

ICD-10 for Practice Managers: How to Make the Transition

Presented by Evan M. Gwilliam, DC CPC
CCPC NCICS CCCPC CPC-I MCS-P CPMA

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Introduction

- Education
 - Bachelor's of Science, Accounting - Brigham Young University
 - Master's of Business Administration - Broadview University
 - Doctor of Chiropractic, Valedictorian - Palmer College of Chiropractic
- Certifications
 - Certified Professional Coder (CPC) - AAPC
 - Nationally Certified Insurance Coding Specialist (NCICS) - NCCT
 - Certified Chiropractic Professional Coder (CCPC) - AAPC
 - ChiroCode Certified Chiropractic Professional Coder (CCCPC) - ChiroCode
 - Certified Professional Coder – Instructor (CPC-I) - AAPC
 - Medical Compliance Specialist – Physician (MCS-P) - MCS
 - Certified Professional Medical Auditor (CPMA) – AAPC, NAMAS
 - Certified ICD-10 Trainer - AAPC

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Introduction

- **Affiliations / Experience**
 - Chiropractic Practice – in Washington and Utah
 - Executive Director of Education and Consulting – FindACode
 - Coding Instructor - Broadview University
 - Editorial Board Member - ICD10Monitor.com
 - Speaker/Instructor – Cross Country Education, ChiroCode, Target Coding, AAPC, multiple state professional associations
 - Contributor – Chiropractic Economics, ACANews, AAPC Cutting Edge, The American Chiropractor

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Disclaimer

Every attempt has been made to make this presentation as current as possible, but things change

Be sure to check with your local carriers and Medicare for updates as the ICD-10 implementation date gets closer



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ICD-10 Readiness Survey

1. What do you already know about ICD-10?
2. Why are we changing?
3. How much do you think ICD-10 will affect your clinic?
4. Does anything concern you about ICD-10 implementation?
5. Where do you plan to go for more information?

How much of a headache will ICD-10 really be?

Government	5 star headache
• Encephalitis – G04.90	
Health Insurance Plans	4 star headache
• Migraine – G43.909	
Hospitals	3 star headache
• Cluster – G44.009	
Billing agencies	2 star headache
• Sinus – R51	
Providers	1 star headache
• Tension – G44.209	

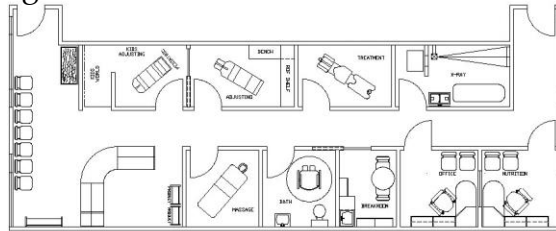
Which parts of a practice will be affected?

Front Desk

- System updates, training
- Vendor and payer contracts
- Budgeting
- Training plan
- Compliance plan, coding guidelines

Providers

- Documentation with more specificity
- New code specific training



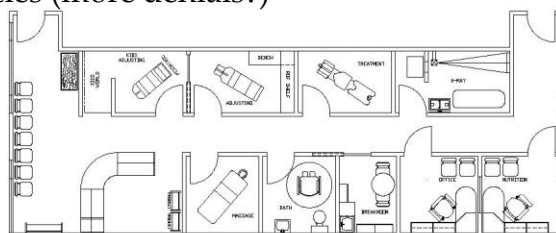
Which parts of a practice will be affected?

Clinical areas

- New patient coverage policies
- New super bills
- New ABNs based on new LCDs

Billing

- Code set training
- Reimbursement policies (more denials?)



Why do we have diagnosis codes?

- HIPAA requirement
- Establish medical necessity
- Process claims
- Translate written terminology into common language
- Provide data for statistical analysis
- Identify fraud, set healthcare policy, measure quality

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Where did they come from?

- ICD-9 was developed by the World Health Organization for public health and statistical analysis
- First revision 1893, ninth revision 1979
 - Shifted focus from mortality to morbidity
- “ICD-9-CM” means Clinical Modification - for use with health care claims in the U.S.
- ICD-9-CM was mandated by CMS in 1988 under the Medicare Catastrophic Coverage Act

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Why can't we keep using ICD-9?



