ICD-10: The First 180 Days

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Agenda

• ICD-10 Background and Timeline
• Provider Implementation Efforts
• Hospital Implementation Efforts
• Initial Results
• What Worked
• What Might We Have Done Differently
• Lessons Learned
• Final thoughts
Background

• Latest revision of the US diagnosis code set
• Expands number of diagnosis codes
• Expands to a longer code and uses both numbers and letters
• Much greater specificity in each code
• Must be used for coding services delivered Oct 1, 2015 and after
Timeline

1992
ICD-10 is born

1999
ICD-10 used for death certificates

2009
HHS mandates ICD-10 as of 10/1/13

2015
ICD-10 implemented
Flexibility Rule

- The American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS) were able to work on a set of grace period rules that will ease the transition to ICD-10 and reduce the financial risk.
One-year Grace Period Aids ICD-10 Transition

- Claim denials: For the first year ICD-10 is in place, Medicare claims will not be denied solely based on the specificity of the diagnosis code as long as they are from the appropriate family of ICD-10 codes.
- Payment disruptions: If Medicare contractors are unable to process claims as a result of problems with ICD-10, CMS will authorize advance payments to physicians.
- Navigating transition problems: CMS has established a communication center and appointed an ICD-10 “Ombudsman” devoted to triaging physician issues.
Provider Implementation Efforts

- CMS website
- Medical and specialty society educational programs
- Hospital staff education
- Lists of most frequent ICD-9 diagnoses compiled/converted to ICD-10
- Hired consultants
- EHR vendor tutorials/education
- Reliance on billing company to prepare practice for ICD-10
- CMS acceptance testing
- End-to-end testing offered by commercial and government payers
- Free billing software made available through every MAC across the U.S.
- Opportunity to submit Part B Medicare ICD-10 claims through MACS
Additional Steps Taken by Hospitals

- Systems assessments
- Education of coders, CDI (clinical documentation improvement), specialists, physicians and administrators
- Preparation of scheduling, registration and admissions teams
- Dual coding practice
- End-to-end testing
ICD-10: This Generation’s Y2K?

- Payers report negligible impact on pended/rejected claims
- No increase in provider calls/complaints
- Those tracking report revenue neutrality

"Luck has a peculiar habit of favoring those who don’t depend on it." - Unknown
Specific Examples

Change Healthcare
• 99.8% of claims coded correctly within first 30 days
• Negligible increase in claim rejection rates
• Minimal impact to revenue

United Health Group
• Claim volumes remained stable; negligible increase in rejection rates
• No significant issues identified
• Provider calls to designated Help line dropped from an average of 20-40/day prior to go live to just 5/day after go live

Thedacare
• Just another Thursday
Q4 On a scale of 1 - 3, how prepared was your office for ICD-10?

Answered: 62  Skipped: 0

3 - Prepared

2 - Somewhat prepared

1 - Unprepared
Provider Level of Difficulty

Q5 Was the conversion more difficult, less difficult, or about the same as anticipated?

Answered: 61 Skipped: 1

- 3 - More difficult
- 2 - Less difficult
- 1 - About the same as...
What Worked

• Industry Resources
  – CMS Road to 10
  – HIMSS Playbook
  – Help guides that translated most frequently used ICD-9 diagnosis codes to ICD-10

• Educational Programs
  – Medical and specialty societies
  – Hospital staff
  – Coders
  – EHR vendor tutorials

• End-to-End Testing

• Adequate time to develop baseline metrics and monitoring programs
What Might We Do Differently?

- Start with a reasonable deadline and stick to it
- Ensure deadline allows adequate time for education and end-to-end testing between all affected parties
- Include Workers’ Compensation and Medicaid claims
- Offer public forums for sharing lessons learned from testing and approaches to remediation
- Partner with medical and specialty societies early in the process
Current State

• Too soon to “follow the money”
• Workflow has been the focus
• Next step is to improve specificity (CDSS, risk revenue, registry/reports)
• Some Medicare contractors are still working on issues with local coverage policies and coding
Current Provider Challenges

Q10 Which problems are you currently having as a result of the ICD-10 conversion (select all that apply)?

- Documenting enough...
- Selecting codes
- Rejected claims
- Delayed payment of...
- Decreased reimbursement...
- No problems
- Other (please specify)

Answered: 60  Skipped: 2
Lessons Learned - Providers

• Outreach to providers using multiple approaches
• Partner with medical and specialty societies early on
• Partner with all affected business partners as early as possible with an emphasis on usability of technology and workflow processes (particularly important regarding EHR vendors)
• Allow adequate time for training, testing and remediation of new technology and business processes
• Offer public forums for sharing lessons learned from testing and approaches to remediation
Lessons Learned - Hospitals

• Practice with dual coding
• Use computer assisted coding implementation
• Refresher training and education
• Ensure CDI staff are trained; start CDI program if one does not already exist
• Partner with physicians and midlevel providers for education
• Begin to query in ICD language prior to the implementation
Key Take-Aways

- Early industry engagement is critical
- Industry resources can be invaluable (HIMSS ICD-10 Playbook; CMS Road to 10)
- Allowing an appropriate amount of time to do the job right is crucial
- Engaging in end-to-end testing? Priceless!
Final Thoughts

• For future programs requiring large scale EMR modifications, define a more formal vendor certification program, and establish target dates for key milestones leading up to completion.

• Vendor certification of EMR systems should be accomplished first so that Hospitals/Physician Practices can plan on testing with an upgraded/certified system or systems.

• Vendor systems need to support the old code set while allowing for testing of the new target code set. Vendor systems should convert existing frequently used codes and patient history into the new code set.

• Next time around, establish milestone target dates for hospitals and practices to follow for the lifecycle of the implementation. The milestone dates will act as a barometer for overall compliance/progress.
Final Thoughts

• Avoid using a dual code set

• For the next large scale nation-wide conversion (ICD-11), consider working with the 50 state health departments, and have each state monitor/track progress with healthcare facilities in their state
Questions?