

ICD-10-CM/PCS Introduction Strategic Planning Implementation

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Objectives

- ▶ To Realize the benefits of replacing ICD-9 with ICD-10
- ▶ To Gain understanding of ICD-10-CM/PCS Coding System
- ▶ To Establish a Strategic Plan for ICD-10-CM/PCS
- ▶ To Identify steps necessary for Implementation of ICD-10-CM/PCS

The only constant is Change

- ▶ Fear of change
- ▶ Acceptance of change
- ▶ Carry out change

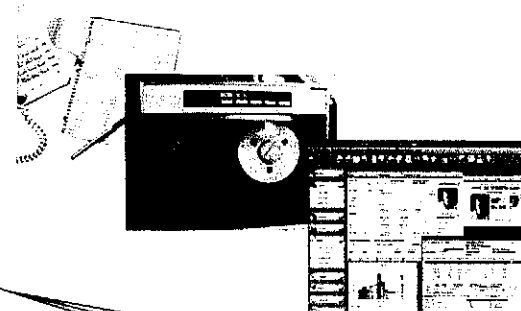
Change is inevitable

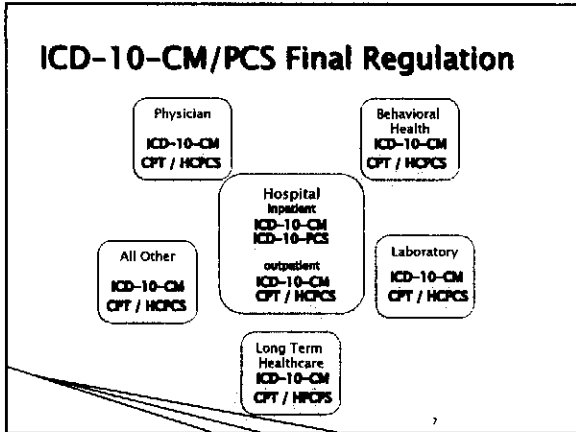
The Father of Medicine

Hippocrates
First, Do No Harm



Changing Environment





Two Systems

- ▶ ICD-10-CM *Replaces ICD 9 CM Volumes 1&2*
Diagnosis classification system
3-7 Alpha and numeric digits
- ▶ ICD-10-PCS *Replaces ICD 9 CM Volume 3*
Procedural classification system
7 Alpha or numeric digits
Used for hospital inpatient procedures only

ICD10 Adoption Timeline

United Kingdom	1995
France	1997
Australia	1998
Germany	2000
Canada	2001
United States	Oct 1, 2014

"Lessons Learned" from Other Countries

- ▶ Begin now - Don't wait!
- ▶ Importance of planning and preparation
- ▶ Six-month learning curve
- ▶ Vendor readiness is extremely important
- ▶ Communication is critical
- ▶ Targeted significant ICD-9/ICD-10 comparability issues

Development of ICD 10 CM PCS

- ▶ ICD-10-CM/PCS developed by WHO

World Health Organization
Responsible for International maintenance of International Nomenclature

Updates managed by ICD-9-CM
Coordination and Maintenance Committee (C&M)
Federal Committee 1985 (CMS & NCHS)

Development of ICD 10 CM PCS

- ▶ ICD-10-CM/PCS supported by 3M
- ▶ NCHS National Center for Health Statistics
 - Federal Agency within CDC Center for Disease Control and Prevention
 - Developed the clinical modification for the U.S.
 - CMS works in guidance with NCHS
 - Awarded contract to American Health Information Management Associate (AHIMA) with task of industry education in the United States

Benefits of Replacing ICD9 with ICD-10-CM/PCS

- ▶ Significant improvements
- ▶ Greater detailed information
- ▶ Ability to expand
- ▶ Capture additional advancements
- ▶ Improved ability to measure health care services

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13

Benefits of Replacing ICD9 with ICD-10-CM/PCS

- ▶ Enhanced ability to conduct public health surveillance
- ▶ Updated medical terminology and classifications of diseases
- ▶ Provides for comparison of mortality and morbidity data
- ▶ Additional information relevant to ambulatory and managed care encounters

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Benefits of Replacing ICD9 with ICD-10-CM/PCS

- ▶ Creation of combination codes for diagnosis and symptoms
- ▶ Expanded injury codes and cause codes
- ▶ Additional pregnancy trimester information
- ▶ Laterality
- ▶ Expanded Post Operation complication codes

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Benefits of Replacing ICD9 with ICD-10-CM/PCS

- ▶ Increased sensitivity when refining grouping and reimbursement methodologies
- ▶ Decreased need to include supporting documentation with claims
- ▶ Designing payment systems

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Costs Associated with Change

- ▶ According to a RAND Corporation study

\$425 Million to \$1.15 Billion

One time costs for training and system changes for physicians, hospitals, providers, health plans, vendors.