- Too old
- Many sections are full and cannot be expanded
- Not descriptive enough
- Not able to accurately reflect advances in medical knowledge or technology
- Will not meet healthcare needs of the future

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Why can't we keep using ICD-9?

- Requires excessive reliance on supporting paper documentation
- Hampers the ability to compare costs and outcomes



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Why can't we keep using ICD-9?

ICD-9
14,000
codes



ICD-10
68,000
codes

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What does ICD-10 bring to the table?

- Appropriate payment via stratification of morbidity
 - "My patients are sicker"
- Specificity needed for episodes of care, Affordable Care Organizations, quality monitoring
- Better quality in research and trials
- Identification of consistent cohorts
- Improved outcomes from population analysis
- Targeting resources to diseases
 - Specialty, county, environment

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Where did ICD-10 come from?

- ICD-10 was introduced by the WHO
 - Used since 1999 to report mortality data on death certificates
- ICD-10-CM was developed by the National Center for Health Statistics
 - Ready in 1994
 - Public comments 1997-1998
 - Tested in 2003 by AHA and AHIMA
 - Final rule for implementation published 2009
 - Postponed in 2012
 - Implementation October 1, 2014 (for sure, maybe)

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Won't they just postpone it again?

News Release

FOR IMMEDIATE RELEASE
February 16, 2012

Contact: CMS Public Affairs
(202) 690-6145

HHS announces intent to delay ICD-10 compliance date

As part of President Obama's commitment to reducing regulatory burden, Health and Human Services Secretary Kathleen G. Sebelius today announced that HHS will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10).

The final rule adopting ICD-10 as a standard was published in January 2009 and set a compliance date of October 1, 2013 – a delay of two years from the compliance date initially specified in the 2008 proposed rule. HHS will announce a new compliance date moving forward.

"ICD-10 codes are important to many positive improvements in our health care system," said HHS Secretary Kathleen Sebelius. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead. We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

ICD-10 codes provide more robust and specific data that will help improve patient care and enable the exchange of our health care data with that of the rest of the world that has long been using ICD-10. Entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be required to use the ICD-10 diagnostic and procedure codes.

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Won't they just postpone it again?

- Jan. 2013, the AMA asked CMS to abandon ICD-10
- Feb. 6, 2013, CMS Acting Administrator, Marilyn Tavenner said no
 - Too much work has already been done to turn back now
 - The old system won't work with new technologies
 - That would penalize innovators
 - It is necessary for health care reform

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Will Oct. 1, 2014 be the end of the world?



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How do I implement ICD-10 in my practice?

ICD-10 Myths

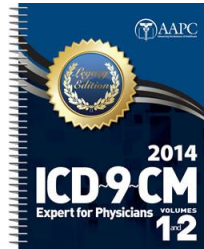
- October 1, 2014 will be the end of the world
- The date will be delayed
- Worker's Comp and Auto insurance will still use ICD-9
- The number of codes make ICD-10 impossible to use
- Documentation requirements will make ICD-10 impossible to use
- ICD-10 is already out of date
- ICD-10 will replace CPT

<http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10MythsandFacts.pdf>

How are ICD-9 and ICD-10 similar?

- Still a tabular list divided into chapters based on body system or condition
- Similar hierarchy
- Still an index with main terms and sub-terms
- Conventions are mostly the same
 - Exception: Excludes1 and Excludes2
- Must code to the highest level of specificity
- ICD-10 is mandated under HIPAA

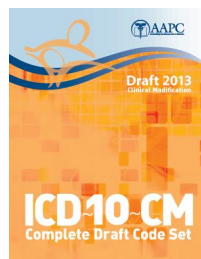
How are ICD-9 and ICD-10 similar?



