**GEORGIA DEPARTMENT of COMMUNITY HEALTH**

# ICD-10
# The Time To Start Is NOW

Presentation to:                Medical Care  Advisory Committee

Presented by:                   Janice Gibbs-Tatman/Joyce Winters

Department of Community Health

ICD-10 Team

January 22, 2013

# Mission

## The Georgia Department of Community Health

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

- Just the Facts
- ICD-10 Compliance <span style="color:red">Starts October 1, 2014</span>
- Countdown to Testing
- Provider Office Impact
  - Questions to ask your Staff
  - Questions to ask your Trading Partner or Billing Service
- Next Steps & Examples
  - Cardiology
  - Orthopedics
  - Obstetrics & Gynecology
- Saying "NO" to ICD-10 Transition
- Becoming Part of the Solution
- More Facts, Reminders & Resources

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

# ICD-10 Facts

- **HHS & CMS Ruling for ICD-10 Compliance**
  - Mandated transition for all HIPAA-covered entities
  - Compliance date – 10/1/2014
  - This date is an extension from 10/1/2013.
  - Even though the AMA is asking for an extension to 10/1/2015, at this time CMS is indicating that no additional extensions will be offered.
- **ICD-10-CM for diagnosis coding**
  - Increasing from about 13,000 to 69,000 codes
  - CMS has definitely expanded the numbers, necessary change but a huge impact.
- **ICD-10-PCS for inpatient procedure coding**
  - 72,000 new codes
  - PCS used to be associated only with surgical codes. Now PCS codes must be associated with any impatient hospital service.
- **ICD-10-CM/PCS = 141,000 codes; updated annually**
  - This is the most extensive addition of codes CMS has mandated.
  - We will talk later in this presentation about how to reduce cost and effort in implementing ICD-10.

# More ICD-10 Facts

- **ICD-10 is more robust, descriptive, expandable**
  - Calls for detailed specificity
  - More detailed, better information for better care management
  - More accurate claims and faster payments from private and public payers

**Why is the transition to ICD-10 necessary?**

- **ICD-9 is outdated**
  - 30-years old, limited data storage capacity
  - Some categories are full, do not support medical science

- **ICD-10 is vital to transforming our nation's health care system**
  - Is more than just new code sets;  will evolve as medical science evolves
  - Is robust and expandable; has added detail embedded
  - Will increase case management and care coordination effectiveness

- **ICD-10 has many benefits**
  - Refines and improves operational capabilities and processing
  - Details health reporting and analytics: cost, utilization and outcomes
  - Details information on condition, severity, co-morbidities, complications and location
  - Expands coding flexibility by increasing code length to 7 characters
  - Increases accuracy of claims processing and payments, reimbursements

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

# ICD-10 Compliance

- **Federal Mandate under HIPAA Regulations**
  - National impact, mandatory for all HIPAA-covered entities
  - Entities include hospitals, physicians and other practitioners, health insurers, 3$^{rd}$ party payers, electronic transmission firms, clearinghouses, hardware/software vendors, billing practice and management firms, health care administrative and oversight agencies, public and private health care research institutions
  - Compliance date of 10/1/2014
  - Compliance with 5010 transaction standards is required as a precursor to ICD-10

- **New ICD-10-CM and ICD-10-PCS code sets**
  - Replaces ICD-9-CM (Volumes 1, 2 and 3)
  - ICD-9-CM codes NOT accepted for services provided on/after 10/1/2014
  - ICD-10-CM/PCS codes NOT accepted for services provided before 10/1/2014
  - Systems must accommodate ICD-9-CM <u>and</u> ICD-10-CM/PCS

- **ICD-10 has no impact on CPT and HCPCS**
  - Current Procedural Terminology (CPT) for outpatient procedures and Healthcare Common Procedure Coding System (HCPCS) will not be impacted

# Countdown to Testing

# Countdown to Testing

- ## Target date for DCH to start testing with Trading Partners.

  - ### 10/2013

  - Trading Partners must meet the following criteria to be part of testing.

    - Must have remediated system to accept and submit ICD-10 Codes
      - System must be fully compliant with ICD-10 implementation.
    - Must be ready to submit a full provider claim.
      - System must be able to submit a full and complete ICD-10 provider claim.

**Georgia Department of Community Health**

# Countdown to Testing

- ## Target date for DCH-Provider testing
  - ### 12/2013
    - System must be able to submit a claim with a valid ICD-10 Code
    - System must be able to submit various claims with differencing ICD-10 codes to verify validity.
    - Provider Offices must be ready to submit claim using the specificity of the ICD-10 codes.
    - Provider must be able to use more specific diagnosis codes for treatment on claim.

