Readying the Compliance Department for ICD-10
HCCA Regional Annual Conference
Orlando, Florida

February 6, 2015

Agenda

- Getting Re-Engaged for ICD-10
- Systems & Tools
- Provider Training
  - Case Studies
- Coder Training & Mentoring
  - Case Studies
- Auditing & Monitoring
GETTING RE-ENGAGED

Dates to watch

- End to End Testing in April 2015
- Congress
  - SGR Fix expires March 31, 2015
- October 1, 2015
  - Will CMS convince Congress to keep this compliance date?

Countdown

236 Days to get ready
Challenges and Risks to Achieving Timely ICD-10 Readiness

- Loss of Momentum
- Loss of stakeholder attention and focus
- Redirection of ICD-10 budget
- Diversion of personnel to other projects
- Declining physician interest and engagement
- Maintaining coders’ ICD-10 skills until the compliance date
- Loss of coding staff as individuals retire before ICD-10 is implemented
- Increased implementation costs
- Skepticism regarding firmness of next compliance date
- Hired or contracted staff brought on for ICD-10 that were no longer needed

ICD-10 Task Force Check List

- What has been done and What needs to be done?
  - Systems Readiness
    - EMR readiness
    - Billing system readiness
    - Claim submission testing
    - End to End testing
  - Budget adjustments
  - Charge Ticket and Form revisions
  - Training
    - Provider
    - Coder
    - Support Staff
  - Policy & Procedure updates
  - Auditing & Monitoring Changes
  - Productivity and Staffing
SYSTEMS & TOOLS

Templates, Prompts & Smart Sets; Oh My!!

- Capture detailed information needed for ICD-10 at the point of care
  - EHR Templates or Template Forms can help support the capture of clinical content in a structured manner
  - Top Five elements to include in a template: Laterality, devices, episode of care, trimester and root procedure
  - Prompts are a function of a template designed to trigger the provider to
    - Specify required or missing documentation
    - Ask patients specific questions

- Cautions:
  - Be sure to educate the providers on the risks of the appearance of “cloned” notes.
  - Do not make the templates too complicated and time-consuming to use
Now is the time for healthcare facilities to merge meaningful use and ICD-10-CM/PCS planning initiatives and develop templates, prompts, and overall systems that facilitate and encourage documentation needed for patient care, severity of illness, intensity of services, coding, and reimbursement.

Evaluate and update your existing Physician Queries
Include feedback to improve documentation that will be required for ICD-10 specificity
Increased documentation initiatives may include creating or evaluating the volume of physician queries initiated monthly.
Determining the “vital” documentation opportunities now will allow organizations to begin providing focused education and training.
Other Tools

- Computer-assisted coding (CAC)
  - The accuracy of CAC technology depends on the quality of underlying clinical documentation
  - Coder audits will be required to verify the accuracy of the CAC technology
  - CAC technology needs time to be fine tuned and mature
- EHR ICD-9 to ICD-10 crosswalks
- User friendly ICD-10-CM EHR search options
- Mobile technology may assist providers with customized lists of documentation tips

CMS Resources

- “Road to 10”
  - CMS has created this site to help small practice physicians jump start the transition to ICD-10
  - Also a great resource for large multi specialty groups
    - Specialty References Section
    - Template Library
  - http://www.roadto10.org
- Quick References: http://www.roadto10.org/quick-references/
### Background/General ICD-10 Information
- CMS NARHC Presentation: ICD-10 – Rural or Urban: It Impacts All Providers
- CMS PAHCOM National Webinar: ICD-10 – The Provider Perspective
- CMS – The ICD-10 Transition: An Introduction
- CMS – ICD-10 Basics for Medical Practices
- CMS – ICD-10 Basics for Small and Rural Practices
- AMA – ICD-10 101: What It Is and Why It’s Being Implemented
- HIMSS – 5010/ICD-10 Background
- Leading Age – Version 5010 and ICD-10 Implementation: What Providers Need to Know
- AHIMA ICD-10 FAQs
- AHIMA ICD-10 Toolkit
- AHIMA ICD-10 Overview
- AHIMA ICD-10 CM/PCS Transition: Planning and Preparation Checklist

### Clinical Documentation
- CMS PAHCOM National Webinar: Clinical documentation
- CMS – Simple Steps to Improve Clinical Documentation
- Health Condition Categories
- AHIMA Electronic Documentation Templates Support ICD-10 CM/PCS Implementation
- Behavioral Health – “Transitioning to ICD-10: Why it’s Important to Behavioral Health Care Providers and How to Prepare,” January 24, 2014 (Slides)
- Behavioral Health – “Preparing Your Organization for ICD-10 Implementation,” February 2014 (Slides)
- Behavioral Health – “ICD-10 is Delayed: Now What?”, June 2, 2014 (Slides)

### Coding
- AAPC – ICD-10 Codes
- Medicare Learning Network ICD-10-CM/PCS The Next Generation of Coding
- CMS ICD-10-PCS Code News Update
- CMS – National Coverage Determination (NCD) and Local Coverage Determination (LCD) code crosswalks

