



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

Are We There Yet?

Getting Ready for ICD-10

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January 30, 2015

Background

- ICD-10: 10th revision of the International Statistical Classification of Diseases and Related Health Problems

 - Codes diseases, signs & symptoms, abnormal findings, complaints, social circumstances, external causes of injury or diseases
- Why change?
 - ICD-9 is 30 years old
 - Outdated, obsolete, inconsistent with current medical practice
 - As medical science makes new discoveries, ICD-9 is out of numbers to assign these diagnoses

<http://www.who.int/classifications/icd/factsheet/en/>

Objectives of ICD-10

- Greater detail, more specificity
- ICD-10 introduces concepts of:
 - Location, e.g. “Laterality”
 - Right or left hand injury
 - Severity, e.g. types of pain codes
 - Thousands of new injury codes
 - ~37,000 new musculoskeletal & injury codes
 - Codifying patient encounters
 - Initial, subsequent, sequela

http://www.weeklystandard.com/articles/code-chaos_783576.html?page=3#.Uxc6QrkR-tw.gmail

ICD-9 = Coding;

ICD-10 = Information Collection

- A provider sees a patient in a *[subsequent encounter]* for a *[non-union]* of an *[open]* [fracture] of the *[right]* [distal] [radius] with *[intra-articular extension]* and a *[minimal opening]* with *[minimal tissue damage]*.
 - ICD-9 Code: 813.52 Other open fracture of distal end of radius (alone)
 - ICD-10-CM Code: S52.571M Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with nonunion
- Codes related to fractures of the radius:
 - ICD-9 = 32
 - ICD-10 = 1,731

Mapping v. Coding

- Mapping links concepts in two code sets without considering context or medical record documentation

- Coding involves assignment of most appropriate code(s) based on medical record documentation & applicable coding rules/guidelines
- GEMs (General Equivalence Mappings)
 - 2-way translation dictionaries for diagnosis codes from which crosswalks will be developed
 - Developed by CMS & CDC for ALL providers, payers, data users
 - Free of charge, in public domain

<http://www.cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf>

Since We Last Spoke

- June 17, 2014: Interim Final Rule implementing ICD-10 by October 2015 “limps” into Office of Management & Budget (OMB)
 - Final Rule issued July 31st, 2014
- The most recent delay (*4th to date*) came in the Protecting Access to Medicare Act of 2014
 - *Signed March 31st & averted 24% cut in Medicare payments*



Industry Preparedness

- 27% of providers ready for ICD-10 testing 3rd Qtr 2014
 - 14% 4th Qtr 2014
 - 12% 1st Qtr 2015
 - 10% 2nd Qtr 2015
 - 2.5% 3rd Qtr 2015
- Concerns include:
 - Interacting with accounting & billing systems (45%)
 - Interacting with EHR systems (39%)
 - Interacting with analytics software (37%)
 - Interacting with health information exchanges (33%)



<http://www.healthdatamanagement.com/news/Providers-Expect-Short-Term-Pain-from-ICD-10-Delay-48303-1.html>