**Georgia Department of Community Health**
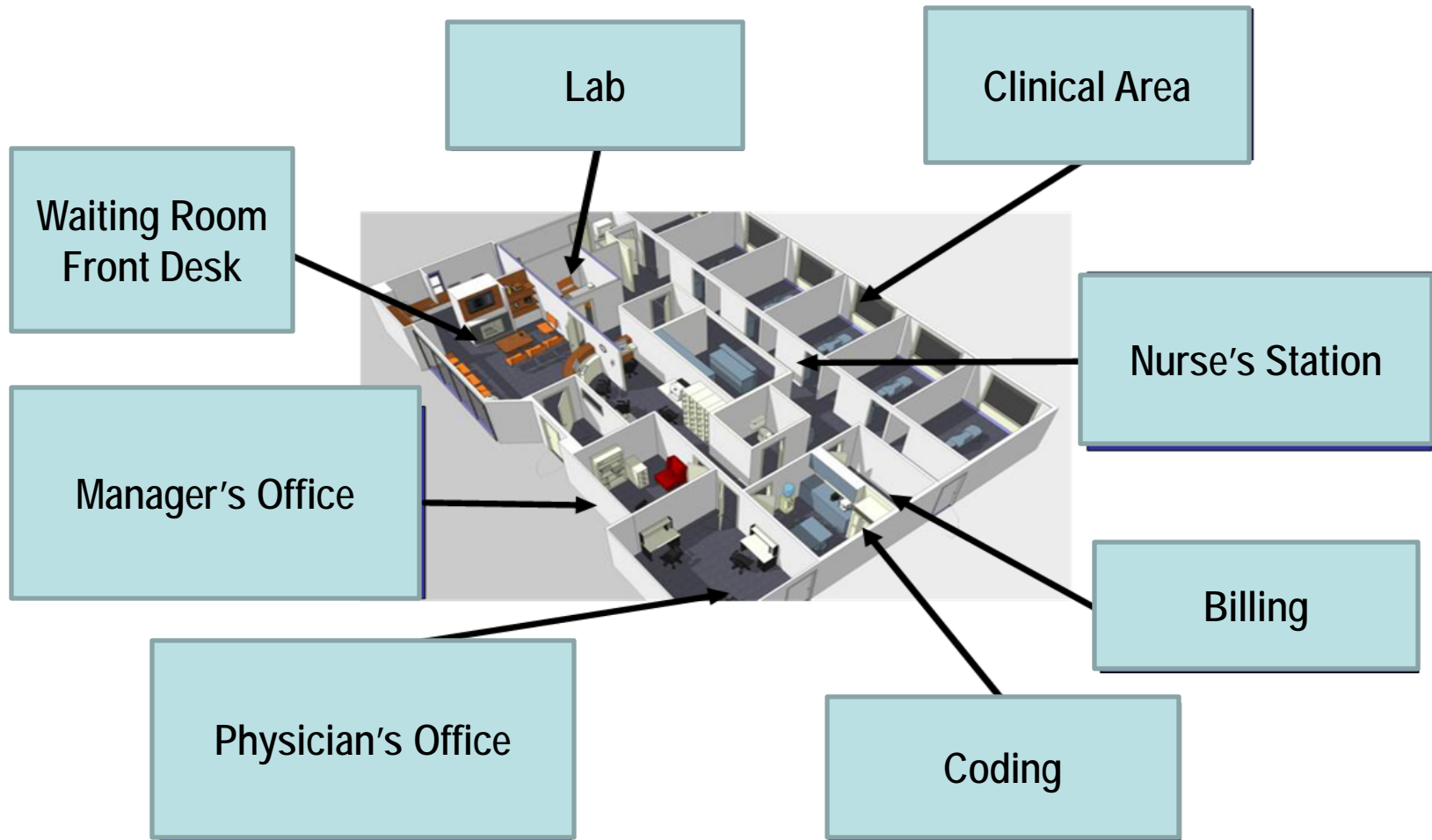
# Provider Office Impact

# Provider Office Impact – Questions to Ask

## What should Providers ask their <u>office staff?</u>

- How many of you are **aware** of ICD-10 coding and what it is?

- How much **training** do you think is needed before we can implement the ICD-10 codes?

- Have we reached out to our **EHR or Trading Partner** to confirm their status on ICD-10 readiness?

- Has our **coding and billing** staff been trained for ICD-10?

- Have we and our **Trading partners** converted to Version 5010 transaction standards which is mandatory for ICD-10?