### ICD-10-CM Codes and GEMS
- 2015 ICD-10-CM Index to Diseases and Injuries
- 2015 ICD-10-CM Tabular List of Diseases and Injuries
- CMS – 2015 ICD-10-CM and GEMS
- AMA – Crosswalking Between ICD-9 and ICD-10
- CDC – International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
- WEDI – WEDI SNIP ICD-10 Crosswalks Primer White Paper
- WEDI – ICD-10 Crosswalks White Paper: Treasure Map to ICD-10 Resources
- AHIMA – Putting The ICD-10 GEMS Into Practice

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### CMS Template Library
- Process and System Inventory Template
- Technology Vendor Assessment
- Billing Service Assessment
- Clearinghouse Assessment
- Payer Assessment
PROVIDER TRAINING

Training Prep

- Do you have the tools the providers need to code the ICD-10-CM themselves?
- Documentation opportunities from queries
- Coding & Documentation data from audits
CMS Webcasts

- CMS has posted Specialty Documentation Webcasts
  - Family Practice and Internal Medicine
  - Obstetric and Gynecology
  - Orthopedics
  - Cardiology
  - Pediatrics


CMS Specialty Reference Page

- Common codes for your specialty
- Primer for clinical documentation
- Clinical scenarios
- Training and Education Resources
- Build your action plan
Primer Example

Hypertension

Definition Change
In ICD-10, hypertension is defined as essential (primary). The concept of "benign or malignant" as it relates to hypertension no longer exists.

When documenting hypertension, include the following:
1. Type e.g. essential, secondary, etc.
2. Causal relationship e.g. Renal, pulmonary, etc.

ICD-10 Code Examples

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I10</td>
<td>Essential (primary) hypertension</td>
</tr>
<tr>
<td>I11.9</td>
<td>Hypertensive heart disease without heart failure</td>
</tr>
<tr>
<td>I15.0</td>
<td>Renovascular hypertension</td>
</tr>
</tbody>
</table>

CODER TRAINING
ICD-10 Impact on Coder Productivity

- **HIM Facility Coders**
  - ICD-10 CM & ICD-10 PCS
  - 64% impact on productivity

- **Professional Coders**
  - ICD-10-CM
  - 6-10% impact on productivity

ICD-10 Coder Mentoring Program

- Offers continual feedback on a gradual basis, allowing coders time for retention with minimal impact to productivity
- Focus training on coder’s high frequency types of service to have maximum impact on majority of claims submissions
- Allows coders to work with each other and utilize individual strengths
ICD-10 Coder Mentoring

- Break coder groups into small teams (5-7 coders)
  - This will allow each group to have dedicated training time, while productivity continues
- Each group works on cases from a particular type of service which will see common ICD-10 codes (deliveries, OB ultrasounds, lower endoscopies, skin biopsies, arthroscopies, etc)
  - This allows a particular area of focus for training and allows the coders to use each other as a resource
  - Rotate types of services on a designated schedule
- Coders provide Mentor with spreadsheet and medical records, spreadsheet is returned
- Training is conducted weekly with these small teams of coders

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Monday</th>
<th>Wednesday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Deliveries</td>
<td>Deliver Records</td>
<td>Records returned to Coders</td>
<td>One hour webinar for feedback and education</td>
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<tr>
<td>Antepartum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>OB Ultrasounds</td>
<td></td>
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<tr>
<td>GYN Surgeries</td>
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<td></td>
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<tr>
<td>Office E/M</td>
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</tbody>
</table>
**ICD-10 Coder Mentoring**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Month 1 Results</th>
<th>Month 2 Results</th>
<th>Month 3 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Deliveries</td>
<td>70%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Antepartum Records</td>
<td>69%</td>
<td>91%</td>
<td>94%</td>
</tr>
<tr>
<td>OB Ultrasounds</td>
<td>81%</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>GYN Surgeries</td>
<td>74%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>Office E/M</td>
<td>64%</td>
<td>85%</td>
<td>91%</td>
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**AUDITING & MONITORING**
Auditing

- Do not underestimate the value of auditing resources before, during and after ICD-10 implementation
  - Before Implementation (NOW)
    - Duel coding and auditing
  - During Implementation
    - Audit documentation, coding, ambiguous charting,
  - After Implementation
    - Address medical denials and under reimbursement

- Increased audit efforts will be essential!

Professional Audits

- Your current physician audits should begin to incorporate ICD-10 documentation improvements
- Teaching the physicians the ICD-10 coding guidelines may not be a productive use of their time
- Tell the physicians what documentation needs to be added or adjusted to the current note to prepare them for the more specific ICD-10 codes. Much more productive!!
Duel Coding and Physician Queries

- Compliance should be working with HIM to collect data on the current documentation deficiencies to support ICD-10.
- Was the Query process revised to include ICD-10?
- How is this data being collected?

- Good Data can be used to provide specific and meaningful training to the providers.

STAY THE COURSE!
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