

ICD-10 Transition Blind Spots
Heart of America HIMSS
Johnson County Community College

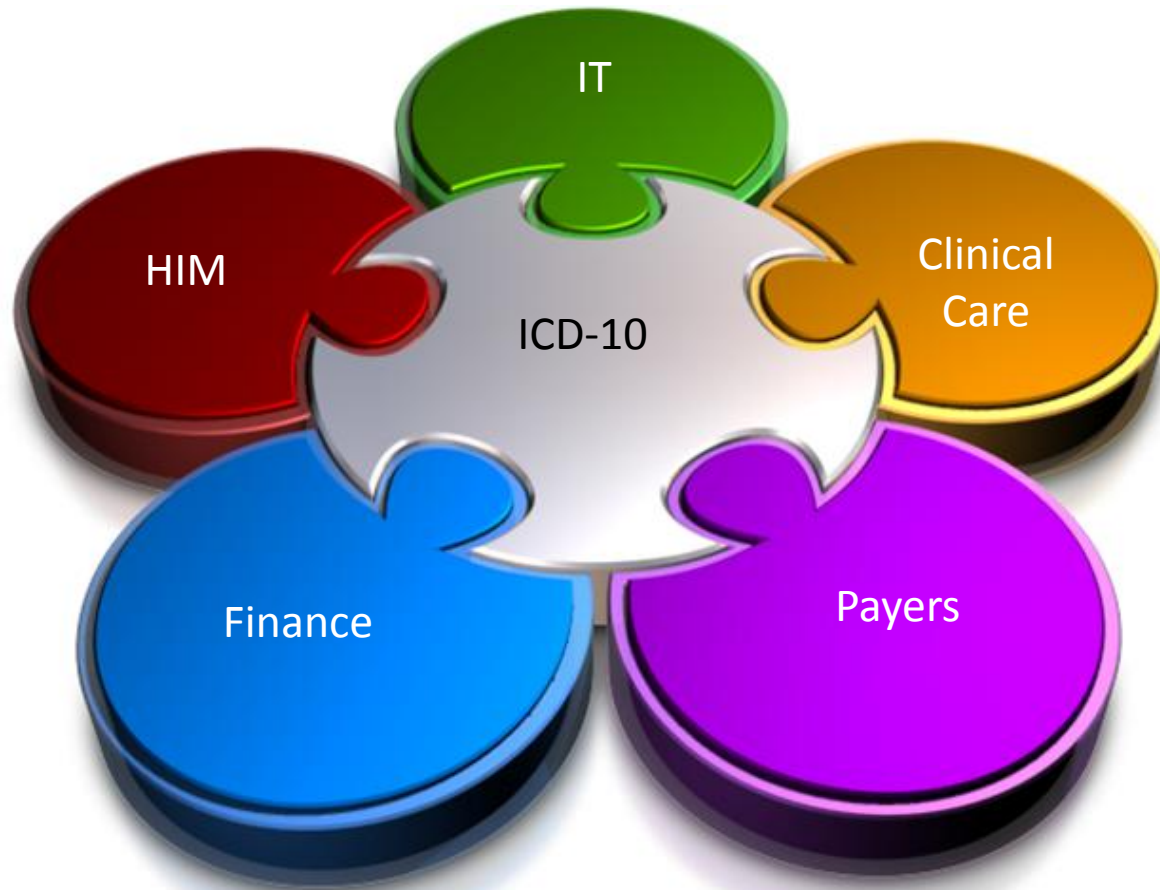
Sharon Korzdorfer, MPA RHIT
Director Health Information
Management
Saint Luke's Health System



Don't Let it Be a Blind Spot

- ICD-10 is right around the corner...at the time of this meeting we are less than one year out from the October 1, 2014 deadline.
- The implications of transitioning to ICD-10 are readily apparent for IT and coding departments, but often invisible to other departments.
- Part of the challenge will come in gaining support from other senior executives who can influence involvement from a wide cross-section of the organization.
- But, we do know there are more pitfalls that can be exposed early to help the transition to be smoother to help ensure success.

Codes are the language of healthcare and will impact virtually all areas of healthcare.

