Welcome to
ICD-10 Transition
ROLES AND RESPONSIBILITIES

Training Spotlight for Physicians and Other Providers

WEST VIRGINIA
Department of
Health & Human
Resources
BUREAU FOR
MEDICAL SERVICES

ICD-10 Transition: Roles and Responsibilities

- **ICD-10 Overview**
  - A few facts about ICD-10
  - A closer look, code examples, specialty areas

- **Compliance**
  - Risks of non-compliance
  - Rewards of compliance

- **ICD-10's impact on your practice**
  - Training is key for everyone
  - Roles and responsibilities - Your staff, your vendors...and **YOU**
  - Staff training and resources

- **Resources**

- **Contact**

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ICD-10

is coming

October 1, 2015

Why is the transition necessary?

- **ICD-9** code sets are outdated, limited and not expandable

- **ICD-9** cannot accommodate current needs or future advances in medical technology and knowledge

- **ICD-10** code sets use current medical terminology

- **ICD-10** uses up to 7 characters (vs. 3 to 5 in ICD-9) allowing for increased specificity in documentation and greater detail in diagnoses and treatments

ICD-10-CM: A Closer Look

- ICD-10-CM is a revision to the ICD-9-CM system used by physicians and other health care providers to classify and code all diagnoses, symptoms and procedures.

- ICD-10-CM uses unique alphanumeric codes to identify known diseases and other health problems.

- The ICD-10-CM revision includes more than 69,000 diagnostic codes, compared to 14,000 in ICD-9-CM.

- ICD-10-CM includes twice as many categories and introduces alphanumeric category classifications for the first time.
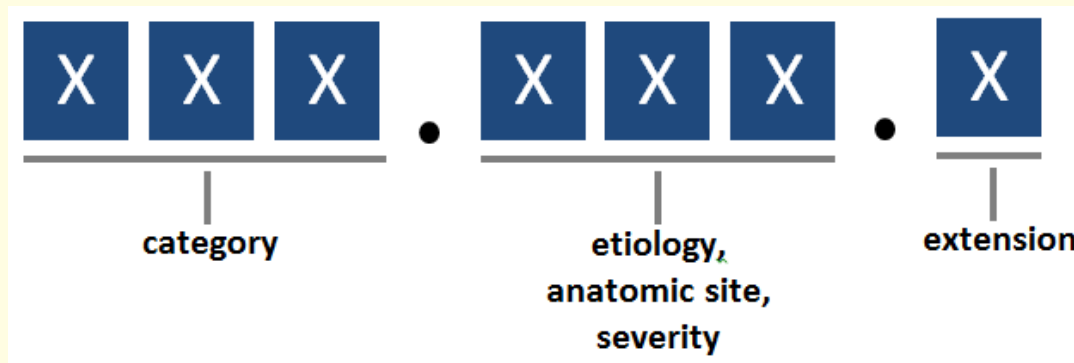
ICD-10-CM

- **CM = Clinical Modification for diagnoses**
- Diagnosis code set replacing ICD-9-CM Volumes 1 and 2
- Used to report diagnoses in all clinical settings
- ICD-10-CM is 3 to 7 alpha-numeric characters
- ICD-9-CM (Vols. 1, 2) is 3 to 5 characters

