ICD 10: The Road Forward

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We help people by improving the quality of health care.
ICD 10: The Road Forward

*Your Practice’s Transition Is in Good Hands.
Yours.*
### Agenda

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On July 31st, 2014, The U.S. Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases.
ICD-10 represents a significant change that impacts the entire health care community.

Much of the industry has already invested resources toward the implementation of ICD-10.

While many providers, including physicians, hospitals, and health plans, have completed the necessary system changes to transition to ICD-10, the time offered and the final rule ensure all providers will be ready.
ICD-10 Quick Facts

- **ICD-10 international version**
  - Adopted by WHO in 1990
  - Most countries other than the US currently use ICD-10
  - ICD-10 (International version) ~ 12,500 diagnostic codes
  - ICD-10 used for mortality reporting in the US - 1999

- **ICD-10-CM (US version)**
  - ~ 69,000 diagnostic codes
  - Final rule published – 2009

- **ICD-10-PCS**
  - ~72,000 codes
  - Not part of an international standard
  - Inpatient procedures only
The “Anatomy” of ICD-10 Structure

- 3 character codes ONLY if not further subdivided
- Codes without all required characters are invalid
- Alpha characters are NOT case specific (e.g., s93.401A)
ICD-10 Codes Have UP TO 7 Characters

The following are examples of the many possible alpha and numeric characters that are used in the 7th character position:

- A = Initial Encounter
- D = Subsequent Encounter
- S = Sequelae
- 3 = Fetus #3 in multiple gestation, complication of

Often seen in: Obstetrics, Musculoskeletal conditions such as fractures, injuries, and many others
ICD-10 Codes Have UP TO 7 Characters

Use of “X” Placeholder Characters

- Some codes will require a 7th extension character; notice below that not every preceding character is populated, as indicated by “x”

- Example:
  - S32.9, fracture of unspecified parts of lumbosacral spine and pelvis
  - A subsequent encounter for above fracture with routine healing (“D”)
ICD-10 Clinical Documentation Impacts

- Timing of care
- Anatomical site specificity
- Laterality
- Disease acuity
- Combination codes with symptoms and/or manifestations
- Complications
- Status codes, personal and family history codes
- General – BMI, tobacco use/smoking exposure, health status
Clinical Documentation Drives Code Selection

- Enhance communication among providers, and between physician and patient by filling in the gaps in treatment and care

- Provide an accurate representation of the severity and complexity of a patient’s illness

- Improve the quality of patient care, and the patient care experience
A patient is seen in the emergency room with an acute exacerbation of her severe persistent asthma.

ICD-9 only captures part of the information available for this patient.

<table>
<thead>
<tr>
<th>ICD9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>49312</td>
<td>\textit{Intrinsic asthma with (acute) exacerbation}</td>
</tr>
</tbody>
</table>
A patient is seen in the emergency room with an acute exacerbation of her severe persistent asthma.

ICD-10 provides a more complete description of this patient’s condition compared to the limited information available in ICD-9.

<table>
<thead>
<tr>
<th>ICD10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J4551</td>
<td>Severe persistent asthma with (acute) exacerbation</td>
</tr>
</tbody>
</table>

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<th>ICD9 Code</th>
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<tr>
<td>49312</td>
<td>Intrinsic asthma with (acute) exacerbation</td>
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</tbody>
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Comparing ICD-9 to ICD-10 Codes:
Much Greater Clinical Specificity

- ICD-9 code 49312: Intrinsic asthma with (acute) exacerbation
- ICD-10 code J45.51: severe persistent asthma with (acute) exacerbation
- Additional information in J45 Asthma codes:
  - Severity and chronicity (mild intermittent, mild persistent, moderate persistent, or severe persistent)
  - Current state (uncomplicated, acute exacerbation, or status asthmaticus)
Common Questions Asked by Providers
Common Questions

1. Why are there so many codes?
2. “How will ICD-10 help me take care of my patients?”
3. “How are ICD-10 codes relevant to my business?”
4. “Why don’t we just wait for ICD-11?”
5. “Why are there all these unusual codes?”
6. “How is this related to all of the other requirements I am dealing with?”
“Why Are There So Many Diagnosis Codes?”

