

The ICD-10 Transition Final Preparations....

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Office of Information Technology

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AGENDA

- ICD-10 Overview and National Team Update – Janice Chase, RHIT and Catherine Moore
- Clinical Leadership Role – CAPT Michael Toedt, MD
- EHR and Clinical Documentation for ICD-10 – CDR Susan Richards, MSN

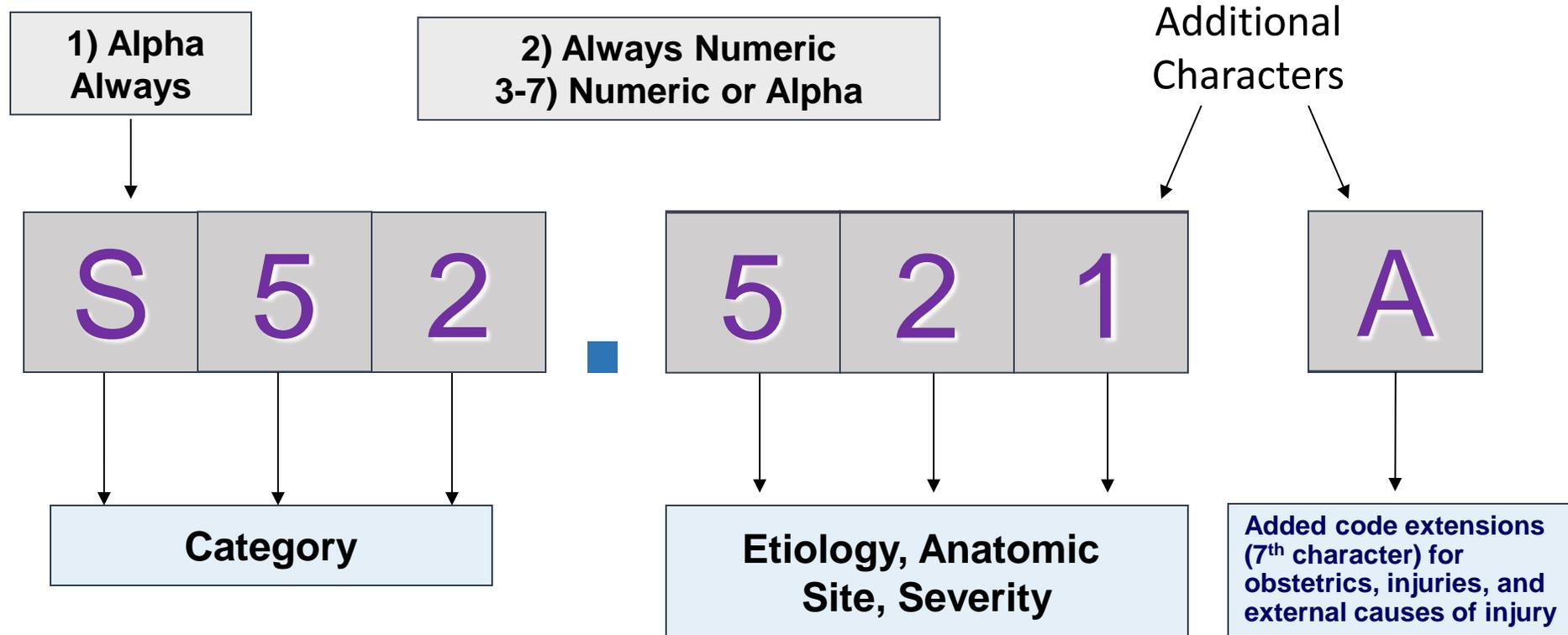
Objectives

- Describe the Clinical Leadership role in Clinical Documentation Improvement (CDI)/ICD-10 transition
- Identify recommendations for the transition
- Recognize ICD-10 software changes

- ICD-10 is required by HIPAA transaction standards and applies to entities that submit electronic claims (Covered Entities - CE)
- Organizations that DO NOT submit electronic claims and are not a covered entity, DO NOT have to use ICD-10
 - Worker's Compensation is not a HIPAA covered entity

