Routing Your Way to ICD-10: Roadmap to Readiness Post Delay

Presented July 28, 2015 by Laura Legg, RHIT, CCS, Director of HIM Education and Consulting

I'm coming at you, bro.
Objectives

- Find out what you should be doing now to prepare for ICD-10
- Learn to simplify by using a “top five strategies approach”
- Examine tools needed on your roadmap to readiness
- Questions and Answers

W56.32xA
Struck by whale, initial encounter
X35.XXa
Injury by exposure to volcanic eruption

X52
Prolonged stay in weightless environment
ICD-10 Readiness

What does it really mean?

Your comfort zone

Where the magic happens
2015 Revised Roadmap

- Impact Assessment
- Cash Flow Questions
- Risk Assessment
- Communication Plan
- Dual Coding
- Vendor and Payer follow-up
- Testing plan
- Staff Education Plan
- Physician Education Plan

Let’s Make Some Lists

1. List every department who utilizes ICD-9 codes (patient access, billing, accounting, and so on)
2. List every department who contributes to the patient’s documentation (physician, nursing, you get it)
3. List all software applications that contain ICD-9 codes (medical necessity, EMR, quality, etc.)
4. List all interfaces that pass ICD-9 codes
5. List all clearinghouses (some may only have one)
6. List all payers (top 3-5 or 85% of claims)
7. List all agencies to whom you report quality measures.
Cash Flow

Ways ICD-10 Could Interrupt Your Cash Flow and What To Do About It

<table>
<thead>
<tr>
<th>drop in coder productivity-controllable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure coders are adequately trained</td>
</tr>
<tr>
<td>Dual code</td>
</tr>
<tr>
<td>Time your efforts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poor physician documentation-controllable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician education</td>
</tr>
<tr>
<td>CDI staff education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IT errors-controllable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare with impact assessment</td>
</tr>
<tr>
<td>Update systems accordingly</td>
</tr>
<tr>
<td>Double check everything</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payer experience issues-uncontrollable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase days of cash on hand by one month</td>
</tr>
<tr>
<td>Secure a LOC</td>
</tr>
<tr>
<td>Delay large capital projects</td>
</tr>
<tr>
<td>Lowest A/R October 1, 2015</td>
</tr>
</tbody>
</table>

Communication

Communication Plan     | ICD-10 Project
Hospital:             |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of information</td>
</tr>
<tr>
<td>Example: Executive Status Update Project Manager</td>
</tr>
</tbody>
</table>
Vendor Tracking

Vendor Tracking Spreadsheet

Payers

<table>
<thead>
<tr>
<th>Readiness questions to ask your payers</th>
<th>Payer #1</th>
<th>Payer #2</th>
<th>Payer #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you prepared to meet the ICD-10 deadline of October 1, 2015?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where is your organization in the transition process?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who is my dedicated contact person?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you going to be conducting external testing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When will you be ready to do so?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you be dual processing? When will you start?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happens if things go wrong?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you anticipate any changes in policies or delays in payments to from the switch to ICD-10?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Polling Question: Have you completed testing with your top 3 payers?

1. Yes
2. No
3. In process
4. Scheduled

Top 5 Strategies Approach

1. PEOPLE
   - Collaborative culture
   - Coder Capability
   - Physician Education
2. PROCESS
   - Robust processes and tools
3. TECHNOLOGY
4. RISK MITIGATION
5. GO LIVE PLAN
### Impact on People

<table>
<thead>
<tr>
<th>Role</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODERS</td>
<td>Retain knowledge of new codes, increased queries</td>
</tr>
<tr>
<td>PHYSICIANS</td>
<td>Adopt new ways of documenting</td>
</tr>
<tr>
<td>CLINICIANS</td>
<td>Clinical documentation enhancement</td>
</tr>
<tr>
<td>INFORMATION TECHNOLOGY</td>
<td>More work</td>
</tr>
<tr>
<td>FINANCIAL MANAGEMENT</td>
<td>Learn new codes, reduced revenue cycle productivity</td>
</tr>
<tr>
<td>PAYERS</td>
<td>Adoption and claims processing challenges</td>
</tr>
</tbody>
</table>