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system
- 17,045 (25%) of all ICD-10-CM codes are related to fractures
- ~25,000 (36%) of all ICD-10-CM codes to distinguish ‘right’ vs. ‘left’
- Only a very small percentage of the codes will be used by most providers

Source: Health Data Consulting
Current Distribution of ICD-9 Diagnosis Codes

- Over 72% of all charges involve only 5% of codes
- Almost 85% of all charges are covered by 10% of codes
- Over 95% of all charges are covered by 15% of codes
- Similar results are expected with ICD-10
# Varying Code Volume By Clinical Area

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>ICD-9 Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fractures</td>
<td>747</td>
<td>17099</td>
</tr>
<tr>
<td>Poisoning and toxic effects</td>
<td>244</td>
<td>4662</td>
</tr>
<tr>
<td>Pregnancy related conditions</td>
<td>1104</td>
<td>2155</td>
</tr>
<tr>
<td>Brain Injury</td>
<td>292</td>
<td>574</td>
</tr>
<tr>
<td>Diabetes</td>
<td>69</td>
<td>239</td>
</tr>
<tr>
<td>Migraine</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>Bleeding disorders</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>Mood related disorders</td>
<td>78</td>
<td>71</td>
</tr>
<tr>
<td>Hypertensive Disease</td>
<td>33</td>
<td>14</td>
</tr>
<tr>
<td>End stage renal disease</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Chronic respiratory failure</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Health Data Consulting
“ICD-10 Won’t Help Me Take Care of My Patients.”

- Difficult to make the case about how ICD-10 will help Dr. Smith with his encounter with Mary Jones.
- But, it is not just about a single provider—healthcare crosses the boundaries of time and providers; information must flow throughout the system.
- Improving healthcare requires a broad understanding of what works and what doesn't work—ICD-10 will allow information to be collated and analyzed.
- Physicians should be leaders in the healthcare industry by providing accurate data to help improve care throughout the system.
ICD-10 Codes Describe Co-morbidities and Complications

- ICD-9 codes describing diabetes mellitus are not very specific 249xx and 250xx
- ICD-10 codes differentiate various types of diabetes mellitus
- Codes are divided into subsets describing various co-morbidities and complications
- Usually only a single code is needed to describe patients with diabetes
“ICD diagnosis codes are irrelevant to my business.”

- ICD-9 codes currently factor into:
  - Payer processing rules
  - Prior Authorization approvals
  - Quality Measures (PQRS, VBPM, P4P)
  - Compliance (meaningful use)
  - Contracting decisions
  - Risk adjustments
  - Fraud waste and abuse
  - Audits
In addition, ICD-10 codes are likely to factor into:

- Changes in reimbursement based on both “what” was done and “why”
- Managing financial risks for contracted populations (ACO’s) and bundled payment systems
- Changes in reimbursement based on more robust models of payment adjusted for risk and severity
- More sophisticated weighting of payments based on DRGs, episodes or other groupings of care.

“ICD diagnosis codes are irrelevant to my business.”
ICD-9 (WHO) Published in 1978
ICD-10 (WHO) – Endorsed in 1990
ICD-10-CM draft released in 1995
Proposed rule for ICD-10 adoption in 2008
ICD-10 used for mortality in the US since 1999
ICD-11 (WHO) not slated for release until 2017
Based on historical implementations by the time we get to ICD-11-CM and from there to implementation, it will be 2040.
The gap between ICD-9 and ICD-10 is not nearly as dramatic as the gap between ICD-9 and ICD-11.
Clinician organizations have used codes like; “Hit by a spacecraft” or “Suicide by paintball gun” as examples of unusual ICD-10 codes.

Interesting to note however, is that the diagnosis codes for the situations noted above are ICD-9 codes and have been around for a long time.

The bottom line: don’t use the codes that don’t make sense or don’t accurately represent your patient’s condition. They may mean something to someone, but shouldn’t bother you.
“There Are Too Many New Requirements.”

- Now there’s a statement we can all relate to...
- However, without accurate standardized data about the patients' health condition:
  - Meaningful use isn’t very meaningful
  - Accountable care can’t be accountable
  - It will be difficult to reach the goal of affordable care
  - Health information exchanges may not be interoperable
  - Quality measures will lack quality data
  - Outcomes can’t be independently verified
  - Patient Safety can’t be assured
Putting ICD-10 into Practice
Telling a Different Story

There has been a lot of misinformation in the press.

We would like to tell a different ICD-10 story.