\$5-\$40 Million in lost productivity

A delay would create significant losses of both time and money to the industry.

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HHS anticipates:

- Greater detail and granularity enhancement of measuring quality outcomes
- No immediate changes to reimbursement
 - Incremental change basis
- Provide more precision for claims and value-based purchasing initiatives
 - Hospital acquired conditions

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Structural Differences Dx Codes Alpha-Numeric System

ICD 9 CM	ICD 10 CM
3-5 Digits	3-7 digits
1 st digit numeric, E or V	First digit is alpha
Digits 2-5 are numeric	Digit 2 numeric
	Digit 3-7 alpha or numeric

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Hierarchy Structure

- ▶ Familiar
- ▶ Same as ICD-9
- ▶ Three digits = three characters
 - Then additional specificity
 - If a 4th character, use it
 - If a 5th character, use it
 - If a 6th character, use it
 - If a 7th character, use it

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ICD-9-CM Structure - Format

3 - 5 Characters

21

ICD-10-CM Structure - Format

3 - 7 Characters

22

Changes in ICD-10

- ▶ In organization and structure
 - 21 Chapters
- ▶ Code composition
 - 6th and 7th characters
 - Dummy placeholder x created for expansion


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Impact of Coding System Change

Detailed Clinical Documentation

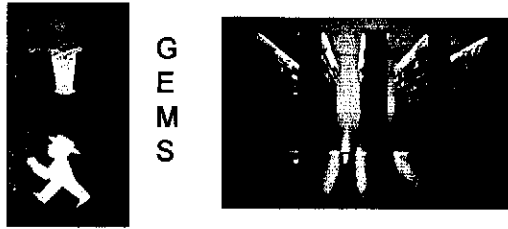
24

Is there a Cross-Walk ?



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Is there a Cross-Walk ? NO




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Mapping between Old & New Systems

- General equivalence maps (GEMs) between ICD-9-CM and ICD-10-CM/PCS have been developed

ICD-9-CM ↔ ICD-10-PCS via CMS web site
 ICD-9-CM ↔ ICD-10-CM via CMS /NCHS web sites

GEMs  Crosswalks

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Why start planning now?

Lack of a plan will significantly **IMPACT** the financial well-being of the practice.

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ICD-10 Implementation Plan

► AHIMA's ICD-10 Preparation

	2010-2011	2012	2013	2014
Year	2009/ 2010	2011	2012	2013
Phase I	Impact Assessment			
Phase II		Preparing for Implementation		
Phase III				Go Live Preparation
Phase IV				Post-Implementation

Checklist: <http://www.ahima.org/iced10/ICD-10PreparationChecklist.mhtml>

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4 Phases of Implementation

Phase 1 1st Qtr '09-2nd Qtr '11
Implementation plan development and Impact Assessment

Phase 2 1st Qtr '11-2nd Qtr '13
Implementation and Preparation

Phase 3 1st Qtr '13-3rd Qtr '13
"Go Live" Preparation

Phase 4 4th Qtr '13-4th Qtr '14
Post-Implementation follow-up

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Phase 1

- ▶ Steering committee
 - HIM Manager
 - Coding
 - Medical staff- Providers
 - Financial management
 - IT

Committee Chair
Communication Plan

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Impact Assessment

- Organizational Impact
 - Medical
 - Clerical
 - Administrative
- IT
 - Systems applications & databases
 - Effect on data availability and comparison
 - System wide audits

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Implementation Budget

- ▶ Software modifications
- ▶ Education
- ▶ Hardware & software upgrades
- ▶ Testing-related costs
- ▶ Staff time
- ▶ Temporary or contracted staff to assist with increased workflow from transition, billing back-log, IT support, coding accuracy reviews

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Implementation Budget

- ▶ Consulting services
- ▶ Report redesign
- ▶ Reprinting of paper forms
- ▶ Data conversion
- ▶ Maintenance of dual system
- ▶ Additional software, educational resources, mapping tools to assist with transition

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Implementation Budget

- ▶ Update this as you carry out the process
- ▶ Once you hear back from vendors
- ▶ Identify competing projects

Move on to assessing training needs

- ▶ Who needs it
- ▶ What type of training
- ▶ What level
- ▶ When
- ▶ How Anatomy & Physiology Review!!

