

ICD-10 CM

Presented to Maryland AAHAM
May 20, 2011



CodingTrainer.com

Basic Overview & Comparison

- The ICD-10 code sets are not a simple update of the ICD-9 code set.
- The ICD-10 code sets have fundamental changes in structure and concepts that make them very different from ICD-9.
- Why change from ICD-9 CM?
 - A primary concern with ICD-9 is the lack of specificity of the information conveyed in the codes: corrected in ICD-10.
 - Some chapters of ICD-9 CM are full and impede the ability to add new codes: corrected in ICD-10.
 - Other issues addressed in ICD-10 include:
 - **the use of full code titles**
 - **appropriately reflecting advances in medical knowledge and technology**



Presenter: Deborah G. Bell

Slide 2

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

ICD-9	ICD-10
3-5 characters in length	3-7 characters in length
Approximately 13,000 codes	Approximately 68,000 available codes
First digit may be alpha (E or V) or numeric; digits 2-5 are numeric	Digit 1 is alpha; digits 2 and 3 are numeric; digits 4-7 are alpha or numeric
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality (i.e., codes identifying right vs. left)



Presenter: Deborah G. Bell

Slide 3

CodingTrainer.com

Basic Overview & Comparison

- In the ICD-10 diagnosis code set, the alpha characters are not case sensitive.

ICD-9 Diagnosis Code	ICD-10 Diagnosis Code
382.9 Acute otitis media	B01.2 Varicella pneumonia
540.9 Acute appendicitis	K21.0 Gastro-esophageal reflux disease with esophagitis
780.01 Coma	O30.003 Twin pregnancy, unspecified, third trimester



Presenter: Deborah G. Bell

Slide 4

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- Expanded number of characters of the ICD-10 diagnosis codes provides greater specificity to identify disease etiology, anatomic site, and severity.
- Characters 1-3 – Category
- Characters 4-6 – Etiology, anatomic site, severity, or other clinical detail
- Characters 7 – Extension





Presenter: Deborah G. Bell

Slide 5

CodingTrainer.com

Basic Overview & Comparison

ICD-9-CM Code Format	ICD-10-CM Code Format
	
category	category
etiology, anatomic site, manifestation	etiology, anatomic site, severity
	extension

Seventh (7th) digit extensions representing visit encounter or sequelae for injuries and external causes.



Presenter: Deborah G. Bell

Slide 6

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

Examples of Three to Seven ICD-10 CM Diagnosis Codes

- A78 – Q fever.
- A69.21 – Meningitis due to Lyme disease.
- S52.131a – Displaced fracture of neck of right radius, initial encounter for closed fracture.



Presenter: Deborah G. Bell

Slide 7

CodingTrainer.com

Basic Overview & Comparison

- ICD – 10 Organizational Changes – Diagnosis Codes
 - ICD-10-CM consists of 21 chapters.
 - ICD-10-CM includes full code titles for all codes (no references back to common fourth and fifth digits).
 - V and E codes are no longer supplemental classifications.
 - Sense organs have been separated from nervous system disorders.
 - Injuries are grouped by anatomical site rather than injury category.
 - Postoperative complications have been moved to procedure-specific body system chapter.



Presenter: Deborah G. Bell

Slide 8

CodingTrainer.com

©2011 ❖ All Rights Reserved



Coding Guidelines

ICD-9-CM	ICD-10-CM/PCS
<ul style="list-style-type: none">• Coding Conventions (Code Book)• ICD-9-CM Official Guidelines for Coding and Reporting (NCHS)<ul style="list-style-type: none">- Definitions (UHDDS)- General sequencing guidelines ("2 or more")- Chapter specific coding & sequencing guidelines ("Sepsis", "ARsF", etc.)• Coding Clinic for I-9<ul style="list-style-type: none">• Scenario specific coding & sequencing guidelines	<ul style="list-style-type: none">• Coding Conventions<ul style="list-style-type: none">- Updated but still in "Draft" form• ICD-10-CM /PCS Official Guidelines for Coding and Reporting<ul style="list-style-type: none">- Updated but still in "Draft" form- Definitions ~ no changes- General sequencing guidelines ~ no changes- Chapter specific coding & sequencing guidelines ~ changes• Coding Clinic for I-10<ul style="list-style-type: none">• Starting over



Presenter: Deborah G. Bell

Slide 9

CodingTrainer.com

What About Coding Clinic?