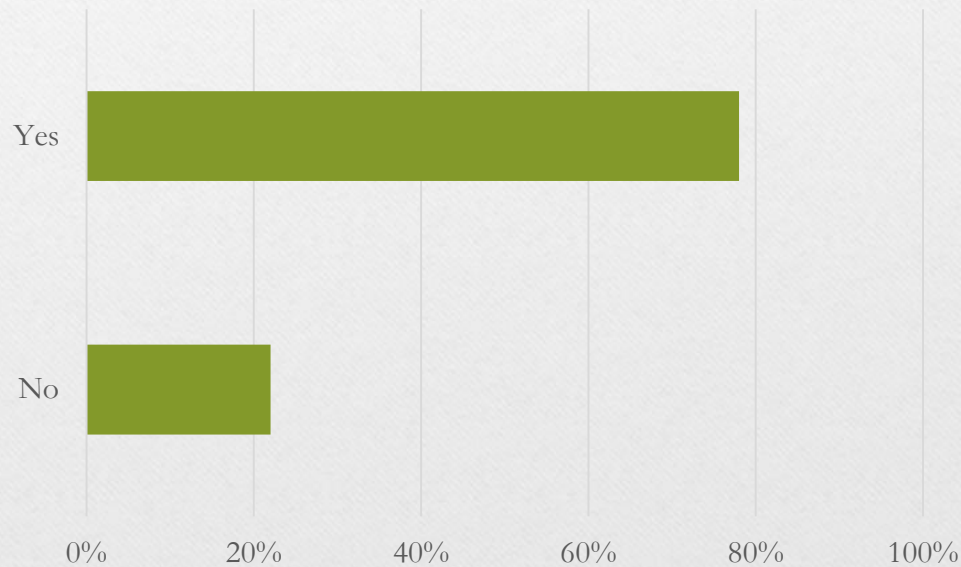
Industry Preparedness

- During the 1st year of ICD-10 compliance:
 - 38% believe revenue will decrease
 - 14% predict revenue will stay the same
 - 6% believe revenue will increase
 - 26% have not conducted a revenue impact assessment
- November 7, 2014: ICD-10 preparation is still lagging as providers continue to worry about testing, revenue & productivity

HBMA Survey (*Sept 2014*)

- Is/are your software systems(s) fully updated for ICD-10?

 - Not just a crosswalk but dual coding capability? Cross over claims?





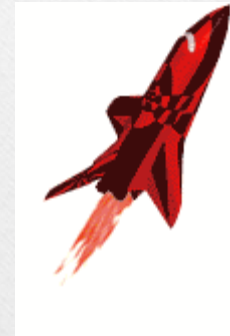
Partnering for Electronic Delivery
of Information in Healthcare

- >50% of health plans have begun external testing (25%)
- 50% of providers have completed an impact assessment (*same*)
- 35% of providers have begun external testing (*60% had expected to begin*)
- 60% of health plans expect to test with a sample of providers (*20% indicated they will test with a majority*)
- *‘Based on the survey results, all industry segments appear to have made some progress . . . But the lack of progress by providers, in particular smaller ones, remains a cause for concern . . . ,’* Jim Daly, WEDI Chairman & ICD-10 Workgroup Chair

<http://www.wedi.org/news/press-releases/2014/09/25/Results-from-WEDI-ICD-10-Industry-Readiness-Survey-Released>

Medical Association of Alabama

- W56.21XA -- "Bitten by orca, initial encounter"
- V97.33XD – "Sucked into a jet engine, subsequent encounter"
- R46.1 – "Bizarre personal appearance"
- Y93D1 – "Stabbed while crocheting"
- V98.2XXA – "Accident to, on or involving ice yacht, initial encounter"
- V95.43 – "Spacecraft collision injuring occupant"
- Z63.1 – "Problems in relationship with in-laws"



http://www.al.com/news/index.ssf/2014/09/when_orca_bites_and_other_biza.html

Three Primary Categories of Change

- Definition changes
 - Example: Myocardial infarction codes

 - Under ICD-9 a myocardial infarction is coded as acute if it has a duration of 8 weeks or less.
 - This time period is 4 weeks under ICD-10 & in addition a new 3-character category code has been created to identify a second acute infarct occurring in the same 4-week time period.
- Terminology differences
- Increased specificity
 - Over 1/3 of the ICD-10 expansion is due to addition of laterality (*left, right, bilateral*)

Increased Specificity

- Document as specifically as possible when describing a patient's condition
-
- When documenting **Pain**, include the following:
 - Acuity: e.g. acute or chronic
 - Location: be as specific as possible, e.g. right knee behind the patella or left upper quadrant
 - When documenting **Injuries**, include the following:
 - Episode of care (*initial, subsequent, sequelae*)
 - Injury site (*be as specific as possible*)
 - Etiology (*how was the injury sustained – e.g. sports, MVA, pedestrian slip/fall, environmental exposure*)
 - Place of occurrence (*e.g. school, work, etc.*)

Increased Specificity

- Episode of care, Initial encounter may also require:
 - Intent: e.g. unintentional or accidental, self-harm, etc.

 - Status: e.g. civilian, military, etc.

