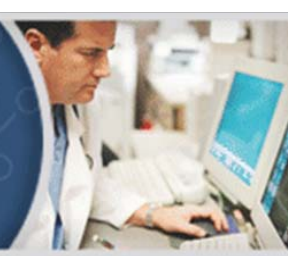


# ICD-10 PlayBook

HIMSS



## A HIMSS G7 ADVISORY REPORT: THE ICD-10 PLAYBOOK

*A BROAD CROSS-10 INDUSTRY COLLABORATIVE TO EQUIP  
HEALTHCARE PROVIDERS FOR ICD-10*

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The HIMSS G7 offers cross-collaboration of diverse healthcare stakeholders on IT issues.

On April 11, the following groups participated in a HIMSS G7 event seeking clear messaging around ICD-10:

#### G7 Sponsor(s)

**Kaiser Permanente** - Tom Witmer, CPHIMS, Vice President; Sanjiv Datt, Principal Consultant

**Ingenix** - Dave Goetz, VP for State Government Solutions; Carrie M. Cooper, MHA, ScD, Associate Director

#### ICD-10 PlayBook Sponsors

**Experis IT** - Kenn Beckwith, Director; Bill Chamberlain, Regional Director

**AAHAM** - Laurie Shoaf, CPAM, VP Corporate Compliance/President of AAHAM

#### Other attending organizations

*(in alphabetical order):*

- **AAPC** - Rhonda Buckholtz, CPC, CPMA, CPCI, VP, ICD-10 Training and Education
- **AETNA** - Stacie Watson, Head of Customer Operations, Shared Services – ICD-10/5010
- **AHIMA** - Robert Nelson, SVP, Marketing & Strategic Business Dev.
- **AHIP** - Thomas Meyers, VP, Product Policy Department
- **AMA** - Nancy Spector, BSN, MSC, Director, Electronic Medical Systems
- **AmeriHealth Mercy** - Joseph Miller, FHIMSS, Director, E-Business
- **ASC X12** - Andrew Fitzpatrick, Chair, Marketing & Business Development

## URGENT: MOBILIZE TODAY FOR ICD-10

The nation's largest associations, healthcare providers, health plans and others convened on April 11 at the HIMSS G7 to design a new initiative, dubbed "The ICD-10 PlayBook," to educate primarily providers on ICD-10 transformation. The event was facilitated by the Vanderbilt Center for Better Health.

The impetus behind this singular cross-stakeholder gathering supported four primary objectives:

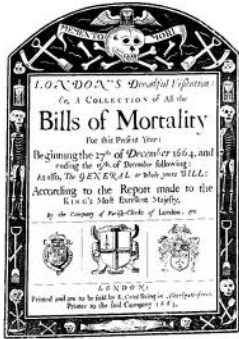
- Gain consensus around the overall strategy for ICD-10 transformation of the healthcare industry.
- Design the right messaging around this strategy, including timelines.
- Review content needs and advise on the implementation of the ICD-10 PlayBook resource.
- Provide critical ICD-10 messaging to the provider community.

Central to this effort, experts focused on a critical problem recognized across all the healthcare stakeholders: **what message(s) do we need to broadcast to engage stakeholders *as soon as possible* to start ICD-10 planning, preparations and implementation?**

- **BNY Mellon** - *Rose Wojciechowski, VP, Healthcare Market Specialist*
- **CIGNA** - *Amy Goldstein, Network Contracting Mgr. & Karen Rutkowski, ICD-10 Enterprise Program Dir.*
- **HCSC** - *Dennis Morissette, Mgr. Network Mgmt. & Jerry D. Kneller, Exec. Director*
- **HIMSS** – *John Casillas, SVP, BCS, Juliet Santos, MSN, CCRN, FNP-BC, Sr. Director, BCS, Tim Castallo, Mgr., BCS, & Ebony Morgan, Coordinator, BCS*
- **Humana** - *Sid Herbert, Prog. Mgr.*
- **LifePoint Hospitals** - *Leighann Braswell, RHIA, CHP, CCS, Dir. Of Compliance Education & Richard Flores, Sr. VP, Revenue Cycle Operations*
- **Mayo Clinic** - *Dwan Thomas-Flowers, MBA, RHIA, CCS, Special Projects Mgr., Revenue Cycle*
- **United Health Group** - *Angela Boynton, 5010/ICD-10 Communications & TL & Ross Lippincott, VP, 5010 & ICD-10 Programs*
- **US Bank** - *Jason Birgenheier, Product Manager*
- **Vanderbilt University Medical Center** - *Gary Perrizo, Director*
- **WEDI** - *Debbie Meisner, VP, Share Services*
- **WellPoint** - *Ian Bonnet, Staff VP Mandates, ICD-10*
- **Wells Fargo** - *June St. John, Sr. VP*

## WHAT IS ICD-10?

“ICD-10” has a long history dating back to the 1700s when it was initially known as the “London Bills of Mortality.” Since that time, the disease classification system grew steadily until officially implemented by the World Health Organization (WHO) as a tool to track morbidity, disease and treatment protocols.