- Past Coding Clinic advice will not be translated into ICD-10 nor applicable to ICD-10
- Cooperating Parties are currently accepting ICD-10 questions for future publication
- Clinical indicators previously published in Coding Clinic will be updated and republished as needed



Presenter: Deborah G. Bell

Slide 10

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- New Features – Diagnosis Codes
 - Combination codes for conditions and common symptoms or manifestations
 - Combination codes for poisonings and external causes
 - Added laterality
 - Added extensions for episode of care
 - Expanded codes (injury, diabetes, alcohol/substance abuse, postoperative complications)
 - Inclusion of trimester in obstetrics codes and elimination of fifth digits for episode of care
 - Expanded detail relevant to ambulatory and managed care encounters
 - Changes in timeframes specified in certain codes
 - External cause codes no longer a supplementary classification



Presenter: Deborah G. Bell

Slide 11

CodingTrainer.com

Basic Overview & Comparison

<p>157 Malignant neoplasm of pancreas</p> <p>157.0 Head of pancreas</p> <p>157.1 Body of pancreas</p> <p>157.2 Tail of pancreas</p> <p>157.3 Pancreatic duct</p> <p>Duct of: Santorini Wirsung</p> <p>157.4 Islets of Langerhans</p> <p>Islets of Langerhans, any part of pancreas Use additional code to identify any functional activity</p> <p>157.8 Other specified sites of pancreas</p> <p>Ectopic pancreatic tissue Malignant neoplasm of contiguous or overlapping sites of pancreas whose point of origin cannot be determined</p> <p>157.9 Pancreas, part unspecified</p>	<p>C25 Malignant neoplasm of pancreas</p> <p>Use additional code to identify: alcohol abuse and dependence (F10.-)</p> <p>C25.0 Malignant neoplasm of head of pancreas</p> <p>C25.1 Malignant neoplasm of body of pancreas</p> <p>C25.2 Malignant neoplasm of tail of pancreas</p> <p>C25.3 Malignant neoplasm of pancreatic duct</p> <p>C25.4 Malignant neoplasm of endocrine pancreas</p> <p>Malignant neoplasm of islets of Langerhans Use additional code to identify any functional activity.</p> <p>C25.7 Malignant neoplasm of other parts of pancreas</p> <p>Malignant neoplasm of neck of pancreas</p> <p>C25.8 Malignant neoplasm of overlapping sites of pancreas</p> <p>C25.9 Malignant neoplasm of pancreas, unspecified</p>
---	--



Presenter: Deborah G. Bell

Slide 12

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- Diabetes mellitus codes are expanded to include the classification of the diabetes and the manifestation.
 - The category for diabetes mellitus has been updated to reflect the current clinical classification of diabetes and is no longer classified as controlled/uncontrolled.
- ICD-10-CM provides 50 different codes for “complications of foreign body left in body by accident following a procedure,” compared to only one code in ICD-9-CM.



Presenter: Deborah G. Bell

Slide 13

CodingTrainer.com

Basic Overview & Comparison

- Categories and subcategories of Diabetes Mellitus in ICD-10 CM.

ICD-10-CM	ICD-9-CM
E08 Diabetes mellitus due to underlying condition E09 Drug or chemical induced diabetes mellitus E13 Other specified diabetes mellitus	249 Secondary diabetes mellitus
E10 Type 1 diabetes mellitus E11 Type 2 diabetes mellitus	250 Diabetes mellitus
O24 Diabetes mellitus in pregnancy, childbirth, and the puerperium	648.0 Diabetes mellitus complicating pregnancy, childbirth, and the puerperium
P70.2 Neonatal diabetes mellitus	775.1 Neonatal diabetes melli



Presenter: Deborah G. Bell

Slide 14

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- Diabetes mellitus codes (DM) in ICD-10-CM are combination codes:
 - the type of DM
 - the body system affected
 - the complication affecting that body system as part of the code description.
- As many codes as are needed to describe all of the associated complications the patient has may be assigned from a particular category.
- Examples:
 - **E10.321** Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
 - **E09.51** Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
 - **E11.42** Type 2 diabetes mellitus with diabetic polyneuropathy
- Because of this code structure, there is no instructional note found under diabetes mellitus codes in ICD-10-CM requiring an additional code to identify the manifestation since it is already part of the code description.



