



# ICD-10 Overview

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- Compliance Date: October 1, 2015



# Getting Started

## Questions Being Asked

1. Do we understand how ICD-10 is different from ICD-9 to appropriately prepare for ICD-10?
2. Have we developed a plan with a timeline to prepare for ICD-10 implementation?
3. Have we had discussions with vendors and other partners for ICD-10 implementation, including testing plans both internally and externally? Can we be a part of that testing?
4. Has current documentation been reviewed to identify gaps?
5. What are the most frequently used codes and what do they map to in ICD-10?

# What is ICD-10?

- In 1990, the World Health Organization (WHO) approved the 10<sup>th</sup> Revision of the International Classification of Diseases (ICD), known as ICD-10.
- The compliance date for implementation of ICD-10-CM/PCS is October 1, 2015, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities. ICD-10-CM/PCS will enhance accurate payment for services rendered and help evaluate medical processes and outcomes. A number of other countries have already moved to ICD-10, including:
  - United Kingdom (1995)
  - France (1997)
  - Australia (1998)
  - Germany (2000)
  - Canada (2001)

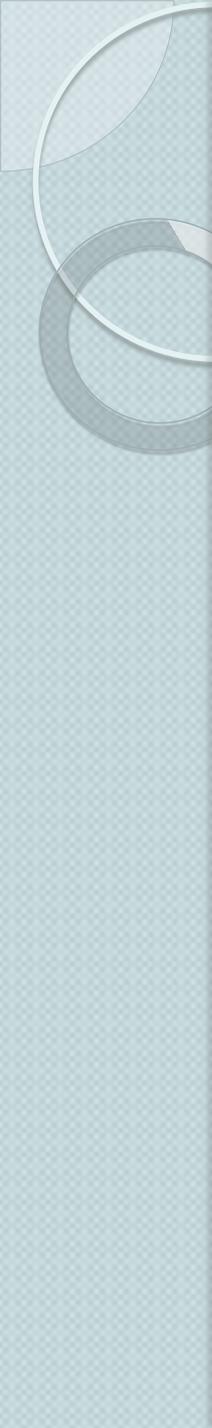
# ICD-10 Overview

- ICD-10 replaces the ICD-9 code sets and includes
- updated medical terminology and classification of
- diseases
- ICD-10 CM/PCS consists of two parts:
  - » ICD-10-CM for diagnosis coding in all health care settings
  - » ICD-10-PCS for inpatient procedure coding in hospital settings
- CPT coding for outpatient and office procedures is
- not affected by the ICD-10 transition



# ICD-10-CM/PCS AN IMPROVED CLASSIFICATION SYSTEM

- Drawbacks of the current system, ICD-9-CM, include:
- It does not provide the necessary detail for patients' medical conditions or the procedures and services performed on hospitalized patients
- It is 35 years old
- It uses outdated and obsolete terminology
- It uses outdated codes that produce inaccurate and limited data
- It is inconsistent with current medical practice as it cannot accurately describe the diagnoses and inpatient procedures of care delivered in the 21st century.



# **ICD-10-CM/PCS AN IMPROVED CLASSIFICATION SYSTEM**

- **Better data for:**
  - Measuring care furnished to patients
  - Designing payment systems
  - Processing claims
  - Making clinical decisions
  - Tracking public health
  - Identifying fraud and abuse
  - Conducting research

# Why Transition to ICD-10

- Better reflects current medical practice
- Captures more specific data from clinical documentation than ICD-9
- » ICD-10-CM: For fractures, for example, captures left vs. right side of body, initial vs. subsequent
- encounter, routine vs. delayed healing, and nonunion vs. malunion
- » ICD-10-PCS: Provides detailed information on procedures and distinct codes for all types of devices

# Why Transition to ICD-10

- Detail captured by ICD-10 can:
  - » Facilitate patient care coordination across settings
  - » Improve public health reporting and tracking
- ICD-10 structure accommodates new codes
- » ICD-9 is running out of capacity and cannot continue to accommodate addition of codes to reflect new diagnoses and procedures

# STRUCTURAL DIFFERENCES BETWEEN ICD-9-CM AND ICD-10-CM/PCS

## ICD-9-CM Diagnoses Codes:

- 3–5 digits;
- First digit is alpha (E or V) or numeric
- Digits 2–5 are numeric; and
- Decimal is after third digit

## Examples:

- 496 – Chronic airway obstruction, Not Elsewhere Classified (NEC);
- 511.9 – Unspecified pleural effusion; and
- V02.61 – Hepatitis B carrier.