- ICD-10-CM will be used by *all CE healthcare providers in all settings* to assign and/or interpret diagnoses
 - Principal diagnosis
 - Secondary diagnoses
- ICD-10-PCS will capture inpatient procedures for acute care hospital claims
 - Professionals and the outpatient setting (Medicare Part B claims) will continue to use Current Procedural Terminology (CPT) codes

DX Coding and 7th Character Extensions



Valid DX Code is 3 – 7 Characters

So About the Volume of Diagnosis Codes....don't stress

Greater specificity and detail:

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system.
- 17,045 (25%) of all ICD-10-CM codes are related to fractures.
- 10,582 (62%) of fracture codes distinguish right from left.
- 25,000 (36%) of all ICD-10-CM codes distinguish right from left.

Structure of ICD-10-CM

- Increased volume of codes overall due to laterality
- Still have unspecified codes
- Concentrate on your area of practice
- Code look up
 - Coders may use the Map Advice that will be exposed in the Patient Care Component (PCC) on 10-1-2015
 - Ensure coders have Official ICD-10 code books
 - May be an increase in physician queries (depending on site preparation with Clinical Documentation Improvement and practice of ICD-10 code assignment with coding staff)

Procedure Codes More Different

- Complete structure change
- Use of Tables for 16 Sections, use of body system
 - Again, focus on your practice inpatient stays
- Expected to be the biggest impact for coders and providers
 - Queries may increase
 - No Map Advice for PCS/Codes validated in PCC
 - ICD-10-PCS coding books essential

Format of Inpatient Procedural Coding (ICD-10-PCS)

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

There are seven (7) characters in each ICD-10-PCS (Procedural Coding System) code. Each character has a slightly different meaning related to that particular section.

ICD-10 & ICD-9 Use

- 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
 - Coding and billing backlogs, CMS eligibility changes
 - Reporting, trending, comparison
 - MU Core Measures (i.e., hypertension)

CMS and AMA Joint Announcement

- July 6, 2015 CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities
- Still requires submission of an ICD-10 code on 10-1-2015
- “Allow for flexibility in the claims auditing and quality reporting process as the medical community gains experience”
- CMS and AMA reached out to “help physicians and other health care providers learn about the updated codes and prepare for the transition”
- Continue to emphasize the need for physician community to be prepared for the switch.

- ICD-10 value (data quality, quality measures, reimbursement, etc.)
- Role of Clinical Leadership in Transition
- Tips for completing visits
 - Managing contract providers
- Collaborate with HIM Coding Staff
 - Review of entire record by coding
 - IPL is only one component
 - Proactive Coding and Billing staff
 - Monitor notification

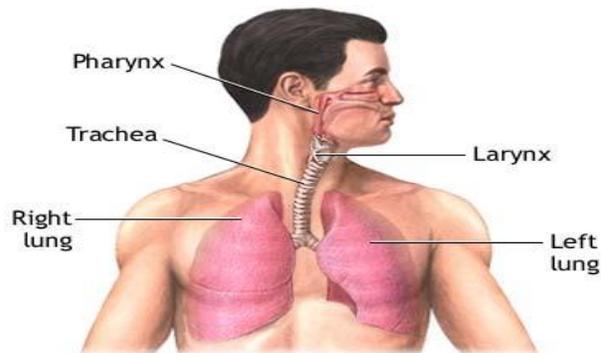
Clinical Impacts

Productivity impacts may be 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
- Document consistently in same place
- Learning curve first six months was predicted; education and practice minimizes the learning curve and productivity impact