WHO, which owns and publishes the ICD-10 (or International Classification of Diseases, 10<sup>th</sup> revision), authorized the development of an adaptation of ICD-10 for use in the United States, thus the “ICD-10-CM” epitaph (CM=clinical modification). The ICD-10-CM, which is maintained by the National Center for Health Statistics (NCHS), was developed following a thorough evaluation by a Technical Advisory Panel and extensive additional consultation with physician groups, clinical coders, and others to assure clinical accuracy and utility.<sup>i</sup>

The American Hospital Association (AHA) and the American Health Information Management Association (AHIMA) conducted a field test for ICD-10-CM in the summer of 2003. The clinical modification represents a significant improvement over ICD-9-CM and ICD-10. Specific improvements include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of sixth and seventh characters; incorporation of common 4th and 5th digit sub classifications; laterality; and greater specificity in code assignment. The new structure will allow further expansion than was possible with ICD-9-CM.<sup>ii</sup> ICD-10 changes include “use of alpha numeric codes, restructured categories, a revised coding scheme and significantly expanded detail of procedure/diagnosis codes” according to the Blue Cross Blue Shield Association.

iii

Notably per the AHIMA website, “when the US modified ICD-9 to create ICD-9-CM more than 30 years ago, a third volume was added to capture procedure codes. However, instead of appending a short volume to ICD-10-CM, a complete classification, ICD-10-CM was developed. This procedural coding system is much more detailed and specific than the short volume of procedure codes included in ICD-9-CM.”<sup>iv</sup> v ICD-10-PCS (Procedure Coding System) was developed for use in the United States for hospital inpatient settings only. It will replace ICD-9-CM Volume 3 as the code set for reporting hospital inpatient procedures in HIPAA



standard electronic transactions as of October 1, 2013.<sup>vi</sup>

Thus, through successive additions and evolving domestic use, the ICD-10-CM and -PCS have become the standard for classifying diseases. Implementation will impact both clinical and administrative health information technology systems. Finally, HHS has mandated that all HIPAA-covered entities must implement ICD-10-CM for use in standard electronic transactions (including but not limited to claims) for dates of service that occur on or after October 1, 2013. Table 1 illustrates the differences between ICD-9- CM and ICD-10-CM.

**Table 1. Differences between ICD9 and ICD-10**

*(Source: AAPC website. Used with permission. May 2011)*

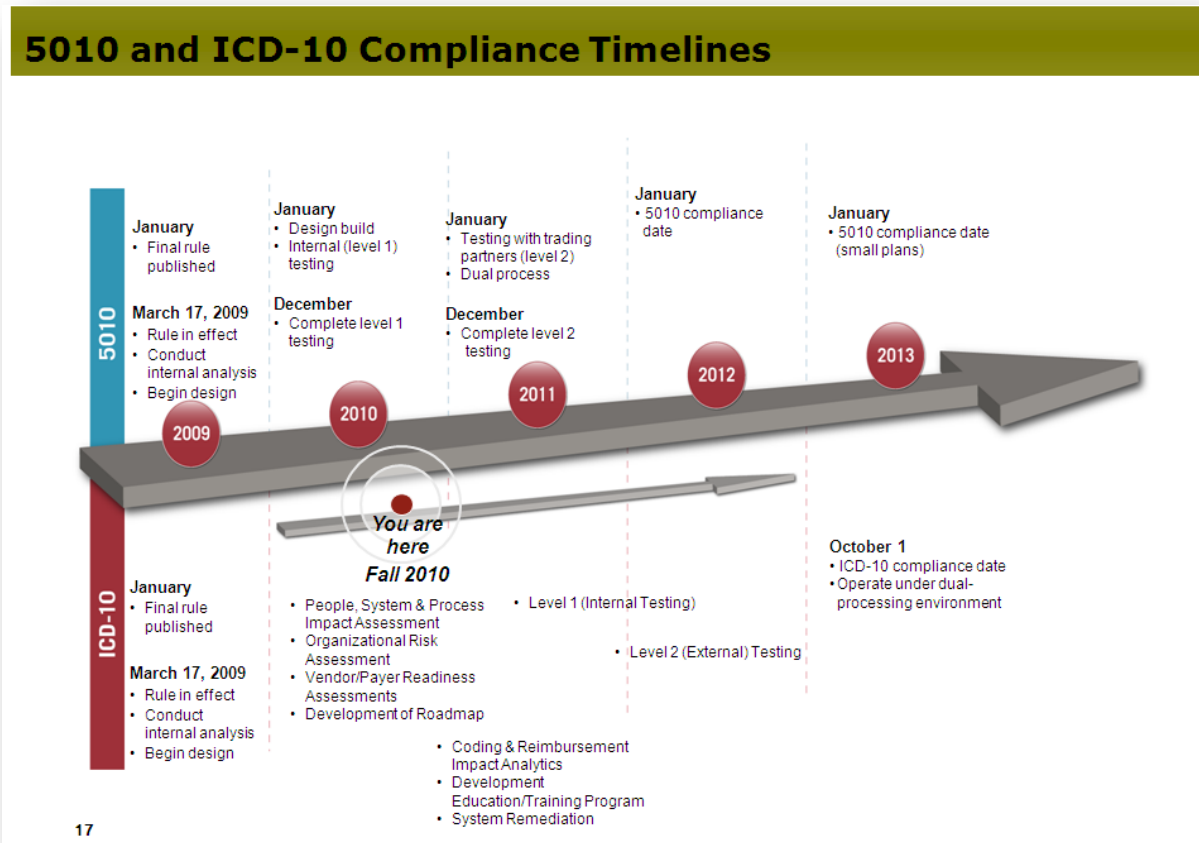
Issue	ICD-9-CM	ICD-10-CM
<b>Volume of codes</b>	approximately 13,600	approximately 69,000
<b>Composition of codes</b>	Mostly numeric, with E and V codes alphanumeric. Valid codes of three, four, or five digits.	All codes are alphanumeric, beginning with a letter and with a mix of numbers and letters thereafter. Valid codes may have three, four, five, six or seven digits.
<b>Duplication of code sets</b>	Currently, only ICD-9-CM codes are required. No mapping is necessary.	For a period of up to two years, systems will need to access both ICD-9-CM codes and ICD-10-CM codes as the country transitions from ICD-9-CM to ICD-10-CM. Mapping will be necessary so that equivalent codes can be found for issues of disease tracking, medical necessity edits and outcomes studies.

