The ICD-10 Implementation Challenge Update

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ICD-10 Federal Lead

Office of Information Technology

GPRA Coordinator's Meeting

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Objective

- Provide a summary of ICD-10 implementation planning for the I/T/U community
  - Milestones
  - ICD-10 and Meaningful Use
  - "Have No Fear, ICD-10 is Here" Training
- Provide a high level overview of the impact to clinical and financial work flows and next steps
- GPRA and Data Impacts
- Clinical Documentation Improvement
- Area Coordinators

ICD-10 Transition Program - Summary

- IHS and all HIPAA covered entities are mandated to implement the International Classification of Diseases (ICD) 10th Revision (ICD-10) code set, updating from the ICD 9th Revision (ICD-9) per regulation enacted by the U.S. Department of Health and Human Services (HHS).
- The compliance date is set in regulation as October 1, 2014, a one-year delay from the original compliance date of October 1, 2013.
- ICD-10 provides new procedures and diagnoses unaccounted for in the ICD-9 code set for reimbursement transactions and reporting purposes.

ICD-10 Transition Program - Summary

- Strategic management and planning, extensive system changes, specialized education, and effective training and implementation are essential to a successful transition.

- The process will require the Office of Information Technology (OIT) to significantly modify the Resource and Patient Management System (RPMS) to accommodate the new codes.

- All staff that utilize ICD-10, including providers, billers, coders and others, will be required to ensure not only an efficient implementation of the code set conversion software, but also an understanding of the documentation requirements and coding guidelines

ICD-10 Transition Program

Accomplishments

- 95 Diagnosis and Procedure taxonomies approved by Federal Lead
- 393 Active Taxonomies
- 471 Taxonomies retired
- Reviewed SDD's for PCC, BMX .Net, and BKM
- PIMS p1016 preliminary ICD-10 testing and test scripts completed
- Approval for setup of 4 site databases and 1 ICD-10 DEV database
- Test Plan Supplements written for ATX, BAR, and BDW
- Completed 2nd Have No Fear (CM only) class
- Project Update to the ITIRB

Milestones

Milestone	Start Date	Baseline Due Date	Revised Due Date	Stoplight Status
Initiation	11/23/10	1/11/11	5/9/11	Complete – 100%
Planning	12/24/10	4/20/12	5/31/12	Complete – 100%
Requirements – P1	11/23/10	3/15/12	10/29/12	Complete – 100%
Design – P1	11/23/10	3/15/12	4/2/13	Green – 46%
Development – P1	11/23/10	5/1/13	11/5/13	Green – 49%
Testing – P1	3/23/12	5/31/13	11/15/13	Green – 18%
Implementation – P1	10/10/12	10/1/13	1/31/14	Green – 0%

"Have No Fear, ICD-10 Is Here"

CM	PCS
November 7/8, 2012	February 6/7, 2013
January 9/10, 2013	August 21/22, 2013
April 10/11, 2013	
July 10/11, 2013	

Major Issues/Risks

Issues

- None at this time

Risks

- Competing projects of ICD-10 and MU Stage 2: The same resources are being used for both projects to include Federal, Contractor and Developer staff. Contingency Plan is under development with stakeholders.

Federal Lead: Janice Chase   Project Manager: Leon Wozniak

ICD-10 and Meaningful Use

- Stage 2 of the Meaningful Use Initiative is scheduled to begin 10/1/2013

- Final Rule for Certification and Meaningful Use were released

- EHR certification for Stage 2 will require considerable new development

- In 2014, EHR will be required to use SNOMED-CT for Problem List (at least)

  - SNOMED-CT is a clinically oriented terminology system very different from ICD-9 and ICD-10

- RPMS will need to include both SNOMED-CT and ICD-10

  - SNOMED-CT may have to precede ICD-10

SNOMED-CT and ICD-10 in RPMS

- Providers will select SNOMED-CT terms for Problem List, Purpose of Visit, Family History (and more)
  - Providers will select ICD-10 only if no appropriate SNOMED-CT term is found
- SNOMED-CT will be translated to ICD-10 by mapping tools (and/or coders) for billing and export to the data warehouse
- Clinical documentation will still need to be detailed enough to facilitate ICD-10 coding and for the clinial note to stand on its own
- Some training on SNOMED-CT will be required, but SNOMED codes are generally intuitive for providers – natural language