ICD-10 Code Examples

Example 1: A left knee strain injury that occurred on a private recreational playground when a child landed incorrectly from a trampoline:

- **Injury:** S86.812A, Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
- **External cause:** W09.8xxA, Fall on or from other playground equipment, initial encounter
- **Place of occurrence:** Y92.838, Other recreation area as the place of occurrence of the external cause
- **Activity:** Y93.44, Activities involving rhythmic movement, trampoline jumping

Using Unspecified Diagnosis Codes

- Thursday, July 3, 2014 MLN Connects™ Unspecified Diagnosis Codes
- “In both ICD-9 & ICD-10, sign/symptom and “unspecified” diagnosis codes have acceptable, even necessary, uses. While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient’s condition, there are instances when signs/symptoms or unspecified codes are the best choices for accurately reflecting the health care encounter. Each health care encounter should be coded to the level of certainty known for that encounter. If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information isn’t known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate “unspecified” code (e.g., a diagnosis of pneumonia has been determined, but not the specific type). In fact, unspecified codes should be reported when they are the codes that most accurately reflect what is known about the patient’s condition at the time of that particular encounter. It would be inappropriate to select a specific code that is not supported by the medical record documentation or to conduct medically unnecessary diagnostic testing in order to determine a more specific code.”

<http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2014-07-03-enews-file.pdf>

Top Conditions Reported in Radiology: Need More Information

- Abdominal Pain, site unspecified

- Pain in limb
- Lower leg injury, unspecified
- Injury face/neck
- Head injury unspecified
- Swelling, limb
- Other injury, other site
- Joint pain shoulder
- Other injury, chest wall
- Pneumonia, unspecified

Top Conditions Reported in Radiology: Current Information Sufficient

- Screening mammography
- Unspecified chest pain

- Cough
- Shortness of breath
- Abnormal findings, lung field
- Headache
- Pre-op Respiratory exam * (*secondary codes may be necessary for reporting, e.g. signs/symptoms/reason for surgery*)
- Fit/Adjust vascular catheter* (*secondary codes may be necessary for reporting, e.g. signs/symptoms/reason for vascular catheter*)
- Fit/Adjust non vascular catheter * (*secondary codes may be necessary for reporting, e.g. signs/symptoms/reason for non vascular catheter*)
- Pleural effusion unspecified

More Specific Codes Available in ICD-9

- Abdominal pain, site unspecified
 - Upper right quadrant, e.g.

- “Trauma” commonly misused today
 - Trauma is an event, not a condition (irrespective of ICD-10)
 - “Injury” may not be best assignment for trauma
 - Could be “pain”
- Examples of what can be stated other than trauma or in addition to:
 - Other injury chest wall
 - Lower leg injury, unspecified
 - Injury face/neck
 - Other injury other site

Condition with Significant Changes

ICD-9 Code

Definition

729.5

Pain in limb

- Pain in limb (M79.6) has >30 options in ICD-10
 - M79.60 Pain in limb, unspecified
 - M79.601 Pain in right arm
 - M79.602 Pain in left arm
 - M79.603 Pain in arm, unspecified
 - M79.604 Pain in right leg . . .

<http://www.icd10data.com/ICD10CM/Codes/M00-M99/M70-M79/M79->

Details vs. Defaults

- Chest Pain

ICD-9 Code

Definition

786.50

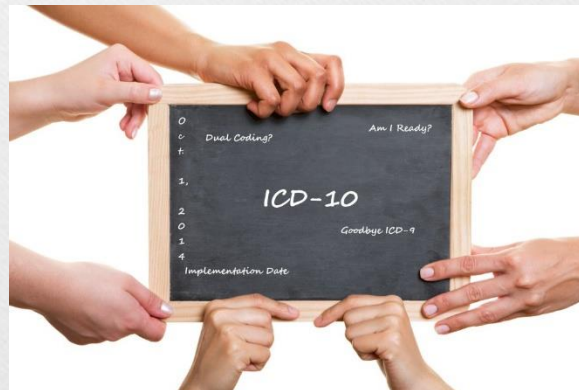
Chest pain, unspecified

- Are more details available?