Presenter: Deborah G. Bell

Slide 15

CodingTrainer.com

Basic Overview & Comparison

- Specific diabetes codes **require additional codes in order to identify the manifestation further**, such as diabetes with foot ulcer to identify the site of the ulcer, or diabetes with chronic kidney disease to identify the stage of chronic kidney disease.
 - Example:
E11.621 Type 2 diabetes mellitus with foot ulcer
Use additional code to identify site of ulcer (L97.4-, L97.5-)
- ICD-10-CM codes do not require an additional fifth digit to identify the type of diabetes mellitus and whether the diabetes is controlled or uncontrolled. Cases that are noted as 'inadequately controlled,' 'poorly controlled,' or 'out of control' are coded to the diabetes, by type, with hyperglycemia.
 - Example:
E11.65 Type 2 diabetes mellitus with hyperglycemia



Presenter: Deborah G. Bell

Slide 16

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- Diabetes mellitus in pregnancy, childbirth, or the puerperium is not simply coded as to episode of care in ICD-10-CM, but is also coded as pre-existing DM type 1, pre-existing DM type 2, unspecified pre-existing DM, gestational DM, other pre-existing DM, and unspecified DM. All but the gestational diabetes mellitus codes also specify the trimester of pregnancy.
- Examples:
 - O24.011** Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester*
 - O24.12** Pre-existing diabetes mellitus, type 2, in childbirth*
- Cases of gestational diabetes are reported as in pregnancy, in childbirth, or in the puerperium and each of these is further specified as to diet controlled, insulin controlled, or unspecified control.
- Examples:
 - O24.410** Gestational diabetes mellitus in pregnancy, diet controlled*
 - O24.434** Gestational diabetes mellitus in the puerperium, insulin controlled*



Presenter: Deborah G. Bell

Slide 17

CodingTrainer.com

Basic Overview & Comparison

- There have been changes made to the coding of diabetes mellitus in ICD-10-CM from 2010 to 2011, such as the coding of postsurgical or postpancreatectomy cases of diabetes mellitus and diabetes entries found in the index.



Presenter: Deborah G. Bell

Slide 18

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- Fracture codes require a seventh character that identifies if the fracture is open or closed for an initial encounter or if a subsequent encounter is for routine healing, delayed healing, nonunion, malunion, or sequelae. The fracture extensions are:
 - A Initial encounter for closed fracture
 - B Initial encounter for open fracture
 - D Subsequent encounter for fracture with routine healing
 - G Subsequent encounter for fracture with delayed healing
 - K Subsequent encounter for fracture with nonunion
 - P Subsequent encounter for fracture with malunion
 - S Sequelae



Presenter: Deborah G. Bell

Slide 19

CodingTrainer.com

Basic Overview & Comparison

- The ICD-10 diagnosis code set also expands on the use of combination codes.
- Combination codes are a single code that can be used to classify
 - **two diagnoses**
 - **a diagnosis with an associated secondary process or a diagnosis with an associated complication.**
- Combination codes allow for the reporting of a single code to express multiple elements of the diagnosis.
- ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis. When using one of these combination codes, an additional code should not be assigned for the symptom.



Presenter: Deborah G. Bell

Slide 20

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

ICD-9 Diagnosis Codes	ICD-10 Diagnosis Codes
415.0 Acute cor pulmonale And 415.12 Septic pulmonary embolism	I26.01 Septic pulmonary embolism with acute cor pulmonale
707.06 Pressure ulcer, ankle And 707.21 Pressure ulcer stage I	L89.501 Pressure ulcer of unspecified ankle, stage I



Presenter: Deborah G. Bell

Slide 21

CodingTrainer.com

Basic Overview & Comparison

- ICD-10-PCS utilizes a different structure consisting of:
 - Alphabetical Index
 - Tables (a new twist on the "Tabular List")
- The alphabetic index provides you with a minimum of at least the first 3 characters of your code & leads a coder to one of the PCS tables in order to complete building the rest of the procedure code
- All ICD-10-PCS procedure codes contain 7 alphanumeric characters.