Code Format Changes

ICD-9-CM

ICD-10-CM

5
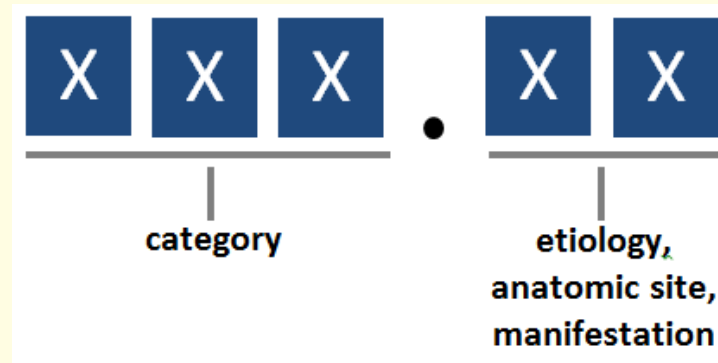
ICD-9-CM-Diagnosis Codes

725 Polymyalgia Rheumatica ➡

714.0 Rheumatoid Arthritis ➡
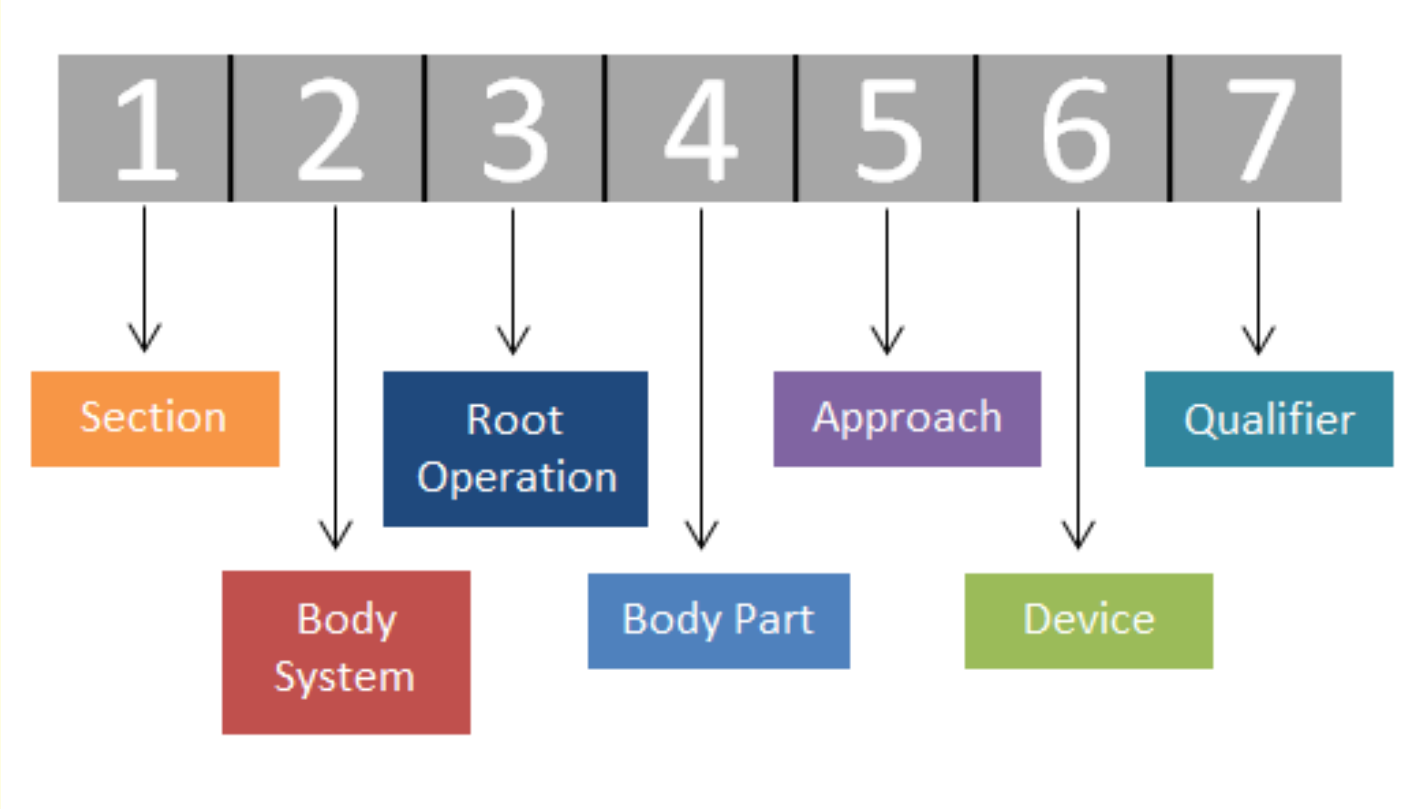
ICD-10-CM-Diagnosis Codes include:

- M35.3A Polymyalgia Rheumatica

- M05.40 Rheumatoid myopathy with RA unspecified site

- M05.41 [1,2,9] Rheumatoid myopathy with RA, shoulder

- M05.42 [1,2,9] Rheumatoid myopathy with RA, elbow

- M05.43 [1,2,9] Rheumatoid myopathy with RA, wrist

- M05.44 [1,2,9] Rheumatoid myopathy with RA, hand

ICD-10-PCS

- **PCS = Procedure Coding System for procedures**
- Procedure code set replacing ICD-9-CM Volume 3
- Used to report hospital inpatient procedures only
- ICD-10-PCS is 7 alpha-numeric characters (all required)
- ICD-9-CM (Vol. 3) is 3 to 4 characters

ICD-10-PCS Format

ICD-9 to ICD-10 Code Examples

On October 1, 2015, ICD-10-PCS will replace ICD-9-CM Volume 3

ICD-9-CM-Diagnosis Codes

- 3–4 digits
- All digits are numeric
- Decimal is after second digit
- **Examples**
    - 50.11 – Closed (percutaneous) biopsy of liver [needle]

ICD-10-PCS-Diagnosis Codes

- 7 digits
- Each digit is either alpha or numeric
- **Examples**
    - 0FB03ZX – Excision of liver, percutaneous approach, diagnostic

- **Financial**
  - Payers cannot pay if coding is incomplete or incorrect
  - Cash flow delays
  - Weakened financial statements/credit worthiness for the business

- **Administrative**
  - Delays in processing Prior Authorizations and Medical Reviews
  - Coding backlog and billing backlogs

- **Regulatory**
  - Compliance issues
  - Payer audit issues

- **Patient Care**
  - Decisions may be based on inaccurate, incomplete data

Rewards of Compliance with ICD-10

- **Financial**
  - Continuing cash flows with claims processed and paid
  - Financial statement stability, credit worthy

- **Administrative**
  - Increasing efficiencies in administrative, billing and reimbursement processes
  - Reducing coding errors due to increased specificity required

