Preparing for ICD-10 Implementation in 2011 National Provider Teleconference

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Pat Brooks, RHIA
Senior Technical Advisor
Hospital and Ambulatory Policy Group (HAPG)
Center for Medicare (CM)
Centers for Medicare & Medicaid Services (CMS)

Patricia.brooks2@cms.hhs.gov

ICD-10 Implementation

- October 1, 2013 – Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)

  - No delays

  - No grace period

No Grace Period

- Providers will not be able to continue to report ICD-9-CM codes for services provided on or after October 1, 2013

- There will be no delays in the implementation date of ICD-10

ICD-10 Implementation

- ICD-10-CM (diagnoses) will be used by all providers in every health care setting

- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures

  - ICD-10-PCS will not be used on physician claims, even those for inpatient visits

CPT & HCPCS

- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes

- CPT and HCPCPS will continue to be used for physician and ambulatory services including physician visits to inpatients

ICD-10 Implementation

- Single implementation date of October 1, 2013 for all users
  - Date of service for ambulatory and physician reporting
    - Ambulatory and physician services provided on or after 10-1-2013 will use ICD-10-CM diagnosis codes
  - Date of discharge for hospital claims for inpatient settings
    - Inpatient discharges occurring on or after 10-1-2013 will use ICD-10-CM and ICD-10-PCS codes

ICD-10 Implementation

- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013

- ICD-10 codes will not be accepted for services prior to October 1, 2013

ICD-9 Notice: The International Classification of Diseases, 9thEdition, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.

ICD-10 Differences

- ICD-10 codes are different from ICD-9-CM codes
  - They provide greater detail in describing diagnoses and procedures
  - There are more ICD-10 codes than ICD-9-CM codes

- ICD-10 codes are longer and use more alpha characters

- System changes required to accommodate ICD-10 codes

Complete Versions of ICD-10-CM & ICD-10-PCS

- Annual updates of each system are posted on the ICD-10 website at http://www.cms.gov/ICD10

- Maintenance and updates of ICD-9-CM and ICD-10 are discussed at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp

Tools in Converting Codes

- General Equivalence Mappings (GEMs) assist in converting data from ICD-9-CM to ICD-10

- Forward and backward mappings
  - Information on GEMs and their use – http://www.cms.gov/ICD10 (click on ICD-10-CM or ICD-10-PCS to find most recent GEMs)
  - Description of MS-DRG Conversion Project http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp

Converting Data

- GEMs are not a substitute for learning how to code with ICD-10

- For some small conversion projects it may well be quicker and more accurate to use ICD-10 code books instead of GEMs

Affordable Care Act

- Section 10109(c) requires Secretary of HHS to task C&M Committee to obtain input regarding the GEMs
- Make appropriate revisions to GEMs
- Discussed GEM updates at September 15, 2010 C&M meeting http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp

Affordable Care Act

- Comments on GEMs received through November 12, 2010

- 2011 GEMs updated based on those comments

- Affordable Care Act requirements are now satisfied

2011 ICD-10 & GEM Updates

- 2011 updates to ICD-10-CM, ICD-10-PCS, GEMs, and Reimbursement Mappings are posted at: http://www.cms.gov/ICD10

Partial Code Freeze

- Annual ICD-9-CM and ICD-10 code updates make transition planning difficult

- Vendors, system maintainers, payers, and educators requested a code freeze

Partial Code Freeze

- Last regular, annual updates to both ICD-9-CM and ICD-10 will be made on October 1, 2011

- On October 1, 2012 there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases.

- On October 1, 2013 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases.

Partial Code Freeze

- There will be no updates to ICD-9-CM on October 1, 2013 as the system will no longer be a HIPAA standard.