Concurrent Management of 5010 and ICD-10

Migration to the ICD-10-CM/CPS will require implementing ASC X12, version 5010 for the HIPAA-specified transactions used in everyday business operations. If a provider is using a claims clearinghouse or practice management system, the provider will need to coordinate efforts with supporting vendors. Figure 1 provides an integrated view of timeliness around implementation of the ASC X12, version 5010 transactions for claims processing and ICD-10 coding transformation compliance guidelines.

Figure 1

(Source: Ingenix. Used with permission. May 2011)



## STRATEGY

Dialogue around strategy began with recognition that there is a diverse set of environmental factors in play today in healthcare, from “meaningful use” to the march towards medical banking programs in the form of “operating rules” to the development of health information exchanges (HIEs) and health insurance eXchanges (HIX). Multiple legislative mandates present competing priorities for the stakeholders. Clearly, there is a multitude of change, preparation and planning on the immediate horizon.

One strategy could be to tackle as many mandates and other projects evolving due to environmental factors as possible; are there overlapping requirements? Along these lines, the G7 participants began a strategic discussion around two areas:

1. Electronic business transformation
2. Staging ICD-10 implementation

The HIMSS G7 believes that engaging strategy around ICD-10 transformation is more accurate within the context of electronic business transformation. Mapping internal initiatives around these two areas could yield similar project implementation requirements and mitigate multiple competing priorities around adoption of health IT and new business processes that are enabled through electronic business transformation.

### Electronic Business Transformation

Today’s healthcare system is moving its data streams from paper to digital processing. This is occurring across clinical and administrative/financial/business systems. Availability of data, transparency, interoperability across diverse technology platforms, workflow automation and other drivers are factors in a wholesale transformation using IT. Moving these areas forward are government regulations that encourage electronic business processing.

The HIMSS G7 asserts that a comprehensive strategy around ICD-10 transformation should take into account the context of electronic business activities with which the organization is engaged. These include but are not limited to:

- Mandated migration towards ASC X12 version 5010 transactions as of January 2012 under HIPAA’s Transactions and Code Sets Rule. Implementation of version 5010 is prerequisite to the implementation of ICD-10.

- Meaningful Use requirements.
- Section 1104 of the Affordable Care Act that mandates health plan adoption of new operating rules for routine healthcare transactions.
- Other areas.

Environmental factors should also be taken into consideration when considering a strategy for electronic business transformation. For example, there has been a significant uptake of high-deductible insurance plans both within and external to the consumer-driven or account-based health plan product segment (i.e., HSAs, FSAs, etc). This has translated into increased “patient-owing balances” at point of service.

Understanding how to assess amounts owed by a patient/consumer at point-of-service and gaining real-time access to benefits and eligibility data are key parts of a program to implement technology that can better inform providers as they navigate electronic business transformation. As ICD-10 coding schemes are adopted, corresponding reimbursement schedules and contractual allowances will be changed; thus, ascertaining amounts owed at the point-of-service are likely to become more complex. Operating rules adopted to enhance real-time acquisition of benefits and eligibility data could work hand-in-hand with ICD-10 coding transition to help to resolve this issue.

This is one example of how placing the enterprise or practice initiatives under “electronic business transformation” can help to evolve an overall strategy that supports the enterprise or practice, particularly around revenue cycle. The strategy for adoption of health IT and new business practices touches upon:

1. Need for deductible information in real-time to mitigate cash flow risks stemming from higher patient-owing balances.
2. Implementation of operating rules that can help to acquire deductible information in real-time.
3. Assessment of ICD-10-CM/PCS impact on patient-owing balances.

Supporting technology partners should demonstrate an understanding of an integrated approach towards transforming the enterprise or practice to a digital platform by understanding the global legislative and environmental factors that are driving change and evolution of paper-based practices towards a digital platform.

Once the enterprise or practice has mapped out its current and future programs under each of the areas described above, the strategy for ICD-10 can be placed within the context of electronic business transformation, enabling a comprehensive framework for action around ICD-10 projects.