- **Patient Care**
  - Improving patient care management
  - Enhancing performance monitoring and research applications

- **IT Systems**
  - Increasing health care IT system ROI (return on investment) and value, productivity increases

- **Fraud & Abuse**
  - Increasing capability to prevent and detect health care fraud and abuse

The Impact on Your Practice

- **Business processes will need to change**
  - Impacts all areas of the medical organization/practice: people, processes, forms
  - Increases specificity needed in documentation by Physicians/Providers
  - Office assessment is key

- **IT systems will need to be upgraded**
  - EHR, Billing, Practice Management Systems and more impacted
  - Systems must accommodate ICD-9 and ICD-10 codes

- **ICD-10 is service-date driven**
  - **For services rendered <u>on or after</u> October 1, 2015**
    - All claims must use ICD-10 codes
    - All claims using ICD-9 codes will NOT be accepted

  - **For services rendered <u>before</u> October 1, 2015**
    - All claims must use ICD-9 codes

- **For information about claims that span across October 1, 2015:**

  http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1325.pdf

Review How You Use ICD-9 Codes

- **Wherever you see ICD-9 today, you will need to transition to ICD-10**

- **Develop your ICD-9 list**
  - Ask your clinical and administrative staff to develop a list of places where they encounter ICD-9 codes in their work

- **Review your ICD-9 list**
  - This "master list" will help you assess how and where you need to make changes to be ready for ICD-10

- **Make sure you account for the use of ICD-9 codes in…**
  - Authorizations/precertifications
  - Physician orders
  - Medical records (including Electronic Health Records)
  - Superbills/Encounter forms
  - Practice management and billing systems
  - Coding manuals
  - Public health reporting

Everyone in your practice will need to be trained.

Their role and responsibility will determine the level of training needed.