- On October 1, 2014 regular updates to ICD-10 will begin

Partial Code Freeze

- The ICD-9-CM Coordination & Maintenance Committee will continue to meet twice a year during the freeze

- The public will comment on whether new codes should be created during the freeze

Partial Code Freeze

- Any codes that do not meet the criteria of being a new technology or new disease will be held for consideration of inclusion in ICD-10 after the freeze ends

ICD-9-CM Coordination & Maintenance Committee

- Information on meetings http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp

How Will CMS Handle Unspecified ICD-10 codes

- Current payment and coverage policies include unspecified ICD-9-CM codes

- ICD-10 also includes unspecified codes

- Payers will continue to make independent judgments about how unspecified codes should be handled under a payment or coverage policy

ICD-10 Payment & Coverage Policies

- CMS and other payers will announce how specific payment and coverage policies will be converted to ICD-10 codes

- CMS will undergo formal rulemaking to announce final decisions for specific payment policies

CMS Resources

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

- MS-DRG Conversion Report
  http://www.cms.gov/ICD10/17_ICD10_MS_DRG_ Conversion_Project.asp

- Central Version 5010 and D.0 web page on the CMS website
  http://www.cms.gov/Versions5010andD0

CMS ICD-10 Website

- The CMS ICD-10 website http://www.cms.gov/icd10 provides the latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation in a 5010 environment.

- The CMS Sponsored ICD-10 Teleconferences web page at http://www.cms.gov/ICD10/Tel10/list.asp provides information on upcoming and previous CMS national provider ICD-10 teleconferences , including registration, presentation materials, written transcripts and audio recordings.

CMS ICD-10 Website

- Medicare Fee-for-Service Provider Resources http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp and

- Provider Resources (for all providers) http://www.cms.gov/ICD10/05a_ProviderResources.asp web pages provide links to a variety of related educational resources and information

CMS ICD-10 Website

- Other information found on the ICD-10 website includes:

  – ICD-10 and 5010 compliance timelines
  – CMS implementation planning
  – Medicaid, payer, and vendor resources
  – Statute and regulations
  – ICD-9-CM Coordination and Maintenance Committee Meetings
  – ICD-10 MS-DRG Conversion Project

Additional Resources

- The following organizations offer providers and others ICD-10 resources

  - WEDI (Workgroup for Electronic Data Interchange)
    http://www.wedi.org

  - HIMSS (Health Information and Management Systems Society)
    http://www.himss.org/icd10

Sue Bowman, RHIA, CCS

Director, Coding Policy and Compliance

American Health Information Management Association (AHIMA)

Sue.bowman@ahima.org

ICD-10-CM Structure

ICD-9-CM

- 3 - 5 characters
- First character is numeric or alpha (E or V)
- Characters 2- 5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM

- 3 - 7 characters
- Character 1 is alpha (all letters except U are used)
- Character 2 is numeric
- Characters 3 - 7 are alpha or numeric
- Use of decimal after 3 characters
- Use of dummy placeholder "x"
- Alpha characters are not case-sensitive

ICD-10-PCS – Structure

ICD-9-CM

- ICD-9-CM has 3-4 characters
- All characters are numeric
- All codes have at least 3 characters
- Alpha characters are not case-sensitive
- Decimal after 2nd character

ICD-10-PCS

- ICD-10-PCS has 7 characters
- Each can be either alpha or numeric
- Numbers 0-9; letters A-H, J-N, P-Z
- Alpha characters are not case-sensitive
- Each code must have 7 characters
- No decimal

Impact of Transition

- Presents both opportunities and challenges
- Scope and complexity are significant
- Coded data are more widely used than when the US transitioned to ICD-9-CM
- ICD-10-CM/PCS transition requires substantial changes affecting many systems, processes, and people
- **Don't delay getting started!**

Implementation Planning/Preparation

- Break down planning into phases:
  - Phase 1: Implementation plan development and impact assessment *(ideally, this phase should be nearing completion or at least well underway)*
  - Phase 2: Implementation preparation
  - Phase 3: "Go live" preparation
  - Phase 4: Post-implementation Follow-Up

  Phases will likely overlap

Suggested Timeline

- Phase 1: 1st qtr 2009 – 2nd qtr 2011
- Phase 2: 1st qtr 2011 – 2nd qtr 2013
- Phase 3: 1st qtr 2013 – 3rd qtr 2013
- Phase 4: 4th qtr 2013 – 4th qtr 2014