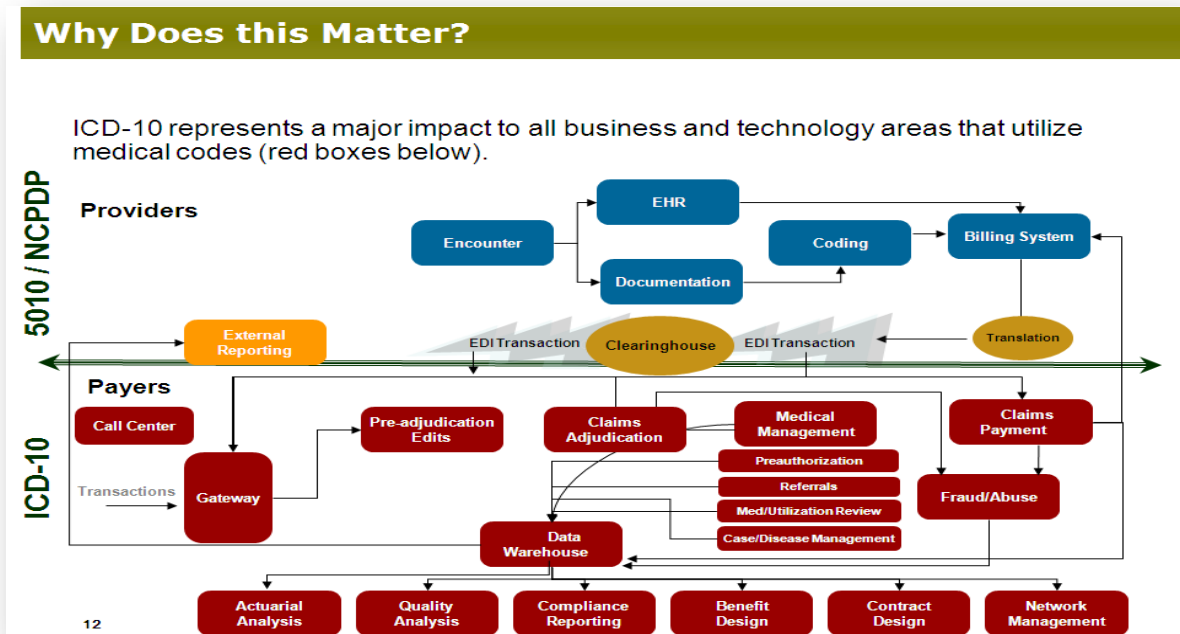
Staging ICD-10 Implementation

The diverse associations and organizations participating in the HIMSS G7 Summit for creating the ICD-10 PlayBook agreed that there are shifting priorities for engaging ICD-10 transformation as we advance towards the mandated implementation date of October 2013. What are the priorities today versus one year from now? What should stakeholders, particularly providers, start to do today?

ICD-10 transformation reaches into many areas of the enterprise or practice. Figure 2 shows the range of impact that ICD-10 will have on a provider's organization.

Figure 2. Impact of ICD-10 on a Provider's Organization

(Source: Ingenix. Used with permission. May 2011)

