Agenda

• Who, What and Why of ICD-10
• The Basics
• Overview of Changes
• ICD-10 Code Structure
• Submission of Claims
• Impact of Non-Compliance
• Getting Ready for Transition
• Resources and Information
• Q & A
WHAT ARE ICD CODE SETS?

- ICD-9 was developed by the World Health Organization (WHO) for worldwide use in 1979.
- ICD-9 is over 30 years old. Technology has changed, many categories are full, and it lacks sufficient detail.
WHY IS CMS MANDATING THIS CHANGE?

ICD-10

- Provides diagnosis and procedure codes that better reflect the patient's medical conditions and treatments
- Higher quality data to better assess medical care and outcomes and improve patient care and disease management
- Flexible and easier to update as technology, healthcare, and medicine continue to evolve
WHO MUST USE ICD-10 CODES?

Required for anyone covered by the Health Insurance Portability and Accountability Act (HIPAA)

Anyone who submits claims using ICD-9 diagnosis codes must make the switch.
On October 1, 2015 the ICD-9 code sets used to report medical diagnosis & inpatient procedures will be replaced by ICD-10 code sets.
ICD-10 OVERVIEW OF CHANGES

**Diagnosis Codes**
- ICD-9: 3-5 characters
- ICD-10: 3-7 characters

**Procedure Codes**
- ICD-9: 3-4 numeric digits
- ICD-10: 7 alphanumeric characters

**Number of Codes**
- ICD-9: 15,000 codes
- ICD-10: 155,000 allowable
ICD-10 OVERVIEW OF CHANGES

Includes new conditions, treatments and technology

Includes greater specificity and granularity

Includes details like laterality and obstetrical trimester

Groups injuries by anatomical site

Expands diagnosis codes from 13,000 to 68,000 codes

Expands procedure codes from 3,000 to 72,000 codes
ICD-10 DIAGNOSIS CODE STRUCTURE

**OVERVIEW**

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**Category**

**Etiology, Anatomical site, Severity**

**Extension**
ICD-10 DIAGNOSIS SAMPLE

Letter: S  Number: 62 Characters can be letters or numbers

Category:  Etiology, Anatomical site, Severity

Extension: 101 D
ICD-10 CODE STRUCTURE - Diagnosis Position One

A & B: Infectious and Parasitic Diseases
C: Neoplasms
D: Neoplasms, Blood, Blood-forming Organs
E: Endocrine, Nutritional, Metabolic
F: Mental and Behavioral Disorders
G: Nervous System
H: Eye and Adnexa, Ear and Mastoid Process
I: Circulatory System
J: Respiratory System
K: Digestive System
L: Skin and Subcutaneous Tissue
M: Musculoskeletal and Connective Tissue
N: Genitourinary System
O: Pregnancy, Childbirth and the Puerperium
P: Certain Conditions Originating in the Perinatal Period
Q: Congenital Malformations, Deformations and Chromosomal Abnormalities
R: Symptoms, Signs and Abnormal Clinical and Lab Findings
S: Injury, Poisoning, Certain Other Consequences of External Causes
T: Injury, Poisoning, Certain Other Consequences of External Causes
U: no codes listed, will be used for emergency code additions
V, W, X, Y: External Causes of Morbidity (homecare will only have to code how patient was hurt; other settings will also code where injury occurred, what activity patient was doing)
Z: Factors Influencing Health Status and Contact with Health Services (similar to current "V-codes")
Mixing of ICD-9 and ICD-10 codes IS NOT allowed.

Date(s) of service will determine which code set to use.

You will need to determine the guidelines for your provider type.
Forms and processes will change during this transition, including prior authorization forms.

Information on those changes will be posted on the EOHHS website and in the monthly Provider Update.
INPATIENT PROCEDURES

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 69 DX | G5601 | 70 PATIENT REASON DX | G5601 | 71 PPS CODE |
| 74 PRINCIPAL PROCEDURE CODE | DATE | OTHER PROCEDURE CODE | DATE |
| 01N50ZZ | 100515 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Hewlett Packard Enterprise
IMPACT OF NON-COMPLIANCE

• Providers who are not ready on October 1, 2015 may experience:
  • Denied claims
  • Additional cost of recoding and resubmission of claims
  • Delayed payment
  • October 1, 2015 is a hard cutover date – implementation will NOT be phased in.
Preparing for ICD-10

The transition date of October 1, 2015 is quickly approaching....
Getting Ready for ICD-10

- Conduct a readiness assessment
- Build your team
- Conduct an impact assessment
- Identify key stakeholders
- Assess staff training needs
- Develop an implementation plan

Let’s look at these steps further...
Conduct a readiness assessment

• Have you started to think about how this will impact your practice?
• Do all members of your staff know about ICD-10 and the compliance date?
• Have you thought about the impact on your processes?
What Should I Do to Prepare?