Presenter: Deborah G. Bell

Slide 22

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

- Steps to Build ICD-10 PCS Code
- Section (“type” of service, 16 = many are OP services)
- Body system (e.g., gastrointestinal system, nervous system)
- Root operation (30, based on the objective of the procedure)
- Body part (e.g., ascending colon, descending colon)
- Approach (9, e.g., natural orifice, endoscopic, percutaneous)
- Device (4 general types e.g drainage monitoring infusion) (Device (4 general types, e.g., drainage, monitoring, infusion .
- Qualifier (e.g., type of transplant, fluid removed, 2nd site bypass)



Presenter: Deborah G. Bell

Slide 23

CodingTrainer.com

Basic Overview & Comparison

ICD-9	ICD-10
3-4 numbers in length	7 alpha-numeric characters in length
Approximately 3,000 codes	Approximately 87,000 available codes
Based on outdated technology	Reflects current usage of medical terminology and devices
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Has laterality
Generic terms for body parts	Detailed descriptions for body parts
Lacks descriptions of methodology and approach for procedures	Provides detailed descriptions of methodology and approach for procedures
Lacks precision to adequately define procedures	Precisely defines procedures with detail regarding body part, approach, any device used, and qualifying information



Presenter: Deborah G. Bell

Slide 24

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

ICD-9-CM (Procedures)



3-4 characters
All numeric
Decimal point after 2nd digit

ICD-10-PCS (Procedures)



Section, Body System, Root Operation, Body Part, Approach, Device, Qualifier

7 characters
All letters except
"I" & "O"
No decimal point
Each character is
a function of its
position in the
code
Each letter or # is
called a "value"

"Sally bought root beer at Dairy Queen"



Presenter: Deborah G. Bell

Slide 25

CodingTrainer.com

Basic Overview & Comparison

0270346 Dilatation of Coronary Artery, One Site, Bifurcation, with Drug-eluting Intraluminal Device, Percutaneous Approach

To ICD-9 cluster

0066 Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy

0040 Procedure on single vessel

0045 Insertion of one vascular stent

3607 Insertion Of Drug-Eluting Coronary Artery Stents(S)

0044 Procedure on vessel bifurcation

027034Z Dilatation of Coronary Artery, One Site with Drug-eluting Intraluminal Device, Percutaneous Approach

To ICD-9 cluster

0066 Percutaneous transluminal coronary angioplasty [PTCA] or coronary atherectomy

0040 Procedure on single vessel

0045 Insertion of one vascular stent

3607 Insertion Of Drug-Eluting Coronary Artery Stents(S)



Presenter: Deborah G. Bell

Slide 26

CodingTrainer.com

©2011 ❖ All Rights Reserved



Basic Overview & Comparison

8659 Suture Of Skin And Subcutaneous Tissue Of Other Sites

- To 0JQ10ZZ Repair Face Subcutaneous Tissue and Fascia, Open Approach
- To 0JQ13ZZ Repair Face Subcutaneous Tissue and Fascia, Percutaneous Approach
- To 0JQ40ZZ Repair Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
- To 0JQ43ZZ Repair Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
- To 0JQ50ZZ Repair Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
- To 0JQ53ZZ Repair Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
- To 0JQ60ZZ Repair Chest Subcutaneous Tissue and Fascia, Open Approach
- To 0JQ63ZZ Repair Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
- To 0JQ70ZZ Repair Back Subcutaneous Tissue and Fascia, Open Approach
- To 0JQ73ZZ Repair Back Subcutaneous Tissue and Fascia, Percutaneous Approach
- To 0JQ80ZZ Repair Abdomen Subcutaneous Tissue and Fascia, Open Approach
- To 0JQ83ZZ Repair Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach



Presenter: Deborah G. Bell

Slide 27

CodingTrainer.com

Basic Overview & Comparison

- Some preliminary inpatient hospital testing of ICD-10-PCS has indicated that the new procedure coding system is problematic to learn for both experienced and inexperienced coders.



Presenter: Deborah G. Bell

Slide 28

CodingTrainer.com

©2011 ❖ All Rights Reserved



Global Experience



- The World Health Organization (WHO) holds the copyright to ICD-10.
- Countries seeking to modify the system had to request permission to do so.
- All modifications must be approved by WHO to keep certain standards and conventions in place.
- By imposing standards and restrictions the coding integrity is maintained allowing for comparative analysis between countries on global conditions and diseases.
- Australia (ICD-10-AM), Thailand (ICD-10-TM), Germany (ICD-10-GM), Canada (ICD-10-CA) and the United States (ICD-10-CM).