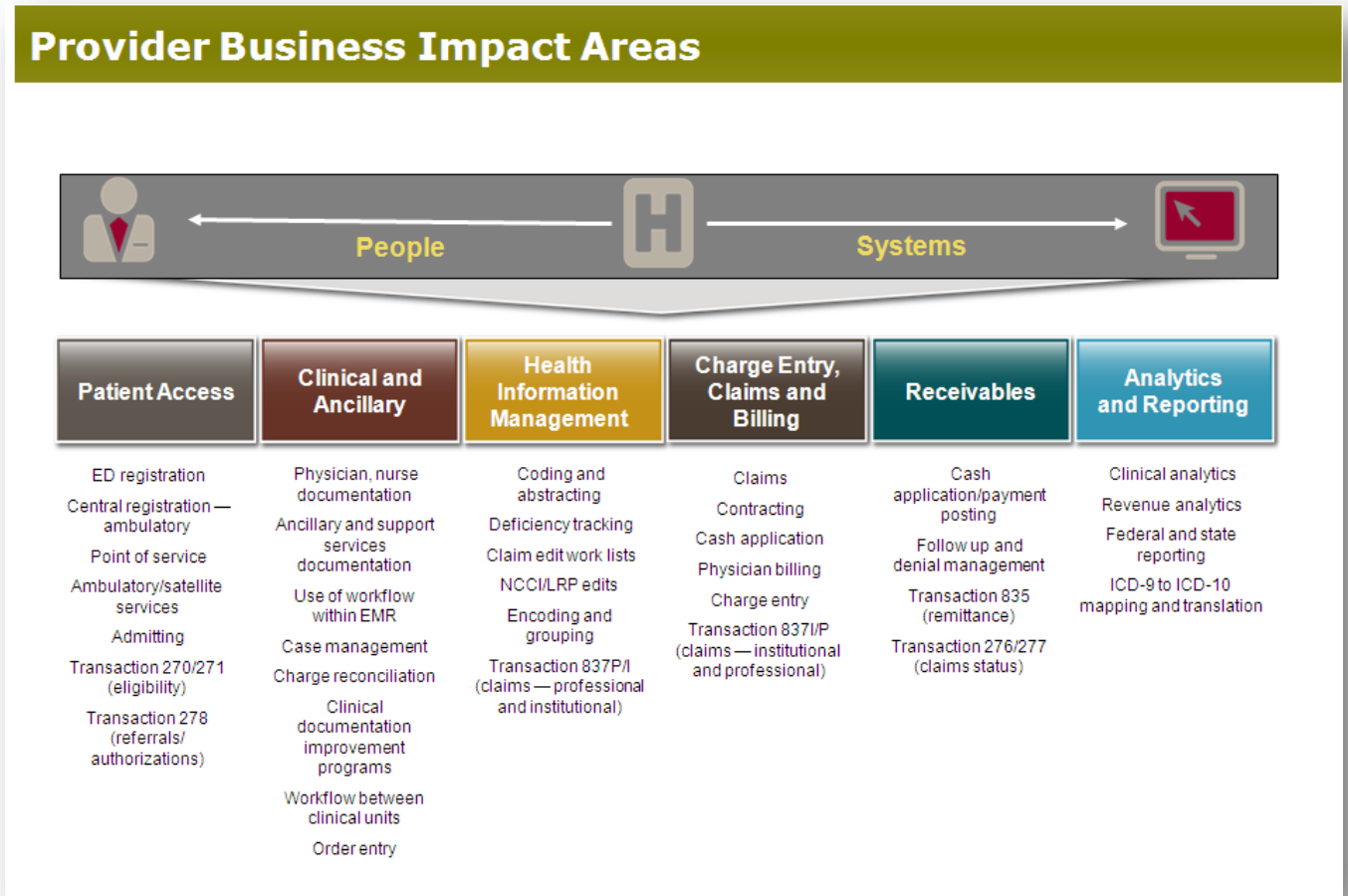




A closer view of impact on provider-based operations is illustrated below (see Figure 3).

Figure 3

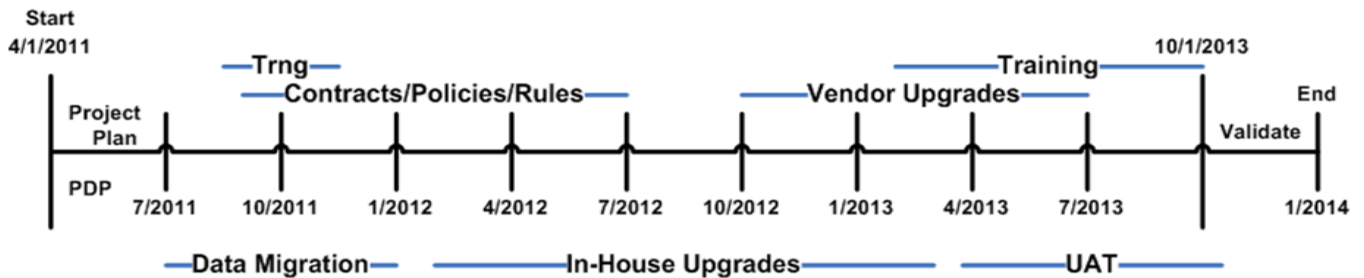
(Source: Ingenix. Used with permission. May 2011)



Due to the degree of necessary involvement by a wide array of operating departments, the HIMSS G7 participants strongly recommend a staged approach towards ICD-10 transformation. Rolling up the projects into a time-sensitive analysis, the HIMSS G7 suggest a program that progressively moves the enterprise or practice from its current state to an ICD-10 transformed state (see Figure 4).

Figure 4. Timeline for Moving towards an ICD-10 Transformed State

(Source: Experis IT. Used with permission. May 2011)



An overall guide for identifying tasks within the series of project plans that will evolve from ICD-10 transformation may be as follows:

- Establish enterprise-wide understanding of the new ICD-10-CM and PCS languages
- Assess current versus desired state for the enterprise
- Develop a plan to close the gap
- Rework affected systems while not disturbing production during the transition
- Development and implementation of system or system logic to convert ICD-9-CM to ICD-10-CM/PCS
- Training
- Budget the costs in a difficult economic environment

While this report is not intended to provide a roadmap for ICD-10 implementation, it is important to stress the importance of potential revenue cycle impacts caused from coding changes around ICD-10-CM/PCS (see Table 2). Given the significant variances between the two coding schemes, it is essential to understand the differences and how to appropriately implement new business processes.

Table 2

(Source: Ingenix. Used with permission. May 2011)

**Example - Potential Reimbursement Risk****72 Year-old Female w/ Aortic Aneurysm - Reimbursement Risk = \$13,120**

ICD-9-CM	<b>Diagnoses</b> 4412 – Thoracic aortic aneurysm 4019 – Hypertension NOS  <b>Procedures</b> 3973 – Endovascular implantation of graft in thoracic aorta	<b>DRG 237</b> Major cardiovascular procedure w MCC or thoracic aorta aneurysm repair  <b>\$30,444.60</b>
	<b>Diagnoses</b> I712 – Thoracic aortic aneurysm, without rupture I10 – Essential hypertension  <b>Procedures</b> 02UW4JZ - Percutaneous endoscopic revision of the thoracic aorta	<b>DRG 237</b> Major cardiovascular procedure w MCC or thoracic aorta aneurysm repair  <b>\$30,444.60</b>
ICD-10-CM/PCS	<b>Diagnoses</b> I712 – Thoracic aortic aneurysm, without rupture I10 – Essential hypertension  <b>Procedures</b> 02RW4KZ - Percutaneous endoscopic replacement of the thoracic aorta	<b>DRG 238</b> Major cardiovascular procedure w/o MCC  <b>\$17,324.40</b>

In summary, the HIMSS G7 believes that an appropriate enterprise strategy around ICD-10 transformation should begin by mapping all current and planned projects around “electronic business transformation” (including, of course, migration to ASC X12 5010 transactions) to identify any areas of overlap that could mitigate duplicative efforts to achieve compliance or business value. After this is done, the enterprise should immediately engage in ICD-10 assessment across the enterprise to identify gaps and remediation needs and/or project plans. Initially, compliance will be a key factor in project planning. However, as business processes are mapped out, new business value will likely surface and receive a higher degree of priority in the strategy around organizational transformation.

