ICD-10 Wake-Up Call
Time to Prepare Your Agency

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WHY IS THIS HAPPENING?

• ICD-9 is overcrowded & outdated
  – Limitations for expansion & numbering constraints means no room for new technology or diseases/syndromes
  – Since some categories are full there are many procedures & diseases that get lumped together in the same code because there’s no place to put them
  – Obsolete terms produce limited & inaccurate data inconsistent with current medical practice
WE NEED TO CATCH UP

• The World Health Organization released ICD-10 in 1993
  – It only contains diagnostic codes
  – Each country needs to develop its own procedure codes

• Most other countries are already using ICD-10
  – 138 countries use ICD-10 for mortality
  – 99 countries use it for morbidity
  – Published in 42 languages
WHEN IS THE TRANSITION?

- October 1, 2014 is the implementation date to comply with the use of ICD-10 code sets
  - The compliance date will be based on the date of service

- ICD-10-CM (diagnoses) will be used by all providers in every health care setting

- ICD-10-PCS (procedure) will only be used by hospitals for inpatient procedures
  - Good thing M1012 is a moot point & OASIS C1 does not have an analogous M item
HOW WILL THIS IMPACT REGULAR CODING UPDATES?

• On October 1, 2013 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases.
  – There are no scheduled changes to ICD-9 this October

• There will only be limited / essential updates to ICD-10, and no updates to ICD-9 on October 1, 2014 as the system will no longer be a HIPAA standard.

• On October 1, 2015 regular updates to ICD-10 will begin.
SO I CAN SKIP BUYING A CODING MANUAL THIS YEAR, RIGHT?

• Wrong – clinicians will need a “draft codeset” for ICD-10-CM so they can practice.
  – They’re available now

• You will need to order a 2015 ICD-10 coding manual by early summer 2014 so they’ll be delivered before October 1, 2014.

• What about ICD-9 coding manuals?
  – It depends on how old your most current version is & if you can find one but yes, you should buy one.

• Coding manuals should be replaced annually.
WHO IS IN CHARGE OF THIS?

• 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
ICD-10 ADVANTAGES

• Provides greater clinical detail and specificity in describing diagnoses & procedures
• Terminology and disease classifications have been updated to be consistent with current clinical practice
• Provides codes to allow comparison of mortality & morbidity data with other countries
  • Enhanced ability to conduct public health surveillance
More Benefits of ICD-10

• Improved ability to measure the quality, safety & efficacy of care
• Decreased need to include supporting documentation with claims
• Increased sensitivity when refining reimbursement systems
• More informed options for setting health policy
• Better operational and strategic planning for designing healthcare delivery systems
• Enhanced ability to monitor resource utilization
• Increased ability to detect & prevent healthcare fraud & abuse
• Greater clarity in conducting research, epidemiological studies, and clinical trials
SO HOW DO I MAKE THE QUANTUM LEAP FROM ICD-9 TO ICD-10?

Is there no way around it?
CREATE A CONVERSION TEAM

• Representatives should be identified from every department/discipline to formulate transition strategies & identify goals
  – Administration
  – Information management
  – Billing
  – Quality/Performance Improvement
  – Education
  – Clinical
• Identifies implementation tasks, deadlines & assigns responsible individuals for
  – Implementing, testing & validating system changes
  – Revision of policies/procedures
  – Determining education schedules
  – Identifying & addressing any medical record/documentation deficiencies
Operational Issues/Impact Assessment

• **Identify systems, applications & databases** that use ICD-9 codes
  – Clinical documentation, bills, practice management, electronic record system, contracts, public health/quality reporting
• **Determine impact** on documentation processes & work flow (map electronic data flow)
• **Assess staff training needs**
• **Alert referral sources** that more detailed information will be required
• **Talk with payers** about how ICD-10 implementation may impact processes
  – Are modifications needed to contracts, payment schedules or reimbursement?
• Budget for time & costs related to ICD-10 implementation – system changes, resource materials, & training

