



ICD-10 Transition

Roles and Responsibilities

Training Spotlight on Coders, Billers



Presentation to:

Coders, Billers, Trading Partners

Presented by:

Department of Community Health

Medicaid Division



Mission

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Agenda

- **Facts about ICD-10**
 - Why is ICD-10 necessary
 - Why ICD-10 matters
 - A closer look, code examples, specialty areas
- **Compliance**
 - Risks of non-compliance
 - Rewards of compliance
- **ICD-10's impact on your practice**
 - Training is key for everyone
 - Roles and responsibilities
 - Internal, External
 - Your role, training and resources
- **DCH – GA Medicaid transition and testing**
- **Helpful resources**
- **Q&A**



ICD-10: It's About Time

ICD-10

is coming

October 1, 2014

Why is the transition necessary?

- ICD-9 code sets are outdated, limited and not expandable
- ICD-9 cannot accommodate current needs nor future advances in medical technology and knowledge
- ICD-10 code sets use current medical terminology and will allow for advances in medical technology and knowledge
- ICD-10 uses up to 7 characters (vs. 3 to 5 in ICD-9)
- ICD-10 allows for greater detail in diagnoses and treatments

A Few Facts About ICD-10

- **World Health Organization** – developed ICD-10 in 1994, later adopted by HHS and CDC, provision of HIPAA regulations
- **Moving from 9 to 10** – US is last industrialized nation to adopt ICD-10
- **HIPAA-covered entities** – Health care providers, payers, clearinghouses, billing services and others must transition to ICD-10
- **ICD-10 pros and cons** – discussed widely within health care community since 2009
- **ICD-10-CM and ICD-10-PCS code sets**
 - Replaces ICD-9-CM (Volumes 1, 2, and 3)
 - Total of 155,000 codes BUT only some used by providers
- **Mandatory compliance date – October 1, 2014**
 - Reminder 5010 transaction standards, required prerequisite
 - IT Systems must accommodate BOTH ICD-9 and ICD-10 codes