Presenter: Deborah G. Bell

Slide 29

CodingTrainer.com

Global Experience



Countries using ICD-10, for Reimbursement or Casemix

Country	Year
United Kingdom	1995
Nordic Countries (Denmark, Finland, Iceland, Norway, and Sweden)	1994-1997
France	1997
Australia	1998
Belgium	1999
Germany	2000
Canada	2001

Overall, a total of 138 countries have adopted ICD-10 for mortality data purposes, and 99 countries have adopted it for morbidity.



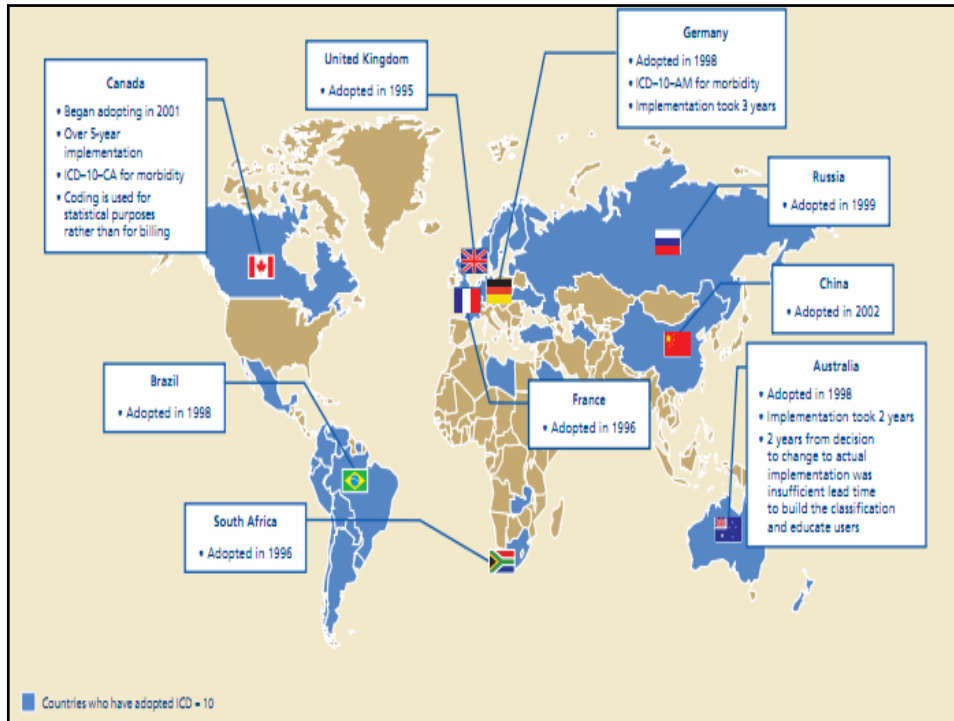
Presenter: Deborah G. Bell

Slide 30

CodingTrainer.com

©2011 ❖ All Rights Reserved





Global Experience

- Canada sought approval to modify ICD 10 from WHO in 1995, began work to modify the codes in 1999 and commenced adoption in April 2001.
- The rollout of the new code set in Canada was different in some respects from the rollout in the United States.
 - Canada’s universal, single-payer system is funded and regulated at the federal level but coordinated at the provincial level.
 - In the Canadian ICD-10 rollout, each province had the ability to determine the date for their specific implementation.
 - Provincial implementation of ICD-10-CA was staggered beginning in 2001 with completion by 2006.
- We do not have a single-payer system nor do our states have the same control as the Canadian provinces; as such, our implementation effort will not be staggered.



Presenter: Deborah G. Bell

Slide 32

CodingTrainer.com

©2011 ❖ All Rights Reserved



Global Experience



- The Canadian experience suggests three key points to remember:
 - **Planning and preparation are keys to success**
 - **Education is a must**
 - **Network and reach out to others to learn from their experiences**



CodingTrainer.com

Presenter: Deborah G. Bell

Slide 33

Global Experience



- Canadian Implementation: What Went Well
 - having a dedicated information systems staff to support the classification staff
 - the use of Gantt charts and detailed work plans to help the transition go smoothly
 - **Gantt chart** is a type of bar chart that illustrates a project schedule



CodingTrainer.com

Presenter: Deborah G. Bell

Slide 34

©2011 ❖ All Rights Reserved



Global Experience



- Canadian Implementation: What Did Not Go So Well
- Canada felt they needed to start sooner.
 - A longer testing phase with more frequent meetings with expanded participation. The detailed work plan was too tight.
 - **the United States should be utilizing a testing phase but has decided not to duplicate Canadian experience**
 - **A pilot test could answer key questions about the impact the transition will have on the different facets of the U.S. healthcare system**



Presenter: Deborah G. Bell

Slide 35

CodingTrainer.com

Snippets!