- R07.1 Chest pain on breathing
- R07.2 Precordial pain
- R07.82 Intercostal pain
- R07.89 Other chest pain
- R07.9 Chest pain, unspecified

Preparing for ICD-10

- Understand the impact of ICD-10
- Identify your ICD-10 team
- Prepare a budget & forecast
- Plan your training & education



Preparing for ICD-10

- What should be completed by end of 2014
- Financial impact assessment

 - A thorough inventory of health IT systems that need to be upgraded
 - Which staff members must receive education
 - How much it will cost
- Denied claims analysis
 - Focus on what is being denied now by physician, by coder, by payer, & for what reason
 - Figure out why they are being denied now – this will help with denied claims analyses once ICD-10 is implemented

Preparing for ICD-10

- Technology
 - If you are waiting for a product release (*hardware or software*) hound your vendor for a delivery date

- Test your systems as soon as possible (*external & internal*)
 - CMS front-end testing opportunities
 - March 2 – 6, 2015; June 1 – 5, 2015
 - Test claims with ICD-10 codes must be submitted with current dates of service since testing does not support future dated claims
 - Test claims will receive the 277CA or 999 acknowledgement as appropriate, to confirm that the claim was accepted or rejected in the system
 - Testing will not confirm claim payment or produce a remittance advice
 - CMS with hold three end-to-end testing opportunities
 - First one is January 26 – 30, 2015
 - Second one announced January 8, 2015: April 26 – May 1, 2015

Preparing for ICD-10

- Education
 - Make sure coders & physicians are on board

- Physicians need to produce thorough & complete documentation
- Coders need the information & the tools to convert documentation into dollars

Source: "Five ICD-10 Tasks to Complete by the End of 2014," Bresnick, J., EHR Intelligence, Nov. 17, 2014



Preparing for ICD-10: 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		Oct	Nov	Dec
Train Your Team													
Obtain clinical documentation education						<i>Ongoing Practice & Validation</i>							
Obtain coding education													
Obtain ICD-10 overview education													
Update Your Processes													
Improve clinical documentation													
Revise paper forms & templates													
Modify policies & procedures													
Engage Vendors & Payers													
Engage technology vendors & update systems													
Test Your Systems & Processes													
Conduct external testing with partners													

Preparing for ICD-10: 2015

- CMS has created “*Road to 10: The Small Physician Practice’s Route to ICD-10*” to help you jump start the transition to ICD-10



<http://www.roadto10.org/>

How Do I Prepare?

- Assess your high volume, high reimbursement procedures & codes

- Target coder training
- Address clinical documentation gaps
- Ramp up clinical documentation improvement program
- Have a backup plan for additional coding resources, if needed
- Optimize current revenue by reducing days in the AR
- Assess your reserves & increase them if possible
- Have a plan for potential accounts payable delays

Payers Prepare

Florida Blue  
In the pursuit of health[®]

aetna[®]

 **UnitedHealthcare[®]**



AGENCY FOR HEALTH CARE ADMINISTRATION



AGENCY FOR HEALTH CARE ADMINISTRATION

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- *“The Agency for Health Care Administration has done many activities needed to prepare Florida Medicaid for the changes in the diagnosis code set.”*
 - The ICD-10 Planning Checklist
 - Seek resources on the ICD-10 transition
 - Establish an ICD-10 project team
 - Develop an ICD-10 communication & awareness plan
 - Revisit & revise your implementation timeline
 - Share your implementation plans & timelines

<http://ahca.myflorida.com/medicaid/ICD-10/tips.shtml>



In the pursuit of health®

- *“Will your revenue stream continue after Oct. 1, 2015?”*

Testing ICD-10 is one of the more important success factors for managing the potential risk of business disruptions and achieving ICD-10 compliance. Be sure you register *NOW* to test with us – even if you are not quite ready to test now, schedule to test with us. Testing capacity is limited and demand is anticipated to exceed capacity further into 2015. Do not delay. For more information about testing ICD-10 with us, please select the “Test ICD-10” icon located to the right.

www.floridablue.com/icd-10



A promotional graphic with a yellow background on the left and a red background on the right. The yellow section contains the text "TEST ICD-10" in large, bold, blue letters. The red section contains the text "RESERVE NOW!" in white, bold letters, and a green button with the text "MORE DETAILS" in white, bold letters. A blue arrow points from the "MORE DETAILS" button towards the right. Below the graphic, the text reads: "It's one of the more critical success factors for ICD-10 compliance."