EHR components with ICD codes

- Problem List – SNOMED required
- Family History – SNOMED required
- Visit Diagnosis
- Historical Diagnosis
- CPT (associated diagnosis)
- Pick lists
- Superbill (associations)
- Clinical indications (labs, meds, consults, radiology in the future)
- Clinical Reminders (taxonomies, finding items, reminder dialogs)
- Immunizations
- Patient Education
- Reports
- Group notes (in development)
- Flowsheets (in development)
- Prenatal care module (in development)

Changes to RPMS for ICD-10

- 49 applications contain ICD-9 Codes
- File structure changes
  - Incorporate some of the VA structure
- Field size changes, longer code descriptions
- Numeric vs. alpha characters
- Logic changes due to the revised code structure
- Mapping codes for taxonomies and measures

ICD – 10 & ICD – 9 Facts

- Both ICD – 9 and ICD – 10 will have to be maintained/used for a period of time
  - Non-covered entities, like worker's compensation and auto insurances claims may still use ICD-9 well after the compliance date of 10/1/2014
  - Coding and billing backlogs, CMS eligibility changes
  - Reporting, trending, comparison
    - MU Core Measures (i.e., hypertension)

Business and Financial Impact

- Productivity impacts can be expected – coding and clinical

- Coders are looking for more information in the record

- Learning curve for at least first six months

- Uncertainty if productivity impacts will be permanent
    - United States has ICD-10-PCS where Canada did not
    - United States is a multi-payer system – Canada single

GRPA Impacts

- Taxonomies Changing
    - Subject Matter Experts
    - Federal Leads
    - Translation Programs (Ingenix and 3M)
- Independent verification (OPHS)
- National Lead on Data Mgmt Sub-group
- GPRA outcomes may change; key is understanding the changes and planning for impacts

Expect Change in Data Trend?

- **United Kingdom:** Even a change to a new version of the same code set can have dramatic results. When the United Kingdom moved from ICD-10 v2001.2 to v2010 public health reporting experienced spikes and dips, according to the UK Office for National Statistics.

- **Mental and behavioral disorders increased 32%.**

- Many of these Alzheimer's-type deaths were attributed to cerebrovascular disease under the previous version. Under v2010, they were corrected to vascular dementia.

US Mortality Data Analysis

The United States implemented ICD-10 for mortality reporting in 1999. The National Center for Health Statistics found substantial discontinuities in cause of death trends when they analyzed the same set of deaths by each code set.

- **Chronic respiratory disease deaths increased by 5%.**
  - ICD-9 — 90,022
  - ICD-10 — 94,326
- Many of these deaths were attributed to pneumonia in ICD-9.

Data Example

- **Deaths due to falls decreased 16%.**
  - ICD-9 — 6,152
  - ICD-10 — 5,173
- In ICD-9, falls were the default cause of unspecified fractures

Source: HITExchangeMedica.com

Data Analysis

- Will ICD-10 lead to changes of the same magnitude when we look at population morbidity?

- OIT will need feedback from the users of the data

- IHS will need to analysis the data and explain dips and spikes

Staff Development

- Subject Matter Experts (ICD-10) are essential in the migration to ICD – 10
  - Critical to an accurate conversion
  - Increase in AHIMA Approved ICD-10 Trainers
  - IHS is gaining *some* I-10 expertise
    - Efficient use of ICD-10 SME
    - Training, Gap Analysis, CDI initiatives, local implementation

Staff Training

- Although there are national efforts for outreach and introductory sessions, Areas, Tribal and Urban Programs will need to plan for training for coders/billers and providers

- Clinical Documentation Improvement needs

- Determine coding certification needs

Limited OIT Training

- Virtual training (online with audio)

