Who’s Driving Your ICD-10 Implementation?

Janice Chase, RHIT, ICD-10 Federal Lead
Office of Information Technology
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Partnership Conference
Objectives

- ICD-10 Opportunities
- ICD-10 Transition
- Staff Preparation and Training
- Impacts
- Clinical Documentation Improvement
- Code Examples
- Resources
- Contact Information
ICD-10 Creates Opportunity

• ICD-10 is proposed to:
  • Enable Health Care Reform, ARRA, 5010, Pay For Performance (P4P)

• Opportunities are endless:
  • Clinical Quality/P4P improvement
  • Strategic Advantage
  • Complete, accurate information to drive healthcare reform

• Readiness includes:
  • Coordination/Integration between Payers, Providers, Vendors, Clearinghouses, Data Users
  • Clinical, Operational and Financial Process
  • IT integration between all trading partners
ICD-10 Transition Program - Summary

• Who needs to transition to ICD-10?
  • IHS and all HIPAA-covered entities

• When do we need to comply?
  • The compliance date is set in regulation as October 1, 2014

• What is different?
  • 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

• **What is needed for success?**
  • Leadership – Steering committee, Coordinator
  • Extensive system changes, effective training, clearing visit backlogs, understanding of productivity financial impact and improving clinical documentation

• **What will change in RPMS?**
  • Over 30 RPMS modules will be affected including: EHR, Third-Party Billing, and Accounts Receivable

• **Who will be affected?**
  • Almost everyone especially those who document, apply codes, bill claims, and perform data analytics
    • Coders/Billers – will use the new coding system
    • Providers – will improve documentation to support ICD-10 code assignment
Global use of ICD-10

US Catching up with the industrialized world:

- Argentina, Austria, Australia, Brazil, Canada, Czech Republic, China, Colombia, Costa Rica, Denmark, Finland, France, Germany, Iceland, Ireland, Japan, New Zealand, Poland, Norway, Singapore, Sweden, Switzerland, Thailand, The Netherlands, United Kingdom, and Venezuela

- Canada: “Experienced between 32-50% reduction in coder productivity the first six months”

- Australia: “We wish we would have taken advantage of the time that we had!”
Who has taken advantage of paving the road for ICD-10?

• Who’s driving your ICD-10 Team?
• Is your Leadership involved?
• Do you have a Physician Champion?
Driving The Transition

• Project Team and Leadership Support
  • Recruit project team and strong leader
  • Assess ICD-10 touch-points (users, systems, revenue, etc.)
    • Identify and Manage Milestones (Action Plan)
• Develop ICD-10 Expertise
  • Clinical Documentation Improvement
  • Impact on Revenue
• Training
SNOMED CT and ICD-10 in RPMS

• Providers will select SNOMED CT terms for Problem List, Purpose of Visit, Family History (and more)
• SNOMED CT will be translated to ICD-10 by mapping tools and verified by coders with support from detailed clinical documentation
• Some training on SNOMED CT will be required, but SNOMED CT codes are generally intuitive for providers – natural language
Which EHR components use ICD codes?

- Problem List (SNOMED CT)
- Family History (SNOMED CT)
- 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)
RPMS Software

- Third Party Billing/Accounts Receivable – planned to release in Q1 FY2014
- Limited testing of the software available – must use a test system
  - Testing of dual coding not available in RPMS production due to security of date manipulation
- End-to-end testing will start in May 2014, most software released thereafter.
Training – Key to Risk Reduction

• OIT will provide software application training for Meaningful Use Stage 2 and ICD-10 changes
• OIT and ICD-10 Instructors developing Provider Modules for Clinical Documentation Improvement (CDI)
• OIT and ICD-10 Instructors provide high-level ICD-10 training only
• I/T/U stakeholders need to address intensive training and CDI
ICD-10 Training

- “Have No Fear, ICD-10 is Here”
  - Basic code set overview only - Began 5/2012
  - Provided five courses for 236 sites
    - Begin ICD-10 planning map
- Upcoming Courses:
  - August 21-22, 2013 (ICD-10-PCS)
  - January 15-16, 2014 (ICD-10-CM)
  - March 5-6, 2014 (ICD-10-PCS)
Provider Modules for CDI

• Planning webinars geared to the provider:
  • Improving clinical documentation using examples from actual de-identified visits
  • Concentrating on documentation and coding for:
    • Diabetes
    • Hypertension
    • Injuries
    • OB
Who has an ICD-10 training roadmap?

- Have coders been assessed for ICD-10 competency?
- Have competency gaps been addressed?
- Has additional training in the ICD-10 code sets been planned?
- Have you incorporated CDI?
  - Dual coding
  - Provider feedback
  - Existing audits
    - RAC, Quality Management, Coding Audits, etc.
Staff Development

• Subject Matter Experts (ICD-10) are essential in the migration to ICD-10
  • Critical to an accurate conversion
  • Industry wide demand for ICD-10 resources
  • IHS is gaining some I-10 expertise
    • Efficient use of ICD-10 Subject Matter Experts
    • Training, Gap Analysis, CDI initiatives, local implementation
The first step in determining your training needs is to assess current skills and knowledge.