In the pursuit of health®

- Provider's ICD-10 Implementation Toolkit
 - Basic information & tips
 - Implementation timelines
 - Implementation guides
 - Education & training
 - Communications
 - Testing
 - Influencing physicians & practices to embrace ICD-10
 - Latest News
 - Related links

<http://www.bcbsfl.com/DocumentLibrary/Providers/Content/ICD10Toolkit.pdf>

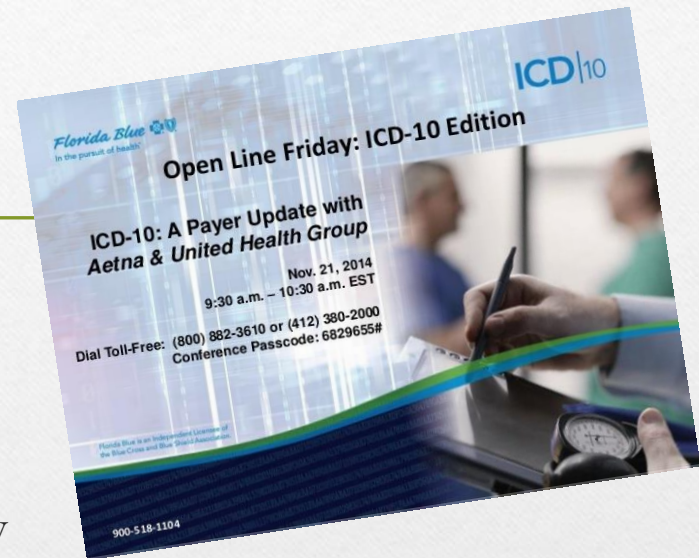


- Podcasts & Archives

- Open Line Friday ICD-10

- Provider Teleconference Series
 - Held monthly since 2012
 - Past sessions posted at link below
 - Questions:

floridablueopenlinefriday@floridablue.com



http://www.bcbsfl.com/nps/portal/bcbsfl/w/providers/providerdetails/SA_ToolsResources/SA_ICD10/CT_ICD10_Teleconference_archive



- Participated in Florida Blue Open Line Friday (*Nov 21, 2014*)

 - Shirley Reynolds, Senior Product Manager, UnitedHealth Group®
- Payer-Provider Collaborative Testing
 - 2015 is Phase 3: End-to-End Claims Processing & Payment Testing
 - Testing to validate transaction accuracy
 - ICD-10 claims are compared to original paid ICD-9 claims
 - Claim report & 835s are returned to Provider
 - Payment variances are collaboratively reviewed



ICD-10 Program

A large, solid green arrow pointing to the right, positioned above a horizontal line. The text "ICD-10 Program" is centered within the arrow.

Began ICD-10
program in early
2010

A white rectangular box with rounded corners and a green border, containing the text "Began ICD-10 program in early 2010". The box is connected to the left by a green arrow-shaped tail.

Application
remediation
nearly complete

A white rectangular box with rounded corners and a green border, containing the text "Application remediation nearly complete". The box is connected to the left by a green arrow-shaped tail.

Focused on testing
& business
readiness

A white rectangular box with rounded corners and a green border, containing the text "Focused on testing & business readiness". The box is connected to the left by a green arrow-shaped tail.

On track for
October 2015
compliance

A white rectangular box with rounded corners and a green border, containing the text "On track for October 2015 compliance". The box is connected to the left by a green arrow-shaped tail.

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



Aetna's ICD-10 Collaborative Testing – Approach, Results, and Lessons Learned

Brian Parkany

November 21, 2014



- Brian Parkany, Senior Director, Strategic Initiatives



-
- CIGNA will support the processing of claims containing ICD-10 codes based on the date of service for outpatient settings or the date of discharge for inpatient settings.
 - Claims that cross the compliance date will be processed based on the discharge date.
 - Claims submitted with both ICD-9 & ICD-10 codes will be rejected.

<http://www.himss.org/files/himssorg/content/files/cignaguidingprinciples-claimprocessing.pdf>

Challenges for Radiologists

- Obtaining needed information from ordering physicians
 - Amount of information needed increases dramatically
 - Review orders: is complete diagnostic information included?
 - Diagnostic mammogram for breast cancer v. left breast cancer, lower-outer quadrant
 - Where are the problems?
 - Certain referring physicians/groups?
 - Specific studies? All orders?
 - Do paper order forms need to be updated?
 - If using CPOE, how are clinical indications noted?

