The Winding Road to ICD-10 Codesets

October 9th, 2012

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Agenda

- ICD-10 Minnesota Collaborative Update
- ICD-10 Known Challenges
  - Getting Started
  - Data Analysis
  - Terminology
  - Staffing and budget
  - Training
  - Documentation
- Physician Education Strategy
- Q&A
The mission of the ICD-10 Collaborative is to bring together a consortium of providers and payers to identify and evaluate opportunities to minimize the disruption in health care billing, reporting, and related processes for a variety of stakeholders in the healthcare industry in connection with the ICD-10 conversion.
Collaborative Outcomes
- Communication between providers and payers
- Sharing of lessons learned
- Validation/feedback on plans and progress
- Sharing of testing scenarios and approaches
- Educational opportunities
Barb Billing leads the Healthcare practice at Charter Solutions. Focusing primarily on business and IT healthcare consulting to providers and payers, Barb is a knowledge leader with respect to current trends and the impact of the latest government rulings on healthcare reform. She is the former co-chair of the MN eHealth Initiative Standards and Interoperability workgroup, is an active participant on the Health Information Exchange and Meaningful Use and Adoption workgroup, is on the Membership and Awards Committee of the Women’s Health Leadership Trust and was an Evaluator for the Minnesota Council for Quality in 1997, 1998 and 2004. Barb’s areas of focus include ICD-10 preparedness, quality improvement, healthcare analytics, health information exchange, and guiding organizations in taking advantage of market changes. Prior to joining Charter Solutions, Barb worked for McGladrey where she provided strategic technology advice and assistance to both payer and providers and at Blue Cross Blue Shield of Minnesota where she successfully led and drove enterprise-wide business and information technology changes.
Education – *Transitioning to ICD-10: The Clock Is Still Ticking*…

Preparing for Testing:
- Captured estimated test readiness dates for member organizations
- Created Test Strategy document to:
  - Establish recommended testing ideas, best practices and work products
  - Support alignment and scheduling of test efforts among key partners
  - Create a common set of test conditions
Sharing Lessons Learned

- Bigger than expected project
- Plan for delays and cost overruns
- Affects significant areas of provider and payer business cycle
- Risk Mitigation Providers
- Risk Mitigation Payers
What’s the Pulse?

Why one year delay:

- Intended to give more time to prepare and fully test their systems
- Least to disrupt existing implementation efforts
- Minimizes the costs of delay
What’s the Pulse?

Reaction Delay:

- **Project Underway:**
  - Continued to move forward during final ruling decision making
  - Will leverage delay for enhanced testing

- **Project Hadn’t Started:**
  - Beginning impact assessments
  - Will need to play catch-up
  - Being advised to engage physicians early
Carla is the Coding Compliance and Reimbursement Analyst at Gillette Children’s Specialty Healthcare. In her role at Gillette Children's Specialty Healthcare, Carla works closely with the revenue cycle team to ensure documentation and charging are appropriate. She presents educational material to staff at Gillette Children's Specialty Healthcare including documentation improvement, medical necessity and ICD-10 awareness. Carla has been on the Coding Roundtable and ICD-10 Committees with the Minnesota Health Information Management Association for the past six years; she was part of an ICD-10 panel at an MHIMA State meeting in 2011. Carla also had a large part in the development of Gillette Children's Specialty Healthcare electronic patient problem list, and will stay involved as this moves toward ICD-10.
ICD-10 Challenges

- When to get started?
  - Timeline
- Data Analysis
- Terminology
- Staffing Issues and Budget Planning
- Training
- Documentation

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When to get started?

Here’s a review of the phases:

- Phase 1 – Implementation Plan Development and Impact Assessment
- Phase 2 – Risk Mitigation and Implementation Preparation
- Phase 3 – “Go Live” preparation
- Phase 4 – Post-implementation follow up
• Should not view EHR / 5010 / ICD-10 as fully sequential or silo processes
• Must view ICD-10 in larger picture; integrate with other strategic initiatives
• Size of effort required early start
Phase 1 Key Components

- Review all sections of the organization that use ICD-9 codes, diagnosis or procedure data
- Identify roles and responsibilities
  - Give some thought to nurses, ancillary staff, users of reports (i.e. community measures)
- Assess impact of code change on each section and level of risk
Assign responsibilities for risk mitigation