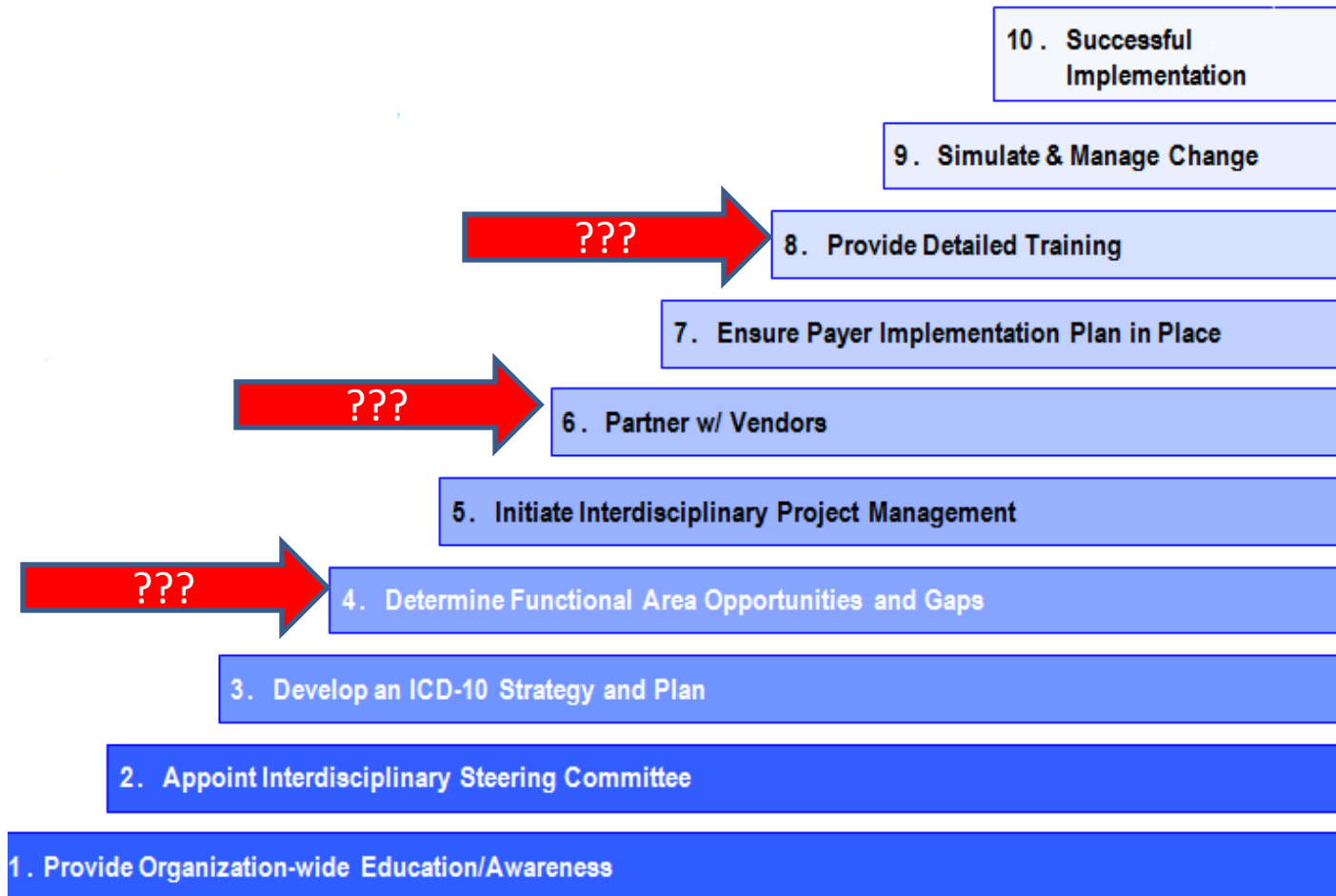


Agenda

1. Timeline
2. Vendors/Clearinghouse
3. Testing (internal and external)
4. Education
5. Staffing/Resources
6. CAC
7. Dual Coding
8. Financial Analysis
9. Contracts
10. Denials

Timeline

Where Are You??



Vendors/Clearinghouse

- Converting systems and interfaces
- *Interface and system integration/coordination across the enterprise*
- *System integration from different vendors*
 - *Most vendors will make changes to their software for ICD-10, but challenges will include each vendor's timing of releases, testing, integration of all vendor systems, etc.*
- *Converting internally built systems and reports*
 - *Determination of potential use of translations/ maps to support compliance and/or enhancement of clinical, financial and/or operational systems*
 - *General Equivalency Maps (GEMs) are available from CMS*
 - Note: Some translations may be 1 : 1, or 1 : many clusters that impact system requirements
 - *For example, if you have Crystal Reports® querying on ICD-9 codes, these reports will need to change to query equivalent ICD-10 codes*

Testing

- *External testing with your clearinghouse*
- Testing is estimated to take up to 19 months.
- Coordination of internal transition plan with product implementation
- Systems upgrades/replacements needed to accommodate ICD-10
- Costs involved and whether upgrades will be covered by existing contracts
- When upgrades or new systems will be available for testing and implementation
- Customer support and training that payor will provide
- How your products will accommodate both ICD-9 and ICD-10 as your customers work with claims for services provided both before and after the transition deadline for code sets

End to End Testing

- On September 28, 2012, CMS awarded National Government Services (NGS) with a one-year contract to develop a process and methodology for End-to-End testing of the Administrative Simplification Requirements based on industry feedback and participation.
- This process is to be an industry wide “Best Practice” for End-to-End testing that lays the ground work for a more efficient and less time consuming method for health care provider testing of future standards, leading to more rapid adoption of the future standards.

