



Preparing Physicians for ICD-10 Implementation National Provider Call

October 25, 2012

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Agenda

- Transitioning to ICD-10: Practical Pointers for Providers
Dr. Ginger Boyle, Spartanburg Regional Healthcare System
- General ICD-10 Requirements and CMS Implementation Planning
Pat Brooks, CMS
- Update on National Coverage Determinations and ICD-10
Janet Anderson Brock, CMS
- Update on ICD-10 and Administrative Simplification
Chris Stahlecker, CMS
- Question and Answer Session

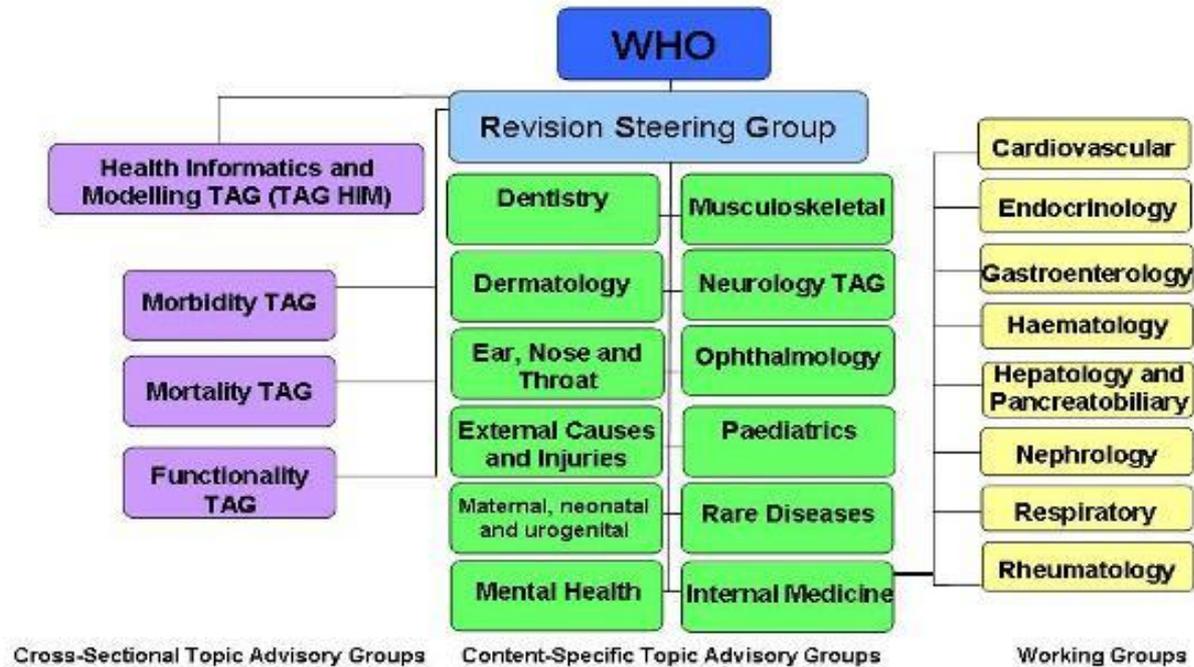
Transitioning to ICD-10: Practical Pointers for Providers



Ginger Boyle, MD, CCS, CCS-P
Spartanburg Regional Healthcare System

ICD-10 — How am I supposed to get there?

ICD Revision Organizational Structure



WHO Revision Steering Group¹

ICD-10 Transition Timeline

- Can I get my institution, my providers, and myself to ICD-10 on time?
- And the answer is...
- You know what...Yes you can!

ICD-10 Transition Timeline

- We've all seen them....many, many of them. Everyone seems to have one.
 - American Academy of Professional Coders (AAPC)
 - American Academy of Family Physicians (AAFP)
 - American Hospital Association (AHA)
 - American Health Information Management Association (AHIMA)
 - American Medical Association (AMA)
 - Centers for Medicare & Medicaid Services (CMS)
 - World Health Organization (WHO)
- What do we do with them?

How can I be so sure? What do I know?

- I am a
 - Practicing family physician
 - Faculty with the Spartanburg Family Medicine Residency Program
 - Certified coder: Certified Coding Specialist (CCS), Certified Coding Specialist-Physician Office (CCS-P)
 - Coding educator for the residency program
 - Liaison between and coding educator for Spartanburg Regional Healthcare System (SRHS) Health Information Management (HIM) and Medical Staff
 - Physician Advisor: SRHS Case Management/Utilization Review (CM/UR) , Clinical Documentation Integrity (CDI), Documentation Integrity Team (DIT)
 - Assistant Director, SRHS Physician Advisor Group

How can I be so sure? What's my experience?