# STRUCTURAL DIFFERENCES BETWEEN ICD-9-CM AND ICD-10-CM/PCS

## ICD-10-CM Diagnoses Codes:

- 3–7 digits
- Digit 1 is alpha
- Digit 2 is numeric
- Digits 3–7 are alpha or numeric (alpha digits are not case sensitive)
- Decimal is after third digit

## Examples:

- A78 – Q fever
- A69.21 – Meningitis due to Lyme disease
- S52.131a – Displaced fracture of neck of right radius, initial encounter for closed fracture

# ICD-10-CM EXAMPLES

## ICD-9-CM

- **Mechanical complication of other vascular device, implant and graft**  
I code (996.1)

## ICD-10-CM

- **Mechanical complication of other vascular grafts**  
49 codes
- T82.311A – Breakdown (mechanical) of carotid arterial graft (bypass), initial encounter
- T82.312A – Breakdown (mechanical) of femoral arterial graft (bypass), initial encounter
- T82.329A – Displacement of unspecified vascular grafts, initial encounter
- T82.330A – Leakage of aortic (bifurcation) graft (replacement), initial encounter
- T82.331A – Leakage of carotid arterial graft (bypass), initial encounter
- T82.332A – Leakage of femoral arterial graft (bypass), initial encounter
- T82.524A – Displacement of infusion catheter, initial encounter
- T82.525A – Displacement of umbrella device, initial encounter



# Getting Ready for ICD-10: Monitor Your Progress

Monitor your progress against your ICD-10 project plan, which should identify:

- Each task to be completed
- When tasks should begin and end
- Who is responsible for each task



# Getting Ready for ICD-10

## Check Your Plan

Check that your ICD-10 project plan:

- Ensures all key players understands the significance of ICD-10 change
- Assigns overall responsibility and decision-making authority for managing the transition
- Includes a comprehensive, realistic budget
- Ensures involvement of all stakeholders, ranging from physicians to clearinghouses and software vendors



# Getting Ready for ICD-10

## Check Your Plan

Check that your ICD-10 project plan also covers:

- Software/hardware testing
- Staff training and sharing best practices
- Updating internal policies to support the transition
- Adhering to a well-defined timeline

# Getting Ready for ICD-10

## Key Steps

Essential tasks to cover in project plan:

- Identify commonly used ICD-9 codes and explore related ICD-10 codes
- Identify paper and electronic forms to accommodate the ICD-10 code structure
- Schedule ICD-10 training for clinicians, office managers, billers, coders, and other key staff



# Getting Ready for ICD-10: Analyze How You Use Codes

Identify how ICD-10 will affect your practice, specifically use of codes for:

- Billing and submitting claims
- Other functions:
  - Eligibility queries
  - Registration
  - Referrals

# Getting Ready for ICD-10: Questions for Your Analysis

## Questions to inform your analysis:

- Will I be able to submit claims?
  - You will need a billing system that is compliant with HIPAA Version 5010 transaction standards
  - Verify that your existing billing system can submit and receive ICD-10 codes
- How does ICD-10 work with my EHR systems?
  - Verify whether your EHR captures ICD-10 codes as needed for billing purposes

# Getting Ready for ICD-10: Questions for Your Analysis

How do I become familiar with ICD-10 codes?

- Obtain ICD-10 code books if you use ICD-9 books for code look-up
- Compare ICD-9 codes commonly used in your office to corresponding ICD-10 codes
- Check your software for an ICD-10 look up function
- Acquire ICD-10 code training
- Obtain new ICD-10 forms if you use ICD-9 forms today

# Getting Ready for ICD-10: Look for Efficiencies

Consider opportunities to make coding more efficient:

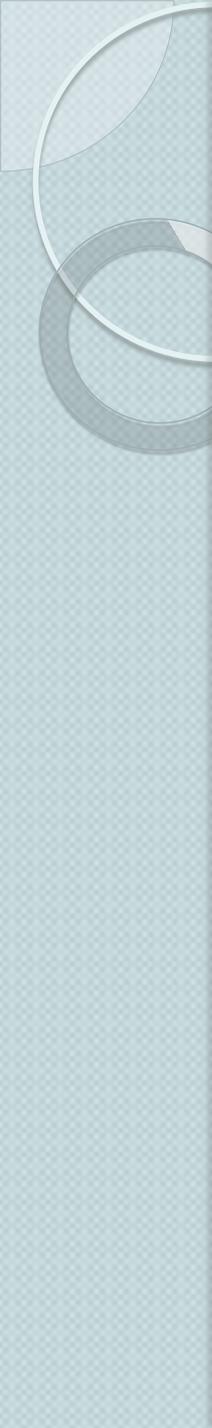
- List your most commonly used ICD-9 codes and look at the ICD-10 codes you will use in their place
- Think about how front-office staff can help capture new information required under ICD-10 (e.g., trimester of pregnancy for obstetric coding)



# Getting Ready for ICD-10: Look for Efficiencies

Other opportunities to make coding more efficient:

- Invest in a software program to help with coding
- Analyze aspects of your practice that frequently trigger review or denial of claims: resolve issues with ICD-9 and prepare for ICD-10 coding



# Getting Ready for ICD-10: Potential Changes to Your Practice

Identify changes you might need to make.

- Look at:
  - Business processes
  - Clinical documentation
  - Practice management and clinical software
  - Readiness of your vendors (e.g., practice management, billing, and clearinghouse products and services)



# Getting Ready for ICD-10: Business Processes

Business processes to consider include:

- Referrals
- Authorization/precertification
- Patient registration and scheduling
- Physician orders
- Contracts with payers, clearinghouses, and other business partners
- Financial operations
- Public health reporting



# Getting Ready for ICD-10: Documentation

- Clinical documentation of key medical concepts is essential to selecting specific ICD-10 codes.
- As part of patient care, clinicians already document most concepts needed for ICD-10 coding.



