



Himss Louisiana Chapter - 2011 State Conference
“Harmony in Healthcare”

Louisiana and ICD-10

Our State of Readiness

“An Introduction of ICD-10”

What Is ICD-10?

- ICD-10 is the updated version of codes used for coding:
 - Diagnoses for all US Healthcare settings/providers (ICD-10-CM)
 - Inpatient hospital procedures (ICD-10-PCS)
- ICD-10-CM is the US “clinical modification” of the WHO ICD-10 code set
- ICD-10-CM does not affect CPT coding for outpatient procedures (including hospitals, physician’s offices and ambulatory surgery centers)
- ICD-10-PCS is a U.S. creation
- These are “classification” code sets



ICD-10 IMPLEMENTATION

- Single implementation date (**10/1/13**) for all users
 - Date of service for ambulatory & physician reporting
 - Date of discharge for inpatient setting
- ICD-9-CM codes will not be accepted for services provided after 10/1/13
- ICD-9-CM claims for services prior to implementation will continue to flow through systems for a period of time.
- No grace period and no extensions

Why Change from ICD-9-CM?

- System 30 years old
 - Outdated terms
 - Inconsistent with current medical practice
 - Most of the world is using ICD-10
- No room for expansion (many categories full)
- Lack of flexibility
- Not descriptive enough



Why in the WORLD should we convert?



- As of October 2002, 138 countries have adopted ICD-10 for coding and reporting mortality data (42 languages).
- The US is the only G-7 nation not using ICD-10. Canada, France, Germany, Great Britain, Italy and Japan adopted ICD-10 years ago.
- The ICD-9 diagnosis code set is no longer maintained by the World Health Organization.
- The World Health Organization is currently working on ICD-11. This will not be available until 2020. ICD-11 will build upon ICD-10.

Benefits of ICD-10-CM (as described by CMS)

- Incorporate much greater specificity and clinical information resulting in:
 - Improved ability to measure health care services
 - Increased sensitivity to refining grouping and reimbursement methodologies
 - Enhanced ability to conduct public health surveillance
 - Decreased need to include supporting information with claims
- Includes updated medical terminology & disease classification
- Allows comparison of mortality and morbidity data
- Provides better data for:
 - Measuring care furnished to patients
 - Designing payment systems
 - Processing claims
 - Making clinical decisions
 - Tracking public health
 - Identifying fraud and abuse
 - Conducting research

Major Changes from ICD-9 to ICD-10

- Not just the usual annual update
- ICD-10 markedly different from ICD-9
- Official Coding References will no longer be valid. An entire new set of “Official Guidelines for Coding and Reporting” has been developed.
- **Requires changes to almost all clinical and administrative systems (next slide)**
- **Requires changes to business processes**
- Changes to reimbursement and coverage
- Will enable significant improvements in care management, public health reporting, research, and quality measurement



