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 Starts October 1, 2014
• 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
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 inpatient 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• ICD-9 is outdated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
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, 3rd 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 and 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.
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.
Provider Office Impact
What should Providers ask their office staff?

- 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
ICD-10 Will Impact Your Entire Office
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)
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
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
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.
What should Providers ask their Trading Partners and Billing Services?

- Are you prepared to meet the ICD-10 **compliance deadline of October 1, 2014**?
- 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?
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.)?
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?
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
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
• **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
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 = 34
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.
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.
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
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
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

CMS ICD-10 Implementation Planning Guides
(See Providers under left navigation)

ICD-10 Final Rule

CMS Training & Code Sets
Training http://www.cms.gov/MedicaidInfoTechArch/07_ICD-10TrainingSegments.asp

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
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
- Thank you for your participation!