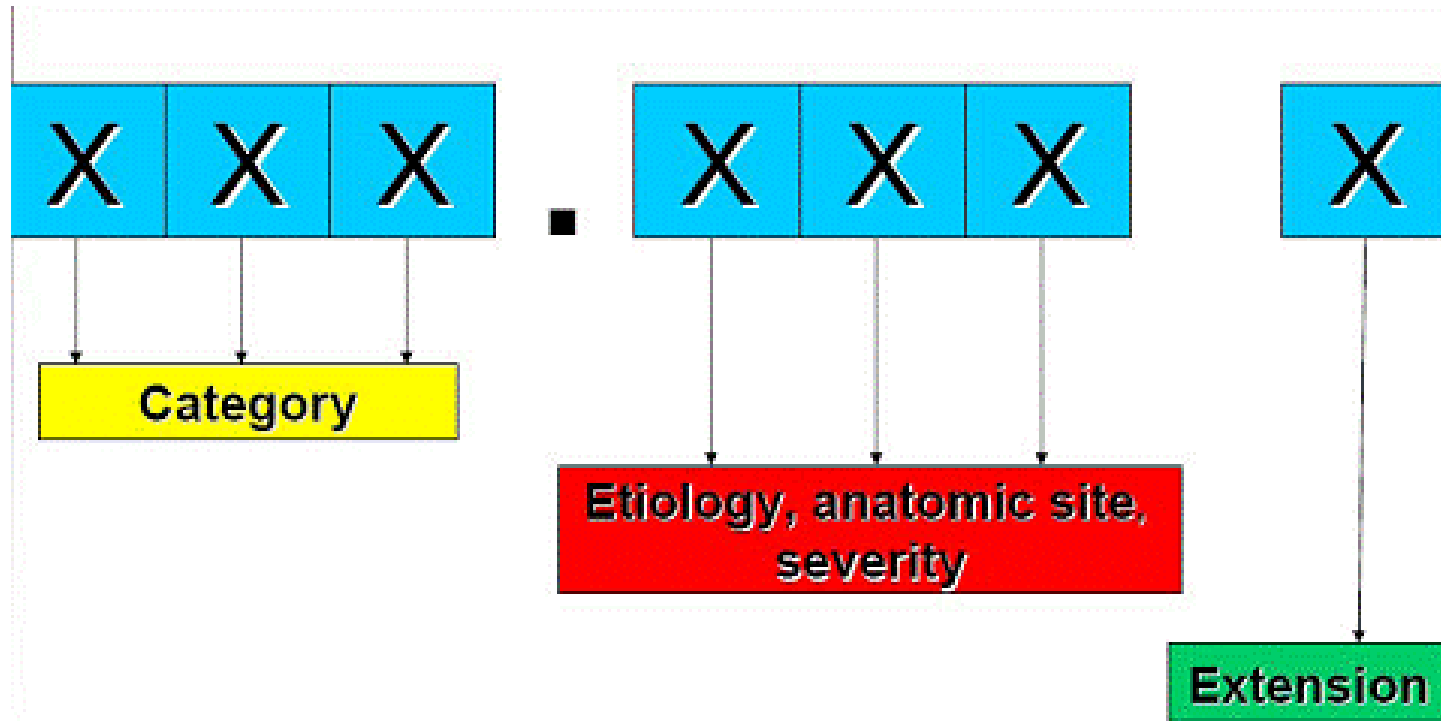
Why ICD-10 Matters

1. ICD-10 **advances health care** and the implementation of e-Health initiatives
2. ICD-10 **captures advances in medicine** and medical technology
3. ICD-10 **improves data** for quality reporting
4. ICD-10 **improves public health** research, reporting and surveillance

ICD-10-CM: A Closer Look

- **CM = Clinical Modification for diagnoses**
- diagnosis code set replacing ICD-9-CM Volumes 1 and 2
- used to report diagnoses in all clinical settings
- ICD-10-CM is 3 to 7 alpha-numeric characters
- ICD-9-CM (Vols 1, 2) is 3 to 5 characters