## DESIGNING THE ICD-10 PLAYBOOK

Facilitated by the Vanderbilt Center for Better Health, HIMSS G7 brought together leaders from around the country affected by the ICD-9 to ICD-10 conversion process. Participants were placed into three visioning and action assignments:

1. Building a useful PlayBook that all healthcare providers can use for guidance
2. Identifying risks and creating risk mitigation and financial sustainability strategies
3. Creating relevant, timely message delivered through the right channels that can successfully engage providers and others

The activities included both workgroup development and report-outs. For a detailed output, please refer to the Appendix section. A summary has been provided for this report as follows:

### Building a Useful PlayBook

HIMSS G7 sets a new standard for coordinated action among diverse constituencies of healthcare providers, health plans, commercial banks, vendors, consultants, employers, academia and others. We are especially grateful to all of the participants and their representative organizations who helped to design the ICD-10 PlayBook (see Table 3). We look forward to ongoing collaboration with this dynamic group.

**Table 3. G7 Participants**

Participating Organization	PlayBook Champion	Job Title
AAPC	Rhonda Buckholtz, CPC, CPMA, CPCI	Vice President, ICD-10 Training and Education
AETNA	Stacie Watson	Head of Customer Operations, Shared Services – ICD-10/5010
AHIMA	Robert Nelson	Senior Vice President, Marketing & Strategic Business Development
ASC X12	Andrew Fitzpatrick	Chair, Marketing & Business Development Task Group
Blue Cross Blue Shield of Illinois/ HCSC	Jerry D. Kneller	Executive Director, Legislative & Regulatory Implementation Office

CIGNA	Karen Rutkowski	ICD-10 Enterprise Program Director
Experis IT* a Manpower Group company	Kenn Beckwith	Director, Strategic Accounts Healthcare Practice, Central & Western US
Ingenix**	Carrie M. Cooper, MHA, ScD	Associate Director, Ingenix Consulting – Health Care Operations and Technology
Kaiser Permanente**	Tom Witmer, CPHIMS	Vice President
LifePoint Hospitals	Leighann Braswell, RHIA, CHP, CCS	Director of Compliance Education
The Kiran Consortium Group, LLC	Lucy Mancini Newell, MBA, FHIMSS	Managing Partner
United Health Group	Ross Lippincott	Vice President, 5010 & ICD-10 Programs
WEDI	Ann Marie Railing	VP, Regional & Special Programs
WellPoint	Ian Bonnet	Staff VP Mandates, ICD-10
Pershing Yoakley & Associates, P.C.	Denise Hall	Shareholder

\* ICD-10 PlayBook Sponsor \*\* G7 Sponsor

The range of recommendations provided during the HIMSS G7 Roundtable event reveals deep engagement and interest in use of the ICD-10 PlayBook by the organizations represented by the participants – a good sign that the PlayBook could become a critical reference document.

In brief, the participants recommended the following:

1. Develop web-based navigation that allows differing constituencies to access content easily, from general topics to more granular.
2. Position the ICD-10 PlayBook as a collaborative, credible resource facilitating greater involvement by all critical organizations and associations.
3. As inevitable coding challenges evolve, create a communications venue within the ICD-10 PlayBook for more detailed health plan-provider interaction.

### **Risk Identification and Mitigation Strategies**

This section summarizes the discussions and recommendations of the HIMSS G7 ICD-10 PlayBook participants. It will highlight key alerts for small provider practices, specialty practices, health plans and hospitals. The driving message, however, that resonates across all provider settings is financial sustainability, risk mitigation of cash flows, human resources attrition resulting in productivity losses, remediation strategies and last but certainly not least, the patients themselves. The bottom-line driver of all efforts is to minimize cash flow and process disruptions. Ultimately, the success of the transition to ICD-10 rests on how patients are impacted.

#### *Impacts on Small Provider Practice*

When implementing ICD-10, affordability (or lack thereof) of services and solutions is one of the potential deal-breakers for providers. A possible solution may be the use of HIEs and SaaS (software as a service), a common delivery model for most business applications including accounting, collaboration, customer relationship management (CRM), enterprise resource planning (ERP), invoicing, human resource management (HRM), content management (CM) and service desk management. These services can be scaled and outsourced.

**Risk mitigation approaches for the practice** include cash flow management and pre-planning for possible cash flow delays. Mitigation of this risk for small provider practices could be establishing a working capital line of credit with banks and/or other financial institutions to ensure that a cash reserve of at least six months post-implementation of ICD-10 is available in case of payment delays.