*A closer look at how ICD-10 will impact your office*

**Georgia Department of Community Health**

# ICD-10 Will Impact Your Entire Office



Lab

Clinical Area

Waiting Room Front Desk

Nurse's Station

Manager's Office

Billing

Physician's Office

Coding

# Waiting Room/Front Desk & Lab Changes

- ## Waiting Room/Front Desk
  - HIPAA privacy policies must be revised
  - Patients must sign new form
  - System updates may be required (including new ways to handle patient encounters)

- ## Lab
  - Changes to documentation (will need greater detail, specificity)
  - Changes in reporting (health plans will have new requirements in ordering/reporting services)

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

# Clinical Areas & Nurse's Station Changes

- ## Clinical Area
  - Changes to patient coverage (health plan policies, payment information and forms could all change)
  - Changes to superbills (will be necessary; paper superbills might be possible)

- ## Nurse's Station
  - Changes to all forms will be required
  - Changes to documentation (greater detail, specificity)
  - Changes to Prior Authorization policies (may change, requiring updates and training on new forms)

# Billing & Coding Area Changes

- ## Billing
  - Policies and procedures for all payers may be revised
  - Billers must be trained on new policies, procedures and ICD-10 code sets

- ## Coding
  - Coders must be trained; changes to code sets are extensive (141,000 codes)
  - Code books and styles will completely change
  - More detailed knowledge of anatomy and medical terminology will be required
  - Coders may need to use ICD-9 and ICD-10 codes concurrently

**Georgia Department of Community Health**

# Manager's Office Changes

- ## Practice Manager's Office
  - Changes are required for policies and procedures tied to diagnosis and disease management
  - Evaluations and updates to vendor and payer contracts must be made as needed
  - Everyone in your practice will need to be trained in ICD-10 (who needs what, and how will you get it done)
  - All changes, from software updates to training, new contracts and more must be budgeted

**Georgia Department of Community Health**

# Physician's Office Changes

- ## Physician's Office
  - Changes to documentation (will increase dramatically; adding laterality, stages of healing, weeks in pregnancy, episodes of care and more as applicable)
  - Changes to code sets are extensive (141,000 codes total) and physicians/other practice professionals must be trained in ICD-10
  - In some cases, reintroduction of superbill will be helpful for training
  - The consumer or patient will also be impacted by these changes.
    - Referring Providers will have more information to relay to Physicians.
    - Providers will receive better diagnosis information to assist in patient care.

# Provider Office Impact – More Questions

## What should Providers ask their Trading Partners and Billing Services?

- Are you prepared to meet the ICD-10 <span style="color:red">compliance deadline of October 1, 2014?</span>

- Where is your organization in this process?

- Can you verify that you have updated your system to **Version 5010** standards for electronic transactions? (The older Version 4010 cannot accept ICD-10 codes.)

- Who will be our **primary contact** at your organization for the ICD-10 transition?

**Georgia Department of Community Health**

# Provider Office Impact – More Questions

## More questions for your Trading Partners and Billing Services…

- Can we set up regular update meetings to keep progress **on track**?

- What are your plans for **testing claims** containing ICD-10 codes?

- How will you **involve your clients**, such as my practice, in that process? Can my practice send test claims with ICD-10 codes to see if they are accepted? If so, when will you begin accepting test claims?

- When will the **ICD-10-compliant version** of your software be available to us (for testing, go-live, etc.)?

**Georgia Department of Community Health**

# Provider Office Impact – More Questions

## More questions for your Trading Partners and Billing Services…

- Can you provide **guidelines or training** on how my clinical documentation will have to change to support ICD-10 coding?

- Do you anticipate any **contractual changes** (between our practice and our Trading Partners or Billing Offices) for your services due to the switch to ICD-10?

**Georgia Department of Community Health**

# Your Next Steps

- **Each Provider should Complete an assessment** of the ICD-9 codes used by your practice in the past 12 to 18 months

  - Provide the necessary oversight to get this done properly either by internal or external resources

  - Concentrate your efforts to cross-walk the most frequently used ICD-9 codes into ICD-10 codes first

  - Then phase-in other codes as necessary

**Georgia Department of Community Health**

# Code Examples

- **Specialty Group Examples**
  - Example #1 - Cardiology
    - The ICD-9 world 440: Diseases of the Arteries
      - All codes for Diseases of the Arteries = **10**
    - The ICD-10 world I70: Diseases of the Arteries
      - All codes for Diseases of the Arteries = **295**

**Georgia Department of Community Health**

# More Code Examples

- **Specialty Group Examples**
  - Example #2 - Orthopedics
    - The ICD-9 world 82111:  Open fracture of femur
      - All codes for femur fracture = **16**
    - The ICD-10 world S72351C
      - All codes for femur fracture =  **1530**

**Georgia Department
of Community Health**

# More Code Examples

- **Specialty Group Examples**
  - **Example #3 - Obstetrics & Gynecology**
    - In the ICD-9 world: 644.21 Early Onset Delivery-DEL
      - All codes for Early onset delivery = **1**
    - In the ICD-10 world:  060.12X0 Pre-term labor tri w delivery second tri, unspecified
      - All codes for Early onset delivery = **<u>34</u>**

# Saying "NO" to ICD-10

- **The transition to ICD-10 is not an option.**

- This is a federally mandated change.

