Are You Ready for ICD-10?
A Look into ICD-10 Assessments
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Overview
• Discuss the ICD-10 assessment process from a facility and provider perspective
• Discuss the most significant risk areas and considerations identified in ICD-10 assessments
• Panel discussion
• Lessons learned/Best Practices/Takeaways

ICD-10 Timeline
• 312 days until ICD-10 implementation
• October 1, 2014 is implementation date
• CMS states no further delays
ICD-10 Implementation Assessment

• CHAN developed an ICD-10 Implementation Assessment to assist our clients
• Purpose
  o Determine if ICD-10 implementation processes are in place
  o Review supporting documentation
  o Document observations/findings
  o Identify risk areas for improvement
  o Identify best practices

ICD-10 Implementation Assessment

• 12 Categories are assessed
  o ICD-10 implementation oversight
  o Organizational communication
  o Educational plan
  o Information systems
  o Vendor readiness (5010 and ICD-10)
  o HIM/Coding education

ICD-10 Implementation Assessment

• 12 Categories are assessed (continued)
  o Medical record documentation & medical staff
  o Education
  o Case mix
  o Managed care contracts
  o Data analysis
  o Minimize transition impact
Risk Areas

- Contingency plan
- Budget
- Employee retention/recruitment
- Action plans not addressed
- Revenue impact
- Post implementation support

Risk Areas

- Physician/Coder education
- Case management/Clinical documentation
- Contract revision
- Policy revision
- System remediation
- Testing

What’s Next?

- Continuous monitoring
- Follow up on action plans
- Mitigation of risks
- Tracking
- Work with staff to determine next steps
- End to end testing
What’s Next?

• Include post implementation support
• Determine revenue impact once the final ICD-10 grouper becomes available
• Conduct pre and post ICD-10 effort focused on sustainability of cash and net revenue
• Tracking
• Work with staff to determine next steps

ICD-10 Takeaways

• Consider technology - embrace it
• Hire enough coders
• Practice will assist with clean claims
• Look in the places you least expect ICD-9 codes to be used
• Measure twice

Summary

• Monitor your assessments
• Report your ICD-10 progress with your organization goals
• If you have not started it’s not too late
• Be proactive not reactive
• Educate
Resources

• CMS ICD-10 website
  www.cms.gov/icd10
• “5 ICD-10 takeaways from the front of the pack” Natale, Carl Government Health IT
  www.govhealthit.com/blog/5-icd-10-takeaways-front-pack-medical-coding-coders

Physician Practices

Are you ready for ICD-10-CM? How to Prepare?
  Julie Appleton, CCS-P, CPC, CPC-H
  AHIMA ICD-10-CM & PCS Trainer
  AVP, HCA Physician Services Coding Operations

Strategies for ICD-10

Areas to focus:
  1. Finance for budget
  2. Information Technology (IT)
  3. Coding and Billing
  4. Providers
What’s it going to cost?

- Make sure you have budgeted for potential cost.
- What do you need to consider?
  - Information systems including software and hardware upgrades/updates
  - Education and training
  - Staffing and overtime costs

Cash Flow

Cash flow reserves
- Transition could create coding and claims processing delays
- Enough reserves to keep organization afloat financially during the transition
- Prepare for any unexpected costs

Cash Flow

Cash flow reserves
- Potential reduced revenue due to delayed reimbursement
- Evaluate staffing
  - Determine if additional staff needed or overtime
  - ← productivity
- Canada experienced 50% decrease in ICD-10 productivity
Impact and Information Systems

- Vendor and Information Systems Costs are the greatest
  - Do EMR and/or billing systems need upgrades?
    - Does the upgrade require additional cost?
    - Does the upgrade include implementation and training?
      » Training hours

IT Inventory

- Which external vendors/payers are associated with each system?
- Are their costs associated with upgrades?
- Don’t forget about the paper
  - Are there any paper documents being used?

IT Inventory is finished… now what?

- Contact System Vendors
  ✓ Confirm that your vendors are on track with ICD-10.
  ✓ Identify potential vendor costs for example version or hardware upgrades, customization, staffing, and OT.
  ✓ Determine if the upgrades are included in the current contract or if there will be additional costs to upgrade.
Education

• Who needs training?
  - Everyone will need training
    – Awareness, Job Specific, Tactical
  - Physicians, NPPs, coders, and billing staff will need most extensive training

• Time for staff to train
  – Overtime or incremental training to reduce overtime hours
  – Set aside an hour or two a week over the next 10 months

Education

• Set aside an hour or two a week over the next 10 months
• Once we go live with ICD-10, our work will increase due to unforeseen system problems, denials, etc., and education will continue

Educational Needs

• Physicians and NPP’s
  - More specificity in their documentation

• Coders and frontline staff
  – Do not know how to use ICD-10-CM.
Educational Needs

- Areas of greatest need:
  - Code structure, additions, revisions, and deletions
  - Coders need more anatomy and terminology pertinent to their practice; however clinical pathophysiology and disease nomenclature is a plus
  - Medical necessity requirements and changes
  - Physicians understanding
  - Canada and Australia found coding takes longer