Areas for Assessment:
- Anatomy
- Physiology
- Medical Terminology
- Pharmacology
- Clinical Documentation
Quiz

• Where are the gastrocnemius?
• Where in the back are the thoracic vertebrae?
• Where is the mandible?
• What are the alveoli?
• Is the sigmoid colon part of the small intestine?
Score

• If you didn’t score 100%
• You may need a refresher:
  • Anatomy and Physiology
  • Medical Terminology
Anatomy and Physiology

- University of Minnesota – WebAnatomy
  - [http://msjensen.cehd.umn.edu/webanatomy/](http://msjensen.cehd.umn.edu/webanatomy/)
  - Self Test
  - Timed Tests
  - Multiplayer Game (Anatomy Bowl)
  - Quiz Bowl
Have Some Fun

• [http://AnatomyArcade.com](http://AnatomyArcade.com)
• (Free with advertisements)
  • Whack-A-Bone
  • Poke-A-Muscle
  • Crosswords
  • Word Search
  • Jigsaws
Medical Terminology

• University of North Carolina, Center for Public Health Preparedness
  • 25 min video/slide show on medical terminology and abbreviations
  • [http://cphp.sph.unc.edu/training/index.php](http://cphp.sph.unc.edu/training/index.php)
  • Search the index for medical terminology
Medical Terminology

• The National Cancer Institute has training modules that include medical terminology and anatomy and physiology

Coding Competency

- Competent Coders are ESSENTIAL to the ICD-10 Transition
  - Obtain foundational education
  - Encourage certification to ensure continuing education and investment in coders
  - Recruit new talent
  - Retain excellent coders
Retaining Experienced Coders

• Retaining of coders become more and more of an issue as coders retire
• Hire with no coding experience
  • Train coders only to have coders go to the private sector – high turnover
• Unable to recruit due to non-competitive salary in some locations
• Do you have other examples?
Solutions for Recruiting & Retaining Coders

• Revise and reclassify Coding position description to higher grade
  • Leadership Support

• Offer Coding Sign-on Bonus
  • Leadership Support

• Offer career ladder coding positions
  • Leadership Support

• Do you have other solutions?
  • Anyone have remote coders?
  • Anyone contract out coding services?
Clinical Impacts

Productivity impacts are expected

- Provider documentation may not be granular enough for ICD-10 (laterality, anatomic site, etc.)
- Increased physician queries for more information is expected
- Coders will need detailed information in the record to support ICD-10 codes
- Learning curve first six months predicted
Impact on Workflow

• Another “Tsunami of Software” as we prepare for both ICD-10 and Meaningful Use Stage II

• Provider will use a single code set from SNOMED CT to ICD-9 (learning curve early 2014)

• Mapping in background to ICD-10 - approximate match only, requires coder review (10-1-2014)

• Documentation by clinicians will be required to include enough clinical detail for proper ICD-10 coding - learning curve, increased queries from coders

• Increased role of coders to review and assign more granular ICD-10 codes - learning curve

*Potential to negatively impact productivity, employee satisfaction and reimbursement*
Financial Impacts

Productivity impacts are expected and may cause revenue shifts

- Dual coding may be necessary if a payer is not able to accept ICD-10 codes
- Physician Queries on documentation
- Denied claims – payer interpretation
- Backlogs in coding and billing
- Unknown if coding productivity impacts may be permanent
Sample Canada Coding Productivity

<table>
<thead>
<tr>
<th>Service</th>
<th>ICD-9 April 2002</th>
<th>Start ICD-10 July 2002</th>
<th>ICD-10 April 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>4.62</td>
<td>2.15 (47%)</td>
<td>3.75 (81%)</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>10.68</td>
<td>3.82 (36%)</td>
<td>8.53 (80%)</td>
</tr>
<tr>
<td>Emergency</td>
<td>10.37</td>
<td>6.49 (63%)</td>
<td>8.83 (85%)</td>
</tr>
</tbody>
</table>

Pre- and Post-ICD-10 Implementation
(Charts Completed Per Hour – percent of baseline)

Source: HIMSS, Data taken from Humber River Regional Hospital; Ontario, Canada

- Investment in training to minimize the impact
- Invest in Coding Staff Retention and Recruitment
Reducing the Impact NOW

• Increased documentation is necessary to assign the most accurate code. Audit now for clinical documentation depth needed for ICD-10:
  • Anatomical location including laterality
  • Pregnancy trimester
  • Episode of Care
  • Acuity of condition – Staging, severity, etc.
  • Additional details for 5th, 6th, or 7th character
Reducing the Impact NOW