Concurrent external risks involve:

- Impact of healthcare reform on practice operations
- Health benefits exchange (HBE)

- HIEs
- Meaningful Use initiatives
- An enrollment spike in Medicaid since implementation of the Healthcare Reform Bill
- Competing resource requirements around ACOs and the payment structure such as shared savings for Medicare
- Lack of appropriate coder tools remains a key concern
- It was also noted that during ICD-10 implementation, timely filing of prompt payment is at risk and the percentage of clean claims will drop due to the sheer enormity of ICD-10 code set options.

**Risk mitigation approaches for patients** include having the ability to implement health promotion and disease prevention strategies that coincide with the ability to support self care. It is possible that in response to delayed payments, usual business operations may be impacted which could warrant changes in staffing, shorter office hours or fewer days that a provider is actually able to see patients. If this is the case, patients should be empowered to practice the self-care model which could help reduce unnecessary or unwarranted emergency room (ER) visits for simple acute, episodic illnesses. Patients will need education from providers and health plans to consider the possibility of using over the counter medications, implement natural remedies and other low cost options for minor, episodic illnesses that do not require visits to the ER.

### *Practice Valuation*

Today there is increased focus around alignment of physicians with hospitals, especially with respect to building out ACO (accountable care organization) programs. Within this context, providers should be equipped for various exit strategies of billable clinicians that maintain the integrity of the business with minimum disruption to the patient. Knowing the valuation of a practice prior to ICD-10 conversion and implementation may be a good reference point. By working with financial counselors, ambulatory practice-owners could be prepared with valuations should opportunities arise to merge, be acquired, or join an ACO. The business owner who knows his/her own company valuation is prepared to consider various options as opposed to the one who has not made any preparation to learn the true financial state of their business. It may be prudent for small provider groups to consider various exit strategies in advance of the ICD-10 conversion in the event that those strategies need to be implemented. This will tend to minimize disruption, including personal impacts to the provider, patient and the clinical practice.

Some of the pivotal questions to address are:

- What are my cash resources?
- Have I analyzed my cash flow?
- How am I preparing for a possible cash flow delay or decline?
- Does my staff have the capability for ICD-10 coding?
- Do I need to consider outsourcing some of my work flows?
- Am I taking into consideration staff stress due to learning new processes to implement ICD-10?
- What measures am I taking to support and value my staff during this transition?
- Do I need to renegotiate my existing vendor contracts to avoid frivolous or unnecessary expenditures?
- Is there some expenditure that we can forego in order to build up cash reserves now?

### *Impacts to Specialty Practice*

The specialty practice should ascertain revenue levels under the ICD-10 coding scheme. Healthcare professionals and providers should not assume that the ICD-10 conversion is revenue-neutral, with equal payment as that received with ICD-9. Review and analysis of payer mix, individual contracts and reimbursement methodologies is prudent. Conclusions are drawn from a variety of sources including health record documentation, claims submission data and other indicators regarding complexities of patient populations and quality of care provided.

**Risks to consider include** lack of awareness regarding reimbursements and financial performance prior to ICD-10 conversion. Specialty practices should understand how they are paid under the ICD-9 code sets so they can better understand revenue cycle impacts under the new ICD-10 code sets. A shift in net revenue could occur due to higher administrative costs during ICD-10 transition. This type of impact should be anticipated during contract renegotiations with health plans. It should also be taken into consideration with banking relationships so that an appropriate line of credit is established. Specialty practices would be wise to work with commercial and other financial institutions to understand the financial picture of their current practice.



### *Risk Mitigation Strategies*

Collaboration with payers is one of the key risk mitigation strategies that should be implemented by specialty practice groups. To minimize financial risk, take the following steps:

- Seek consultation.
- Perform an external coding audit.
- Model historical claims reimbursement.
- Enroll staff in coding classes.
- Secure appropriate certifications that equip staff to support the revenue cycle.

In addition, specialty practice providers should augment their staffing during the initial ICD-10 transition to manage and account for possible increased denials and resubmissions. Providers in this setting should continue to plan for working capital needs as well as consider options that include joining another group practice, hospital practice or ACO.

**The HIMSS G7 Roundtable** will facilitate the creation of information around practice valuation processes with the help of banks and other financial institutions. Gaining help around financial modeling tools, external coding strategies, conversion scenarios, effective ICD-10 migration and validation plans will be helpful. In addition, the HIMSS G7 will work with the ICD-10 PlayBook Community to provide comprehensive risk profiling templates for providers.

### *Impacts to Hospitals*

Within the hospital setting, the financial team should seek to understand new payment patterns that may emerge under ICD-10-CM/PCS. There is a much wider array of coding options. Revenue cycle oversight may need to increase in order to flag potential coding errors that may be cause for fraud and abuse investigation. In addition, there is an unknown impact on the quality scorecard for each department as well as the hospital as a whole. Transparency could impact various in-house metrics of performance and thus impact bottom line revenue target numbers.

**Risk mitigation strategies** should focus resources on good documentation, which, under ICD-10, directly impacts accurate billing and payment timing. Medical record coding staff must be aware of new ICD-10 documentation guidelines in order to evaluate provider documentation for appropriateness, thoroughness and completeness. All

healthcare providers must take great care to document procedures, labs and diagnostics performed in order to capture the essence of the total care provided during a hospital admission.