Impact on Coding

- Coder training
  - Once is not enough
  - Training will be ongoing

- Competition is tough
  - Will you increase coder compensation to compete?
  - Will you need additional coders?
  - Will there be coders available to hire?
  - External vendor

- Overtime cost due to decrease in coder productivity
  - Learning ICD-10
  - Additional time to code under new methodology

- Coding technology
  - Will you need a technology solution to help with ICD-10 coding?
    - Encoder?
    - Training and cost
Speaking of Coding Technology

- Will paper encounter forms still work?
  - Inventory all forms that use ICD-9-CM diagnosis codes
  - Encounter Forms may become quite lengthy
  - Assess whether documentation currently in your medical records will support the level of specificity for ICD-10-CM.

Focus Please

- Download top codes you use now and crosswalk to ICD-10-CM
  - Help determine if continuation of paper form is possible (most likely not)
  - This will give you an idea of key areas impacted by ICD-10 change for your specialty

Impact on Clinical Documentation

- Documentation is the biggest impact clinically
- Physician and Non-Physician Practitioners required to include more details in notes
  - Laterality,
  - Stages of healing,
  - Weeks in pregnancy,
  - Episodes of care, etc
Impact on Clinical Documentation

• Incomplete physician documentation impacts coding
  – Cannot code unspecified or not elsewhere classified
  – Productivity and financial impact due to queries going back to physicians
• Physicians will need initial group training session(s)
  – Ongoing one on one coaching

Conclusion

• Review target areas to ensure appropriate preparation
<table>
<thead>
<tr>
<th>First Leg of the Journey – Medical Information Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospital Coding Specialists and Clinical Documentation Coordinators (CDC) currently undergoing training,</td>
</tr>
<tr>
<td>• Anatomy and Physiology - completed</td>
</tr>
<tr>
<td>• ICD 10 PCS – continual training</td>
</tr>
<tr>
<td>• ICD 10 CM - currently training</td>
</tr>
<tr>
<td>• Staff meet weekly as a group and go over lessons</td>
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<table>
<thead>
<tr>
<th>First Leg of the Journey – Medical Information Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3M Gap Analysis findings are under review to determine focus areas for documentation training</td>
</tr>
<tr>
<td>• Findings have been reviewed and top five areas identified</td>
</tr>
<tr>
<td>• Analyzing top five orthopedic procedures for current vs. required future documentation</td>
</tr>
<tr>
<td>• Analysis done and no documentation issues identified</td>
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</tbody>
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<table>
<thead>
<tr>
<th>The Journey Continues.....</th>
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<tbody>
<tr>
<td>• ICD 10 PCS training began again in February 2013</td>
</tr>
<tr>
<td>• Have completed training on all nine groups of root operations</td>
</tr>
<tr>
<td>• Currently training on ICD 10 CM</td>
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<tr>
<td>Coder/CDCs meet every Thursday for four hours in our Education Room which is equipped with laptop computers.</td>
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<tr>
<td>Two hours are spent on lecture, quizzes etc...</td>
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<tr>
<td>Two hours are spent actually doing ICD 10- CM/PCS coding</td>
</tr>
<tr>
<td>AHIMA workbook</td>
</tr>
<tr>
<td>VUMC operative reports</td>
</tr>
<tr>
<td>Dual Coding will begin January 1, 2014 with the plan of VUMC coding everything in ICD 10 July 1, 2014</td>
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Phase 1 – Impact Assessment: Plan Training

- Assess educational needs and develop budget plan
  - Who will need education?
  - What type and level of education will they need?
  - How will the education be delivered?
- Education for HIM and Coding
  - Education on benefits
  - Overall electronic health record
  - Structure, organization and unique features
  - Monitor AHIMA ICD-10 web site
  - Reading articles
  - News/announcements

Coder/CDC ICD 10 Training

I 10 Class Training Schedule - 2013

<table>
<thead>
<tr>
<th>February 14</th>
<th>Review Root Operations: Jeopardy Game</th>
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<tbody>
<tr>
<td>February 21</td>
<td>Review</td>
</tr>
<tr>
<td>February 28</td>
<td>Week over Groups 1-6</td>
</tr>
<tr>
<td>March 7</td>
<td>Operative notes Group 7 &amp; 8</td>
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<tr>
<td>March 14</td>
<td>Operative notes Group 9</td>
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<tr>
<td>Approaches</td>
<td>Discuss Devices and Trivia Game</td>
</tr>
<tr>
<td>March 21</td>
<td>Test on Groups 7, 8 and 9</td>
</tr>
<tr>
<td>March 28</td>
<td>Operative Notes Group 9</td>
</tr>
<tr>
<td>April 4</td>
<td>Discuss Devices and Trivia Game</td>
</tr>
<tr>
<td>April 11</td>
<td>Test over Groups 7-9</td>
</tr>
<tr>
<td>April 25</td>
<td>Operative Notes Group 9</td>
</tr>
<tr>
<td>May 2</td>
<td>Review Obstetrics Section</td>
</tr>
<tr>
<td>May 9</td>
<td>Begin Measurement/Monitoring Section</td>
</tr>
<tr>
<td>May 16</td>
<td>Work on Operative reports from Section 5 and begin Section 6</td>
</tr>
<tr>
<td>May 23</td>
<td>Test Section 2 and Section 3 (Robotic)</td>
</tr>
<tr>
<td>May 30</td>
<td>Test over Sections 2-8 and Section 9</td>
</tr>
<tr>
<td>June</td>
<td>ICD 10 CM Training – Guidelines and August</td>
</tr>
<tr>
<td>Sept</td>
<td>Code actual patient records</td>
</tr>
<tr>
<td>Oct</td>
<td>Begin working on Dual Coding</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>Tentative Early Adoption</td>
</tr>
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</table>
Conduct a gap analysis to determine areas where potential additional documentation specificity will be needed for ICD-10.

