ICD-10 Implementation Strategies for Physicians – My Notes from the CMS Provider Call

The new winner of my ongoing competition for the CMS Employee Speaker contest is Dr. Daniel Duvall, Medical Officer, Hospital and Ambulatory Policy Group Center for Medicare! During a recent ICD-10 call, Dr. Duvall spoke clearly, was easy to understand and kept my attention.

Why are we moving to ICD-10?

ICD-9 has deficiencies, such as:

- Not enough detail for analyzing diseases
- Not enough detail for payment
- Insufficient attention to:
    - Medical encounters for reasons other than death
    - Non-lethal manifestations
- Out of room for new codes
- Obsolete family groups
- Unable to address 30 years of medical knowledge of etiology
- Inadequate attention to continuum of disease and clinically relevant subsets

ICD-10 brings to the table:

- Appropriate payment via stratification of morbidity ("My

patients are sicker”)
- Specificity needed for episodes of care, Affordable Care Organizations, Hierarchical
  Condition Categories, and quality monitoring
- Better quality in research/clinical trials
- Identification of consistent cohorts
- Improved outcomes from population analysis
- Targeting resources to diseases: specialty, county, environment
- 2010 computational power cannot use 1980’s information

The detail is demanded not by government nor by payers but by specialty societies.

What exactly is ICD-10?

- Stands for International Classification of Diseases
- Developed by World Health Organization (WHO)
- The order of chapters is just like ICD-9
- Was originally released in 1993 and adopted by other countries
- Approximately 2000 diseases (families)
- Approximately 70,000 specific codes
- ICD-10-CM (diagnoses) will be used by all providers in every health care setting
- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures
- ICD-10-PCS will not be used on physician claims, even those for inpatient visits (procedure coding system)

Will ICD-10 change the use of CPT and HCPCS?

There will be no impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes – CPT and HCPCS will continue to be used for physician

and ambulatory services including physician visits to inpatient.

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

Dr. Duvall characterized how difficult the transition to ICD-10 will be for each stakeholder group, by assigning them stars and headache types. The more stars, the more head-pounding the transition will be!

- Government, CMS & CDC will have 5-star headaches (encephalitis)
- Health Insurance Plans will have four-star headaches (migraine)
- Hospitals will have three-star headaches (cluster)
- Billing Agencies will have two-star headaches (sinus)
- Physicians will have one-star headaches (tension)

What should practices be doing now to prepare?

- Create a new job aid (cheat sheet) or superbill
- Update proprietary software or contact billing software vendor to discuss changes
- Train your coders and billers
- **Train your physicians and providers**
- Purchase new coding books and forms
- Develop a conversion plan –
    - Paper Charts
    - EMR
    - For some small conversion projects it may well be quicker and more accurate to use ICD-10 code books

instead of GEMs (crosswalks)

When will the change to ICD-10 happen?

- **Single implementation date of October 1, 2013 for all users**
- Ambulatory and physician services provided on or after 10-1-2013 will use ICD-10-CM diagnosis codes
- Inpatient discharges occurring on or after 10-1-2013 will use ICD-10-CM and ICD-10-PCS code
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-10 codes will not be accepted for services prior to October 1, 2013
- Last regular, annual updates to both ICD-9-CM and ICD-10 will be made on October 1, 2011
- On October 1, 2012 there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases
- On October 1, 2013 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases
- There will be no updates to ICD-9-CM on October 1, 2013 as the system will no longer be a HIPAA standard
- On October 1, 2014 regular updates to ICD-10 will begin

Q & A (my favorite!)

Q: What will the financial impact be for a small practice to implement ICD-10?

A: This is dependent on how claims are being submitted and if the practice is responsible for paying for the system upgrade to handle ICD-10. If you are using free electronic billing,

there should be minimal financial impact.

Q: Is the cost to the American public worth the value ICD-10 is supposed to create? Also, will offices be required to "prove" the new codes by sending medical records to payers?

A: Dr. Duvall answers "Yes" to the first question. As to the next question, that process is related to new codes moving from experimental to actual, not the process of moving from ICD-9 to ICD-10. Payers will not be requesting mass medical records since the change is global.

Q: With 2 years to go, when should we start training the staff?

A: You should start training 6-9 months before October 2013.

Q: There will be a tremendous impact on practices where physicians have not been documenting appropriately as there will not be enough information to choose a code. You are minimizing the physician's time and effort needed to make this change.