• The two primary costs of this transition include staff training & updating information systems
  – Personnel education will depend on the individual’s role in the coding process
KEY QUESTIONS FOR VENDORS

• What is their timeline for the transition?
• What system upgrades/replacements will be needed?
  – When will they be available for testing/implementation?
• What are the costs involved?
  – Are these covered by existing contracts?
• What kind of training/customer support can you expect?
• How will their products/services accommodate both ICD-9 & ICD-10 on claims provided both before & after the transition deadline for the code sets?
FREE TOOLS & RESOURCES

• Both AHIMA & CMS have tools & resources on their websites to help your agency prepare for this conversion.
• CMS has been doing *Medlearn Matters* teleconferences inviting various industry experts who provide great information and helpful links.

@http://www.cms.gov/Medicare/Coding/ICD10/CMS-Sponsored-ICD-10-Teleconferences.html
CMS’s Resources

- At CMS’s website, you see links on the left for ICD-10 to assist your agency through the transition including:
  - CMS ICD-10 Industry Email Updates
  - Implementation Timelines
    - Includes checklists for practices of various sizes
  - Implementation Planning
  - Provider Resources

@http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-for-Service-Provider-Resources.html
AHIMA’s Resources

• ICD-10-CM/PCS Transition: Planning and Preparation Checklist

• Toolkits
  – ICD-10-CM/PCS Implementation Toolkit
  – Clinical Documentation Improvement Toolkit

• Practice guidance:
  – Transitioning ICD-10-CM/PCS Data Management Processes
  – ICD-10-CM/PCS Project Management Resource
  – Planning Organizational Transition to ICD-10-CM/PCS

@http://www.ahima.org/icd10/
General Equivalence Mappings - GEMs

• Comprehensive translation dictionary that can be used to accurately & effectively translate any ICD-9 based data
  – [http://www.cms.gov/ICD10](http://www.cms.gov/ICD10), select from the left side of the web page ICD-10-CM to find the most recent GEMs

• Tools used to convert data from ICD-9 to ICD-10 & vice versa
  – **Backward mapping** – mapping from ICD-10 codes back to ICD-9 codes
  – **Forward mapping** – mapping from ICD-9 codes to ICD-10 codes
The GEMs were created by CMS & the CDC to ensure that consistency in national data is maintained.

They have committed to updating the GEMs annually along with the updates to ICD-9 & ICD-10 code sets during the transition period prior to ICD-10 implementation.

The updates to the GEMs will continue for at least 3 years beyond 10/1/14.
• The GEMs are crosswalks that can be used to convert the following databases from ICD-9 to ICD-10:
  – Payment systems
  – Payment & coverage edits
  – Risk adjustment logic
  – Quality measures
  – A variety of research applications involving trend data
The GEMs are not a substitute for learning how to use the ICD-10 codes.
Mapping links concepts in two code sets without consideration of patient medical record information.
Coding involves the assignment of the most appropriate code(s) based on medical record documentation while adhering to applicable coding rules & guidelines.
Education

• AHIMA estimates that it will take an experienced coder 3-4 days to learn ICD-10-CM
  – Code assignment based on guidelines/conventions
  – Assess & enhance medical terminology
  – Expand knowledge of anatomy, physiology, pathophysiology & pharmacology

• CMS recommends that training to learn how to assign ICD-10 codes should not begin until 6 – 9 months prior to implementation
  – So if 10/01/14 is the “go live” date...
• Learn about the structure, organization & unique features of the ICD-10-CM codeset & codes
  – Remember that ICD-10-PCS codes will only be used on inpatient hospital claims
• Compare/contrast ICD-10 with ICD-9
• Use assessment tools to identify areas of strength/weakness in medical terminology & medical record documentation
• Review & enhance knowledge of medical terminology as needed based on assessment results (anatomy, physiology, pathophysiology & pharmacology)
Overview of ICD-9 vs. ICD-10