- AHIMA-approved instructors

- Intense introductory course – does not take the place of certification or intensive training

- Posted on the OIT Training site

- Sign-up is by Area – Area Coordinator determines locations within Area

Have No Fear ICD-10 is Here

- CM - Diagnosis
  - November 7-8, 2012
  - January 7-8, 2013
  - April 10-11, 2013
  - July 10-11, 2013
- PCS - Procedure
  - February 6-7, 2013
  - August 21-22, 2013

Clinical Documentation Improvement

- Essential to the ICD-10 Transition
- Audit sites now for clinical documentation needed for ICD-10
  - Laterality
  - Wound Site
  - Trimester
  - Reduce use of unspecified code (used in ICD-9)
  - Improve process of communication among providers and coders

ICD-10-CM Code Structure Example

Characters 1-3 is the Category: **S52** Fracture of forearm

Characters 4-6 is the Etiology, anatomic site, severity, or other clinical detail:

S52.**5** Fracture of lower end of radius (anatomic site)
S52.5**2** Torus fracture of lower end of radius (clinical detail & anatomic site)
S52.52**1** Torus fracture of lower end of right radius (laterality)

Character 7 is the Extension which provides additional information:

S52.**521**A Torus fracture of lower end of right radius, initial encounter for closed fracture

Requires greater specificity and supporting clinical documentation

Comparison of Pressure Ulcer Codes

ICD-9-CM 9 Codes

Pressure Ulcer Codes

- 9 location codes (707.00 – 707.09)

- Show broad location, but not depth (stage)

ICD-10-CM   125 Codes

Show more specific location as well as depth, including

- L89.131 – Pressure ulcer of right lower back, stage I
- L89.132 – Pressure ulcer of right lower back, stage II
- L89.133 – Pressure ulcer of right lower back, stage III
- L89.134 – Pressure ulcer of right lower back, stage IV
- L89.139 – Pressure ulcer of right lower back, unspecified stage
- L89.141 – Pressure ulcer of left lower back, stage I
- L89.142 – Pressure ulcer of left lower back, stage II
- L89.143 – Pressure ulcer of left lower back, stage III
- L89.144 – Pressure ulcer of left lower back, stage IV
  L89.149 – Pressure ulcer of left lower back, unspecified stage
- L89.151 – Pressure ulcer of sacral region, stage I
- L89.152 – Pressure ulcer of sacral region, stage II

# Steps to Begin Clinical Documentation Improvement Activities

- Identify Gaps in current documentation/coding to ICD-10
    - Run top DX report, review charts, feedback to providers
    - Start or expand on concurrent reviews
    - Share best practices (IPC test of change – coders in POD)
- Coding Feedback
    - Enhance Coder/Provider relationship
    - Create opportunities for follow up/education
- Obtain ICD-10 CM and PCS Coding Books

Key Conclusion

- Clinical Documentation Improvement (CDI) is not new –
    - ICD-10 does not drive Clinical Documentation Improvement
    - ICD-10 benefits depend on Clinical Documentation Improvement
    - ICD-10 can be used as a tool to promote improved documentation and as a tool to facilitate improvement projects
- CDI is about documentation that meets the standards of care