- Improves patient outcomes
- Provides detailed data
- Improves quality tracking and reporting
- Improves accuracy of medical payments
- Decreases fraud, waste, and abuse
Clinical Documentation – The Patient Interface
Where It All Begins

- History
- Physical Exam
- Internal Record Review
- External Record Review
- Assessment/Diagnosis
- Studies
Clinical Documentation

Know Your Role

- The role of the clinician is to document as accurately as possible the nature of the patient’s conditions and services provided to maintain or improve those conditions.

- The role of the coding professional is to assure that coding is consistent with the documentation.

- The role of the business manager is to assure that all billing is accurately coded and supported by the documented facts.
Good Patient Data
It’s all About Good Patient Care…

- **Observation** of all objective and subjective facts relevant to the patient condition

- **Documentation** of all of the key medical concepts relevant to patient care currently and in the future

- **Coding** that includes all of the key medical concepts supported by the coding standard and guidelines
Clinical Documentation
What They Taught Us in Medical School

- **Type of condition**
  - Condition categories i.e. Type I or Type II diabetes

- **Onset**
  - When did it start?

- **Etiology / Cause**
  - Infectious agent
  - Physical agent
  - Internal failure
  - Congenital
Clinical Documentation
What They Taught Us in Medical School

- **Anatomical location**
  - Which anatomical structure
  - Proximal, distal, medial, lateral, central, peripheral, superior, inferior, anterior, posterior...

- **Laterality**
  - Right side or left side

- **Severity**
  - Mild, moderate or severe

- **Environmental factors**
  - Smoking
  - Geographic location
Clinical Documentation
What They Taught Us in Medical School

- **Time parameters**
  - Intermittent/Paroxysmal
  - Recurring
  - Acute or chronic
  - Post-op, post delivery

- **Comorbidities or complications**
  - Diabetes with neuropathic joint
  - Intracranial injury

- **Manifestations**
  - Paralysis
  - Loss of consciousness
Clinical Documentation

What They Taught Us in Medical School

- Healing level
  - Routing healing, delayed healing, non-union, malunion...

- Findings and symptoms
  - Fever
  - Hypoglycemia/hyperglycemia
  - Wheezing

- External causes
  - Motor vehicles, injury locations
  - Assault, accidental, work related, intentional self harm

- Type of encounter
  - Initial encounter, subsequent encounter, encounter for condition sequela, routine evaluation, administrative encounter
Assures accurate measures of quality and efficiency
Addresses the issue of accountability and transparency
Creates a competitive advantage
Provides better business intelligence
Supports clinical research
Supports interoperable sharing of data
It’s just good care!
Implementation

Getting Your Ducks in a Row
Road to 10: Small Physician Practice Portal

Visit: http://www.roadto10.org
In collaboration with physicians, CMS developed [www.roadto10.org](http://www.roadto10.org), a no cost tool:

- Designed from a physician perspective
  - Specialty specific
- Customizable, actionable, bite-sized, short cuts
- Answers the key questions:
  - What is ICD-10
  - How do I get started
  - What is the path to success
  - What questions to ask
  - What resources and tools are available

The Road to 10 Action Plan contains a checklist of items to consider when planning the transition to ICD-10, organized into 5 key steps:

1. Plan Your Journey
2. Train Your Team
3. Update Your Processes
4. Engage Your Vendors & Payers
5. Test Your Systems and Processes

VISIT HTTP://WWW.ROADTO10.ORG TODAY TO GET STARTED
Road to 10: Action Plan

Action Plan
Click “Explore Section” within the five sections of your Action Plan below to review the tools provided and action steps defined for you.

Click “Download Action Plan” to download a PDF copy of your personalized action plan to use in your practice.

DOWNLOAD ACTION PLAN

- Plan Your Journey
- Train Your Team
- Update Your Processes
- Engage Your Vendors and Payers
- Test Your Systems and Processes
Road to 10: Plan Your Journey
Customize Your Action Plan to Your Medical Specialty

Get Started
Tell us a little about your practice, so we can create an Action Plan for you.