ICD-10-CM Format



ICD-9 vs. ICD-10 Code Examples

ICD-9-CM-Diagnosis Codes

- 725 Polymyalgia Rheumatica →
- 714.0 Rheumatoid Arthritis →

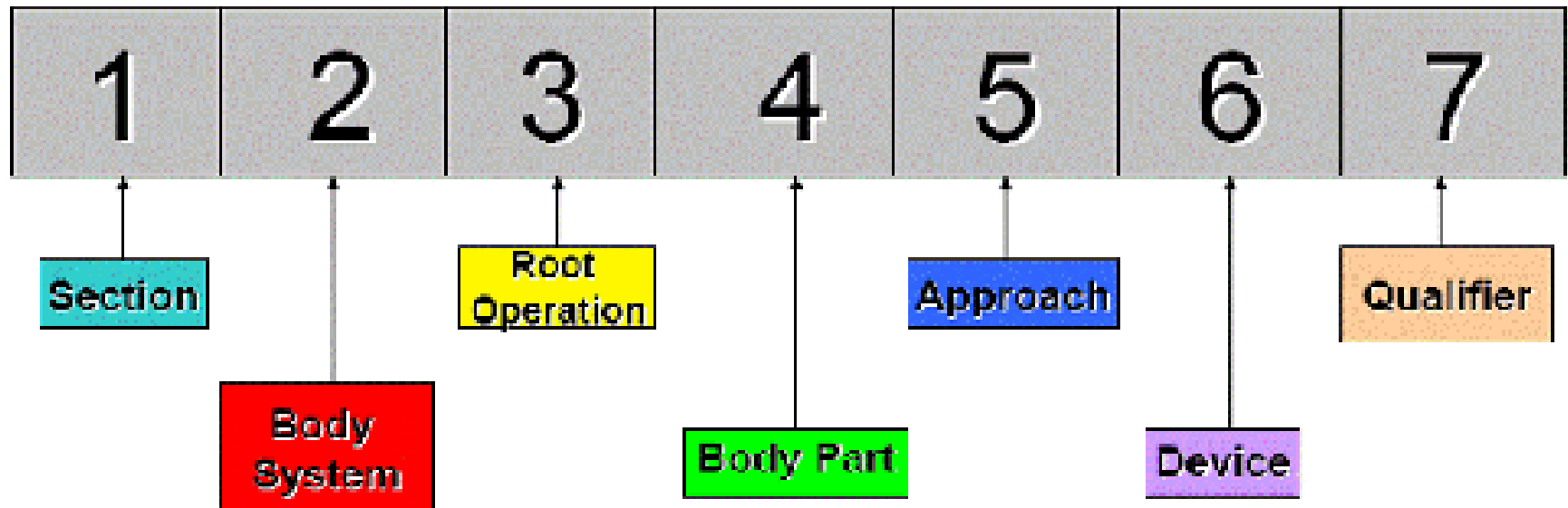
ICD-10-CM-Diagnosis Codes

- M35.3A Polymyalgia Rheumatica
- M05.40 Rheumatoid myopathy with RA unspecified site
M05.41 [1,2,9] Rheumatoid myopathy with RA, shoulder
M05.42 [1,2,9] Rheumatoid myopathy with RA, elbow
M05.43 [1,2,9] Rheumatoid myopathy with RA, wrist
M05.44 [1,2,9] Rheumatoid myopathy with RA, hand
M05.45 [1,2,9] Rheumatoid myopathy with RA, hip.....add'l codes as well

ICD-10-PCS: A Closer Look

- **PCS = Procedure Coding System for procedures**
- procedure code set replacing ICD-9-CM Volume 3
- used to report hospital inpatient procedures only
- ICD-10-PCS is 7 alpha-numeric characters (all required)
- ICD-9-CM (Vol 3) is 3 to 4 characters

ICD-10-PCS Format



ICD-9 vs. ICD-10 Code Examples

ICD-9-CM-Procedure Codes

- 3–4 digits
- All digits are numeric; and
- Decimal is after second digit.
- Examples
- 43.5 – Partial gastrectomy with anastomosis to esophagus; and
- 44.42 – Suture of duodenal ulcer site

ICD-10-PCS-Procedure Codes

- 7 digits
- Each digit is either alpha or numeric (alpha digits are not case sensitive and letters O and I are not used to avoid confusion with numbers 0 and 1); and
- No decimal
- Examples
- 0FB03ZX – Excision of liver, percutaneous approach, diagnostic; and
- 0DQ10ZZ – Repair upper esophagus, open approach

Poll Question

Who is the “ICD-10 Champion” in your organization (i.e., who is leading the charge to transition to ICD-10)?

- Our Physician(s)/Clinicians
- Our Practice Manager
- Our Lead Coder
- Our Billing Manager
- An Outside Vendor – Our Billing Firm
- An Outside Vendor – Our Clearinghouse
- Other



More About ICD-10

- **Transitioning to ICD-10**
 - Should not be seen as just an administrative burden placed on your medical claims reimbursements
 - Should be seen as a change for the better ... advancing e-health initiatives that will help to improve patient care outcomes
- **ICD-10 carries both RISKS and REWARDS**
 - Specificity and Documentation are vital in ICD-10
 - ICD-10 data will be used in health care reform initiatives
 - More expensive diagnoses and treatments will require more documentation
 - Physicians will be judged on documentation

ICD-10: Terminology

- **Convolutated Codes**
 - Defined as any ICD-9 code that does not map directly to an ICD-10 code
 - Some specialties will encounter this...two examples...
 - Infectious Disease
 - Emergency Medicine
- **Rejected Claims**
 - Rejected by the payer due to a misunderstanding of the new codes, need for additional information, lack of medical necessity, etc.
- **Improper Claims**
 - Deliberately miscoded in an attempt to gain undue reimbursement
 - *The ICD-10 coding system should make it harder to submit improper claims and easier for payers to find them*

Poll Question

Has your organization crosswalked your most frequently used ICD-9 codes to ICD-10 codes?