- On January 14, 2010 a Milliman Study blasted a warning shot across the industry's bow. In a survey of ICD-10 readiness, it reported that 70 percent of respondents, mostly health plans, indicates little or no prepared action. It also demonstrated that many payers expect to hand off responsibility to IT vendors.
- Many industry insiders, in fact, compare its implementation to the time, effort and dollars spent on Y2K.
- A typical three-physician practice can expect to pay in the neighborhood of \$84,000 in system upgrades. HHS is also mandating that practices meaningfully use certified electronic health records ("EHRs"), and comply with new HIPAA regulations. HHS is targeting \$44,000 per physician in incentive payments for EHR adoption. There are no incentives for ICD implementation.



Presenter: Deborah G. Bell

Slide 36

CodingTrainer.com

©2011 ❖ All Rights Reserved



Snippets!



- The cost of implementation of ICD-10 CM by Hospitals with beds ranging from 100 - 400 beds is estimated to be on the low-end from \$150,000 to upper-end of \$1million.
- ICD-10 implementation risks system-wide disruption.
- Covered entities, not their vendors, are owners of the health care business. ICD-10 transition will affect a broad scope of operations, not just vendor systems and services and needs to be handled by the provider and not a vendor.
- The Centers for Medicare & Medicaid Services has developed a national standard system for cross walking, called general equivalency mapping, that health care organizations can follow. But CMS has not mandated the use of that system, which could potentially cause problems.



Presenter: Deborah G. Bell

Slide 37

CodingTrainer.com

Greater Cost than



- It will require a massive wave of system reviews, new medical coding or extensive updates to existing software, and changes to many system interfaces.
- Because of the complex structure of ICD-10 codes, implementing and testing the changes in EMRs, billing systems, reporting packages, decision and analytical systems will require more effort than simply testing data fields – it will involve installing new code sets, training coders, re-mapping interfaces and recreating reports/extracts used by all constituents who access diagnosis codes.



Presenter: Deborah G. Bell

Slide 38

CodingTrainer.com

©2011 ❖ All Rights Reserved



What to Do? - Urgency Needed!



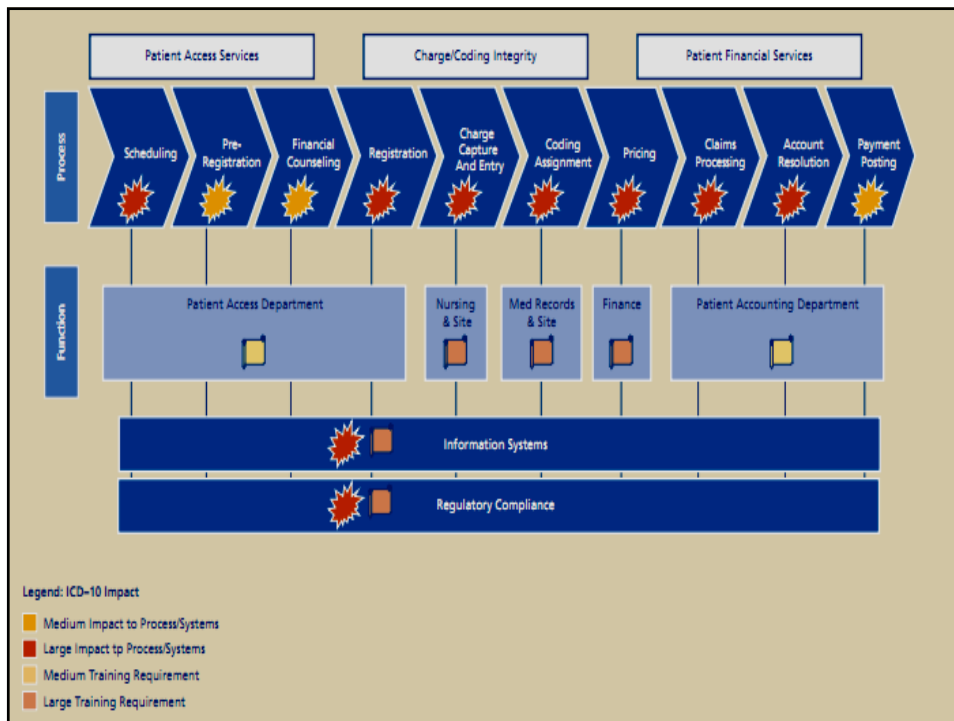
- Phase 1: Impact Assessment
 - Involves assessing the impact of the transition to ICD 10 CM/PCS coding systems & identifying key tasks & objectives
- Phase 2: Overall Implementation
 - Involves three key steps: implementation of required IS changes, follow-up assessment of documentation practices, & increasing education of all pertinent associates
- Phase 3: Go-Live Preparation
 - Involves finalizing system changes, testing systems, intensive education of associates, monitoring coding/grouping & reimbursement accuracy



