general guidelines to help you identify the type of training that is most suitable for each member of your team:
  - Physicians: ICD-10 training is required for all physicians, regardless of specialty, as they may need to code diagnoses and procedures for Medicare patients.
  - Other Staff: ICD-10 training is required for all non-physician staff, including nurses, nurse practitioners, physician assistants, and medical assistants.

It is essential for providers to engage in both internal and external testing in order to ensure compliance by the compliance date. Practices should plan to start testing no later than four months prior to the compliance date.

Practice management systems must be able to accommodate both ICD-9 and ICD-10 codes until all claims and other transactions for services prior to the compliance date have been processed and completed. Promptly processing ICD-9 transactions as the transition date nears will help limit disruptions and delays.

DUAL CODING: Does my practice need to use both code sets during the transition?

The best way to get started is…to get started! There are five major areas your practice needs to address.

ICD-10-CM and ICD-10-PCS code sets, as well as the official ICD-10-CM guidelines, are available free of charge on the “2014 ICD-10-CM and GEMs” and “2014 ICD-10-PCS and GEMs” pages of the CMS ICD-10 website. Additionally, it is important to contact your payers and trading partners to request a copy of the crosswalk mapping tool they are utilizing to ensure its accuracy.

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt any ICD-10 codes that will require a provider to continue to use ICD-9-CM through September 30, 2015.

The ICD-10-CM and ICD-10-PCS code sets, as well as the official ICD-10-CM guidelines, are available free of charge on the “2014 ICD-10-CM and GEMs” pages of the CMS ICD-10 website. Additionally, it is important to contact your payers and trading partners to request a copy of the crosswalk mapping tool they are utilizing to ensure its accuracy.

ICD-10 Compliance is mandatory for all HIPAA-covered entities, including those who do not handle Medicare claims. There are no exceptions to any HIPAA-related requirements.

The best way to get started is…to get started! There are five major areas your practice needs to address.

ICD-10 Compliance is mandatory for all HIPAA-covered entities, including those who do not handle Medicare claims. There are no exceptions to any HIPAA-related requirements.

WHO does ICD-10 compliance affect?

WHERE can I find a list of ICD-10 codes?

DUAL CODING: Does my practice need to use both code sets during the transition?

The best way to get started is…to get started! There are five major areas your practice needs to address.

Additional information

REFERENCES/RESOURCES

- Ahima.org
- CMS Road to 10: http://www.roadto10.org/
- CMS ICD-10 web site: http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.htm
- USE THE ICD-10 DELAY TO YOUR ADVANTAGE; White Paper, 2014; Cindy Doyon, RHIA, Vice President Coding and Client Audit Services and West Strategic Sourcing Client, Precyse, Denise Johnson, RHIA, MS, CPHQ, Vice President, HIM Integrated Services, Precyse

REFERENCES/RESOURCES

**DOCUMENTATION TIPS**

- Document any associated diagnoses/conditions
  - Is there evidence of remaining malignancy at the metastatic site?
  - Is there still treatment being provided for the malignancy?
  - Has the malignancy been excised or eradicated?
  - History of:
    - Estrogen receptor status (if applicable)
    - Complication(s) associated with neoplasm (e.g., dehydration, anemia, other condition(s) associated with malignancy)
    - Anatomical site (topography)
    - Laterality (specify right/left)
  - --Of uncertain histological behavior
  - --Unspecified behavior
  - --Benign
  - --Malignant (primary, secondary, in-situ)
- **BEHAVIOR**
  - Document any secondary sites
  - Document any cause-and-effect relationship
  - Document whether the ANEMIA is related to or due to:
    - Drug-induced
    - Nutritional
    - Inherited
    - Acquired
    - Other (please specify)
  - If the anemia is due to a neoplasm:
    - Document if the anemia is due to:
      - Blood loss
      - Aplastic
      - Hemolytic
      - Nutritional
      - Due to another blood or immune disorder
      - Due to another condition
      - Due to another factor

**ADDITIONAL INFORMATION**

- NDIS-AMS
  - Document any associated diagnoses/conditions
  - Document the specific drug if anemia is drug-induced
  - Document any associated diagnoses/conditions
  - ANZANA
  - Documentation of anemia should include the type of anemia:
    - Nutritional
    - Inherited
    - Acquired
    - Other (please specify)
  - Document whether the ANEMIA is related to or due to:
    - Chemo or radiotherapy treatments
  - Document the cause-and-effect relationship between the intervention and the blood disorder
  - Document whether the specific drug or therapy is a drug treatment
  - Document whether the drug or therapy is a related diagnosis or significant
  - Document any associated diagnoses/conditions