- Without a successful transition to ICD-10, your claims will be suspended, rejected or denied.

- Without a successful transition to ICD-10, your cash flow, revenues and audit experience with payers will be negatively impacted.

- Without a successful transition to ICD-10, your practice – and you – will suffer.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

# Saying "NO" to ICD-10 Examples

- **Example: Specialty Provider's Office**
  - Successful, busy practice
  - Exploratory audit was conducted to determine the financial exposure **if ICD-10 changes were not made**
  - The ICD-9 codes used consistently in the office were reviewed and cross-walked to ICD-10
- **Result: Revenue Losses**
  - If the Provider office has not implemented ICD-10 codes by compliance date of October 1, 2014 (for services rendered on/after 10/1/2014), statistics show that they will lose **100%** of their revenue for at least 3 months
  - Loss estimated at 52% (or more) if all code changes are not completed by October 1, 2014

    *Above example is based on CMS guidelines and a private audit completed.*

**Georgia Department of Community Health**

# Want To Be Part Of The Solution?

- ## Trading Partners or Billers
  - Will you be ready by **10/2013** to begin testing with DCH?
  - Would you like to be a Beta Test site?
    - *(Beta testing is done prior to mainstream testing.)*
  - Can you test with your providers PRIOR to testing with DCH?
  - Would you like to provide input into ICD-10 testing?
    - *(We welcome your comments and scenario testing.)*
  - Please e-mail your interest to icd10project@dch.ga.gov

**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

# Want To Be Part Of The Solution?

- Providers
  - **Will you be ready by 12/2013 to begin testing with DCH?**
  - Would you like to be a Beta Test Site?
    - *(Beta testing is done prior to mainstream testing.)*
  - Will your Trading Partner or Billing Company be ready for you to test with them PRIOR to testing with DCH?
  - Would you like to provide your input for ICD-10 testing?
    - *(We welcome your comments and scenario testing.)*
  - Please e-mail your interest to icd10project@dch.ga.gov

**Georgia Department of Community Health**

# More Facts, Reminders & Resources

- ## If you are a health care provider in the United States
  - you must transition to ICD-10 code sets to continue to be paid for your services.

- ## Transitioning to paper claims
  - will not negate the need for your office to move to the ICD-10 mandated codes.

- ## All health plans and health agencies are covered
  - under this mandate and must move to the ICD-10 code sets.

- ## ICD-9 codes with a date of service
  - prior to October 1, 2014 will be accepted;
  - on/after October 1, 2014 will NOT be accepted.

# ICD-10 Resources

## Federal & Other Resources

### ICD-10 and 5010 Regulations

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/ICD-Coding/ICD-10-Final-Regulation-and-Training.html

### CMS ICD-10 Implementation Planning Guides

http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10

(See *Providers* under left navigation)

### ICD-10 Final Rule

http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf

### CMS Training & Code Sets

Training  http://www.cms.gov/MedicaidInfoTechArch/ 07_ICD-10TrainingSegments.asp

Complete list of code sets for ICD-10-CM and ICD-10-PCS and 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

**Department of Community Health (DCH) and Hewlett-Packard Enterprise Services (HPES) Resources**

**Presentations & Workshops**

> Visit MMIS.Georgia.gov for on-demand presentations and dates for future workshops
>
> Click on *Provider Information* in the top navigation bar, then *Provider Notices*

**ICD-10 FAQ Brochure, Fact Sheet, FAQs**

> Visit DCH http://dch.georgia.gov/icd-10

**DCH Provider Resources**

> http://dch.georgia.gov/providers

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

# Thank You!

- To become an ICD-10 Beta Test Site, e-mail us at
  - icd10project@dch.ga.gov
- To receive ICD-10 Events & Updates, e-mail us at
  - AskDCH@dch.ga.gov
- View this and other DCH presentations at
  - MMIS.georgia.gov-provider information-provider notices
- Thank you for your participation!

**Georgia Department of Community Health**