My Specialty (Pick one)
Click to select your specialty
- Family Practice
- Pediatrics
- OB/GYN
- Cardiology
- Orthopedics
- Internal Medicine
- Other Specialty

My Practice Size (Pick one)
Click the size of your practice so we can better understand your needs.
- 1-2 Physicians
- 3-6 Physicians
- Over 6 Physicians

My Technology & Staffing Partners (Choose all that apply)
Click the technology and services your practice utilizes to generate a readiness checklist for each vendor.
- Electronic Health Records

[Image of medical professionals]
Road to 10: Train Your Team

Common Codes for Your Specialty

We have identified an illustrative sample of high impact diagnosis codes

Primer for Clinical Documentation

This document introduces ICD-10 clinical documentation changes for common conditions associated with your area of practice. It highlights the

Clinical Scenarios

We have created sample, outpatient focused scenarios to illustrate specific ICD-10 clinical documentation considerations. These examples underscore the importance of including the proper level of detail needed to support the selection of the most appropriate ICD-10 diagnosis codes based on a patient’s circumstance.

Training and Education Resources

In order to be ready for the transition, your practice must receive appropriate education on the changes that occur with ICD-10. There are three major areas of training your practice should receive.

VIEW ICD-10 TRAINING AND EDUCATION RESOURCES
3 Road to 10: Update Your Processes

**Improve Clinical Documentation**

- **Obtain** the following information from your clearinghouse, billing service, or system for the most recent twelve (12) month period:
  - Your claim rejections and denials by ICD-9 diagnosis code and payer.
  - The most common unspecified ICD-9 codes you submit by payer.

- **Pinpoint** the ICD-9 codes with the highest rate of rejections and denials, by claim count and dollar volume, for each of your largest payers:
  - Categorize the primary reasons for the denials and rejections.
  - Note changes you can make to your documentation and billing processes to address the fundamental causes for the denials.

**Revise Paper Forms and Templates**

- **Modify**
  - Incorporate ICD-10 codes into paper forms and tools which reference diagnosis codes:
    - Pre-admission/Pre-certification
    - Referral
    - Authorization
    - Orders
    - Superbills/Patient Encounters
    - Inpatient and Outpatient Scheduling
    - Quality Reporting
    - Public Health Reporting

**Modify Policies and Procedures**

- **Add** steps to determine if a patient is eligible for dual-supplemental coverage for special clinical programs which are condition/diagnosis based:
  - End Stage Renal Disease (ESRD)
  - Black Lung Disease
  - Other Conditions

- **Identify** your most common services that may trigger reviews or denials related to medical necessity. Adopt procedures to isolate the ICD-10 diagnosis codes needed to make a coverage determination for these common services prior to claims submission.

- **Track** patient complaints, payment delays, denials, and increases in authorization volume for at least three (3) months beginning on 10/1/2014. By logging this information, your practice will be in a better position to spot and address problems more quickly.
Check the box when you have completed each step.

Technology Vendors

Electronic Health Record (EHR) and Practice Management (PM) systems are impacted by the ICD-10 transition and need to be updated. In addition, other technologies used by your practice such as coding, reporting, and decision support tools may need to be updated. If your practice uses these systems, you will need to coordinate with your technology vendors regarding these updates. Also, there are specific activities your practice may need to complete to implement these updates.

Here you can enter all the vendors you will need to engage. Check the appropriate box when you have completed the preceding activities.

<table>
<thead>
<tr>
<th>Contacted</th>
<th>Responded</th>
<th>Vendor Name</th>
<th>Contact Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Download Technology Vendor Assessment in the Template Library at www.roadto10.org

The following checklist will help guide you as you engage your technology vendors and prepare to complete these activities:

- **Contact** your technology vendors to determine if their solutions are impacted by ICD-10 and understand their plans for compliance. Download a copy of the Technology Vendor Assessment in the Template Library at www.roadto10.org. Email a copy of the assessment to each vendor. Ask them to complete the assessment and return it to you promptly.

- **Evaluate** your technology vendor contracts to understand the type of ICD-10 experience your organization may have with regular fees. Clarify with each vendor the additional ICD-10 project and technology expenses for which you need to allocate funds.

- **Review** the completed Technology Assessments returned to you by each vendor. For each vendor, list the questions you have regarding their responses.

### Questions for Technology Vendor

<table>
<thead>
<tr>
<th>Question</th>
<th>Vendor Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Which of your applications are impacted by ICD-10?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>2. Are your applications re-adapted and are the ICD-10 updates generally available?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>3. Is there a separate fee for your ICD-10 updates?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>4. Will your system use date of service to determine the code to use (ICD-9 or ICD-10)?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>5. Will your system support dual coding of services rendered before 10/1/2015?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>6. Are there 3rd party embedded products in your software which need to be updated for ICD-10?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>7. If additional infrastructure (hardware, servers, etc.) is potentially needed to accommodate your ICD-10 updates and store ICD-10 codes?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Compliance

- **Application**
  1. How frequently will ICD-10 diagnostic code updates be applied to your applications?
  2. How long do you plan to support ICD-9 diagnostic code reference files?

