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- ICD-9 code sets are outdated, limited and not expandable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
 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

1. Section
2. Root Operation
3. Body System
4. Body Part
5. Approach
6. Device
7. Qualifier
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

• **Convoluted 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

- Nurses’ Station
- Clinical Area
- Lab
- Coding
- Billing
- Manager’s Office
- Physician’s Office
- Reception/ Front Desk
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
• 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
• 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
• 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
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
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

• 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:
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