Possible Systems and Applications Affected

Encoding Software

Case Mix Systems

MR Abstracting

Billing Systems

Registration & Scheduling

Decision Support systems

Clinical Systems

Utilization Management

Quality Management

Benefits

Determination

Case Management

Clinical Protocols

Test ordering systems

Accounting systems

Medical Necessity Software

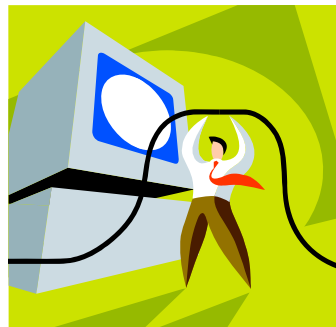
RAC Databases

Provider profiling systems

Aggregate Data reporting

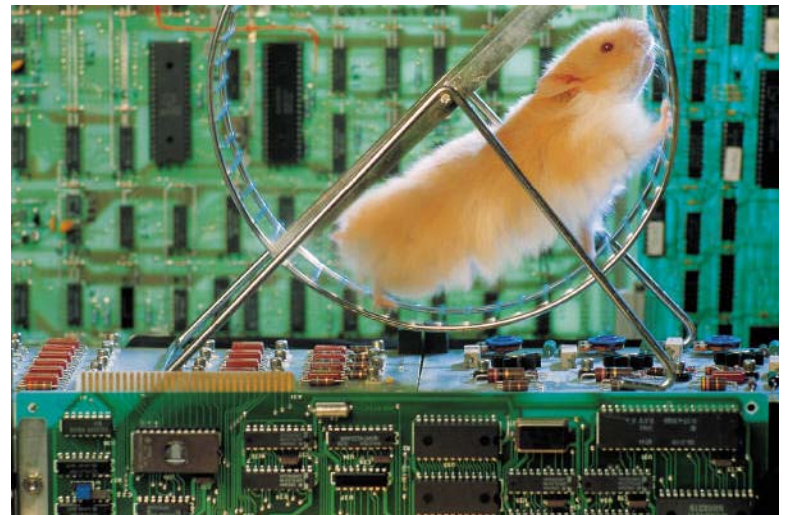
Performance Measurement

Systems



Healthcare Professionals Affected

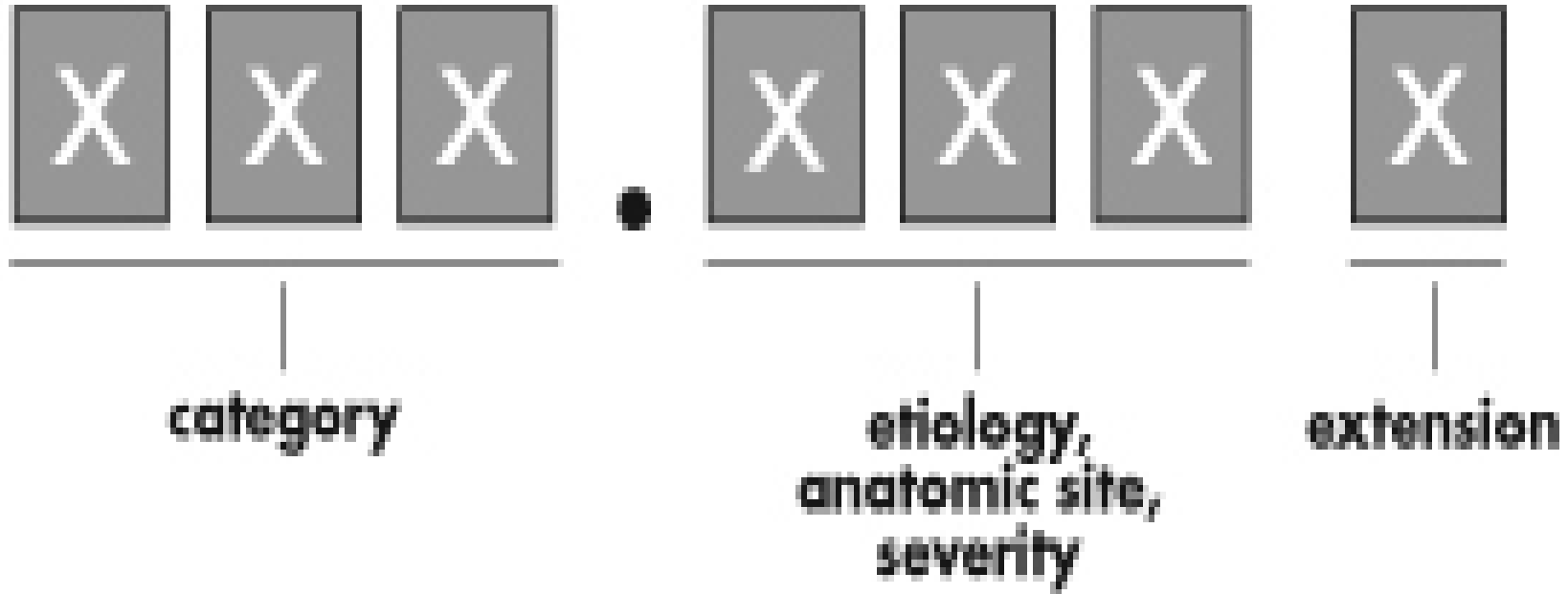
- Quality Management staff
- Utilization Management staff
- Financial/Billing/Accounting staff
- Data Quality and Security staff
- Compliance officers
- Auditors
- Government agency staff
- Decision support staff
- Ancillary department personnel
- Non-physician practitioners
- Researchers/data analysts/epidemiologists
- Software vendors
- Information system staff
- PLUS ALL CLINICIANS



Specific Changes

- Diagnosis Codes (ICD-9 to ICD-10-CM)
 - From 5 positions (first one alphanumeric, others numeric) to 7 positions, all alphanumeric
 - From 13,000 existing codes to 68,000 codes
 - Much greater specificity
 - Full description and consistency within the code set
 - Uses modern terminology for descriptions
 - Creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition
 - Example: I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