Examples of Staff Roles & Responsibilities

- **Reception/Front Desk Personnel**
  - Implement new forms and be aware of operational changes related to ICD-10

- **Clinical Area/Nurses' Station Personnel**
  - Administer new policies, new forms and new superbills
  - Increase coding specificity knowledge and input from physicians for documentation

- **Lab, Imaging Center Personnel**
  - Process new superbills
  - Increase coding specificity to complete orders correctly

- **Coding/Billing Office Personnel**
  - Understand and implement health plan/payer policies and procedures
  - Acquire training in ICD-10 coding
  - Increase knowledge of anatomy and medical terminology as required

- **Practice Manager's Office Personnel**
  - Review and update office policies and procedures tied to diagnosis or procedure codes
  - Evaluate and amend all vendor and payer contracts as applicable
  - Prepare budgets for all ICD-10 related changes (software, training, new forms, etc.)
  - Develop and implement an ICD-10 training plan for all staff members

Physician – Provider Responsibilities

- **Recognize the importance of your role!**
  - Physicians-Providers determine diagnoses and procedures rendered in patient encounters
  - Coders and billers cannot add the specificity and documentation needed without physician direct input/approval

- **Pros of a Successful ICD-10 Transition**
  - Speeds claims processing and continues cash flow
  - Drives more effective and efficient patient care by providing higher-quality data
  - Supports collaboration and insight with other practitioners that the patient may encounter
  - Improves clinical decision support and increases patient safety

- **Cons of an Unsuccessful ICD-10 Transition**
  - Delays claims; increases denied, rejected, suspended claims
  - Impacts negatively on revenue, cash flow, financial statements/credit worthiness
  - High level re-work due to erroneous or incomplete code selection, lack of specificity

Physician – Provider Responsibilities

- **Work with your Practice Manager**
  - Designate an ICD-10 Lead
  - Approve/implement a training plan for you/other clinicians and members of your staff

- **Recognize that ICD-10 is best taken in small doses**
  - Use ICD-10 training programs that emphasize coding strategies, not specific codes
  - Focus on documentation principles that can apply to any disease (i.e., site, laterality, timing, manifestations, stage, status, drug/alcohol/tobacco dependency)
  - Focus on areas that need improvement
  - Do not focus on principal diagnosis (i.e., learn how to code underlying conditions)

ICD-10 and Patient Care

- **Transitioning to ICD-10**
  - Is more than an administrative burden placed on your medical claims reimbursements
  - Should not affect the way you provide patient care

- **Specificity and Documentation are vital in ICD-10**
  - Look at the codes used most often in your practice
  - Most of the information needed for documentation is likely shared by the patient during your visit with them
  - Improving how you document your clinical services will help you become accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes
  - Work with your coding staff to determine if the documentation would be detailed and specific enough to select the best ICD-10 codes
  - Identify and obtain the training that you need
  - Good documentation will help to reduce the need to follow-up on submitted claims – saving you time and money

Physician Training for ICD-10

- **Assess your documentation skills**
    - Be candid about your strengths and weaknesses

- **Develop or acquire ICD-10 lessons**
    - Select lessons based on practice specialties and documentation gaps

- **Develop training timeline**
    - Estimate time needed; schedule start/finish dates
    - Allow for practice and follow-up assessments

- **Determine ideal learning tools for yourself**
    - Online lessons and webinars
    - Peer-led workshops and classes
    - Mobile apps and resources
    - CDI specialists
    - Simulations, video "games"
    - Printed resources
    - One-on-one coaching

20

Medical Practice/Training Consultancies

- Clinical documentation improvement (CDI)
- Coder and clinician preparation
- Training methodologies

Health Plan Payers

- Policy changes (if applicable)
- Processing of Prior Authorizations, Medical Reviews
- System changes (if applicable)
- Testing criteria and timelines

ICD-10 Resources

Centers for Medicare & Medicaid Services (CMS)

- **CMS ICD-10 Main Page**
  http://www.cms.gov/ICD10

- **CMS Overview**
  http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html

- **CMS ICD-10 Implementation Planning**
  http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

- **HHS, CMS ICD-10 Final Rule and October 1, 2015 Compliance Date Announcement**
  http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf
  http://www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf

World Health Organization (WHO) ICD-10 Page

- http://www.who.int/classifications/icd/en/

West Virginia Resources

- **WV Molina Medicaid Solutions ICD-10 Transition Website**
  https://www.wvmmis.com/SitePages/ICD-10%20Transition.aspx

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