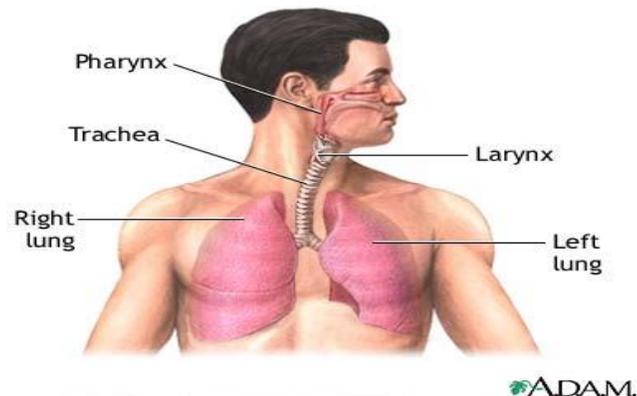
Reducing queries from coders

ICD-9	ICD-10	Where to document in EHR
Asthma - exacerbation	Asthma – severity classifications	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Asthma classification prompt on problem
Coma - duration	Coma – Glasgow Coma Scale Scores	<ol style="list-style-type: none"> 1. Chart note (inpatient) 2. POV Provider Text (ER) 3. Discharge summary
Fractures - Open or closed	Fractures (open) – Gustillo Classification, episodicity (initial encounter, subsequent encounter) or sequelae, laterality	<ol style="list-style-type: none"> 1. Specific SNOMED term (open/closed) 2. Problem provider text (laterality, injury info) 3. Episodicity (Add/Edit problem OR POV dialog) 4. Document progress using POV Provider Text.



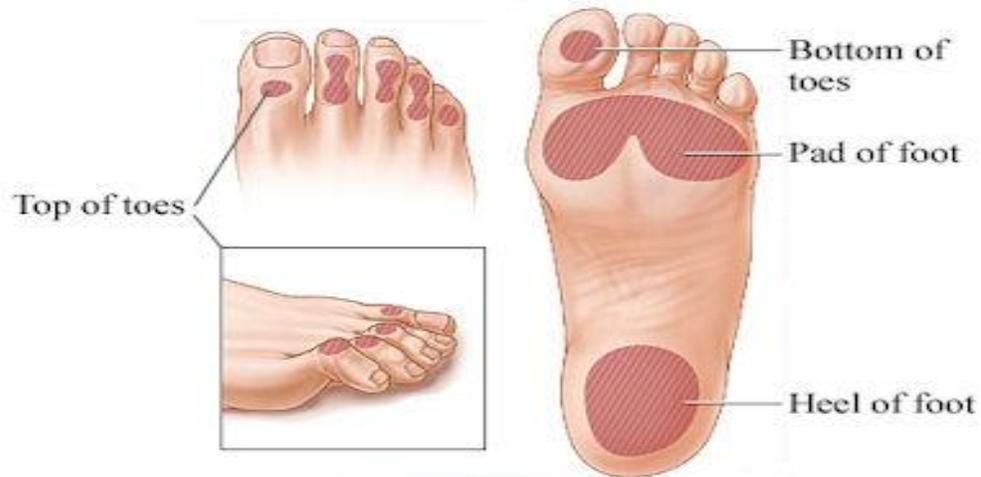
Reducing queries from coders (cont.)?

ICD-9	ICD-10	Where to document
Sepsis, SIRS, severe sepsis, septicemia, septic shock	Same, plus if due to catheter, there is no Urosepsis code	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text 3. Discharge summary
Pregnancies – Episodes of care	Pregnancy – Trimesters	1. Estimated weeks gestation (measurement)
Respiratory Failure – Acute, Chronic, or acute on chronic	Same, plus if associated with hypercapnia or hypoxia	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text 3. Discharge summary



Reducing queries from coders (cont.)

ICD-9	ICD-10	Where to document in EHR
Diabetes – controlled or uncontrolled, complications	Diabetes – type, underlying cause, complications	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text
Ulcers – pressure, stasis, diabetic, neuropathic, site stage	Same, plus type non-pressure chronic, site specificity, presence of gangrene	<p>Outpt: SNOMED term plus provider text for problem. Add POV provider text for each visit</p> <p>Inpt: SNOMED term plus provider text for problem. Document progression in chart note</p>



http://www.drdaavidricher.com/images/foot_ulcer.jpg

Reducing queries from coders (cont.)