- Providers should be a part of the ICD-10 implementation leadership – key for Clinical Documentation Improvement (CDI) and education
- Conduct documentation gap analysis (determine **unspecified codes**, top diagnoses and procedures)
- Promote manual **dual coding** of visits in ICD-9 and ICD-10
- Reinforce Provider/Coder relationship:
  - Timely Feedback to Providers on CDI
  - Assess current provider query process for ICD-10
  - Create opportunities for follow up/education
- Obtain ICD-10 CM and PCS Coding Books/Encoder
- Do you have ICD-10 Encoder? Computer Assisted Coder?
Reducing the Impact NOW

- Contact payers to establish communication channels
  - Obtain contact for testing
  - Relay information on IHS readiness
  - Identify payer readiness
    - If they will not be ready, prepare for dual coding
  - Any non-covered entities (like Workman’s Comp)
    - Are they converting to ICD-10?
CDI and Education – Key Strategies

- Provider *Profiling* for cost effective and high quality care continues
  - DRGs, Hospital Acquired Conditions, RAC audits, ACA, HITECH and Meaningful Use
  - And of course ICD-10 is a risk to the bottom line and some reporting

Stay on task with emphasis on timely CDI and Education to address risk
Clinical Documentation Improvement

• 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 (MU, M/M Audits, etc.) 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
Five Key Steps to Improving Clinical Documentation

- Assess documentation for ICD-10 readiness
- Analyze the impact on claims
- Implement early clinician education
- Establish a concurrent documentation review program
- Streamline clinical documentation workflow

Source: Caroline Piselli, RN, MBA, FACHE, is global program manager of ICD-10 and pay for performance at 3M Health Information Systems
Clinical Documentation
What to look for

• **Diabetes Mellitus:**
  • Type of diabetes
  • Body system affected
  • Complication or manifestation
  • If type 2 diabetes, long-term insulin use

• **Fractures:**
  • Site
  • Laterality
  • Type
  • Location
Clinical Documentation
What to look for

• Injuries:
  • **External cause** – Provide the cause of the injury; when meeting with patients, ask and document “how” the injury happened.
  • **Place of occurrence** – Document where the patient was when the injury occurred; for example, include if the patient was at home, at work, in the car, etc.
  • **Activity code** – Describe what the patient was doing at the time of the injury; for example, was he or she playing a sport or using a tool?
  • **External cause status** – Indicate if the injury was related to military, work, or other.
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)
  - S52.52 Torus fracture of lower end of radius (clinical detail & anatomic site)
  - S52.521 Torus fracture of lower end of right radius (laterality)
- **Character 7** is the *extension* which provides additional information:
  - S52.521A Torus fracture of lower end of right radius, initial encounter for closed fracture

**Requires greater specificity and supporting clinical documentation**

ICD-10-CM Example of Granularity for Asthma

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Extrinsic Asthma with Acute exacerbation</td>
<td></td>
</tr>
<tr>
<td>• Extrinsic asthma with status asthmaticus</td>
<td></td>
</tr>
<tr>
<td>• Other, please indicate</td>
<td></td>
</tr>
<tr>
<td>• Unable to determine</td>
<td></td>
</tr>
<tr>
<td>• Mild intermittent extrinsic asthma with acute exacerbation</td>
<td></td>
</tr>
<tr>
<td>• Moderate persistent extrinsic asthma with acute exacerbation</td>
<td></td>
</tr>
<tr>
<td>• Severe persistent extrinsic asthma with acute exacerbation</td>
<td></td>
</tr>
<tr>
<td>• Mild intermittent extrinsic asthma with status asthmaticus</td>
<td></td>
</tr>
<tr>
<td>• Moderate intermittent…</td>
<td></td>
</tr>
<tr>
<td>• Severe intermittent..</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
</tr>
<tr>
<td>• Unable to determine</td>
<td></td>
</tr>
</tbody>
</table>
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

Source: CMS ICD-10 Fact Sheet 8/2009
What Can You Do Now?

• Continue supporting Area/local ICD-10 Coordinators:
  • Visit the ICD-10 web site
  • Join the ICD-10 prep Listserv
  • Join project meetings and activities
• Ensure that facilities:
  • Clear up any coding backlog; understand productivity.
  • Address coding needs (recruitment/retention, out-source, overtime).
  • Assess impact to revenue.
  • Assess clinical documentation.
• Support and encourage budget planning for ICD-10 training.
• Become ICD-10 knowledgeable through training and additional education.
Resources

• ICD-10 Website:
  • http://www.ihs.gov/icd10
• ICD-10 Prep Listserv:
  • http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=201
Questions

Thank you!
Janice Chase, ICD-10 Federal Lead
505-274-4854
Janice.Chase@ihs.gov