- I. Official Guidelines (about 30 pages)
- II. Indexes
 - I. Diseases and Injuries (300 pages)
 - I. Includes Neoplasms (20 pages)
 - II. Drugs and Chemicals (30 pages)
 - III. External Causes (20 pages)

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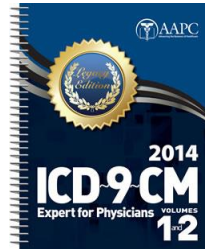
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- I. Official Guidelines (about 30 pages)
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 - I. Diseases and Injuries (340 pages)
 - II. Neoplasms (20 pages)
 - III. Drugs and Chemicals (50 pages)
 - IV. External Causes (35 pages)

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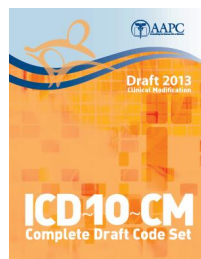
How are ICD-9 and ICD-10 similar?



- III. Tabular list (340 pages)
 - I. Infectious Diseases
 - II. Neoplasms
 - III. Endocrine
 - IV. Blood
 - V. Mental
 - VI. Nervous
 - VII. Circulatory
 - VIII. Respiratory
 - IX. Digestive
 - X. Genitourinary
 - XI. Pregnancy
 - XII. Skin
 - XIII. Musculoskeletal
 - XIV. Congenital malformations
 - XV. Perinatal
 - XVI. Signs and Symptoms
 - XVII. Injuries and Poisoning
 - E-codes. External Causes
 - V-codes. Health Status

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How are ICD-9 and ICD-10 similar?



- III. Tabular list (600 pages)
 - I. Infectious Diseases
 - II. Neoplasms
 - III. Blood
 - IV. Endocrine
 - V. Mental
 - VI. Nervous
 - VII. Eye
 - VIII. Ear
 - IX. Circulatory
 - X. Respiratory
 - XI. Digestive
 - XII. Skin
 - XIII. Musculoskeletal
 - XIV. Genitourinary
 - XV. Pregnancy
 - XVI. Perinatal
 - XVII. Congenital malformations
 - XVIII. Signs and Symptoms
 - XIX. Injuries and Poisoning
 - XX. External Causes
 - XXI. Health Status

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How are ICD-9 and ICD-10 different?

- ICD-10's alphanumeric structure provides more specific information, which creates a more descriptive clinical picture of the patient
- Increased codes and categories allow for more accurate representation of diagnoses



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How are ICD-9 and ICD-10 different?

Feature	ICD-9-CM	ICD-10-CM
Number of Codes	About 14,000	About 68,000
Number of characters	<ul style="list-style-type: none"> •3-5 characters in length •Characters are all numeric (or E or V) •Decimal is used after 3 characters 	<ul style="list-style-type: none"> •3-7 characters in length •Character 1 is alpha •Character 2 is numeric •Characters 3-7 are alpha or numeric •Decimal is used after 3 characters •Some codes use "x" for characters 4-6 •Character 7 used in certain chapters
Number of Chapters	17 plus E and V chapters	21 chapters

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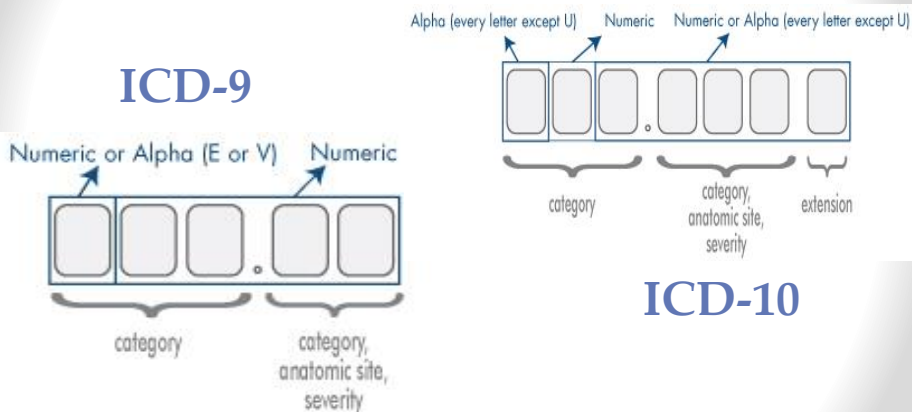
How are ICD-9 and ICD-10 different?

