

Who's Driving Your ICD-10 Implementation?

Janice Chase, RHIT, ICD-10 Federal Lead
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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



Coding Assessment Resources

- 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/>
 - Self Test
 - Timed Tests
 - Multiplayer Game (Anatomy Bowl)
 - Quiz Bowl



Have Some Fun

- <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>
 - Search the index for medical terminology



Medical Terminology

- The National Cancer Institute has training modules that include medical terminology and anatomy and physiology
- http://www.training.seer.cancer.gov/modules_re_g_surv.html



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

| Service | ICD-9 April 2002 | Start ICD-10 July 2002 | ICD-10 April 2003 |
|-------------|---------------------|---------------------------|----------------------|
| Inpatient | 4.62 | 2.15 (47%) | 3.75 (81%) |
| Day Surgery | 10.68 | 3.82 (36%) | 8.53 (80%) |
| Emergency | 10.37 | 6.49 (63%) | 8.83 (85%) |

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

Source: "The Differences Between ICD-9 and ICD-10, Preparing for the ICD-10 code set",
AMA. <http://www.ama-assn.org/ama1/pub/upload/mm/399/icd10-icd9-differences-fact-sheet.pdf>

ICD-10-CM Example of Granularity for Asthma

ICD-9

- Extrinsic Asthma with Acute exacerbation
- Extrinsic asthma with status asthmaticus
- Other, please indicate
- Unable to determine

ICD-10

- Mild intermittent extrinsic asthma with acute exacerbation
- Moderate persistent extrinsic asthma with acute exacerbation
- Severe persistent extrinsic asthma with acute exacerbation
- Mild intermittent extrinsic asthma with status asthmaticus
- Moderate intermittent....
- Severe intermittent..
- Other
- Unable to determine

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

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