# Getting Ready for ICD-10: Documentation

Does your practice's documentation capture necessary detail?

- Use documentation from recent patient encounters to try selecting ICD-10 codes
- Note any changes needed to documentation for ICD-10 coding



# Getting Ready for ICD-10: Communication

Confirm ICD-10 plans and readiness of  
your:

- Vendors
  - Software/systems
  - Clearinghouses
  - Billing services
- Payers

# Getting Ready for ICD-10: Talk with Payers

- Ask payers if they are revising contracts or policies based on ICD-10;
  - Negotiate new contracts
- Ask about testing plans



# Getting Ready for ICD-10: Talk with Clearinghouses and Billing Services

- If you work with a clearinghouse or billing service, check on their ICD-10 preparation and readiness
- Figure out how you can work together so your claims can be processed using ICD-10
- Note: Clearinghouses cannot help identify which ICD-10 codes to use unless they offer coding services



# Getting Ready for ICD-10: Talk with Software/Systems Vendors

- Talk to your EHR and/or practice management system vendors to see when they plan to upgrade your system for ICD-10
- Vendors will need to have products ready as soon as possible so you can test them; if they don't, you may need to find a new vendor who has ICD-10-ready products



# Getting Ready for ICD-10: Vendor Evaluation

- Identify your current vendors
  - Contact vendors to confirm they are ICD-10-ready and how they will help you get ready
  - Assess whether you want or need to develop new vendor relationships
  - Evaluate your current vendor or new vendor by asking key questions

# Getting Ready for ICD-10: Key Vendor Questions

Ask your vendors:

- Will you install products well before the October 1, 2015, compliance date, so I can begin testing?
- Will you support my products after October 1, 2015?
- Will you update my products and applications for ICD-10?
- Will you keep my products updated? Will there be a charge?
- Will I need new hardware to accommodate ICD-10-related software changes?

# Getting Ready for ICD-10: Key Vendor Questions

More questions for your vendors:

- What costs are involved with maintaining new products?
- Will you offer product support for the transition? If so, for how long?
- How do I report issues and how quickly will you respond?
- Will you provide training on your software?
- Will you offer support during internal ICD-10 testing?
- Will you help me test my system with payers and other trading partners?

# Getting Ready for ICD-10: Testing

- Once your system is ICD-10-ready, test it
- Try systems that send and receive codes to ensure they process ICD-10 codes correctly
- Test transactions that affect your practice most, such as:
  - Claims submission
  - Eligibility verification
  - Quality reporting

# Getting Ready for ICD-10: Testing

- Look at processes for collecting and reporting diagnosis codes (e.g., super-bills and patient encounter forms)
- Try handling processes with ICD-10:
  - If I had to select an ICD-10 code for the last patient, what would it be?
  - If I had to prepare a claim with an ICD-10 code, how would I do that?

# Getting Ready for ICD-10: Testing

- Test with payers and other business partners
  - Work with your vendors and other business partners to develop a testing plan and schedule for ICD-10 transactions
  - Test how well your systems work together to send and receive codes—focus on transactions that affect your practice most

# Getting Ready for ICD-10: Implementation

- Prepare and monitor for ICD-10's potential impact on:
  - Coding productivity
  - Coding accuracy
  - Reimbursement
  - Vendor responsiveness



# Getting Ready for ICD-10: Implementation

Sample steps to minimize ICD-10-related challenges:

- Eliminate coding backlogs before ICD-10 transition
- Prioritize medical records for coding
- Provide refresher training to address productivity and accuracy issues
- Develop a process for managing errors and resolving vendor issues

# Resources

- CMS website:
  - [www.cms.gov/icd10](http://www.cms.gov/icd10)
- Features fact sheets
- FAQs
- Implementation guides
- Timelines
- Checklists

# CMS ICD-10 Email Updates

- To sign up for updates:
  1. Go to [www.cms.gov/icd10](http://www.cms.gov/icd10)
  2. Select “CMS ICD-10 Industry Email Updates” from left navigation bar
  3. Click on “Sign up for update messages”

# CDI:

## Current Activities at the Hospital

- Queries - Specificity
  - Total of 91 queries that are all ICD 10 compliant
- First 10 Queries:
  - Acute MI
  - Anemia
  - Arrhythmia
  - Asthma
  - C Diff
  - Chest pain
  - CVA
  - Diabetes Mellitus and General Manifestations
  - Fracture Type and Cause
  - Mental Status Changes
- Review with the physicians so they will become more familiar with the required documentation ICD 10.



# Questions?

Next Lunch and Learn: May 26, 2015

Time: 12pm – 1pm

Location: Centegra Hospital Woodstock /  
Conference Rooms A/B

Speaker: BCBS

Lunch will be Provided

Save the Date Flyer to be issued – Please RSVP

Space is Limited