Feature	ICD-9-CM	ICD-10-CM
Start Date	1975, 1979 in US	1994, 2014 in US
Expansion	Very limited	Has significant ability to expand without a structural change
Detail	Lacks detail	Very specific
Laterality	Lacks laterality	Includes laterality when appropriate
Encounters	Initial and subsequent encounters are not defined	Initial and subsequent encounters are defined
Combination Codes	Combination codes are limited	Combination codes are frequent

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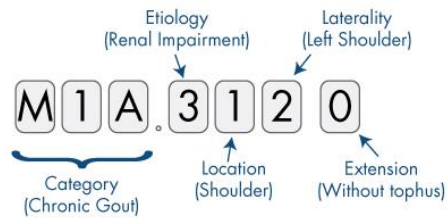
How are ICD-9 and ICD-10 different?



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What are some ICD-10 examples?



ICD-10-CM code for chronic gout due to renal impairment, left shoulder, without tophus.

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What are some ICD-10 examples?

E844.8 *Sucked into a jet without damage to airplane; ground crew*



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What are some ICD-10 examples?

V97.29XA2G *Sucked into a jet without damage to airplane; luggage cart driver; male; under 5'5" in height; slightly bald; wearing a tank top*



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What are some ICD-10 examples?

- V95.42XA: Spacecraft crash injuring occupant, initial encounter.
- W59.22XA: Struck by a turtle, initial encounter
- G44.82: headache associated with sexual activity
- V91.07XA: Burn due to water-skis on fire, initial encounter (*search for this one on YouTube*)
- T75.01XD: shock due to being struck by lightning, subsequent encounter
- Y34: Unspecified event, undetermined intent
- R45.2: unhappiness



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What are some ICD-10 examples?

Look up:

- Kissing Spine

In ICD-9

Kissing	
Osteophyte	721.5
Spine	721.5
Vertebra	721.5

In ICD-10

Kissing Spine	M48.20
Occipito-atlanto region	M48.21
Cervical region	M48.22
Cervicothoracic region	M48.23
Thoracic region	M48.24
Thoracolumbar region	M48.25
Lumbar region	M48.26
Lumbosacral region	M48.27

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How do I find the ICD-10 code?

GEMs mapping:

724.3 *Sciatica* →

M54.30 *Sciatica, unspecified side*

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How do I find the ICD-10 code?

GEMs mapping:

724.3 *Sciatica* →

M54.30 *Sciatica, unspecified side*
(M54.31 and M54.32 *right or left*)

OR

M54.40 *Sciatica with lumbago, unspecified*
(M54.41 and M54.42 *right or left*)

How do I find the ICD-10 code?

Look up 724.3 using GEMs

-M54.30

Look up “*sciatica*” in the ICD-10 index

-M54.3

Now find it in the tabular list

-unspecified codes need to be investigated
-at least five characters required to code to the highest level of specificity

What does the documentation look like?

S: Mrs. Finley presents today after having a new **cabinet fall on her** last week, suffering a concussion, as well as some **cervicalgia**. **She was cooking dinner** at the home she shares with her husband. **She did not seek treatment at that time**. She states that the people that put in the cabinet **in her kitchen** missed the stud by about two inches. Her husband, who was home with her at the time told her **she was "out cold" for about two minutes**. The patient continues to have **cephalgias** since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. The headaches come on suddenly, last for long periods of time, and occur every day. They are **not relieved by Advil**. She denies any vision changes, any taste changes, any smell changes. The patient has a marked amount of **tenderness across the superior trapezius**.

O: Her weight is 188 which is up 5 pounds from last time, blood pressure 144/82, pulse rate 70, respirations are 18. She has full strength in her upper extremities. DTRs in the biceps and triceps are adequate. Grip strength is adequate. Heart rate is regular and lungs are clear.

A: Status post **concussion** with **acute** persistent **headaches**

Cervicalgia

Cervical somatic dysfunction

P: The plan at this time is to send her for physical therapy, three times a week for four weeks for cervical soft tissue muscle massage, as well as upper dorsal. We'll recheck her in one month, sooner if needed.

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What does the documentation look like?