### Interfaces

- **HITPA**
  1. Has your HITPA transaction set been updated to address ICD-10?
  2. What other interface changes will be included with your ICD-10 software updates?

### Reporting

- **Application**
  1. Which of your reports are impacted by ICD-10?
  2. How will reports which are dependent upon diagnostic code categories be handled?
  3. How will long title and historical reporting be updated to accommodate ICD-10?
  4. How will quality and utilization reports be updated to accommodate ICD-10?
  5. Do any of your solutions require crosswalks from ICD-9 to ICD-10?
  6. Which crosswalks are you providing and can they be customized?

**Configuration**

[Logo: CMS ICD-10]
Road to 10: Test Your Systems and Processes

Prepare Test Cases
Real world test cases need to be assembled before you start testing. The following checklist provides you with suggestions on how to prepare these test cases.

Perform Internal Testing
Internal testing helps to validate that your key systems can search on, accept, store, process, send, and receive ICD-10 diagnosis codes.

Conduct External Testing
External testing with vendors and payers will help you validate that transactions containing ICD-10 diagnosis codes can be sent and received successfully.

Practice and Validate
Practice and validation involves the internal simulation of native ICD-10 coding on select encounters.
Key elements of the site include:

- Customizable Action Plans
- Specialty-Specific Resources
- Timely Webcast Series

**Customizable Action Plans**

Get Started

Talk a little about your practice, so we can create an Action Plan for you.

**Specialty-Specific Resources**

- Family Practice
- Physicians
- OB-GYN
- Orthopedics
- Internal Medicine
- Other Specialty

**Timely Webcast Series**

ICD-10 Documentation and Coding Concepts

An AHIMA-certified coder presents training focused on using ICD-10 clinical documentation needs and hot topics for each medical specialty. The five webcasts will follow the same outline and objectives catering to each medical specialty with specific examples.

- **Physician Practice**
- **Definition of ICD-10**
- **Documentation requirements for common conditions**
- **Documentation changes and new concepts**
- **Use of “Specified” in ICD-10**

**Family Practice and Internal Medicine**

Dr. Maggie Ogilvie, M.D.

Board Certified: Internal Medicine and Bariatrics

Private Practice at Tidewater Baratrics, Virginia

"Comprehensive documentation is key to clarifying and assigning the best diagnostic codes. Dr. Ogilvie’s point is the importance of clear documentation to support the best selection of the most appropriate ICD-10 diagnosis codes based on the specific circumstances."
Your Stories are Important

Specialty References
Select a profile below to explore the common codes, primers for clinical documentation, clinical scenarios, and additional resources associated with each specialty. You can also get started on your own plan now by choosing BUILD YOUR ACTION PLAN below.

Share Your Story
Want to share your success story or lessons learned? Send it to us and it may be included on this site to help guide other physicians on the Road to ICD-10.
(Read Disclaimer)
In the coming months, there is opportunity to work on several critical activities that will help you maximize your ICD-10 preparedness.

I encourage you to visit http://www.roadto10.org for tools and resources to help you prepare for the ICD-10 transition.
Visit
http://www.roadto10.org
Getting Started

- Establish awareness across members of your organization
- Clearly define strategic goals
- Identify internal and external dependencies
- Identify and prioritize key risks
- Clearly define all business requirements and implementation tasks
- Create a realistic project plan and support it as a priority
- Test early and often
- Get started now!!
Thank You

Your Practice's ICD-10 Transition is in Good Hands.

Build and Sustain Momentum
Questions and Discussion
Free ICD -10 Resources and Tools
ICD-10 Resources

ICD-10 Website


CMS Home Health Resources

- [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/index.html)

Mapping (GEMs)

- GEMs Crosswalk documents

- GEMs 2014 General Equivalence Mappings (Technical Document (zip file))
ICD-10 Resources (cont’d)

Medicare Learning Network Articles


ICD-10 National Provider Calls

ICD-10 Resources (cont’d)

American Health Information Management Association (AHIMA)

- [http://www.ahima.org/education/onlineed/Programs/ICD10](http://www.ahima.org/education/onlineed/Programs/ICD10)

American Academy of Professional Coders (AAPC)