Structure of ICD-10



Examples of ICD-10-CM Specificity

- **Diabetes mellitus (ICD-9-CM category 250) has been split into different category codes in ICD-10-CM**
 - E08 Diabetes mellitus due to underlying condition
 - E09 Drug or chemical induced diabetes mellitus
 - E10 Type 1 diabetes mellitus
 - E11 Type 2 diabetes mellitus
 - E13 Other specified diabetes mellitus
- Diabetes mellitus codes are expanded to include the classification of the diabetes and the manifestation
 - E08.22, Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
 - E09.52, Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
 - E10.11, Type 1 diabetes mellitus with ketoacidosis with coma
 - E11.41, Type 2 diabetes mellitus with diabetic mononeuropathy

Examples of ICD-10-CM Specificity

- Sports injuries now coded with sport and reason for injury
 - ICD-9 code - Striking against or struck accidentally in sports without subsequent fall (E917.0)
 - » 24 ICD-10-CM Detail Codes

INJURY CODING TOTALLY REVAMPED!

- By anatomical site
- 7th digit to identify initial encounter, subsequent encounter or sequela
- 3 codes for cause of injury

INJURY EXAMPLE:

S72.044G Nondisplaced fracture of base of neck of right femur,
subsequent encounter for closed fracture with delayed healing