Challenges for Radiologists

- Physician documentation
 - Review sample of reports to identify any missing information:
 - A physician documentation issue?
 - Insufficient information in the medical records?
 - A coder education/process issue?
 - Medical record was sufficient, coder still requested additional information
 - Needs to be much more specific/detailed
 - ICD-10 requires radiologist to have a more complete picture of the patient's overall health

Challenges for Radiologists

- To document detailed patient history needed for ICD-10 coding, information must be available to the radiologist

 - Ex.: Patient is sent to radiology for duplex study of the lower extremity veins
 - Does patient have diabetes?
 - If yes, Type I or Type II?
 - Does patient have peripheral vascular disease?
 - Does patient have gangrene?
 - ICD-10 has one code for a diabetic patient with peripheral vascular disease either with or without gangrene
 - Is this information available to the radiologist?

Challenges for Radiologists

- American Health Information Management Association (AHIMA)

-
- *“The implementation of ICD-10-CM/PCS will require organizations to capture detailed information at the point of care....Specifically, providers don’t need to provide a higher volume of clinical documentation, but rather more precise documentation (i.e., laterality, specificity, anatomic sites, etc.).”*



ICD-9-CM v. ICD-10-CM

Issue	ICD-9-CM	ICD-10-CM
Volume of Codes	Approx. 13,600	Approx. 69,000
Composition of codes	<ul style="list-style-type: none">• Mostly numeric w/E & V codes alphanumeric• Valid codes of 3, 4, or 5 digits	<ul style="list-style-type: none">• All codes are alphanumeric beginning w/a letter, then mix of numbers & letters thereafter• Valid codes may have 3, 4, 5, 6, or 7 digits
Duplication of code sets	<ul style="list-style-type: none">• Only ICD-9-CM codes are required• No mapping necessary	<ul style="list-style-type: none">• For 2+ years, systems must access both ICD-9-CM & ICD-10-CM• Mapping necessary so that equivalent codes can be found

ICD-9-CM v. ICD-10-CM: Tibia Fracture

ICD-9	ICD-10
18 codes	467 codes
Need to know there is a fracture	Need to know there is a fracture, the exact type of fracture, laterality, location of fracture in the bone
	Type of fracture: open/closed, displaced/non-displaced, comminuted, spiral, oblique, greenstick, torus
	Must document trauma extension codes: initial, subsequent, sequel
	Trauma extension information: <ul style="list-style-type: none">• Initial encounter for closed fracture• Initial encounter for open fracture• Subsequent encounter for fracture w/routine healing• Subsequent encounter for fracture w/delayed healing• Sequela (late effect)

Resources

- The ICD-10-CM Toolkit
 - Collaborated & produced by CSI Coding Strategies, Inc. and RBMA™
- Member price: \$795



- Includes:
 - Model Implementation Plan & Timeline
 - Vendor Checklist
 - Complete Suite of Coder Training Tools
 - Documentation Training for Radiologists
 - Code Conversion Table
 - Sample Radiology Reports
 - Modality-Specific Coding Exercises
 - Presentations
 - Assessments
 - Handouts

Resources

- CMS Provider Resources:
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

- The ICD-10 Transition:
[http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413\[1\].pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413[1].pdf)
- CMS Implementation Timelines:
<http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html>
- ACR: <http://www.acr.org/Advocacy/Economics-Health-Policy/Billing-Coding/Coding-Source-List/2012/July-Aug-2012/ICD-10-Transition-Planning>
- Advancing the Business of Healthcare, ICD-10 FAQ:
<http://www.aapc.com/icd-10/faq.aspx>
- AMA Preparing for the ICD-10 Code Set: <http://www.ama-assn.org/resources/doc/washington/icd10-icd9-differences-fact-sheet.pdf>

Resources

- From the Medicare Learning Network® Educational Products

 - ICD-10-CM/PCS Billing & Payment Frequently Asked Questions
 - ICD-10-CM/PCS The Next Generation of Coding
 - ICD-10-CM/PCS Myths and Facts
 - ICD-10-CM Classification Enhancements
 - General Equivalence Mappings Frequently Asked Questions
- CMS Road to 10: *<http://www.roadto10.org/quick-references/>*