- I work for the Spartanburg Regional Healthcare System²
 - 3 hospital system: 2 acute (total 588 beds); 1 Long Term Acute Care/Skilled Nursing Facility: (total 122 beds)
 - Regional Hospice House: 15 beds
 - Total employees: >5,000
 - Total physicians on staff: >500

How can I be so sure? What's my experience?

- I work for the Spartanburg Regional Healthcare System
 - 6 County service area (940,000 people)
 - Emergency Department (ED) visits per year: >100,000
 - Surgical procedures per year: >13,000
 - Babies delivered per year: >2,800
 - 1st Stroke Center to be accredited in SC
 - Magnet Hospital of Nursing Excellence
 - 1 of 10 National Cancer Institute (NCI) Community Cancer Centers

How can I be so sure? What's my experience?

- I work for the Spartanburg Regional Physician Group (SPRG)
- Numerous physician practices across most specialties:
 - 16 family medicine and internal medicine practices
 - 5 Obstetrics and Gynecology practices in 6 locations for women's health
 - 2 Pediatric practices
 - Specialty practices including general, vascular & bariatric surgery; cardiology; rheumatology; endocrinology

When you're this good, Who notices?

U.S. Dept of Health and Human Services

CMS

OIG

Medicaid

MIC & PERM

Medicare

RAC, MAC & CERT

ZPIC & Prepayment Probes
from FI

MIC: Medicaid Integrity Contractors; PERM: Payment Error Rate Measurement; RAC: Recovery Audit Contractor; MAC: Medicare Administrative Contractor; CERT: Comprehensive Error Rate Testing; FI: Fiscal Intermediary; ZPIC: Zone Program Integrity Contractor



- RAC Audits: SC part of the National Demo Project (2005-2008) before 4 regional contractors established in 2008
- Created 3 divisions within Utilization Management
 - Health Management System (HMS)/Discharge Planners
 - Case Managers: review all admissions for Observation/Inpatient (Obs/Inpt) compliance
 - DIT: review all active charts for documentation improvement to severity of illness/risk of mortality

- Contracted with external physician advisor organization for Obs/Inpt 2nd level review and RAC appeal
- Created/transitioned to in-house Physician Advisor Group for RAC, eventually MAC, MIC review

What does this have to do with ICD-10?

- SRHS/SRPG physicians are just hearing about RAC, MIC, MAC, etc...now we hit them with

ICD-10 transition

- ICD-10 Steering Committee
 - ICD-10 Project Manager: coordinates all meetings
 - Consultants: project timeline outlines
 - Vendor Readiness
 - IT Readiness/Preparation
- ICD-10 Awareness and Education Committee
 - HIM Coder Education
 - CDI Education
 - Patient Access Group education
 - Physician Office Staff/Physician Awareness and Education

- Educational sessions led by our HIM Management and ICD-10 Trainers
 - In-house education (no budget for travel)
 - Targeted to different levels of need
 - ICD-10 Steering Committee set up levels 1-4
 - Admissions/Schedulers
 - Unit secretaries/order entry
 - Physicians/mid-level providers (MLP)/Nurses
 - HIM/CDI/DIT

- Educational sessions led by our HIM Management and ICD-10 Trainers
 - Multidisciplinary team includes office management and physicians
 - Created webinars, power point presentations for in-office demos to providers' offices
 - Brief, bullet points
 - Stored in "Hub" (hospital's intranet) for replay
 - Designed to introduce without overwhelming too early

- On the fly education
 - CDI/DIT nurses reviewing open charts can interact directly with providers
 - While gathering accurate documentation for ICD-9, they emphasize importance of detail for ICD-10
 - Specific examples in small bits for doctors/MLP
 - Focus on key dx for Healthcare Acquired Infections, Severity of Illness, Risk of Mortality

- On the fly education
 - Reach out to attendings, residents, MLP, students, nurses, ancillary personnel
 - Utilize “pink slips” (paper queries) in the open chart, laminated cards/flyers at nurses’ stations, doctors’ work areas, break rooms
 - Examples: Body Mass Index (BMI), Respiratory Failure, Community Acquired Pneumonia (CAP) vs Ventilator Acquired Pneumonia (VAP), type of Congestive Heart Failure (CHF), Chronic Kidney Disease (CKD) vs Acute Kidney Injury (AKI), Ulcer/Decubitus staging