Utilize your current CDC program specialists to begin implementing documentation improvement strategies.

Provide education to medical staff related to the need for increased specificity. (i.e. AMIs requiring artery sites.

**Assess Quality of Documentation**

**Number of Claims Impacted by ICD-10 Translation by Specialty**

**Top 5 Specialties - Documentation**
Recommendations

- Educate the interdisciplinary project management team related to ICD-10 challenges and benefits.
  - Awareness
  - Process implications
  - Prepare timelines/roadmap for general rollout of plan
- Identify all systems currently using and generating ICD-9-CM codes whether paper-based systems, software applications, information systems or functional departments.
- Begin medical staff awareness related to ICD-10 documentation specificity requirements.
  - Utilize data/chart review findings to discuss strategies to offset needed changes with medical staff (focus on top 5 specialties - reference graph on page 26).
  - Engage them in discussions on what will need to be updated such as EHR templates, superbills, charge tickets, forms, process, etc.
- Review documentation format and templates to determine if any changes are necessary to capture increased specificity.
  - Electronic Health Record structured documents
  - Transcription templates
  - Operative templates
  - Diagnostic reports
  - Ancillary documents (PT, Dietary)
  - Intusion documents
- Utilize Clinical Documentation Improvement System (CDIS) for concurrent reviews to begin I-10 education and querying of MDs now on key areas to change physician documentation.
- Work with your payers on external testing and end to end testing.
- Begin Coder and Clinical Documentation Specialist training for ICD 10 CM and ICD 10 PCS.

Communication

- Communication is key to a smooth transition
- Minimizes “Fear of change” factor
- Needs to be facility-wide
- Build awareness (i.e. newsletter, intranet, regular meetings, etc...)
STAFF RETENTION

VUMC RETENTION BONUS PROGRAM

• Requirements to qualify for bonus program:
  - Eligible employees must:
    - Attend all Anatomy and Physiology Classes (completed)
    - Complete all homework assignments
    - Successfully complete the A&P Competency Exams
    - Complete ICD 10 CM and ICD 10 PCS training (in process)
    - Successfully complete all ICD 10 Competency Exams
    - Have been performing duties of a coder for at least six months at the time of first payout
  - Eligible Employees:
    Employees who are on a Performance Improvement Plan or Final Progression Discipline Warning
    - Bonus Percentages (4 bonus payouts)
      - Less than 5 years of service - 2%, 2%, 3%, and 4%
      - Greater than 5 years of service - 3%, 3%, 4%, and 5%

Questions to Consider:

- Will you use Computer Assisted Coding
- Will you use outside contractors during the initial decline in productivity
- Will you run parallel coding systems (ICD-9 and ICD-10) prior to October 1, 2014
- Can you accommodate running both systems for a period of time for post October 1, 2014 needs (RAC, audits, bill resolution etc.)
- Are your vendors going to be ready October 1, 2014
- What if some payers don’t switch on October 1, 2014
- Are you going to hire additional coders?
- How and when will the physicians be educated?
- Are you ready?
Impact of Transition

- This is a team effort and will require many players working together for a common goal
- Physicians need to be advised of increased query activity

Consequences of Poor Preparation

- Increased claims rejections and denials
- Increased delays in processing authorizations and reimbursement claims
- Improper claims payment
- Significant coding backlogs
- Compliance issues
- Decisions based on inaccurate data

Consequences of Poor Preparation

- Accounts Receivables may drop significantly
- IT systems may not be ready
- *AVOID THESE ISSUES BY BEING PREPARED!*
Conclusion

- Create Implementation Team
- Assess where ICD-9 diagnosis codes are currently being used.
- Analyze your current information systems and contact your vendors.
- Evaluate current documentation practices.
- Educate, Educate, and Educate your office staff and providers.
- Be prepared!

JUST REMEMBER

“When we walk to the edge of all the light we have and take the step into the darkness of the unknown, we must believe that one of two things will happen. There will be something solid for us to stand on or we will be taught to fly.”

Patrick Overton