NURSES
- Forms: Every order must be revised or recreated.
- Documentation: Must use increased specificity.
- Prior Authorization: Policies may change, requiring training and updates.

PHYSICIANS
- Documentation: The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- Code Training: Code sets will increase from 17,000 to 140,000. Physicians must be trained.

MANAGERS
- New Policies and Procedures: Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQI must be revised.
- Vendor and Payer Contracts: All contracts must be evaluated and updated.
- Budgets: Changes to software, training, new contracts, and new paperwork will have to be paid for.
- Training Plan: Everyone in the practice will need training on the changes.

LAB
- Documentation: Must use increased specificity.
- Reporting: Health plans will have new requirements for the ordering and reporting of services.

BILLING
- Policies and Procedures: All payer reimbursement policies may be revised.
- Training: Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

CODING
- Code Set: Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- Clinical Knowledge: More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- Concurrent Use: Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until claims are resolved.

CLINICAL
- Patient Coverage: Health plan policies, payment limitations, and new ABN forms.
- Superbills: Revisions required and paper superbills may be impossible.
- ABNs: Health plans will revise all policies linked to EDs or ICUs, etc. ABN forms must be reformatted, and patients will require education.

Source: AAPC/Ingenix
Providers should think about:
• Who should be involved in the process?
• Who is your point person to coordinate your plan?
• Who will connect with outside vendors or clearinghouses that you utilize?
• Who will attend trainings offered as well as conduct staff trainings?
You will need to determine all areas that will be affected by the change:

- Computer data storage
- Software applications
- Vendors and clearinghouses
- Revised patient questionnaires to obtain information needed for ICD-10 coding
- Impact on electronic health records
- Staff training for clinical documentation
Identify key stakeholders

Possible stakeholders:

• Staff members
• Vendors
• Clearinghouses
• Coders
• Colleagues
Assess staff training needs

Does your staff need?

• A basic overview of ICD-10?
• New office processes?
• New documentation needs?
  • Obtain ICD-10 code books
  • Comparison of commonly used ICD-9 codes to new ICD-10 codes
• New claim submission information?
  • Ex. Obtain new claim forms?
Possible items to include in the plan?

- A project checklist
- Costs associated with the transition (ex. software changes, new claim forms, ICD-10 code books)
- A plan for software/hardware testing
- Staff training
- Communication plan for vendors
Sample questions for your vendor or clearing house:

- Will you update my products and applications for ICD-10?
- Will there be a cost?
- Will I need new hardware to accommodate ICD-10-related software changes?
- Will you provide training on your software?
- Will you help me test my system with payers and other trading partners?

For PES users: submitted claims will have to be qualified as either ICD-9 or ICD-10.
WHERE TO FIND INFORMATION ON ICD-10

Centers for Medicare and Medicaid Services (CMS) website has all the latest information to support the transition.

Visit www.cms.gov and enter ICD-10 into the search box for the type of information you are seeking. More information is also available on http://www.roadto10.org/.
WHERE TO FIND INFORMATION ON ICD-10

The Executive Office of Health and Human Service (EOHHS) website will have information specific to Rhode Island.

Visit [www.eohhs.ri.gov](http://www.eohhs.ri.gov) and click on the ICD 10 Implementation tab from the Providers and Partners drop down.
WHERE TO FIND INFORMATION ON ICD-10

Be sure to read the Provider Update each month for the most up to date information. It is posted on the EOHHS website at:

http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx

Or you can receive it electronically by asking for your email to be added to the electronic mailing list.
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<tr>
<th>Provider Representative</th>
<th>Contact Information</th>
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<tbody>
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Thank you for your participation.

These slides were presented as an overview of the transition to ICD-10 on October 1, 2015. This overview provided general information on impact and planning.