- Now's the time to use them.
 - American Academy of Professional Coders (AAPC)
 - American Academy of Family Physicians (AAFP)
 - American Hospital Association (AHA)
 - American Health Information Management Association (AHIMA)
 - [ICD-10-CM/PCS Implementation Toolkit](#)
 - American Medical Association (AMA)
 - Centers for Medicare & Medicaid Services (CMS)
 - [CMS General Equivalence Mappings Basic Info](#)
 - World Health Organization (WHO)

- Emergency Medical System (EMS)/ED Nurses/Physician: detail chief complaint
- Admitting/Primary team:
 - Detail admitting diagnoses, comorbidities & complications
 - Daily notes: clarify diagnoses: status, progression/staging
 - Discharge summary: principal/secondary diagnoses: status, disposition

- EMS/ED Nurses/Admitting Team:
 - Identify the Top 20 ED diagnoses for the ED and for Inpatient admissions from ED
 - Focused Education at place of service
 - Utilize in-house resources:
 - HIM or CDI personnel in ED to maximize specificity?
 - Utilization Management/CM Nurse in ED to assist w/ admission at time of classification?

- Outpatient vs Inpatient Care: How does it differ for the providers?
 - Only have to worry about ICD-10-CM (diagnosis codes)
 - CPT codes for outpatient office visits and procedures don't change
 - But...all have to understand:
 - 2013 ICD-9-CM: 14,567 codes
 - 2013 ICD-10-CM: 69,832 codes
 - Increased specificity and complexity

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- Outpatient providers: similar process
 - Identify the Top 20 outpatient diagnoses, referral specifics, diagnostic procedures/orders
 - Focused Education at place of service
 - Utilize resources:
 - Office managers
 - Certified coders
 - ICD-10 champions in each setting
 - Focus on “providers” learning patterns”: See one, Do one, Teach one...Teach them to teach each other.

SRHS Readiness Strategy: Translating the Big System to Individual Practices

- Stepwise process required for any size system
- Maximize use of available resources
 - Don't reinvent the wheel
 - Education and patience are key

- Implementation Phases
 - Planning
 - Communication and Awareness
 - Assessment
 - Operational Implementation
 - Testing
 - Transition

- Think of the PDSA cycle...(plan-do-study-act...repeat)

- Planning and Communicating
 - Establish project structure, responsible parties, physician and coding champions
 - Establish the budget: software upgrades, training needs, productivity loss/gain
 - Communicate to all involved: office administration, providers, vendors, clearinghouses, payors; determine their strategy for ICD-10 transition
 - Create and stick to a timeline (use resources)

- Testing and Transition
 - Monitor impact on staff, providers
 - Monitor impact on claims: reimbursement, denials & rejections
 - Monitor coding accuracy and productivity
 - Resolve post-implementation issues and repeat testing

ICD-10 Transition: Specific Changes

- New codes must be submitted on 5010 electronic format
 - New format promotes assignment of a claim # upon receipt by the payer. This claim # facilitates easier follow up on unpaid or underpaid claims
 - # of diagnoses that may be submitted increases to 12 (from 4)
 - Payers focus on quality of care and costs for episodes of care...ICD-10-CM codes offer the level of detail necessary to indicate complexity and need for increased services

ICD-10 Transition: Benefits of the Changes

- 12 codes: more specificity for meaningful use, national quality indicators, patient centered medical home criteria
 - DM controlled/uncontrolled; complications
 - Blood pressure with or without complications
 - Complications: nephropathy, chronic kidney disease, neuropathy
 - Arthralgia, myalgias by specific site
 - Healthcare maintenance screenings: mammo, colonoscopy, eye exams, immunizations, tobacco cessation

- ICD-9-CM to ICD-10-CM comparisons:
 - ICD-9
 - DM II uncontrolled, with renal complications: 250.42
+Nephropathy:
+Chronic Kidney Disease (CKD) 1: 585.1
+ Other kidney complication:
 - ICD-10
 - DM II uncontrolled, with nephropathy: E11.21
 - DM II uncontrolled, with CKD 1: E11.22 + N18.1
 - DM II uncontrolled, with other complic: E11.29
 - **all require: +hyperglycemia:
 - **Can keep same underlying dx with each OV; just specify hyperglycemia if uncontrolled at time

SPRG ICD-10 Transition: ICD-9-CM to ICD-10-CM Comparisons

Office notes required for multiple injection sites: duplicate CPs, modifiers

- ICD-9
 - Pain in Knee: 719.46
 - Pain in Limb: 729.5

- ICD-10:
 - M25.561: pain in R knee
 - M25.562: pain in L knee
 - M79.601: pain in R arm
 - M79.602: pain in L arm
 - M79.604: pain in R leg
 - M79.605: pain in L leg
 - M79.606....M79.673 specific parts of each limb

- Without physician education & buy in...
- Garbage in...is garbage out
- But...we can be taught...