Examples of ICD-10-CM Specificity Cause of Injury

W21.01 Struck by football

W21.02 Struck by soccer ball

W21.03 Struck by baseball

W21.04 Struck by golf ball

W21.05 Struck by basketball

W21.06 Struck by volleyball

W21.07 Struck by softball

W21.09 Struck by other hit or
thrown ball

W21.31 Struck by shoe cleats

Stepped on by shoe cleats

W21.32 Struck by skate blades

Skated over by skate blades

W21.39 Struck by other sports
foot wear

W21.11 Struck by baseball bat

W21.12 Struck by tennis racquet

W21.13 Struck by golf club

W21.19 Struck by other bat, racquet or club

W21.210 Struck by ice hockey stick

W21.211 Struck by field hockey stick

W21.220 Struck by ice hockey puck

W21.221 Struck by field hockey puck

W21.81 Striking against or struck by football
helmet

W21.89 Striking against or struck by other sports
equipment

W21.9 Striking against or struck by unspecified
sports equipment

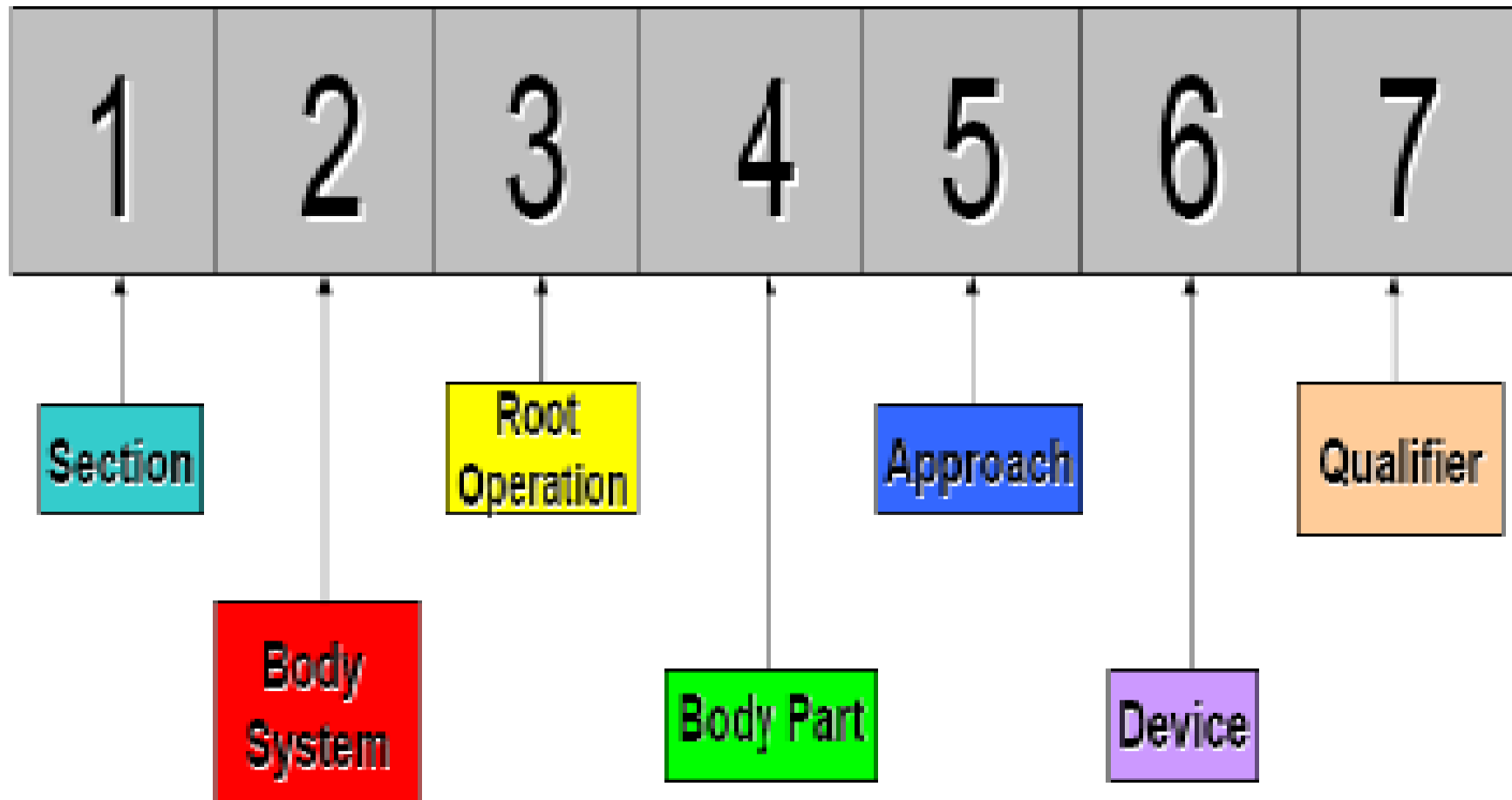
W21.4 Striking against diving board



Specific Changes to Procedure Code Reporting (ICD-9-CM to ICD-10-PCS)

- New Code Set
- A US creation not used anywhere else
- Change from 5 to 7 positions
- Each position has a specific meaning
- All procedures codes will have 7 characters/positions (formerly digits)
- No decimals

Structure of ICD-10 PCS



Characteristics of ICD-10 PCS

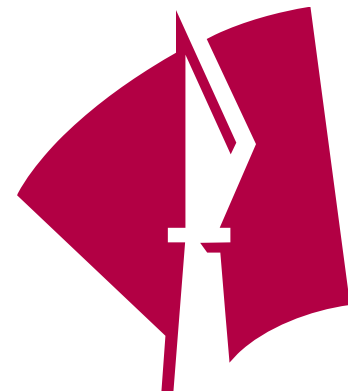
- ICD-10-PCS has four basic characteristics
 - Allows for unique coding of procedures (easy to distinguish differences)
 - Room for expansion to capture new technology and devices
 - Standardized terminology
 - Consistency in coding from chapter to chapter

CONCERNS:

- Root operation definitions differ greatly from ICD-9-CM
- Extensive knowledge of anatomy required

Examples of PCS Code

- ICD-9-CM (sample code)
 - 47.01 Laparoscopic appendectomy
- ICD-10-PCS (sample code)
- Laparoscopic appendectomy 0DTJ4ZZ
 - 0 - Medical and Surgical Section
 - D - Gastrointestinal system
 - T - Resection (root operation)
 - J - Appendix (body part)
 - 4 - Percutaneous endoscopic (approach)
 - Z - No device
 - Z - No qualifier



Transition to ICD-10 Coding Professionals

- Experienced coders will have little difficulty
- Challenging for less experienced coders
- Strong A&P, Terminology, Pharmacology needed
- Training
 - Training on specificity required by ICD-10-CM and ICD-10-PCS in addition to new coding guidelines, rules, and definitions
 - Lost productivity
 - Due to Training
 - ICD-10 coding process
 - Evaluating current skill set of coders
 - Medical Terminology
 - Anatomy & Physiology



AHIMA RECOMMENDED CODER TRAINING STRATEGY

- 50 Hours of Training
 - 16 ICD-10-CM
 - 24 ICD-10-PCS
 - 10 Additional hours of practice
- Access each coder's strengths and weaknesses and develop individualized plans
- Develop role-based training plan
- Increase awareness
- Begin studying definitions
- Provide training on CDI strategies

CMS States:

- Intensive coder training should not be provided until 6-9 months prior to implementation
- Additional training may be needed to expand knowledge in biomedical sciences

Transition to ICD-10 Providers

- **Chart Documentation**
 - Terminology requirements more standard
 - Level of specificity greater
 - Requires more documentation to support codes
(AAPC states to expect 15% increase in time)
 - Begin CDI improvement initiatives
 - Actively involve physicians in training process
- **Coverage and Payment**
 - New coding system will mean new coverage policies, new medical review edits, new reimbursement schedules
 - Changes will be made to accommodate increased specificity
 - May need watch revenue impact from denials



Cash-flow Disruption?