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Phase 2

Implementation and Preparation

- ▶ General Equivalence Mappings (GEMS)
- ▶ Follow up on business associate readiness
- ▶ Payers: Convert coverage policies
- ▶ Payers: Convert contract templates
- ▶ Coding staff continue education and training
 - Increase familiarity
 - Understand guidelines
 - Code-sets

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Phase 3 Year 2013

Go-Live Preparation

- ▶ Jan–March
 - Confirm with vendors changes and upgrades in place
- ▶ Jan–September
 - Finalize all system changes
 - Complete testing
 - Conduct testing of claims
 - Make modifications and reassign testing
 - Review contingency plan

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37

Phase 4

▶ Post-Implementation

- Monitor impact on reimbursement
- Meet regularly to share information
- Monitor systems functionality
- Monitor coding accuracy and productivity
- Train or retrain staff as necessary
- Monitor case mix
- Work closely to resolve payment issues
- Communicate with payers
- Resolve problems expeditiously
- Continue to follow communication plan

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38

The moment we are preparing for...

October 1, 2014



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39

So what does it look like?



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40

Examples of ICD 10 CM

- ▶ Urinary tract infection N39.0
 - Site not specified
 - Use additional code (B95–B97) to identify infectious agent
 - Ex: small cell – B96.2

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41

Examples of ICD 10 CM

- ▶ Hematuria
 - R31.0 – Gross Hematuria
 - R31.1 – Benign Essential Microscopic Hematuria
 - R31.2 – Other Microscopic Hematuria
 - R31.9 – Hematuria, Unspecified

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Examples of ICD 10 CM

- ▶ Enlarged Prostate N40.0
- ▶ Enlarged Prostate with LUTS N40.1

Use additional code for associated symptoms, when specified:

- Incomplete bladder emptying (R39.14)
- Nocturia (R35.1)
- Straining on urination (R39.16)
- Urinary frequency (R35.0)
- Urinary hesitancy (R39.11)
- Urinary Incontinence (N39.4-)
- Urinary Obstruction (N13.8)
- Urinary Retention (R33.8)
- Urinary Urgency (R39.15)
- Weak Urinary Stream (R39.13)

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Medical Record Documentation

- ▶ Evaluating your current documentation
- ▶ Auditing for compliance with ICD10
- ▶ Implementing changes now

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ICD-10-CM Documentation Tips: Diabetes

Diabetes documentation and coding will need to include:

- ▶ Type or cause of diabetes:
 - Type 1
 - Type 2
 - Due to drugs or chemicals
 - Due to underlying condition
 - Other specified diabetes
- ▶ Body system complications related to diabetes, such as kidney or neurological complications
- ▶ Combination codes include diabetes and the manifestation
- ▶ Specific complications, such as:
 - Chronic kidney disease
 - Foot ulcer
 - Hypoglycemia without coma

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Contents of ICD 10 PCS

- ▶ Procedural Coding System

For Use by Hospitals
for Inpatient Procedures Only

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Clinical Documentation Improvement Format of ICD-10 PCS (Inpatient Procedural Coding)

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

There are seven (7) characters in each ICD-10-PCS (Procedural Coding System) code. Each character has a slightly different meaning related to that particular section.

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ICD 10 PCS Examples

- ▶ Cystoscopy 0TJB8ZZ
- ▶ TURP 0VB08ZZ
- ▶ Bladder suspension 0TUB8JZ
- ▶ Foley catheterization 0T9D70Z

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Impact of Coding System Change: 7 Steps

- 1. Develop Strategy
- 2. Communicate
- 3. Assess Readiness
- 4. Inventory Process/ System Impact
- 5. Plan Training
- 6. Documentation Improvement
- 7. Develop Budget

49

Questions

Thank you for your time and attention!



Please remember to complete the Evaluation and Comments

Have a wonderful day

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50

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51

My Inspiration

Leonardo da Vinci



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52