ICD-9	ICD-10	Where to document in EHR
Heart Failure – Systolic, diastolic, or combined; Acute, chronic, or acute on chronic	Same	<ol style="list-style-type: none">1. Specific SNOMED term2. Problem provider text3. Document progress on POV Provider Text
Pneumonia – causative organism	Same	<ol style="list-style-type: none">1. Specific SNOMED term2. Problem provider text
Encounters for routine exams	Encounters for routine exams must specify with or without abnormal findings	<ol style="list-style-type: none">1. POV provider text OR encounter note

- Develop and Practice the “real-time” communication between coders and physicians and other providers
- When using tip sheets for the providers for ICD-10 caveats, emphasize documentation requirements rather than codes, consider showing SNOMED examples that the providers may search for
- Not all diagnosis codes will require the full seven characters – code what’s documented
- Work with payers to test and communicate with them around specificity levels

- AICD
- Lexicon
- Taxonomy
- **Distributed Terminology System**
- **PCC**
- PCC EPI (ILI)
- **EHR**
- Health Summary
- Clinical Reminder
- Text Integration Utilities
- PIMS
- BMX.net
- **Prenatal**
- Emergency Room Dashboard and Systems
- Lab
- Radiology
- Immunization
- Pharmacy
- Behavioral Health
- Dental
- Diabetes Management
- iCare
- HIV Management
- Women's Health
- Clinical Reporting System
- **Referred Care**
- Data Warehouse Export
- **Third Party Billing**
- Point of Sale
- Accounts Receivable
- Contract Health

Prior to 10/1/2015, new problems will be mapped to ICD-9 codes

Problem List															
Integrated Problem List															
Expand All		<input checked="" type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Episodic	<input checked="" type="checkbox"/> Sub-acute				Ed	i	Get SCT	Pick List	POV	Add	Edit	Delete
		<input checked="" type="checkbox"/> Social/Env	<input type="checkbox"/> Inactive	<input type="checkbox"/> Current/Most recent Inpatient											
Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD						
Chronic			Migraine with aura						346.00						
Chronic			Metabolic syndrome X						277.7						
Episodic			Upper respiratory infection						465.9						
Social/Environmental			Total self-care deficit						.9999						
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home						820.8						

* Requires update to SNOMED CT

After 10/1/2015, new problems will be mapped to ICD-10 codes

Problem List															
Integrated Problem List															
Expand All		<input checked="" type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Episodic	<input checked="" type="checkbox"/> Sub-acute				Ed	i	Get SCT	Pick List	POV	Add	Edit	Delete
		<input checked="" type="checkbox"/> Social/Env	<input type="checkbox"/> Inactive	<input type="checkbox"/> Current/Most recent Inpatient											
Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD						
Chronic			Migraine with aura						G43.109						
Chronic			Metabolic syndrome X						ZZZ.999						
Episodic			Upper respiratory infection						J06.9						
Social/Environmental			Total self-care deficit						ZZZ.999						
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home						ZZZ.999						

* Requires update to SNOMED CT

➤ Hovering over the ICD column for a problem will expose the SNOMED CT® to ICD-10 map advice

Integrated Problem List

Expand All Chronic Episodic Sub-acute
 Social/Env Inactive Current/Most recent Inpatient

Ed i Get SCT Pick List POV Add Edit Delete

Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD
Chronic			Migraine with aura						G43.109
Chronic			Metabolic syndrome X						ZZZ.999
Episodic			Upper respiratory infection						J06.9
Social/Environmental			Total self-care deficit						ZZZ.999
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home						ZZZ.999

* Rule #1 Target Code: S72.009?
 * ALWAYS S72.009?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #2 Target Code: S72.033?
 * IF CLOSED FRACTURE PROXIMAL FEMUR, TRANSCERVICAL CHOOSE S72.033?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #3 Target Code: S72.033?
 * IF CLOSED TRANSCERVICAL FRACTURE OF FEMUR CHOOSE S72.033?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #4 Target Code: S72.033?
 * IF CLOSED FRACTURE OF MIDCERVICAL SECTION OF FEMUR CHOOSE S72.033?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #5 Target Code: S72.023?
 * IF CLOSED FRACTURE PROXIMAL FEMUR, TRANSEPIPHYSEAL CHOOSE S72.023?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #6 Target Code: S72.019?
 * IF CLOSED FRACTURE OF INTRACAPSULAR SECTION OF FEMUR CHOOSE S72.019?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #7 Target Code: S72.043?
 * IF CLOSED FRACTURE OF BASE OF NECK OF FEMUR CHOOSE S72.043?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