Health Data Management magazine reports:

“It touches all the information systems within a provider.”

“First there will be transition costs (particularly on the information system side), second, staff training and physician documentation expenses and third, changes in store for cash flow and financial operations.”

“For physician groups, the transition costs may be staggering.”

“Training is only the beginning, and experts predict a marked decrease in productivity.”

“ICD-10 is not just about HIM, but the entire revenue cycle division.”

“We expect more rejected claims, denials and delays in processing and reimbursement. Responses by commercial payers remains largely unknown.”

What is our state of readiness?



LHIMA has assembled team to develop a strategic plan to address implementation in Louisiana

Team is multi-organizational

Actively meeting on quarterly basis

TEAM REPRESENTATION

Providers

- Suzonne Bourque, Promise
- Jennifer Artigue, OLOL
- Danielle Berthelot, Woman's
- Jennifer Perez, Woman's

Payors

- Errol Labat – BLBSLA
- Laurie Tichenor – Medicaid
- Lana Ryland – Medicaid
- Jenny Stevens – Medicaid



Support Organizations

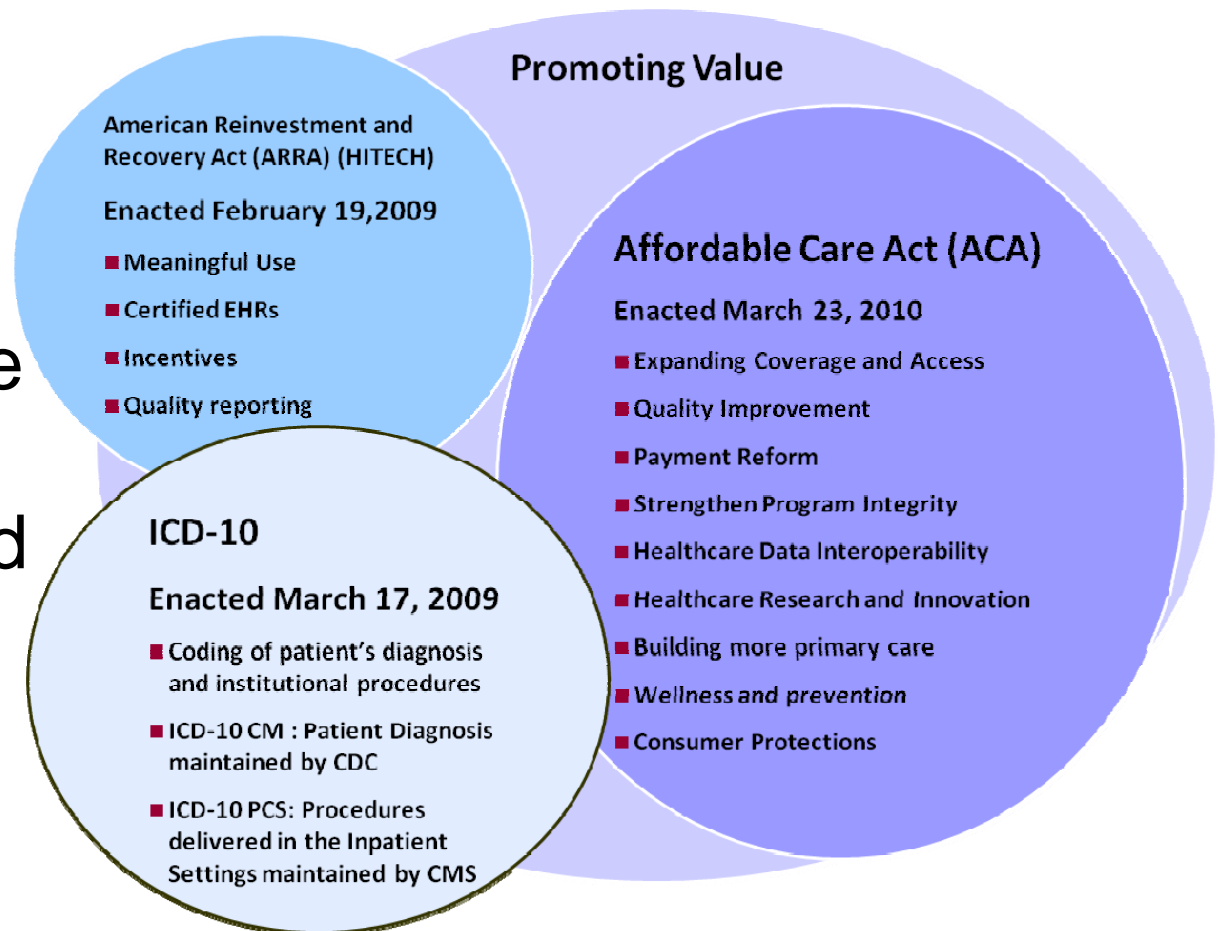
- Jamie Welch – LaRHIX
- Jeff Williams – La State Medical Society
- Karen Zoeller – La Hospital Association
- Laurie Robinson – eQHS
- Chad Cothurn – LaHIMSS
- Brenda Ikerd – LaHIE