Length of phases may vary, depending on the type, size, and complexity of the organization. The phases also will likely overlap

Phase 1: Implementation Plan Development

- Establish interdisciplinary steering committee
- Formulate transition strategies and identify goals
- Provide organization-wide ICD-10 awareness education to key stakeholders

Phase 1: Implementation Plan Development

- Implement change management strategies to empower stakeholders to accept and embrace transition to ICD-10

- Identify key ICD-10 transition tasks and objectives

Phase 1: Implementation Plan Development

- Develop detailed project plan
  - Develop internal implementation timeline and specify resources required to complete identified tasks
  - Articulate all key stakeholders' roles and responsibilities.
  - Delineate transition tasks, deadlines, and responsible individual(s)

Phase 1: Awareness Education

- Educate senior management, IT personnel, department managers, and medical staff on:
  - Regulatory requirements
  - Value of new code sets
  - How ICD-10 fits with other internal and external initiatives
  - Differences between ICD-9 and ICD-10 code sets

Phase 1: Awareness Education

- Educate medical staff on:
  - Impact on documentation
- Coders and other HIM professionals should:
  - Become familiar with the structure, organization, and unique features of ICD-10-CM (ALL PROVIDER TYPES) and ICD-10-PCS (INPATIENT HOSPITAL ONLY)

Phase 1: Impact Assessment

- Assess organizational readiness
  - Identify affected business areas and individuals
  - Identify affected systems, applications, databases
  - Assess impact on documentation processes and work flow

  Delayed completion of impact assessment will jeopardize ability to complete all ICD-10 implementation tasks by compliance date

Phase 1: Impact Assessment

- Identify reports and forms requiring modification

- Identify policies/procedures that need to be developed or revised

- Assess business associate readiness (e.g., systems vendors, payers)

Phase 1: Impact Assessment

- Identify impacted internal and external reporting processes (e.g., registries, quality measures, performance measures, state data reporting)
- Assess impact on coding and billing productivity

Phase 1: Determine Vendor Readiness

- Ask your systems vendors:
  - What systems upgrades or replacements are needed to accommodate ICD-10?
  - What costs are involved and will upgrades be covered by existing contracts?
  - When will upgrades or replacement systems be available for testing and implementation?
  - What customer support and training will they provide?
  - How will their products/services accommodate both ICD-9 and ICD-10 as you work with claims submitted both before and after 10/1/13?

Phase 1:
Assess Systems Impact

- Orient IT personnel on code set specifications
- Perform systems audit
  - Inventory all systems applications and databases using ICD-9-CM codes
  - Perform detailed analysis of systems changes that need to be made
  - Prioritize sequence of systems changes and estimate cost
  - Map electronic data flow to inventory all reports that contain ICD-9-CM codes

Systems/Applications Potentially Affected by Transition
(not all-inclusive list)

- Encoding software
- Medical record abstracting systems
- Billing systems
- Practice management systems
- Groupers
- Electronic health record systems
- Clinical systems
- Decision support systems
- Registration and scheduling

- Utilization management
- Quality management
- Case mix systems
- Case management
- Disease management
- Financial
- Medical necessity software
- Registries
- Compliance software
- Patient assessment data sets

Phase 1:
Assess Systems Impact

- Determine how long both ICD-9-CM and ICD-10 code sets will need to be supported

  - Will system storage capacity need to be increased?

- Identify new or upgraded hardware/software requirements

- Build flexibility into IT systems currently under development

Phase 1:
Conduct Coding Gap Analysis

- Conduct gap analysis of coding professionals' knowledge and skills
  - Assess coding professionals' knowledge in biomedical sciences (anatomy and physiology, pathophysiology), medical terminology, and pharmacology
  - Arrange for additional training in areas identified during assessment

Phase 1:
Assess Quality of Medical Record Documentation

- Evaluate samples of various types of medical records to determine whether documentation supports level of detail found in ICD-10

- Implement documentation improvement strategies where needed

  Nonspecific codes are still available when necessary

Phase 1:
Assess Training Needs

- Who will need education?
- What type and level of education will they need?
- How will the education be delivered?
- What is the most appropriate and cost-effective method of providing ICD-10 education to the different categories of individuals who need training?