### Collaborative Culture

- ICD-10 will test your ability to work closely across department lines
- Internal clinical information needs to be reengineered to flow to everyone
- Capture ICD-10 specificity to optimize care and reimbursement
- IT must support documentation agenda

*If everyone is moving forward together, then success takes care of itself.*

-Henry Ford
Impact on Process

- Documentation practices
- Productivity and efficiency practices
- Contracts and business processes
- HIM practices
- Budget
- Payment conversions
- Claims edits
- Disease & Utilization management

Everything will need to work perfectly at go-live

Test before-hand end to end testing

CMS advises to have 6 months worth of cash on hand to deal with slowdowns, backlogs and denials

Impact on Technology

- IT system changes
- Upgrade software
- Modified field lengths
- Modified system logic
- Update superbills/encounter forms and databases
- Data reporting elements
- Submitting ICD-9 and ICD-10 codes
- Retain access to historical coded data in ICD-9 format
Computer Assisted Coding

Does it hurt or help?

- Can reduce coding costs while increasing coder productivity
- The short answer—the benefits are real!
- Coding expertise is still needed

Concerns with Computer Assisted Coding

- CAC readiness
- New technology can be threatening to workers
- Must have a robust CDI program
- Expensive
- Expert coders still needed to work with the CAC program
Coder Capability

• Coders need keen inductive and deductive reasoning to arrive at the right code
• Focus on dual coding
• Query physicians as necessary
• Star coders will rise to the top

Coder Education

• Formal education
• Chart training
• Live webinar
• Dual coding
• Auditing
• Immediate feedback
Dual Coding

- Code from “real charts”
- Extensive education and training needed to use ICD-10 PCS proficiently
- 3-6 months dual coding
- Auditing and immediate feedback

Polling Question: Are you auditing your dual coding and providing feedback to coders?

1. Yes
2. No
Physician Buy-in

- Grace period - 1 year from CMS
- Physician champions
- Gain cooperation
- Focus on documentation

Documentation Matters

Documentation in the medical record is the most important instrument in the economics of healthcare
# Gap Analyses Project – CASE STUDY

**CASE STUDY FOCAL POINTS**
- PPS Hospital
- Hospitalist focus
- Gap Analyses

**OBJECTIVES**
1. Methodology
2. Results
3. Areas of deficiency
4. Types of deficiency
5. Recommendations

## Methodology and Goals

### METHODOLOGY
- Reduce queries
- Take advantage of specificity
- Better documentation accuracy
- Protect reimbursement

### GOALS
- 100 charts per physician
- Significant diagnoses
- All procedures
Case Study Components

**METHODOLOGY**
- Principal diagnosis
- Comorbidities
- Clinically significant

**DIAGNOSIS**
- Type
- Manifestation/Etiology
- Chronicity
- Location/Laterality
- Other

**PROCEDURE**
- Root operation
- Body part
- Approach
- Device
- Qualifier
- Other

Account Review Statistics

**OVERALL**
- 43% Overall potential deficiency
- 8% Principal diagnosis
- 10% Comorbidity
- 6% Procedure

**MEDICINE SPECIFIC**
- 800 Accounts reviewed
- 64% Overall potential deficiency
- 18% Principal diagnosis
- 5% Comorbidity
- 41% Other (including some non-ICD-10)
More Account Review Statistics

24% Disease type specificity
3% Manifestation/Etiology
14% Chronicity
1% Location/Laterality
22% Other ICD-10 related

BODY SYSTEM

<table>
<thead>
<tr>
<th>Body System</th>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory</td>
<td>19%</td>
<td>9% Infectious Disease</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>15%</td>
<td>9% Gastrointestinal</td>
</tr>
<tr>
<td>Blood disorders</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Endocrine &amp; Nutritional</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>

PROCEDURE (information deficient to code)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root operation</td>
<td>20%</td>
</tr>
<tr>
<td>Body part</td>
<td>20%</td>
</tr>
<tr>
<td>Approach</td>
<td>0%</td>
</tr>
<tr>
<td>Device</td>
<td>40%</td>
</tr>
<tr>
<td>Qualifier</td>
<td>20%</td>
</tr>
</tbody>
</table>
Coding is Translation