State Agencies/Associations

- Jodi Guidry – La Nursing Home Association
- Davelynn Melito – La Home Care Association

Where Does ICD-10 Fit In?

The following initiatives were considered in an effort to characterize the relationship between ICD-10 and other health care initiatives and regulations.



Health Care Regulations/Initiatives and ICD-10: Relationship Matrix

Initiative	Pre-requisite for ICD-10?	Overlapping the ICD-10 Timeline?	Operation will be affected by ICD-10?	Opportunity to leverage ICD-10 Implementation to improve effectiveness?
Modifications to Health Insurance Portability Accountability Act (HIPAA)	✓Yes	✓Yes		
Version 5010	✓Yes	✓Yes		
Versions 3.0 and D.0		✓Yes		
Health Plan ID (via ACA)		✓Yes		
Affordable Care Act (ACA)		✓Yes	✓Yes	✓Yes
Expanded Eligibility		✓Yes	✓Yes	✓Yes
Quality Improvement Initiatives		✓Yes	✓Yes	✓Yes
Program Integrity		✓Yes	✓Yes	✓Yes
Healthcare Data Interoperability		✓Yes	✓Yes	✓Yes
Payment Reform		✓Yes	✓Yes	✓Yes
Research and Innovation		✓Yes	✓Yes	✓Yes
American Reinvestment and Recovery Act (ARRA) - HITECH Act		✓Yes	✓Yes	✓Yes
Quality		✓Yes	✓Yes	✓Yes

COLLABORATIVE PROJECT

What is the state of readiness in payer and provider communities and state agencies?

Impact on reimbursement if deadlines not met?

Status of testing and system integration

Budget for adequate staff training & Education

5010 & ICD-10 Readiness Survey

Findings

72 Organizations Responded

-50% did not answer questions on ICD-10!

Team notes greater communication is needed

Is message getting to the physician community?

Did survey get to appropriate person in the org?

-Barriers to training noted

Expense

Time off

Very few respondents noted that training has started

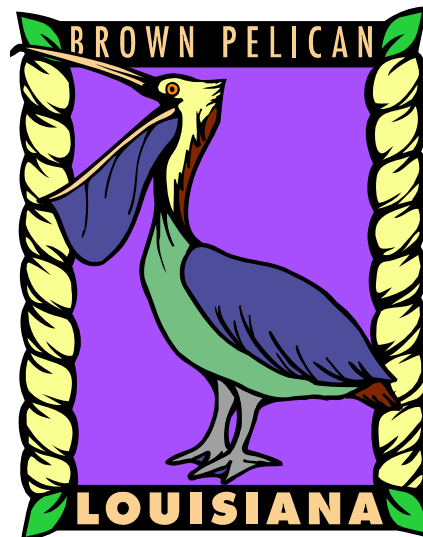
WHO WILL TRAIN OUR CODERS?

How many AHIMA-certified trainers in our state?

30 total certified

19 contacted by LHA

2 were willing to train!



Now what?

How will we accomplish monumental task of training?

Healthworks allocated grant funding for training

AHIMA contacted – agreed to provide dedicated AHIMA Academy to train the trainers

LHIMA committed to providing education through their award-winning Coding Roundtable

LHA sponsoring ICD-10 Educational opportunities

QUESTIONS?



CONTACT INFORMATION:
JENNIFER ARTIGUE, RHIT, CCS

JEN21306@OLOLRMC.COM

225-765-8847