KEEP CALM AND CODE ON

How to Weather the Delay of ICD-10
An essential webinar with Sparkle Sparks of OASIS Answers, Inc.
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• AHIMA Approved ICD-10 Coding Instructor

• OASIS Answers, Inc.
  Senior Associate Consultant
“How could something like this happen?”

After all, as recently as February of this year, the Secretary of Health & Human Services, Kathleen Sebelius said “there’ll be no further delay in the implementation of ICD-10.”
WHAT HAPPENED?!?!?

• HR 4302, the “Doc Fix Bill” was introduced (to provide another temporary physician reimbursement “patch”) when negotiations on how to fund a permanent fix broke down

• The AMA opposed another temporary fix & was pushing for a permanent solution

• In order to appease opposition to another temporary “patch,” Section 212 was added
  – Section 212 stated: “HHS will not be allowed to implement ICD-10 prior to October 2015” was added
HR 4302, the “Doc Fix Bill” was introduced in the House of Representatives at midnight on 3/25

The House of Representatives approved it by an audible “voice vote” on 3/27/14

The Senate approved it by a 64 – 35 vote on 3/31/14

The President signed it into law on 4/1/14
The bill was placed on the Suspension Calendar.

Each suspension motion requires a vote of 2/3 of the members present & voting.

A “voice vote” is determined by the volume of the “ayes” versus “noes”.

A “roll call vote” requires a majority of the 218 members & is recorded electronically.
The Voting Timeline in the House

• 11:32:26 AM – The Speaker recessed the House
• 12:07:40 PM – The House convened, returning from the recess
• 12:08:20 PM – Considered as unfinished business – HR 4302 “To amend the Social Security Act to extend Medicare payments to physicians and other provisions of the Medicare & Medicaid programs, and for other purposes.”
• 12:09:00 PM - On motion to suspend the rules & pass the bill, agreed to by voice vote
The Coalition for ICD-10

• The Coalition for ICD-10 is a broad-based healthcare industry advocacy group, including – hospitals, health plans, coding experts from various practice environments, vendors, and the health information technology community – united in support of the US adoption of the ICD-10 coding standard. It includes:
  – American Health Information Management Association
  – American Hospital Association
  – Blue Cross Blue Shield
  – College of Health Information Management Executives
  – 3M Health Information Systems
  – Roche Diagnostics
  – & others
The Coalition’s Arguments

• “ICD-10 is the next generation coding system that will modernize and expand the capacity of public and private payers to keep pace with changes in medical practice and healthcare delivery.”

• “The transition to ICD-10 is time-sensitive because of the urgent need to keep up with tracking, identifying, and analyzing new medical services and treatments available to patients. Continued reliance on the increasingly outdated and insufficient ICD-9 coding system is not an option when considering the risk to public health.”
• “The healthcare industry has made significant investments in the ICD-10 transition. If there is any further delay, ICD-9-CM versions of systems will have to be updated to remain current. This will require any ICD-10 conversion work already performed to be updated, retested, and reintegrated. A large part of the cost of conversion is the setup time associated with computer system conversion issues and the training of staff to be proficient in ICD-10. Further delay would necessitate that much of that training and setup investment be repeated — greatly increasing the cost of conversion.”
The Impact of the Delay

- Education & training
- Documentation & electronic medical record modifications
- Billing
- Auditing
- Quality reporting
- Compliance
The Impact of the Delay

• AHIMA estimates a $1 - $6.6 billion loss
  – Ongoing costs of maintaining both ICD-9 & ICD-10 code sets
  – 27,000 students graduating who were only instructed in ICD-10
  – Medical research
  – Assessment of efficacy of treatments
  – Fraud
Don’t Panic

Making drastic changes to plans already underway will NOT help. We don’t have all the facts yet.
Where to Go for Official Updates

• The Four Cooperating Parties
  – American Health Information Management Association (AHIMA) ~ http://www.ahima.org/ICD10
  – American Hospital Association (AHA) Central Office ~ http://www.ahacentraloffice.org/ICD10
  – National Center for Health Statistics (NCHS) ~ http://www.cdc.gov/nchs/icd/icd10cm.htm
Don’t Stop ICD-10 Coding Education

• Prior to the delay the #1 comment by coding workshop participants was that “they wished they had started sooner.”

• One of the biggest concerns about this transition has always been how it will impact productivity, and therefore cost.

• By continuing to move forward coders will have more time to become proficient in ICD-10 prior to the implementation.
  – This will help minimize negative impact on productivity once we “go live”
• An unanticipated benefit of ICD-10 training is that it makes coders better at assigning ICD-9 codes.
• More similarities than differences between ICD-9 & ICD-10.
• The 4 Co-operating Parties in charge of coding in the US have been focused on ICD-10, not ICD-9.
• Many of the rules & explanations that are provided in ICD-10 training answer questions coders have about ICD-9.
A Very Disturbing Trend

• Many seasoned ICD-9 coders have left our ranks & have been replaced by a large influx of brand, new coders.

• When queried, one third of all the participants seeking ICD-10 coding training this year have had NO coding training *at all*, yet they are assigning ICD-9 codes in patient’s records on a daily basis.

• They are desperate for training.
The Impact of Coding

- **Globally** – tracks what’s killing people & making them sick worldwide
- **Externally** – is the starting point for determining if what we’re doing is “reasonable & medically necessary”
- **Internally** – used in agency analysis (practice patterns, quality, process measures, cost)
- **Risk adjustment**
- **Reimbursement**
- **Follows the patient FOREVER!**
• Most people are aware that coding has the potential to impact reimbursement but most folks have no idea by how much...

• An analysis* between similar patients with Functional & Service Utilization Scores of just “1” with different Clinical Scores that could potentially be driven alone by coding, resulted in variances of $34 to over $1000 per episode.
  – Analysis provided by Annette Lee, former Cahaba Medicare auditor, August 2012
ICD-10 implementation is at least 18 months away.

Many agencies have not focused on ICD-9 training conserving education dollars for ICD-10 training.

Not staying current with coding guidance is risky business.

Inexperienced coders or coders who have not kept up with the changes can do a tremendous amount of damage to agencies & patient’s medical records.
Continue Training in Both Code Sets

• Dual coding is being endorsed by academia as a necessity in these uncertain times.

• Part of doing end to end data transmission testing included ensuring that software could tell the difference between an ICD-9 vs. an ICD-10 code.

• Grassroots movement to allow (not require) both types of codes to be reported.
Which Coding Manual Should I Buy?

• Order an updated ICD-9 Coding Manual ASAP.
• An ICD-10-CM Draft Code Set (Coding Manual) is also crucial so coders can practice.
• *Never send anyone to a coding class without a manual!*
• Consider subscribing to the Coding Clinic to stay current with the changes to both codes sets.
How Does this Delay Impact OASIS C1?

• The transition from ICD-9 to ICD-10 was the impetus for CMS scheduling a revision to the OASIS data set, updating item language, instructions, and expanding spaces available to allow the seven-digit alpha-numeric reporting required by the ICD-10 code set.

• CMS has not indicated what impact the ICD-10 delay will have on the OASIS C1 rollout.
Strategies for Managing Uncertainty

• Stay informed by signing up for industry alerts provided by the Cooperating Parties & by monitoring their websites
  – Sign up for OASIS Answers’ email list

• Remember that both coding proficiency & OASIS accuracy have been dynamic skill sets that require ongoing education – DON’T STOP NOW!
Questions?

Enter your questions in the chat window now!