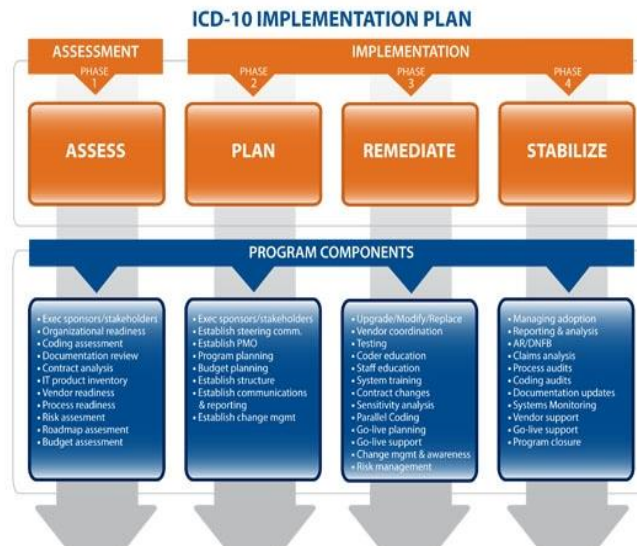
S06.0x1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
G44.311	Acute post traumatic headache, intractable
M54.2	Cervicalgia
M99.01	Segmental and somatic dysfunction of cervical region
W20.8xxA	Struck by falling object (accidentally), initial encounter
Y93.g3	Activity, cooking and baking
Y92.010	Place of occurrence, house, single family, kitchen

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<http://www.aapc.com/icd-10/icd-10-documentation-example.aspx>

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How do I implement ICD-10 in my practice?



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How do I implement ICD-10 in my practice?



What should I ask software vendors?

- What implementation plans do you have in place?
- What software changes will be needed (if any)?
- What products and services will be available?
- When will you be ready to test your program?
- What guidance and assistance will you provide during the rollout?
- Is your clearinghouse ready?

What are the budgeting considerations?

Budgeting for ICD-10 falls into four categories:

1. Information systems upgrades
2. Auditing and monitoring documentation for ICD-10
3. Education and training
4. Staffing and overtime costs

According to a RAND corporation study, it could cost as much as \$40,000 on average, but small clinics may be closer to just \$4,000.

What about claim denials?



Denial rates could increase 200%

A/R days could increase 40 percent

Solution:
Open a line of credit

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Where else do I need to update to ICD-10?

- EHR/EMR
- Software – allow time for updates and training.
- Forms – charting forms, internal forms, etc.
- Documents – ex. ABN form
- Website
- Contracts
- Policy & Procedure Manuals
- Inter-departmental documents

What other resources are out there?

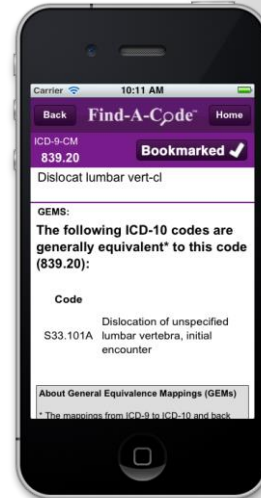
Medicare: free information

- Sign up for the ICD-10 email updates
- Search ICD-10 Provider Resources
- Watch Medscape presentations:
ICD-10: A Roadmap for Small Clinical Practices
ICD-10: Small Practice Guide to a Smooth Transition

FindACode.com: Crosswalks and other tools

ICD10Monitor.com: free articles

AAPC.com and **AHIMA.org**



How do I implement ICD-10 in my practice?

1. Learn the basics-review these notes again with your whole office
2. Buy a copy of the code set and get access to GEMs
3. Run a report with the list of most common ICD-9 codes and do your own crosswalk
4. Dedicate a few minutes of each office meeting to ICD-10
 1. Find articles in specialty trade journals and blogs, then share them at each meeting.
 2. Take a completed case and crosswalk it to ICD-10, then rework the documentation. (include everyone)

How do I implement ICD-10 in my practice?

5. Administrative checklist:
 1. Plan a budget for implementation expenses
 2. Update all your forms
 3. Contact all your vendors
 4. Conduct internal testing
6. Use consulting services if you need help.
7. Have a good time!



Is ICD-10 good.... or bad?

- It will compel providers to improve the way they document, which may be hard for some
- It will compel coders to learn anatomy/pathology better
- It may compel billers to deal with denials
- It may create revenue challenges for practice managers
- It will improve data collection for studies