Presenter: Deborah G. Bell

Slide 39

CodingTrainer.com



©2011 ❖ All Rights Reserved



Total Cost of Conversion



- Per the RAND study:
 - Projected one time conversion cost: \$425 million to \$1.5 billion
 - Projected annual cost in lost productivity: \$5 million to \$40 million
- Per the Department of Health & Human Services:
 - Projected transition costs for all parties: \$ 1.8 billion
 - Projected benefits : \$4.5 billion over 15 years
- Per Nolan Corp. study:
 - Projected transition cost of \$1.6 to 13.5 billion



Presenter: Deborah G. Bell

Slide 41

CodingTrainer.com

Minimum ICD-10 CM Compliance

- Providers choosing basic ICD-10 compliance will not be able to:
 - Realize cost savings through effective infrastructure planning (Cost savings can be realized by accurately predicting resource utilization, appropriate site of service, and improve care delivery team communication.)
 - Use higher specificity of coded clinical data in payer contracting to obtain accurate and appropriate reimbursement, improved outcome management and monitor key indicators of revenue cycle effectiveness (re-admission rates, medical necessity screenings, etc.)
 - Minimize adverse impact to revenue cycle performance without advanced training and preparations for ICD-10 Health Information Management (HIM) coder training and delivery team documentation requirements.



Presenter: Deborah G. Bell

Slide 42

CodingTrainer.com

©2011 ❖ All Rights Reserved



What Should You Be Doing Now?



- Testing 5010 with trading partners
- Ensuring dual processes will handle ICD-9 & ICD-10 in tandem
- Conducting remedial biomedical training for clinical documentation specialists and coders – prior to intensive ICD-10 training
- Developing or contracting for awareness training
- System remediation
- Conducting a documentation, coding & reimbursement impact analysis

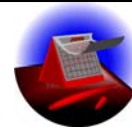


Presenter: Deborah G. Bell

Slide 43

CodingTrainer.com

What Should Be on the Calendar for 2012-2013?



2012

- Success with 5010 compliance date of 1-1-2012
- Success with 5010 compliance date of 1-1-2012
- External testing of ICD-10-CM/PCS codes

2013

- Basic, intermediate and advanced coding training
- Review of specialty specific documentation strategies with physicians and clinical documentation specialists
- Ongoing monitoring & improvement of documentation, coding and case mix management



Presenter: Deborah G. Bell

Slide 44

CodingTrainer.com

©2011 ❖ All Rights Reserved



Who needs to be trained?

This is determined by the scope of one's role.

- Identify who assigns, interprets or uses codes, and/or documents diagnoses & procedures in the record.
 - Coders; both inpatient and outpatient
 - Physicians
 - Clinical Documentation Specialists
 - Other clinicians such as nurses and therapists
 - Ancillary department personnel
 - Quality management personnel
 - Utilization management personnel
 - Data quality/data security personnel
 - Researchers, data analysts, and epidemiologists
 - Information systems personnel
 - Billing and accounting personnel
 - Compliance officers



Presenter: Deborah G. Bell

Slide 45

CodingTrainer.com

Learning Levels: The Training Spectrum

- Determining the learning levels involves determining the levels of Learning Levels:
- Level 1 High level of understanding
 - Requires familiarity & awareness of impact of the changes between the two code sets (e.g., physicians) (specificity of documentation)
- Level 2 Moderate understanding
 - Requires a moderate understanding to interpret & use ICD-10-CM/PCS (e.g., quality management, UR, compliance)
- Level 3 Detailed understanding
 - Requires a detailed or expert understanding to apply & interpret ICD-10-CM/PCS (e.g., coders & coding auditors, clinical documentation specialists)