Inventory all databases for use of ICD-9 codes, diagnosis or procedures – Assess Business Associate readiness for ICD-10

Begin plan for dual coding – ensure systems can support I-9 and I-10
  - How long should dual coding last- assume 9 to 12 months; differing percentages, make sure systems are ready- address in challenges

Begin process selection for cross walk tool
Challenge Area – Data Analytics continued

- Identify key risks from process assessment
  - Focus on areas with significant findings
- Provide organization wide ICD-10 awareness education
- Develop time line, roadmap, and budget through 2014
Assess data flow for research, credentialing, payment analysis, performance improvement efforts and utilization management

Study revenue stream in detail – from pre-registration through clearing house through coding to denial management

Analyze methods to improve coder productivity – Computer assisted Coding, process analysis, automation of billing processes

Assess clinical documentation for disease and procedure specificity

Adjust Clinical Documentation Improvement program to reflect specificity gaps
### Challenge Area – Terminology

<table>
<thead>
<tr>
<th>ICD9 Term</th>
<th>ICD10 Term</th>
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<tbody>
<tr>
<td>Arthrodesis</td>
<td>Fusion</td>
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<tr>
<td>Anastomosis</td>
<td>Bypass</td>
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<tr>
<td>Bunionectomy</td>
<td>Resection of Metatarsal</td>
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<tr>
<td>Amputation</td>
<td>Detachment</td>
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<tr>
<td>...centesis</td>
<td>Drainage</td>
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<tr>
<td>Arthroscopy, Cystoscopy...</td>
<td>Inspection... Endoscopic Approach</td>
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<tr>
<td>Aspiration</td>
<td>Drainage</td>
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<tr>
<td>Incision</td>
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<tr>
<td>Tonsillectomy</td>
<td>Resection of Tonsils</td>
</tr>
<tr>
<td>Closed Reduction</td>
<td>Reposition (also repair) of (right or left), (percutaneous, endoscopic, external)</td>
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<tr>
<td>Debridement</td>
<td>Excision, Extraction, Irrigation, Exirpation</td>
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<tr>
<td>Radical Mastectomy</td>
<td>Resection (right, left or bilateral)</td>
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<tr>
<td>Subtotal Mastectomy</td>
<td>Excision</td>
</tr>
<tr>
<td>Tracheotomy</td>
<td>Bypass</td>
</tr>
<tr>
<td>Colostomy</td>
<td>Bypass (colon) to Skin</td>
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<tr>
<td>Caldwell Luc Procedure</td>
<td>Excision, Resection right or left Maxillary Sinus</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>Extraction of Products of Conception</td>
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Top Ten Tips on Documentation

- Laterally
- Stage of Care
- Specific Diagnosis
- Specific Anatomy
- Associated/related conditions
- Cause of Injury
- Specify external cause and/or place of service
- Document additional symptoms or conditions
- Dominant vs. Non dominant side
- Recurrent vs. Initial
**Challenge Area – Staffing & Budget**

- **Staffing issues**
  - Retaining people once trained
  - Staffing budgets

- **Identify your staffing issue strategy**
  - Staff augmentation using students
  - Fill jobs with temporary workers or contractors

- **Start getting on a vendor list for back filling of positions and work**

- **Incorporate staffing and resource needs into your budget**

- **Computer Assisted Coding**
  - Many offer dual coding options
  - Must be put in the budget as well
Budgets often are set in the year prior to anticipated work

Until some preliminary work is done, required budget may not be known

How can you budget accurately if you don’t know what you have to do?
Training Challenges

- How to determine when to start?
- Who to train?
- How much to train?
**Training Level 1** – High level understanding of ICD-10 Impacts
- Participate in overview presentations, introductory audiocasts, or other high level e-learning opportunities

**Training Level 2** – More in-depth understanding of ICD-10 impacts
- Participate in ongoing audiocasts, attend onsite conferences/forums, review codeset manual, and participate in online courses

**Training Level 3** – Extensive training on new codesets
- Individuals who use them in their daily work activities, participate in onsite and/or offsite training or online coursework.