Requires update to SNOMED CT

Visit Diagnosis Ed i

POV Provider Narrative | SNOMED CT | ICD | Priority | Asthma Control | Cause | Injury Date | Injury Cause | Injury Place | Modifier | OI

RICHARDS,SUSAN P | 2011 DEMO-HO.ABQ.IHS.GOV | 2011 DEMO HOSPITAL | 05-Mar-2015 13:25

Visit Diagnosis: POV – New Business Rules

When problems are selected as POV, the applications passes the ICD code based on the Visit Date

Example: It is Oct 2, 2015. You are entering late documentation on a visit from Sept 29, 2015. When you select the problem and store as POV, the system checks the visit date and retrieves the ICD-9 mapped codes from the RPMS Cache to store as POV

Visit diagnoses are stored based on date of encounter

- Prior to transition date, Problems and POV's will map to ICD-9
- After the transition date, Problems map to ICD-10
- After the transition date, POV's store based on visit date

Ways to store POV

- Select problem and set as POV
- Store as problem and POV from pick list (if enabled)
- Select Chart Review or Telephone type visit
- Select POV from Pharm Ed
- Select superbill with Diagnosis Superbill association
- Pharmacy Refills default

The Visit Services component allows a user to select a CPT or ICD procedure code. There were no changes to CPT but the following change to ICD:

- Prior to transition date, user will search and select ICD-9 procedure codes
- After the transition date, user will search and select ICD-9 procedure codes if the **discharge** date is **before** 1 Oct 2015, for ICD-10 procedure codes if **discharge** date is on or after 1 Oct 2015

ICD-10 Deployment Status (as of 09/21/2015)

Count of ICD-10 Install Date	Column Labels				
Area	Installed	Pending Install	Not Scheduled	Grand Total	% Complete
Alaska	104		2	106	98%
Albuquerque	27			27	100%
Bemidji	34	4	2	40	85%
Billings	22			22	100%
California	37			37	100%
Great Plains	37			37	100%
Nashville	34			34	100%
Navajo	27			27	100%
Oklahoma	35	5		40	88%
Phoenix	36			36	100%
Portland	40			40	100%
Tucson	7			7	100%
Grand Total	440	9	4	453	97%

RPMS Upcoming Release Schedule

Release	Development / OIT Testing	Alpha Testing	Beta Testing	National Release	Status
ICD-10 Emergency Release	6/15/15-7/17/15	7/20-7/29/15	7/30/15-8/5/15	8/6/15	Nationally Released
ICD-10 Maintenance Release #2 and #3	7/27/2015	8/3/2015 - 8/23/2015	8/24/2015 - 9/13/2015	9/17/2015	Nationally Released
ICD-10 Maintenance Release #4 (Hot Fixes Only)	10/1/2015 - 10/25/2015	10/26/2015 - 10/28/2015	10/29 /2015 - 11/3/2015	11/4/2015	Open for CR Assignment Until 10/15/2015
1st RPMS Quarterly Release*	11/16/2015 - 12/11/2015	12/12/15 - 1/15/2016	1/16/2016 - 2/15/2016	2/19/2016	Open for CR Assignment Until 11/13/2015

* All RPMS applications will begin aligning to a consistent, quarterly release cycle with exceptions approved by management.

Payer Testing

- Payer testing with I/T/U locations is ongoing as OIT is providing system training for test claim submission
-
- Testing sessions provided to several areas with successful test claims
 - 13 State Medicaid tested
- CMS acknowledgement testing until 9-30-2015
- Contact Area Business Office Coordinator or Adrian.Lujan@ihs.gov, Federal Lead, 3rd Party Billing package

ICD-10 Contingency Planning Checklist

What is Contingency Planning

Activity undertaken to ensure that proper and immediate follow up steps will be taken by management and employees in an emergency. It's major objectives are to ensure (1) containment of damage or injury to, or loss of, personnel and property, and (2) continuity of the key operations of the organization.