- Yes
- No
- Unsure

Risk of Non-compliance with ICD-10



- **Financial**
 - Payers cannot pay if coding is incomplete, incorrect
 - Cash flow delays
 - Weakened financial statements/credit worthiness for the business
- **Administrative**
 - Delays in processing Prior Authorizations and Medical Reviews
 - Coding backlogs...billing backlogs
- **Regulatory**
 - Compliance issues
 - Payer audit issues
- **Patient Care**
 - Decisions may be based on inaccurate, incomplete data

Rewards of Compliance with ICD-10



- **Financial**

- Continuing cash flows with claims processed and paid
- Financial statement stability, credit worthy

- **Administrative**

- Increasing efficiencies in administrative, billing and reimbursement processes
- Reducing coding errors due to increased specificity required

- **Patient Care**

- Improving patient care management
- Enhancing performance monitoring and research applications

- **IT Systems**

- Increasing health care IT system ROI and value, productivity increases

- **Fraud & Abuse**

- Increasing capability to prevent and detect health care fraud and abuse

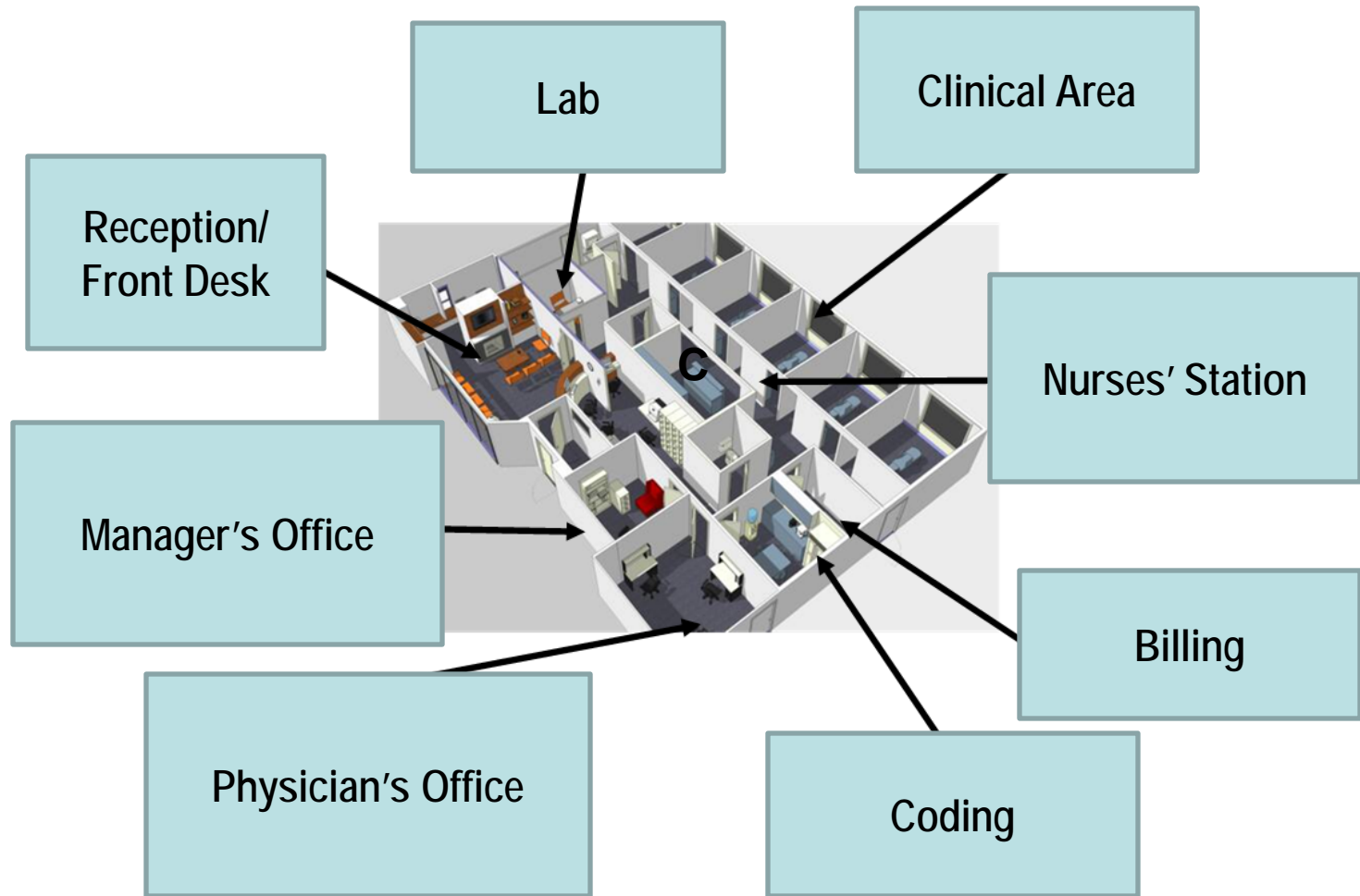


ICD-10's Impact On Your Practice

- **Business Processes Will Need to Change**
 - Impacts all areas of the medical organization/practice: people, processes, forms
 - Increases specificity needed in documentation by Physicians/Providers
 - Office assessment is key
- **IT Systems Will Need to be Upgraded**
 - EHR, Billing, Practice Management Systems and more impacted
 - Systems must accommodate ICD-9 and ICD-10 codes
- **ICD-10 is Service-Date Driven**
 - For services rendered on or after October 1, 2014
 - All claims must use ICD-10 codes
 - All claims using ICD-9 codes will NOT be accepted
 - For services rendered before October 1, 2014
 - All claims must use ICD-9 codes
- **5010 Transaction Standards Compliance – July 1, 2012**
 - Prerequisite for ICD-10



