ICD-10 Coding is Near

Oh goodie, ICD-10 is coming!
ICD-10-CM...Why?

Why Change?

• ICD-9-CM had around 17,000 diagnosis codes, while ICD-10-CM climbs towards 70,000 diagnosis codes.

• Many new specialties have emerged that did not exist when the ICD-9-CM code set was conceived (ICD-9 is based on medical procedures & technologies from the 1960s!)

• More specific codes – yield better data and describe what you are doing better, for better reimbursement.

• Greater specificity also allows for increased ability to study disease & treatment patterns.
Some Places to Update

Some places you may need to adjust your codes:

• EHR / Practice Management Software (allow time for updates & training)
• Forms (charting, informal, etc.)
• Documents (ex ABN form)
• Website
• Contracts
• Policy & Procedure Manuals
• Inter-departmental documents
Healthcare level: College

Understanding the Basics

ICD-10-CM Getting a Clue
(BYOP- Bring your own popsicles.)
Desperate for Coding

What do you mean-I’m going to have to relearn how to code?!!!!
There are 34 possible values that can be assigned to each character spot in a code: the numbers 0 through 9 and the letters of the alphabet (except I and O, because they are easily confused with the numbers 1 and 0).

**Kathleen just informed me (Nov 2013) that in the newest ICD-10 coding manual they are now using “i” and “o” codes. So much for them thinking ahead and using some smarts. 😊**
New with ICD-10

Volume 1 & 2 → ICD-10-CM

- Placeholder Characters
- 7th Characters
- Excludes 1 vs. 2
- “And” Definition
The “x” is required!

M01.x0 Direct infection of unspecified joint in infectious and parasitic diseases classified elsewhere
M01.x1 Direct infection of shoulder joint in infectious and parasitic diseases classified elsewhere
   M01.x11 Direct infection of right shoulder in infectious and parasitic diseases classified elsewhere
   M01.x12 Direct infection of left shoulder in infectious and parasitic diseases classified elsewhere
   M01.x19 Direct infection of unspecified shoulder in infectious and parasitic diseases classified elsewhere
Identify the “type” of encounter

- Certain ICD-10-CM categories have a 7th character.
- The applicable 7th character is required for all codes within the category, or as instructed.
- The 7th character must always be the 7th character in the data field.
- If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters.
Identify the “type” of encounter

Find-A-Code View
Excludes 1 vs. Excludes 2

Excludes 1 = “Not coded here!”
Conditions CANNOT occur together.

Excludes 2 = “Not included here!”
Conditions CAN occur together.
“And” = And/Or
New with ICD-10

Volume 3 → ICD-10-PCS

- Anatomy Brush-up Needed
- And, Also = and / or
- Dx NOT in Description
- NOS & NEC Restricted
  (Not Otherwise Specified & Not Elsewhere Classified Restricted)
- Code Structure
- Index-less Coding
- Review Official Guidelines
Review Official Guidelines

**ICD-10-CM:**

**ICD-10-PCS:**

**CMS & GEMS**
Your best source for information is, as always, CMS first:
https://www.cms.gov/ICD10/
But the “new” engine is bigger & clunkier than a Klingon in a 5yr old’s ballet recital.

Things change—people, timelines, technology, everything.

Let it go, Spock.

And yes, things have to change (including your paperwork & methods).
Current Coding Problems

ICD-10+ will shine a glaring light on these problems. These problems include:

- Patient care problems
- Office audit problems
- And, most certainly Insurance reimbursement problems
Current Coding Problems

• **Cheat Sheets** (lists of old time favorites that have been reimbursed in the past)

• A false belief that diagnosis codes “do not change that much” or “I only use a small number of codes”

• Communication problems between diagnoses and documentation (the documentation is weak, non-specific, not properly detailed, and doesn’t always clearly show *why* the diagnosis.)
ICD-10 Consequence Risk Estimates

- Unprepared practices will probably see a decrease in productivity the last quarter of 2014
- Coding questions needing response from providers will increase dramatically
- Delayed and Denied claims will come as a result of incomplete, inaccurate, or incorrectly sequenced “new” codes
- Stress and sick time amongst employees (providers, coders, managers, and office staff) will increase
Start conducting your own office file audit reviews. You need to see how your current codes are being documented and supported. Is there enough detail in your records to support your codes and medical necessity findings? If not, then doctor and staff need to get more on top of things by documenting and checking your documentation better so that it is good to go. The new codes are much more detailed and specific, so your documentation will need to be also.

Begin to make changes to how you document now, so that you are better prepared as a provider for ICD-10 (or ICD-11) and so your coders and billers will have the information they need to take care of you and the patients properly.
Finally logic can prevail.

Ok, so maybe ICD-10 is coming and it might even be do-able… How do I start?

That’s all I’ve been saying….Let’s get this ICD-10 party started.
Death of the Superbill

A superbill just isn’t going to be super enough to cut it for ICD-10. Gayl Kirkpatrick, from 3M HIS Consulting Services, gave an example from a hospital her team was consulting with:

"We took a two-page superbill in ICD-9 and translated that into ICD-10," Kirkpatrick said. "It became a 48-page superbill."