**The HIMSS G7 Roundtable** can assist by creating a venue for sharing the best practices and challenges faced by other hospital providers. Surveys are useful tools in measuring what the hospital health systems are experiencing as they implement ICD-10. Creating discussion boards could provide a platform for the healthcare community to exchange ideas and pitfalls to avoid.

### *Impacts to Health Plans*

Cross-walking to ICD-10 may cause unintended coding impacts to billing and is one of the key areas that health plans need to assess. Other risks may include:

- An increase in service and operations resources to work on claims denials
- Authorization data (provider readiness and ability to request authorizations)
- Due to the specificity available with ICD-10, a facility may reflect a more complex (acutely ill) patient population that was demonstrated with ICD-9
- Too much focus on internal testing and lack of focus on collaborative testing with business partners

**Mitigation strategies** include collaboration, transparency and communication between payers and providers, training and problem solving through the use of task forces, encouraging CMS to continue perfecting payment groupers and mappings, and collaborating with other healthcare stakeholders to create an industry test bed.

**The HIMSS G7 Roundtable** can assist by creating scenarios and test beds between payers and providers, providing training and encouraging task force collaborations across all provider groups.

## Targeted Messaging: Creating the Right Message Delivered through the Right Channels

The ICD-10 PlayBook is written primarily for healthcare providers including hospitals, ambulatory centers and clinicians. The provider market was divided into two areas: internal and external. Internal refers to physicians, nurse practitioners, patient accounting managers, physician assistants, office managers, coders, HIM directors and others within the employ of the enterprise or practice. External refers to billing service providers, transcriptionists, coding services, software and HIM vendors, TPAs and re-pricing networks and other groups that have business relationships with healthcare providers and others impacted by ICD-10 implementation.

### *Channels for Communication*

HIMSS will provide enhanced and consistent messaging to help increase provider awareness and support greater efficiency in implementation. HIMSS G7 should consider facilitating the creation of templates for specific audiences to reinforce existing messages. HIMSS G7 participants designed the ICD-10 PlayBook to be a model for provider education and strategy relative to issues that have far ranging impact such as ICD-10 transformation. The PlayBook will become a predictable, trusted source and channel for cohesive communication as the message goes out to the provider community.

### *Growing the ICD-10 PlayBook Community*

Besides marketing with the right message through the channels identified, growing the relevance of the ICD-10 PlayBook community requires a user friendly PlayBook website with easy navigation. While version 1 of the PlayBook is already scoped and will be launched in May 2011, additional technical features can be added during the Phase 2 launch.

## CONCLUSION

The HIMSS G7 event to design the ICD-10 PlayBook marked a critical event for cross-stakeholder collaboration around ICD-10 transformation. Major group participation was a key part of the success of this program. It is well recognized by the participants that all of the stakeholders are proceeding with programs in this area but that more is needed to ensure successful adoption of the new ICD-10-CM/PCS coding scheme and the transformational opportunities for business value that it represents.

From dental offices to the largest hospitals, physician groups and health plans, laboratories and diagnostic centers, nursing homes and ambulance transport service providers, many groups are starting to understand the scale and size of this task. Yet, there are too many groups that have not implemented planning initiatives at the time this document was written. A HIMSS Survey, released in December 2010, indicated that only 34% of providers were engaged. As AHIMA noted in its assessment, there is a line item for ICD-10 in the budget but that is not enough. AHIP is also concerned and is creating materials and sending messages to its constituencies to pick up the pace.

Against this backdrop, the ICD-10 PlayBook is created to equip primarily providers with the clear message: ***mobilize today for ICD-10 transformation***. All of the collaborating organizations that participated in the HIMSS G7 are unified around this message and committed to the success of this critical issue for healthcare.

## REFERENCES

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<sup>i</sup> [www.cdc.gov/nchs/icd/ICD-10cm.htm](http://www.cdc.gov/nchs/icd/ICD-10cm.htm)

<sup>ii</sup> *ibid*

<sup>iii</sup> [www.bcbs.com/issues/icd-10/](http://www.bcbs.com/issues/icd-10/)

<sup>iv</sup> [www.ahima.org/ICD-10/whatis.aspx](http://www.ahima.org/ICD-10/whatis.aspx)

<sup>v</sup> ICD-10-PCS is a code set designed to replace Volume 3 of ICD-9-CM for inpatient procedure reporting. It will be used by hospitals and by payers. ICD-10-PCS is significantly different from Volume 3 and from CPT® codes and will require significant training for users. The system was designed by 3M Health Information Management for the Centers for Medicare and Medicaid. ICD-10-PCS will not affect coding of physician services in their offices. However, physicians should be aware that documentation requirements under ICD-CM-PCS are quite different, so their inpatient medical record documentation will be affected by this change. ICD-10-PCS has nearly 71,000 seven-digit alphanumeric codes. Codes are selected from complex grids, based on the type of procedure performed, approach, body part, and other characteristics. The code system does not use medical terminology based on Latin or eponyms. More information on ICD-10-PCS, including an informative PowerPoint presentation that describes the coding system, can be found at [www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08\\_ICD-10.asp](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08_ICD-10.asp)

<sup>vi</sup> [www.bcbs.com/issues/icd-10/](http://www.bcbs.com/issues/icd-10/)