Phase 1:
Assess Training Needs

- Intensive coder training should not be provided until 6 – 9 months prior to implementation

- 2 full days of ICD-10-CM training will likely be adequate for most coders, and very proficient ICD-9-CM coders may not need that much

Categories of Data Users Requiring ICD-10 Education
(not all-inclusive list)

- Coders
- Other HIM personnel
- Clinicians
- Senior management
- Information technology
- Quality management
- Utilization management
- Accounting
- Business Office
- Auditors and consultants
- Patient access and registration
- Clinical department managers
- Ancillary departments
- Data analysts
- Researchers
- Epidemiologists
- Performance improvement
- Corporate compliance
- Data quality management
- Data security
- Data analysts
- Payer contract managers and negotiators

Phase 1: Develop ICD-10 Budget

- Identify all ICD-transition expenses and estimate associated costs, including:
  - Software modifications
  - Education
  - Hardware/software upgrades
  - Staff time
  - Temporary or contract staffing

Phase 1:
Develop ICD-10 Budget

- ICD-transition expenses *(con't)*
  - Consulting services
  - Report redesign
  - Reprinting of paper forms
  - Data conversion
  - Additional software or other tools/resources to facilitate the ICD-10 transition or improve operational processes
- Identify departmental budget(s) responsible for each cost

Phase 2: Implementation Preparation

- Ideally, should start 1st quarter 2011
- Complete tasks identified during Impact Assessment:
  - Implement systems changes
  - Modify or develop policies /procedures, reports, and forms
  - Provide education to users (other than intensive coder education)

Phase 2: Implementation Preparation

- Complete tasks identified during Impact Assessment *(con't)*:
  - Implement and monitor documentation improvement strategies
  - Complete internal testing
  - Begin external testing once business associates are ready

Phase 2: Implementation Preparation

- Continue to assess quality of medical record documentation, implement documentation improvement strategies as needed, and monitor impact of documentation improvement strategies

- Coders should continue to gain familiarity with ICD-10 code sets and coding guidelines (not intensive coding education) and improve skills in areas identified in gap analysis

Phase 2: Implementation Preparation

- Regularly follow-up on readiness status of business associates

- Refine project plan, timeline, and budget as needed

- Develop contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live

Consequences of Poor Preparation

- Increased claims rejections and denials
- Increased delays in processing authorizations and reimbursement claims
- Improper claims payment
- Coding backlogs
- Compliance issues
- Decisions based on inaccurate data

Problems can be mitigated with proper advance preparation

AHIMA Resources
http://www.ahima.org/icd10

- Practical guidance **(free)**
  - *Putting the ICD-10-CM/PCS GEMs into Practice*
  - *ICD-10 Preparation Checklist*
  - Role-based implementation models
  - ICD-10 Readiness and Prioritization Tool
- Books
  - *Pocket Guide of ICD-10-CM/PCS*
  - *ICD-10-CM/PCS Preview*
  - *Implementing ICD-10-CM in Hospitals*
  - *Essential Guide to GEMs*

- Online courses
  - ICD-10-CM and ICD-10-PCS overview courses
  - Fundamentals of GEMs course
- Proficiency assessments
- Academy for ICD-10 Trainers
  - Academy for ICD-10-CM/PCS (3 days)
  - Academy for ICD-10-CM only (1 ½ days)
- E-newsletter **(free)**
- Articles **(many are free)**
- Webinars/Conferences

National Provider Teleconference Continuing Education Information

Continuing Education Information

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS national provider teleconferences.

- American Academy of Professional Coders (AAPC)
  If you have attended or are planning to attend a CMS national provider teleconference, you should be aware that CMS does not provide certificates of attendance for these calls. Instead, the AAPC will accept your e-mailed confirmation and call description as proof of participation. Please retain a copy of your e-mailed confirmation for these calls as the AAPC will request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information

- American Health Information Management Association (AHIMA)

  AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.

Questions?

Email your questions to
ICD10-National-Calls@cms.hhs.gov