Presenter: Deborah G. Bell

Slide 46

CodingTrainer.com

©2011 ❖ All Rights Reserved



Training

- Transitioning to ICD-10-CM/PCS requires hospitals to do the following:
 - Adequately assess the current biomedical skills of their coding team (A&P & medical terminology)
 - Obtain basic training on the fundamentals of coding with ICD-10-CM/PCS
 - Ensure coders' knowledge & application of updated coders knowledge & application of updated Official Coding Guidelines



Presenter: Deborah G. Bell

Slide 47

CodingTrainer.com

Training

- Basic ICD-10-CM/PCS training will require hospitals to consider the following:
 - Who will provide their basic ICD-10-CM/PCS training? (e.g., in-house personnel, professional association, vendor, school)
 - When will training be provided?
 - Create a training plan & timeline
 - Basic training should be provided no earlier than January 2013
 - Advanced training should be provided after basic training – preferably around March 2013
 - What materials will be used for training purposes?
 - Develop or purchase training materials suitable for the facility



Presenter: Deborah G. Bell

Slide 48

CodingTrainer.com

©2011 ❖ All Rights Reserved



Impact on Operations

- Reimbursement Shortfalls
- Reporting requirements may increase
- New value based purchasing initiatives may be introduced
- Improved clinical documentation is necessary to support the greater specificity in ICD-10-CM
- Shortage of coders that will impact DNFB
- Coder compensation & costs of contract coding expected to increase
- Scheduling concerns as staff require training on the new code sets & technology



Presenter: Deborah G. Bell

Slide 49

CodingTrainer.com

The Good, Bad & the Ugly



The Good

- 3M study predicts a 1% increase in payment after transition
- The majority of current clinical documentation improvement strategies will hold true
- Additional opportunities based on changes in:
 - Coding instructional notes (“code first”)
 - Official coding guideline changes (anemia in malignancy)
 - New diagnoses/procedures not previously captured in I-9



Presenter: Deborah G. Bell

Slide 50

CodingTrainer.com

©2011 ❖ All Rights Reserved



The Good, Bad & the Ugly



The Bad

- Vendor I-10 MS-DRG grouper software will not be available until October, 2012
- Medicaid & 1/3 of providers are behind in transitioning to 5010

The Ugly

- Claim submission & payment will likely be delayed due to inaccurate coding, reporting, and processing.
- Expect a 20-50% decrease in coder productivity



Presenter: Deborah G. Bell

Slide 51

CodingTrainer.com

ICD-10 Top Ten Myths



Myth 1:

- ICD-10 either won't happen or there will be a grace period

Myth 2:

- The time to start ICD-10 training is now

Myth 3:

- All ICD-10 coding needs to be performed electronically and, as such there will be no hard-copy coding books

Myth 4:

- ICD-10 requires overly detailed medical documentation

Myth 5:

- The increased number of codes will make ICD-10-CM impossible to use



Presenter: Deborah G. Bell

Slide 52

CodingTrainer.com

©2011 ❖ All Rights Reserved



ICD-10 Top Ten Myths



Myth 6:

- That Clinical Documentation Specialists will have to learn to code

Myth 7:

- That there are no non-specific codes choices in ICD-10

Myth 8:

- ICD-10's increased specificity will automatically improve data quality

Myth 9:

- Coding Clinic will be translated to ICD-10

Myth 10:

- ICD-11 will be ready for implementation before US transitions to ICD-10



Presenter: Deborah G. Bell

Slide 53

CodingTrainer.com

Ticket to Success



- Corporate commitment
- Thorough assessment
- Adequate planning
- Trained staff
- Thorough testing
- Communication
- Timely decision making



Presenter: Deborah G. Bell

Slide 54

CodingTrainer.com

©2011 ❖ All Rights Reserved



Take Away!

- Implement a Clinical Documentation Initiative program now
- Ramp up your coding team
 - Offer incentives to retain the experienced coders
 - Hire contract coders during the initial learning curve to maintain productivity
- Consider hiring consultants to perform a needs & gap analysis
- Coordinate the HIPAA 5010 implementation with ICD-10 CM
- Start ICD-10 preparation now



Presenter: Deborah G. Bell

Slide 55

CodingTrainer.com

©2011 ❖ All Rights Reserved