Education/Training

- *All employees will need **differing levels of education on ICD-10 to determine transition approach and opportunities related to more detailed information***
 - *What data are you using to know which providers to reach out to and what to train them on?*
- *Clinicians will need training to know that:*
 - *ICD-10 requires more detailed documentation*
 - *ICD-10 also impacts their office billing, pre-certification, and medical necessity*
- *Who is your audience?*
 - *Employed, contracted, temporary/agency staff*

Staffing/Resources

- Have you estimated how much this will affect your staffing?
- Contract Coding, have you completed RFP's and signed contracts yet?
- *The change to ICD-10 adds to employees' responsibilities, so additional FTEs, consulting help, outsourcing, etc. may be needed*

CAC – Computer Assisted Coding

- Diagnostic codes will jump to 68,000 from 13,000 in ICD-9, while inpatient procedure codes will grow to 87,000 from only 11,000
- Can make it easier for professionals to review and look up codes and intricate code-related processes involved with billing and financial systems
- The tools take structured text and unstructured text from EHRs, and can use natural language processing with transcription systems to create codes used for billing and reporting systems
 - Do you have text documentation?
 - OP coding staff could assist with IP coding claims

Documentation Improvement

- Diabetes mellitus
- Injuries
- Drug underdosing
- Cerebral infarctions
- AMI
- Neoplasms
- Musculoskeletal conditions
- Pregnancy
- Respiratory/vents
- ICD-10-PCS—“the whole book,”

Dual Coding

- Dual coding is a practice widely defined as natively assigning both ICD-9-CM and ICD-10-PCS codes to a record during the same coding session;
- This activity can be performed by two separate coders to capture both code sets.
- An effective method of
 - Obtaining accurate data in order to enable comparisons across code sets,
 - Allow for prediction of reimbursement discrepancies,
 - And provide better case mix index comparisons