- BusinessDictionary.com

One Year prior to October 1, 2015

- Form an ICD-10 team consisting of all departments affected by ICD-10
- Evaluate staff training to ensure all clinicians, coding staff and billing staff have been trained and are ready to move forward with ICD-10
- Evaluate document improvement efforts and ensuring tools are readily available for reference

Six to One Month prior to October 1, 2015

- Participate in end to end testing
- Create a list of payers with an idea of testing schedules and payers that may not be ready by 10/1/2015
- Verify external partner readiness to ensure health plans are ready. Communication plans may need to be established for high volume payers
- Ensure all RPMS updates have been installed
- Evaluate whether coding productivity will drop. Exercises in payer testing may help to evaluate readiness
- Check with payers for Workman's Compensation, third party liability or other liability carriers that are not covered by HIPAA to ensure transition to ICD-10 and know their operations plan
- Consider financial protections by establishing metrics that track current claims volume along with associated monetary amounts to create a baseline for tracking future claims volume submitted and processed.

Two weeks prior to October 1, 2015

- Evaluate staffing needs to ensure limited disruption in services. Overtime and additional staff may need to be factored in.
- Review staffing leave schedules. Are critical staff on scheduled leave?
- Review and update COOP plan. Are there PCC encounter forms available? Should Inpatient notes/health summaries be printed on 9/30/2015? Is there quick access to RPMS servers for troubleshooting?
- If available, collect emergency contact information for issues that disrupt patient care or revenue generation. This may be within IHS or the external payer such as Medicare/Medicaid contacts
- Mock-scenario drills should be initiated and documented. Keep in mind the time and level of effort for activities during this period
- Identify Area IT staff that will be available at midnight on 9/30/2015
- Identify hospital/clinic IT staff that will be on-call on 9/30/2015
- Ensure that staff know the process to contact Area and OIT Help Desks after hours

On October 1, 2015

Monitor the following

- On October 1st, monitor the status of submitted claims to learn whether problems are occurring so they do not turn into financial hardships. Use online claim status inquiry or telephone call options to check claim status
- Ensure IT is checking error traps for ICD-10 related errors
- Promptly report issues using the tiered system of support
- Meet frequently with ICD-10 team to identify and address system issues

On Going through Post Implementation

- Monitor the following:
 - System downtime
 - Staffing shortages
 - Staff understanding of the use of ICD-10 codes
 - Payment delays due to pending ICD-10 claims
 - Continue to monitor inpatient payments
 - Claims processing delays due to payer processing
 - Revenue gaps with inpatient claims due to DRG reimbursement
 - Claims denial – an indicator where additional training may be needed
 - Coding audits and queries to providers
 - Disruption in revenue cycle
 - Reduced productivity
 - Problems with referring a patient
 - Patient frustration

Monthly Stakeholder Calls

- Third Wednesday of each Month
- Emphasize on post-implementation planning
 - Contingency planning – use of ICD-10 Listserv
 - Staff on hand 10-1-2015
 - Assessing Key Areas of Risk

- ✓ Six CMO Clinical Rounds:
<http://www.ihs.gov/telebehavioral/seminararchive/ihsclinicalrounds/>
- ✓ ICD-10 Application and Refresher Trainings:
<http://www.ihs.gov/ICD10/training/>
- ICD-10 Office Hours “Open Mic” on 10/1/15 and 10/2/15, 12:00 – 1:00 pm MT, to ask questions, transition concerns, or clarifications on software
 - No registration
 - ICD-10 Website for connection information
 - Will be posted to EHR and ICD-10 Listservs
- IHS ICD-10 website: <http://www.ihs.gov/ICD10/resources/>
- CMS: <https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

Area ICD-10 Coordinators	Area Office
Glifort, Kenneth (Federal)	Alaska
Sidell, Karen (Tribal)	Alaska
Candelaria, Jacque	Albuquerque
Talamasy, Phillip	Bemidji
Dennis, Deanna	Billings
Freeman, Marilyn	California
McClane, Heather	Great Plains
Rogers, Kristina	Nashville
Becenti, Beverly	Navajo
Farris, Jennifer	Oklahoma
Bissonette, DaJuanna	Phoenix
Strom, Maria	Phoenix
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