- **ICD-9**
  - 14,000 diagnosis codes
  - 4,000 procedure codes

- **ICD-9-CM**
  - 3 – 5 digits
  - The first is alpha (V or E) or numeric
  - 2 – 5 are numeric with a decimal after the third

- **ICD-10**
  - 70,000 diagnosis codes
  - 70,000 procedure codes

- **ICD-10-CM**
  - 3 – 7 characters
  - The first is an alpha (all letters except U are used)
  - The second is numeric
  - 3 – 7 are either alpha or numeric with a decimal after the third
Some Differences with ICD-10

• Injuries are grouped by anatomical site rather than type of injury
• Category restructuring & code reorganization have resulted in some diseases & disorders being classified differently
• Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge
• New time frames
• V codes (Z codes in ICD-10) & E codes (V, W, X & Y codes in ICD-10) are incorporated into the main classification system instead of being separated out into their own supplementary classifications
New Features of ICD-10-CM

• Specifies laterality – right, left, bilateral
  – L89.022 Pressure ulcer of left elbow, stage II

• Combination codes for:
  – Some conditions & their associated symptoms or manifestations – E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
  – Poisonings which include their associated external cause – T42.3x2S Poisoning by barbiturates, intentional self-harm, sequela

• Obstetric codes identify trimester instead of episode of care
  – O26.02 Excessive weight gain in pregnancy, 2nd trimester
New Features of ICD-10-CM, (cont’d)

• Character “x” is used as a 5th digit placeholder in certain 6 character codes to allow for future expansion
  – T38.0x5D Adverse effect of steroids, subsequent encounter

• And to fill in other empty characters when a code that is less than 6 characters in length requires a 7th character
  – S01.01xD Laceration without foreign body of scalp, subsequent encounter
Two types of **Excludes notes:**

- **Excludes 1:** Indicates that the code excluded should never be used with the code where the note is located “do not report both codes”
  - *Q03 – Congenital hydrocephalus*
    - **Excludes 1:** *Acquired hydrocephalus (G91.-)*

- **Excludes 2:** Indicates that the condition excluded is not part of the condition represented by the code but a patient may have both conditions at the same time, in which case both codes may be assigned together (both codes can be reported to capture both conditions)
  - *L27.2 Dermatitis due to ingested food*
    - **Excludes 2:** *Dermatitis due to food in contact with skin (L23.6, L24.6, L25.4)*
New Features of ICD-10-CM, (cont’d)

• Inclusion of clinical **concepts that do not exist in ICD-9-CM** (underdosing, blood type, blood alcohol level)
  – Z67.40 Type O blood, Rh positive

• Many codes have been **significantly expanded** (injuries, diabetes, substance abuse)
  – E10.610 Type 1 diabetes with diabetic neuropathic arthropathy

• Codes for complications have been expanded and a **distinction made between intra-operative and post-procedural complications**
  – D78.01 Intraoperative hemorrhage & hematoma of spleen complicating a procedure on the spleen
  – D78.21 Postprocedural hemorrhage & hematoma of spleen following a procedure on the spleen
Documentation & Communication

Critical Issues to Consider Now
• Because ICD-10 is much more specific it will be absolutely essential to get as much detail as possible from our referral sources.
  – Although they will be using the new codes as well, a gentle reminder that we will also need as much detail as possible would be a prudent dialogue to start having now.

• Clinicians will need to alerted to the new & increased details required in their documentation.
  – Laterality
  – Wound bed structures
  – More specificity in anatomic structures
Lower Extremity Ulcers

- ICD-9 by site
  - Might be preceded by etiology when underlying disease process is known
- ICD-10 by site, depth + underlying etiology (if known)
  - Limited to breakdown of skin
  - With fat layer exposed
  - With necrosis of muscle
  - With necrosis of bone
Let’s Talk

• Clinicians do not need to understand all the intricacies of coding but they do need to document accurately, precisely & comprehensively.

• Coders do not need to understand all about the clinical world but they do need to understand when further research is required.

• Clinicians need to expect increased questions from coders.

• Each must do their part to ensure complete & accurate coding.