A: Anyone who has been documenting correctly will have a relatively easy time choosing an ICD-10 code. Anyone who has been documenting minimally will have a hard time.

Q: What format will the new codes be released in?

A: They are in pdfs now, and they are also available in text and html formats.

Q: What will commercial payers be using for ICD-10?

A: Payers might be using GEMS (General Equivalence Mappings) to map from ICD-10 to ICD-9 if they are not ready.

Resources

General Equivalence Mappings (GEMs) assist in converting data from ICD-9-CM to ICD-10
Forward and backward mappings – **Information on GEMs and their use** – (click on ICD-10-CM or ICD-10- PCS to find most recent GEMs)

The CMS Sponsored ICD-10 Teleconferences **web page** provides information on upcoming and previous CMS ICD-10 National Provider Calls, including registration, presentation materials, podcasts, video slideshow presentations, written transcripts, and audio recordings http://www.cms.gov/ICD10/Tel10/list.asp

Provider Resources (for all providers) http://www.cms.gov/ICD10/05a_ProviderResources.asp

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A Perfect Day in Your Medical Practice: The Efficient and Well-Run Medical Office

Image via Wikipedia

- All available appointments are full.

- All staff showed up for their shifts.
- No one burns toast in the toaster oven and sets off the fire alarm.
- None of the staff show up to work wearing flip-flops or pink underwear beneath their white scrubs.
- All patients have been reminded about their appointments so they all show up.
- Patients calling for same-day appointments are able to be worked-in appropriately.
- No patients give false information at check-in.
- Established patients arrive on time with their insurance information and co-pay.
- New patients arrive on time to complete their paperwork, and give their insurance card, photo ID and co-pay to the receptionist.
- Patients with x-rays or other imaging studies bring the films or a CD.
- Patients with fasting appointments arrive having fasted.
- All patients arrive bringing their bag of medications.
- Patients in wheelchairs and with difficulty ambulating are accompanied by caregivers.
- Patients who do not speak English or are deaf have notified the office prior to the appointment and the appropriate technology or interpreters are available for the appointment.
- Patients with procedure appointments have followed their pre-procedure instructions.
- Patients with procedures have been pre-authorized by their insurance carrier and their personal financial responsibility has been discussed with them and payment arrangements have been made.
- Patient eligibility has been checked and those unable to be authorized have been called before their appointment to gain further information about their payer source.
- If computers go down, there are paper procedures in place to enable staff to continue seeing patients.
- No patients arrive saying “I forgot to tell you, this is

Worker's Comp/ an auto accident/ a liability case and I was told by my lawyer not to pay anything."

- None of the patients pee on a waiting room chair.
- Neither JCAHO nor any state or federal officers show up.
- The copiers and faxes all work.
- No subpoenas come in the mail.

Image by Smithsonian Institution via Flickr

- It's not your very first day live on electronic medical records.
- All phone calls are answered before the third ring and no one has to leave a message.
- No patients walk in the door with severe chest pains and say "I knew the doctor would want to see me."
- Patients remember to call the pharmacy for refills.
- Providers all run on time and seem in particularly good moods.
- Patients get their questions answered with callbacks within two hours.
- Someone delivers sandwiches, drinks and brownies to the practice for lunch. There is enough for everyone.
- No bounced checks come in the mail.
- Providers spend so much time in the exam room listening to their patients that the patients leave feeling that

every question they had (and a few they didn’t know they had) was answered.

- Providers circle the services and write the diagnosis codes numerically on the encounter form, remembering that Medicare doesn’t pay for consults any more.
- Sample medications that providers want to give patients are in the sample closet.
- Records that providers want to reference are in the chart and are highlighted.
- No one calls urgently for old medical records that are in the storage unit across town.
- There are no duplicate medical records.
- Patients checking out never say “But he was only in the room for 5 minutes!”
- The patient restrooms don’t run out of toilet paper.
- No bankruptcy notices come in the mail.
- All phlebotomists get blood on the first stick.
- No kids cry.
- The HVAC system works beautifully, keeping it cool where it needs to be cool, and warm where it needs to be warm.
- Congress announces that the SGR formula has been revoked and a new reasonable model for paying physicians has been discovered.
- Everyone goes home at 5:00 p.m., glad to have a job, glad to be of service, and happy with their paychecks.