- Some things really don't change
 - Codes have more detail but are still divided into chapters/related diagnoses
 - Each specialty creates CHEAT SHEETS: “Long lists” and “Short lists” of the most commonly used codes
 - [cms.gov](https://www.cms.gov) has free programs with GEMS (general equivalence mappings)
 - Utilize CMS, coding resource, and specialty specific guides—cardiologists use cardio codes, endocrinologists use endo codes, etc.

- On-line systems are available now for patients to compare, contrast, and choose the provider
 - ICD-10 provides more specific diagnoses to better describe each provider's patients
 - 5010's 12 ICD-10-CM codes allow the detail to better describe the provider's panel
- If I provide excellent care to my sickest patients, and create a panel of National Committee for Quality Assurance (NCQA), Patient Centered Medical Home (PCMH), RAC, MAC, MIC blue ribbon folks...by golly, I want you to know it.

- Sooner or later, we reach a point where the light at the end of the tunnel...
- Is not always the oncoming train
- But smooth, sweet success...

References

1. <http://www.who.int/classifications/icd/RSG/en/index.html> (accessed 3/4/12)
2. <http://www.spartanburgregional.com/Pages/Home.aspx> (accessed 3/4/12)

General ICD-10 Requirements and CMS Implementation Planning



Pat Brooks, RHIA
Senior Technical Advisor
Hospital and Ambulatory Policy Group
Center for Medicare
CMS

- October 1, 2014 – Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)
- HHS has [announced](#) the [final rule](#) that delays the ICD-10 compliance date from October 1, 2013 to October 1, 2014
- [MLN Matters® Special Edition Article #SE1239](#) – “Updated ICD-10 Implementation Information”

- 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

- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes
- CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients

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- Single implementation date of October 1, 2014 for all users
- Date of service for ambulatory and physician reporting
 - Ambulatory and physician services provided on or after 10-1-2014 will use ICD-10-CM diagnosis codes
- Date of discharge for hospital claims for inpatient settings
 - Inpatient discharges occurring on or after 10-1-2014 will use ICD-10-CM and ICD-10-PCS codes

CMS Converting Payment Systems to ICD-10

- Information on inpatient conversion efforts can be found on the [ICD-10 MS-DRG Conversion Project](#) web page
- Version 30 of the ICD-10 MS-DRGs will be posted in November, 2012
- Mainframe and PC version of v30 ICD-10 MS-DRG software available from the National Technical Information Service (NTIS) in early 2013
- Final version subject to formal rulemaking

- Annual updates of each coding system are posted on the [ICD-10](#) website
- Maintenance and updates of ICD-9-CM and ICD-10 are discussed at the [ICD-9-CM Coordination and Maintenance \(C&M\) Committee meeting](#)

- Last regular, annual updates to both ICD-9-CM and ICD-10 made on October 1, 2011
- On October 1, 2012 and October 1, 2013 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, 2014 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases

- There will be no updates to ICD-9-CM on October 1, 2014 as the system will no longer be a HIPAA standard.
- On October 1, 2015 (one year after implementation) regular updates to ICD-10 will begin
- [MLN Matters® Special Edition Article #SE1240](#) – “Partial Code Freeze Prior to ICD-10 Implementation”

- [ICD-10](#) website
 - Sign up for [CMS ICD-10 Industry Email Updates](#)
 - Follow @CMSGov on [Twitter](#)
 - Subscribe to [Latest News Page Watch](#)
- [Versions 5010 and D.0](#) website

- The CMS [ICD-10](#) website 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 provides information on upcoming and previous CMS ICD-10 National Provider Calls, including registration, presentation materials, video slideshow presentations, podcasts, written transcripts and audio recordings

- [Medicare Fee-for-Service Provider Resources](#) web page and
- [Provider Resources](#) (for all providers) web page provide links to a variety of related educational resources and information