ICD-10 Impacts ALL Areas of Your Practice



ICD-10 Training is Key



Everyone in your practice will need to be trained.

Their role and responsibility will determine the level of training needed.



Roles & Responsibilities for ICD-10

- **Internal**

- Staff (Administrative)
- Staff (Clinical)
- Physicians, Clinicians, Other Providers
- Coders & Billers

- **External**

- Trading Partners (Clearinghouses, Billing Firms, etc.)
- IT Software and Systems Vendors (Billing, Practice Management, EHR, etc.)
- Medical Services (Labs, Imaging, etc.)
- Coders & Billers

Internal Roles & Responsibilities

- **Reception/Front Desk Personnel**
 - Implement new health plan/payer or privacy policies, new processes, new forms for patients
- **Clinical Area/Nurses' Station Personnel**
 - Implement new health plan/payer policies, new forms, new superbills
 - Increase coding specificity knowledge and input from physicians for documentation
- **Lab, Imaging Center Personnel**
 - Process new superbills
 - Increase coding specificity to complete orders correctly
- **Practice Manager's Office Personnel**
 - Review and update office policies and procedures tied to diagnosis or procedure codes
 - Evaluate and amend all vendor and payer contracts as applicable
 - Prepare budgets for all ICD-10 related changes (software, training, new forms, etc.)
 - Develop and implement an ICD-10 training plan for all staff members
- **Coding & Billing Personnel** (follows)
- **Physicians, Clinicians** (follows)



Coding & Billing Responsibilities

- **Coding/Billing Office Personnel**
 - Understand and implement health plan/payer policies and procedures
 - Increase knowledge of anatomy and medical terminology as required
 - Review ICD-10 coding knowledge of medical procedures and anatomy, including clinical specificity of the new code sets
 - Acquire training in ICD-10 coding
 - Crosswalk your most frequently used ICD-9 codes to ICD-10 codes