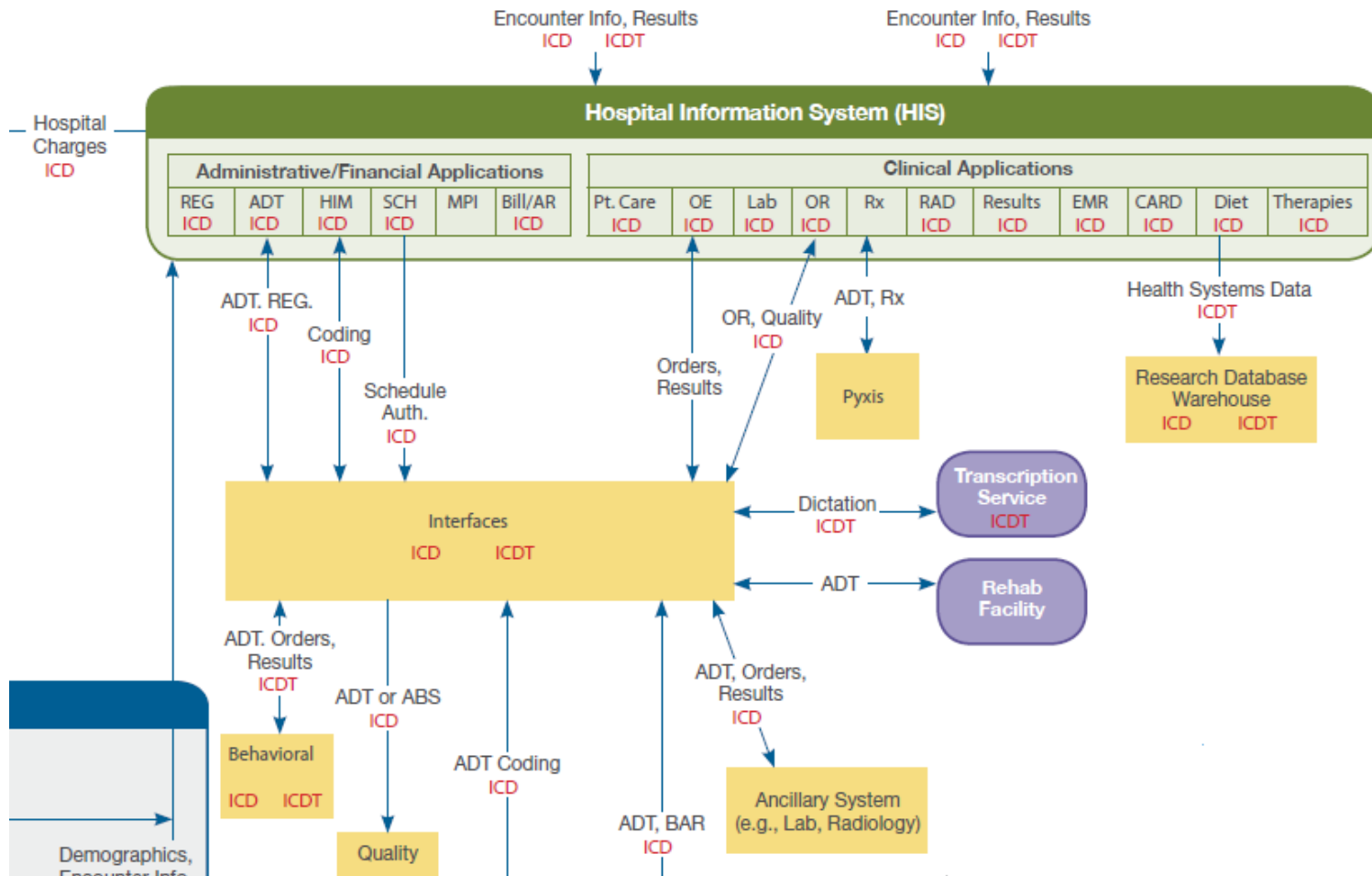
Financials

- Crosswalk financial modeling (DRG shifts, DNFB changes, etc)
- Establish an emergency fund to cover unexpected costs and possible reimbursement delays
- Determine goals for:
 - Days not billed
 - Claims delayed
 - Claims denied
- Workflow processes set up for 72-hour report, pre-authorizations, 3 day Interrupted stays that cross over September to October 2014, etc.

Billing/Financial System ICD-10 Impacts:

- Update to support ICD-10 based groupers
- Update charge masters and all other financial systems to support ICD-10
- Update all denial management processes due to the risk of significant increases in denials and changes in the adjudication rules

High Level Overview



Contracts

- Denials or payment delays may result in a substantial decline in revenues or cash flow.
- Payers may struggle with the ICD-10 transition due to the significant system changes needed to support policies, benefit/coverage rules, risk analysis, operations, and a host of other critical business functions affected by this change.
- Payer testing should identify and resolve any issues prior to go-live
- Opportunities for process improvement and payer contract transition
- *Improve workflow prior to ICD-10 implementation*
- *Locate ICD-9 codes within payer contracts and begin translation/mapping prior to payer discussions and/or negotiations*
 - *Documentation is critical to getting accurate payment under ICD-10*

Denials/LCD/NCD

1. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf
2. <http://www.cms.gov/medicare-coverage-database/>

A		B	C	D	E	
1	NCD:	20.4				
2	NCD Title:	Implantable Automatic Defibrillator				
3	IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part1.pdf				
4	MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=110&ncdver=3&bc=AgAAgAAAAAA&				
5	ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description	REMOVE	KE
11	427.42	Ventricular flutter	I49.02	Ventricular Flutter		
12	427.5	Cardiac arrest	I46.2	Cardiac arrest due to underlying cardiac condition		
13	427.5	Cardiac arrest	I46.8	Cardiac arrest due to other underlying condition		
14	427.5	Cardiac arrest	I46.9	Cardiac arrest, cause unspecified		
15	427.9	Cardiac dysrhythmia, unspecified	I49.9	Cardiac arrhythmia, unspecified		
16	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.110A	Breakdown (mechanical) of cardiac electrode, initial encounter		
17	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.111A	Breakdown (mechanical) of cardiac pulse generator (battery), initial encounter		
18	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.118A	Breakdown (mechanical) of other cardiac electronic device, initial encounter		
19	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.119A	Breakdown (mechanical) of unspecified cardiac electronic device, initial encounter		
20	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.120A	Displacement of cardiac electrode, initial encounter		
21	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.121A	Displacement of cardiac pulse generator (battery), initial encounter		
22	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.128A	Displacement of other cardiac electronic device, initial encounter		
23	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.129A	Displacement of unspecified cardiac electronic device, initial encounter		
24	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.190A	Other mechanical complication of cardiac electrode, initial encounter		
25	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.191A	Other mechanical complication of cardiac pulse generator (battery), initial encounter		
26	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.198A	Other mechanical complication of other cardiac electronic device, initial encounter		
27	996.04	Mechanical complication of automatic implantable cardiac defibrillator	T82.199A	Other mechanical complication of unspecified cardiac device, initial encounter		
28	V12.53	Personal history of sudden cardiac arrest	Z86.74	Personal history of sudden cardiac arrest		
29	V53.32	Fitting and adjustment of automatic implantable cardiac defibrillator	Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator		
30						
31						
32						
33						

Questions