Goal: Beat this ICD-10 thing
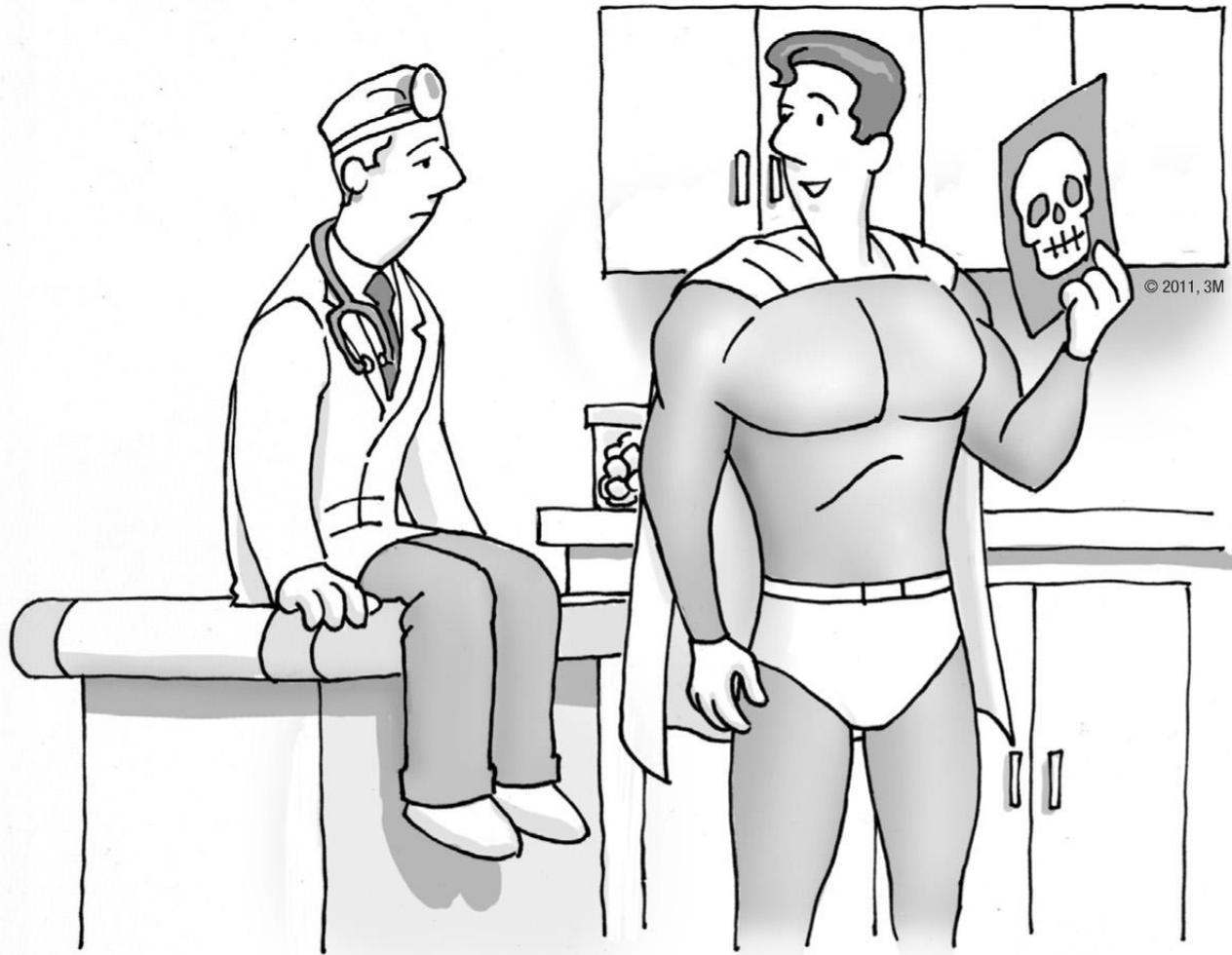
It looks like you're going to beat this ICD-10 thing after all.

Area ICD-10 Coordinators

Area ICD-10 Coordinators	Area Office
McClane, Heather	Aberdeen
Glifort, Kenneth	Alaska
Sidell, Karen Tribal	Alaska
Candelaria, Jacque	Albuquerque
Talamasy, Phillip	Bemidji
Dennis, Deanna	Billings
Martinez, Michelle	California
Rogers, Kristina	Nashville
Becenti, Beverly	Navajo
Kihega, Angela	Oklahoma
Strom, Maria	Phoenix
Ollgaard, Peggy	Portland
Stewart, Kelly	Tucson

Resources

- Join the ICD-10 List Serve: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=201

- IHS ICD – 10 Website: http://www.ihs.gov/icd10

- http://hitexchangemedia.com/articles/marapr-2012/population-health/MobileArticle

Questions

Thank You

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