Coding & Billing: Payer Policies, Procedures

- **Understand and implement health plan/payer policies and procedures**
 - Coders will need to work more closely with doctors to help educate them on proper coding methods
 - Medical billing departments can expect an increase in call volume for confusing or rejected claims; the number of billing audits may also increase

Coding & Billing: Medical Knowledge

- **Increase knowledge of anatomy and medical terminology as required**
 - **Essential to learn more about**
 - Body systems, root operations, body parts, approach, devices
 - **Exercise caution with root operations**
 - A thorough understanding of anatomy and how procedures are performed is required
 - Example: Coders must be able to distinguish between incision, excision vs. resection; inspection; occlusions vs. restrictions; release vs. division; transplantation vs. administration, etc.
 - ICD-10-specific anatomy classes are available

Poll Question

When do you anticipate starting your organization's formal training on ICD-10?

- Formal training is already underway
- Q3 2013 (Jul-Sep 2013)
- Q4 2013 (Oct-Dec 2013)
- Unsure
- We do not anticipate providing education on this topic.
- Not applicable

Coding & Billing: Crosswalk Codes

- **Develop your ICD-9 list**
 - Work with your clinical and administrative staff to develop a list of places where they encounter ICD-9 codes in their daily routines
- **Review your ICD-9 list**
 - This “master list” will help you assess how and where you need to make changes to be ready for ICD-10
- **Crosswalk your codes**
 - On your own
 - Manually (using the new ICD-10 Code book)
 - CMS’ GEMs Tools
 - ICD-10 transition toolkits, conversion tools (freeware)
 - With your software vendors
 - CDI software and more

Coding & Billing: Training

- **Acquire training in ICD-10 coding**
 - Specialty practitioners and their staffs should look to their specialty associations, societies for ICD-10 guidance and training
 - Intensive ICD-10 training six-to-nine months before compliance date is recommended
 - More detailed training in a given specialty is also recommended
 - Coder and Physician training should be monitored for learning effectiveness
 - ICD-10 resources and training materials are available through CMS, professional associations and societies, and software/system vendors
 - *Visit www.cms.gov/ICD10 regularly to access the latest information on training opportunities*

Coder Certification

- **Coder Requirements**

- Anyone responsible for a practice's coding faculty, health information management or other components of ICD-10 implementation must prepare well in advance for code set training
- Certified ICD-9-CM coders should be able to make the transition to ICD-10-CM
- Certified criteria varies by the certification entity (i.e. RHIA, RHIT, CCA, CCS, CCS-P, CHDA, CHPS, CDIP), etc.

Physician – Provider Responsibilities

- **Talk with your physicians and providers about their critical role in ICD-10**
 - Physicians-Providers determine diagnoses and procedures rendered in patient encounters
 - Coders and billers cannot add the specificity, documentation needed without direct input/approval
 - **Pros of a Successful ICD-10 Transition**
 - Speeds claims processing and continues cash flow
 - Drives more effective and efficient patient care by providing higher-quality data
 - Supports collaboration and insight with other practitioners that the patient may encounter
 - Improves clinical decision support and increases patient safety
 - **Cons of an Unsuccessful ICD-10 Transition**
 - Delays claims; increases denied, rejected, suspended claims
 - Impacts negatively on revenue, cash flow, financial statements/credit worthiness
 - High level re-work due to erroneous or incomplete code selection, lack of specificity

Sources: www.aaos.org/news



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

External Roles & Responsibilities

- **Vendors**
 - IT Systems/Software Vendors
 - Billing Firms, Clearinghouses
 - Medical Practice/Training Consultancies
- **Payers**
 - Commercial Health Plans
 - Government Health Plans

Vendor Responsibilities

- **IT Systems/Software Vendors**
 - System updates and costs
 - Updates for 5010 transaction standards
 - Updates for ICD-10 compliance
 - Dual coding (ICD-9 and ICD-10) capability during transition
 - System training availability
 - Readiness timelines
 - Testing criteria and timelines