• Diagnostic statement straight to code
• No inference
• No synthesis
• No interpretation

Discharge Summary

• Highest specificity
• Tie together all causality
• Clarify any conflict
• Final interpretation
General Recommendations

QUALITY DOCUMENTATION IS:

• SPECIFICITY (type, degree)
• ETIOLOGY
• LOCATION

Coding ≠ Diagnosing

“Sepsis” + “Blood culture positive for E. coli”

Is not coded as: E. coli septicemia
Etiology and Complications

Discharge diagnoses:

1. GI bleed
2. gastric ulcer
3. anemia

1. GI bleed
2. gastric ulcer causing #1
3. acute blood loss anemia due to #1
OR
Anemia due to acutely bleeding gastric ulcer*

Etiology

DISCHARGE DIAGNOSES:
1. ESCHERICHIA COLI SEPTICEMIA.
2. NEUTROPENIA SECONDARY TO CHEMOTHERAPY.
3. THROMBOCYTOPENIA SECONDARY TO CHEMOTHERAPY.
4. NON-HODGKIN’S LYMPHOMA.
5. SYSTEMIC LUPUS ERYTHEMATOSUS.
6. CHRONIC OBSTRUCTIVE BRONCHITIS SECONDARY TO CIGARETTE SMOKING.
7. ORAL STOMATITIS.
Robust CDI Program

- Start with top diagnoses in volume and reimbursement
- Teach ICD-10 documentation specificity
- Revise to use of diagnosis specific queries
- Use physician tips on challenging diagnoses
- Coding and CDI must work together

Lingering Issues

- Testing
- Software readiness
- Physician education
- Coder education
- Dual Coding
- Go live plan
Polling Question: Do you currently have a Go-live Plan?

1. Yes
2. No
3. Under construction

Go Live Implementation

- Communication plan
- Go-live command center
- Metrics!
Coding and Billing Metrics

• Coding accuracy
• Coder productivity rates
• Discharged not final billed
• AR days by payer
• Aging of open AR by Payer in days and dollars
• First resolve rate
• Denials (number and type)
• Number of pends
• Trend case mix and DRG shift

CDI Metrics

• Number of queries to physicians
• Response time to queries
• Query response type
• Aged backlog of queries
• Percent of queries vs. chart reviews
Mitigation Plan

<table>
<thead>
<tr>
<th>Area</th>
<th>Event</th>
<th>Measurement</th>
<th>Owner of Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIM</td>
<td>Completion of Coder ICD-10 Training</td>
<td>100% by Sep 30, 2015</td>
<td></td>
</tr>
<tr>
<td>HIM</td>
<td>Testing of Coder Competency</td>
<td>Each Coder 90% prior to Oct 1, 2015</td>
<td></td>
</tr>
<tr>
<td>HIM</td>
<td>New Coder Hires Not ICD-10 Certified</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Probability</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
</tr>
</tbody>
</table>

Evaluation Post Go Live

- Coding quality reviews
- Billing audits
- Assess revenue cycle impact
- Assess productivity impact
- Ongoing operational changes

Impact of noncompliance is NO PAYMENT

CELEBRATE PROJECT SUCCESS!
Polling Question: What has been your biggest challenge to date in your ICD-10 preparation?

1. Payer testing
2. Vendor tracking
3. Dual coding
4. Physician education
5. Administrative support

Don’t Let This Be YOU
Questions

Sir, your team with the quick fix for our ICD-10 conversion has arrived.
Thank you

References

http://www.cms.hhs.gov/ED10/
http://www.cms.hhs.gov/apps/media/fact_sheets.asp
http://www.cms.hhs.gov/ED10/01_Overview.asp
http://www.cms.hhs.gov/ED10/03_ICD_10_CM.asp#
http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm
http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm
http://www.cdc.gov/nchs/about/otheract/icd9/idx10cm.htm
http://www.ahacentraloffice.org/ICD-10