**Training Level 4** – Certification training for designated coders
- Certification is required for ICD-10 consulting or external trainers outside the organization. Certification is not required for purposes of internal training.
Training Options:

- Web and computer based
- Schools
- Textbooks
- Internal Staff
  - Physician super user
  - Train the trainer
- Vendor onsite/offsite training
April Howie CPC, CPMA, HealthPartners Medical Group and Clinics

April Howie is the manager for the Care Systems Compliance Operations department within HealthPartners Medical Group (HPMG). April manages their annual HPMG Provider Monitoring Program for documentation and coding risk mitigation. April is a knowledgeable leader regarding current physician educational strategies and the challenges for ICD-10 CM transition. She has previously presented at the Epic Care User Group Meeting (UGM) and has spoken at the Minnesota Academy of Ophthalmology: Young Ophthalmologist Section. April’s areas of focus include ICD-10 preparedness, physician education, quality improvement, documentation accuracy, supporting a healthy and viable revenue cycle, statutory knowledge with regard to the AUC and HIPAA and implementing corrective action plans to improve documentation. April also has a rich and lengthy background in working as an Ambulatory Epic Care Project Coordinator within HPMG, designing visit navigators for several specialty departments and seeing them through their go-live phases. April is an active partner with Minnesota Community Measurement, a Co-Chair of the HPMG Documentation and Coding Steering Committee, a previous HealthPartners President Award recipient and a member of the American Academy of Professional Coders.

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“How does ICD-10 relate to me?”

- Documentation is key
- Key terms are required for diagnosis accuracy
  - Asthma: mild, moderate, persistent, severe
  - Heart failure: systolic, diastolic
  - Fracture: union or non union
- ICD-10 will be used by other providers your patient sees
  - As well as for billing of the appropriate condition
- ICD-10 relates to
  - Determining appropriateness of care
  - Measures of quality
  - Fraud waste and abuse
  - Authorizations
  - Compliance!

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Physician Education Strategy continues...

- Determine your top ICD-9 diagnosis codes and begin there for transition
- Have physician(s) on your ICD-10 steering committee
- If you only use a certain set of codes (like home care physicians), create a cheat sheet of the codes
- Ask yourself the following:
  - How can I leverage myself
  - Is education and communication for ICD-10 defined well enough for me
  - Does the 80/20 rule apply? If so, where and when
  - What current processes can ICD-10 get embedded into
  - Is early adoption going to work for me (e.g. documentation)
RESOURCES

Help Is Available
Industry Resources

- CMS resources: http://www.cms.gov
  - 5010 change list
  - ICD-10 codes, GEM’s and reimbursement maps
  - Medical learning network (MLN)

- WEDI resources: http://www.wedi.org
  - Forum reports
  - White papers
  - Listserv’s and work groups
January 2009 Release of ICD-10-CM, which includes preface, index, tabular list, table of drugs and chemicals, and general equivalence mapping (GEM) files
http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

AHIMA’s ICD-10 Web site
http://www.ahima.org/icd10/

Additional ICD-10-CM/PCS frequently asked questions are available at:
http://www.cms.hhs.gov/ICD10/01_Overview.asp

The final rules are available at:

General ICD-10-CM Information
http://www.cms.hhs.gov/ICD10/

Latest News from CMS

Fact Sheet: HHS Modifies HIPAA Code Sets (ICD-10) and Electronic Transactions Standards
http://www.cms.hhs.gov/apps/media/fact_sheets.asp

To read the HHS press release issued on ICD-10:
Additional Resources

WHO ICD10 training tool
http://apps.who.int/classifications/apps/icd/icd10training/ICD-10%20training/Start/index.html

AAPC ICD-10 implementation tracker tool
Local Resources Available

- Mentor Program
- Live Chat
- Onsite meetings
Panel Discussion

Panelists:
Tim Nix- UCare
Shelagh Kelland- Blue Cross and Blue Shield of MN
Alicia Nesvacil- HealthPartners
Ann Hale- HealthPartners
Laurie Darst- Mayo Clinic
LaVonne Wieland- HealthEast Care System
Patti Smith- Children’s Hospitals and Clinics
Anne Tegen- Children’s Hospitals and Clinics
April Howie- HealthPartners Medical Group
Carla Tobin- Gillette Childrens Specialty Healthcare
Barb Billing- Charter Solutions

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Thank you!