Vendor Responsibilities

- **Billing Firms, Clearinghouses**
 - System updates to meet compliance
 - Updates for 5010 transaction standards
 - Updates for ICD-10 compliance
 - Dual coding (ICD-9 and ICD-10) capability during transition
 - System training availability
 - Readiness timelines
 - Testing criteria and timelines

Vendor Responsibilities

- **Medical Practice/Training Consultancies**
 - Clinical documentation improvement (CDI)
 - Coder and clinician preparation
 - Training availability, methodologies, costs, timing
 - Testing and performance measurement

Payer Responsibilities

- **Commercial, Government Health Plan Payers**
 - Policy changes (if applicable)
 - Processing of Prior Authorizations, Medical Reviews
 - System changes (if applicable)
 - Testing criteria and timelines

Training Resources



American Academy
of Pediatrics



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DCH & GA Medicaid Transition Status

- **DCH is on track for October 1, 2014**
 - Phases of Implementation within DCH
 - Awareness, Assessment, Remediation, Testing, Transition
 - Areas of Impact within DCH/Georgia Medicaid
 - Coverage and payment determinations, policies, plan structure
 - Statistical reporting, actuarial projections, fraud and abuse monitoring, quality measurements
 - Georgia Medicaid Management Information System (GAMMIS) remediation

DCH & ICD-10 Testing

- Will you be ready to test with Georgia Medicaid?
 - Trading Partners and Billing Services
 - 4th Quarter 2013
 - **Providers**
 - 1st Quarter 2014
 - To become a Beta Test Site, e-mail your interest to icd10project@dch.ga.gov

Poll Question

Do you believe your organization will be ready to test with DCH later this year?

- Yes, definitely
- Yes, probably
- No, doubtful
- No, definitely not
- N/A

Key Messages from Today's Session

- **The key facts about ICD-10**
 - Why ICD-10 matters
 - Advancing e-health initiatives that will help to improve patient care outcomes
 - Coding can be one-to-one or most likely one-to-many
 - Specificity and documentation is vital
- **Compliance – October 1, 2014**
 - The risks of non-compliance
 - The rewards of compliance
- **ICD-10's impact on your practice**
 - Roles and responsibilities
 - Your role and training
- **Testing with DCH**
 - Starting in Q4 2013 (Trading Partners); Starting in Q1 2014 (Providers)
- **Helpful resources**
 - CMS, DCH, Professional Organizations



ICD-10 Resources

- Centers for Medicare & Medicaid Services (CMS)

CMS Overview

- <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Data-and-Systems/ICD-Coding/ICD-10-Final-Regulation-and-Training.html>
 - CMS ICD-10 Implementation Planning Guides/Checklist
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
 - HHS, CMS ICD-10 Final Rule <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>
 - CMS Overview http://www.cms.gov/MedicareInfoTechArch/07_ICD-10TrainingSegments.asp
 - CMS, HHS Complete list of code sets for ICD-10-CM and ICD-10-PCS; Final Rule and Official ICD-10-CM Guidelines www.cms.hhs.gov/ICD10
- World Health Organization (WHO) ICD-10 Page
 - <http://www.who.int/classifications/icd/en/>



More ICD-10 Resources

- DCH Resources
 - DCH Website for ICD-10 Webinars/Downloads
<http://dch.georgia.gov/it-events>
 - DCH ICD-10 FAQs & Fact Sheet
<http://dch.georgia.gov/icd-10>
 - DCH Provider Resources
<http://dch.georgia.gov/providers>
- HP Enterprise Services Statewide Workshops
 - Check Georgia <http://mmis.georgia.gov> for future ICD-10 workshops

Thank You!

- Join us as an ICD-10 **Beta Test Site**, e-mail us at:
 - icd10project@dch.ga.gov
- Join our mailing list at:
 - AskDCH@dch.ga.gov for ICD-10 events and updates
- We welcome your questions and comments at:
 - icd10project@dch.ga.gov

Questions & Comments

What about...?



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