Buy an ICD-10 book and take a look at your top 50 most common codes to see where you need to focus.
Familiarity Breeds Comfort

Start getting familiar with the ICD-10 coding format and what you will need to know and report for your office. Use the CMS GEMS program to help you begin to identify and begin cross-walking your most used codes. (If you are a specialty practice that uses a small sub-set of codes, this will be especially helpful).

Stay up-to-date and be in the know by bookmarking the CMS web site for more and continuing information on ICD-10. https://www.cms.gov/ICD10/

Also, focus on what your specialty is, not a broad, overwhelming “everything”.

Preparing for ICD-10 Now
Good Riddens to Non-Codes

Say “Goodbye” to non-specific codes—NOW.

Increasing the specificity of your current codes and coding now (yes, read this as increasing your specific documentation for each code you are coding), Will decrease the pains and overwhelm of ICD-10 transition later.

This will also allow you the time work out your workflow, and documentation/coding discussions with your providers, as well as practice utilizing your EHR fully.
Look at some ICD-10 “Helps”

Vendor Tool Examples

*GEMS (Medicare)
*Additional Professional Coding Training

**Apps for iPhone & Droid
   Find-A-Code™
   Cross-A-Code™
   Build-A-Code™

*Recommended.
**Genius does not necessarily recommend the above Apps, we do not give specific coding advice. They are suggestions of possible options that exist, in an effort to be thorough.
Anatomy Review

Anatomy Brush-up Needed
Training, Training, and more Training, It should never stop.

- **Doctors need to know what to report** and how best to document and communicate this information to staff who have to code it and bill it out.

- **Staff needs to upgrade their medical knowledge** and ability to understand what the doctor is trying to say. You can start small by upgrading the staff's medical terminology every week. **Allow weekly training time for the staff to “up their skills”** (i.e. the staff’s knowledge of anatomy and physiology, medical prefixes and suffixes, etc.)

- **Staff also needs to expand their coding ability and skills**, to make sure that they can help the doctor translate doctor-speak into insurance paid-speak. CPCs can be life (and office savers). **Have your billers & coders take an ICD-10 class or a class to learn how to use the reference book to look up codes and information properly.**
I find your lack of specificity to be illogical & impossible to code.

I didn't know you needed the incision method or to have me bust out a ruler to measure it.

Work with me here, it's not just me, I'm still trying to get the hang of the EHR.
A coder cannot code what is not there. If information is not there, it does not exist and they cannot code for it. If information isn’t coded, it isn’t paid.

You can either document completely and correctly up front, or wage a back and forth battle with your coding and billing staff while they drag each piece of information out of you, hopefully before you forget it. Again, this isn’t just an ICD-10 problem, adjusting your documentation and increasing your staff training now will also pay you dividends now (oh, and you won’t have to suffer a negative audit later either).
Invest in your staff!

- **You would be wise to have at least one CPC**, it may even become a requirement in the near future (CPCs have their own license number and are required to have it attached to the billing stating that it is correct and accurately coded).

- **Have more than one properly licensed coder in the office.** (The doctor may want to have at least two or more CPC coders in the office: Some to bill out, others to work with and help the doctor get and log all pertinent information at the time of the encounter (this would save both the doctor and the coder time in logging the encounter, as well as time fixing errors later).
ICD-10 Implementation has occurred in Canada... So there are actual facts and lessons learned.

Canada’s ICD-10-CA implementation had problems and did not run as smoothly as hoped and planned for. Learn from their issues, so your course can run more smoothly.

Those who cannot remember the past are condemned to repeat it.  
George Santayana
Get physicians and staff involved in documenting together earlier.

Those involved in any aspect of documenting and coding need to understand the scope of ICD-10 ASAP and they need to learn and develop the skills document and communicate with each other well – both speaking the same language of procedures, codes, and ICD-10.

Two monologues do not make a dialogue.

Jeff Daly
ICD-10 Growing Pains

Plan for productivity losses, delays, and cost overruns.

You want to boost productivity now in every area & way possible, so that when it drops for ICD-10, you’ve already got it covered.

Issues will arise, delays will ensue, prepare early and often for as many contingencies as you can think of, then it was suggested that you add an additional 25% to your budget because you will still need the time and the money to cover production dips, and payment delays, along with the ICD-10 learning curve.

Always be prepared.

The Boy Scouts
ICD-10 Growing Pains

Cross Walks, Cross Talk, and Crossing Over

Don’t bother much with “compatibility”, ICD-10 is too different from ICD-9 and they found that cross walks and mapping didn’t work as well as they had hoped. Just learn the new language.

Share your ICD-10 pain and perks with others. By sharing what works and what doesn’t with one another, you can help to moderate the learning curve.

Patient care has improved with the more detailed information gathered. Physicians are learning more about disease and treatment from the implementation.
Don’t be “that” office.
Thanks & Resources

Many thanks to the icanhas.cheezeburger sites & morguefile for most of the pictures.

New Resources used for this presentation beyond what is already available from us on the blog and such.