- The following organizations offer other ICD-10 resources
 - [WEDI](#) (Workgroup for Electronic Data Interchange) website
 - [HIMSS](#) (Health Information and Management Systems Society) website

Update on National Coverage Determinations and ICD-10



Janet Anderson Brock, Director
Division of Operations and Information Management
Coverage and Analysis Group
Center for Clinical Standards and Quality
CMS

Local Coverage Determinations

- Local coverage determinations (LCDs) are those decisions made by the individual MAC
- These determinations are usually jurisdictionally based
- Each individual MAC will be responsible for converting the ICD-9 codes to ICD-10 codes in their LCDs

- National Coverage Determinations (NCDs) are those decisions made by CMS and applied by each MAC at a national level
 - CMS will be responsible for converting the ICD-9 codes to ICD-10 codes in selected NCDs
 - There are approximately 330 NCDs
 - All NCDs will not be translated
 - CMS is in the process of reviewing all NCDs to determine those that should be translated

National Coverage Determinations

- Additionally, CMS has identified and begun to convert those NCDs that need to be translated
- MLN Matters® Articles will be the vehicle used to communicate information
 - [MLN Matters® Article #MM7818](#), “International Classification of Diseases, 10th Edition (ICD)-10 Conversion from (ICD-9) and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR 1 of 3) (ICD-10)”

Update on ICD-10 and Administrative Simplification



Chris Stahlecker, Acting Director
Administrative Simplification Group
Office of E-Health Standards and Services
CMS

- September 5, 2012: HHS published the final rule delaying the compliance deadline for ICD-10-CM and PCS from October 1, 2013 to October 1, 2014
- Why the delay?

Administrative Simplification: What is coming...

| Compliance Date | Requirement <small>*Regulations have not been published</small> |
|---------------------|---|
| Jan 1, 2013 | <ul style="list-style-type: none"> • Eligibility and Claim Status Operating Rules |
| Dec 31, 2013 | <ul style="list-style-type: none"> • Health plans must certify/provide adequate documentation that their “data and information systems... are in compliance” with Eligibility, Claim Status, EFT, and ERA standards and associated operating rules * |
| Jan 1, 2014 | <ul style="list-style-type: none"> • EFT Standards • EFT & ERA Operating Rules |
| Oct 1, 2014 | <ul style="list-style-type: none"> • ICD-10 |
| Nov 5, 2014 | <ul style="list-style-type: none"> • Health plans must obtain Health Plan Identifier (HPID) (small health plans have until November 5, 2015) |
| Dec 31, 2015 | <ul style="list-style-type: none"> • Health plans must certify/provide adequate documentation that their “data and information systems... are in compliance” with claims, enrollment, premium payments claims attachments, and referral standards and associated operating rules * |
| Jan 1, 2016 | <ul style="list-style-type: none"> • Claims Attachment Standard * • Claims Attachment Operating Rules * |
| Nov 7, 2016 | <ul style="list-style-type: none"> • Covered entities must use HPID to identify health plans in transactions |

- The connections among CMS' e-health initiatives are unmistakable—
- Interoperability requires the use of uniform health information standards such as ICD-10, given the level of structured documentation required to achieve Electronic Health Record (EHR) meaningful use, which involves the use of electronic quality measures (eQMs)

- CMS has continued with its implementation of ICD-10
 - Agency Steering Committee continues to meet bi-weekly to address cross-cutting concerns
 - Overall, a 50% completion rate; but some areas with dependencies may not be able to achieve completion until later in the process
 - Goal is to have all systems and business processes in place by October 2013, leaving a year for industry testing
 - Industry outreach will focus on practical tools for small providers and hospitals

- Version 5010 showed us that we still are not all speaking the same language
- We need general consensus on:
 - End to end testing
 - Compliance
 - Readiness

- End-to-End Pilot testing using ICD-10 as the business case
- 6020 pilot – assure the next version of standards are tested prior to adoption
- Expansion of:
 - Outreach and Education program
 - Communication program
 - Enforcement program

National Provider Call

Continuing Education Information



Continuing Education Information

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC), the American Health Information Management Association (AHIMA), and the American Medical Billing Association (AMBA) for participation in certain CMS National Provider Calls

Visit the [FFS National Provider Calls Continuing Education Credit Notification](#) web page for more details

Questions?

Email your questions to

ICD10-National-Calls@cms.hhs.gov



Evaluate Your Experience with Today's National Provider Call

- To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- We appreciate your feedback!

