Success With ICD-10: It Depends On You

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Navicure

Navicure is a leading web-based medical claims clearinghouse that helps physician practices increase profitability through improved claims reimbursement and staff productivity.

Navicure helps professional practices of all sizes:

- Get paid faster
- Reduce A/R days
- Decrease denials
- Increase staff productivity
- Reduce administrative costs

All of our solutions are supported by the Navicure 3-Ring™ Policy

Exclusive clearinghouse of the MGMA AdminiServe® Partner Network
Agenda

- What ICD-10 Is and Isn’t
- Essential Steps to Prepare
- What to Expect On and After Oct 1, 2014
Replaces ICD-9 everywhere diagnosis codes are used.

Must be used on all:

- **Professional** claims with a date of service on and after October 1, 2014.
- **Institutional** claims with a date of discharge on and after October 1, 2014.
Who Uses Diagnosis Codes Where?

❖ **Your entire staff: administrative and clinical**
   - A new coding language that must be mastered

❖ **In nearly all your paper and electronic systems**
   - A new format must be accepted.

❖ **Throughout most business processes**
   - Likely represents changes to nearly all clinical, financial and administrative processes.

Remember that all people, processes and systems must be able to accommodate both code sets for some time.
ICD-10 is NOT

BMI an IT project

*It’s more than the usual annual update: it’s a new language*

- Common cold: *acute nasopharyngitis*
  - ICD-9 460
  - ICD-10 J00

Like previous transitions

- ICD-10 will be a single moment cut-over
- ICD-10 will impact the full revenue cycle including adjudication
In What Ways Is ICD-10 Different

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size: 3-5 characters</td>
<td>Size: 3-7 characters</td>
</tr>
<tr>
<td>Number: 13,000</td>
<td>Number: 68,000+</td>
</tr>
<tr>
<td>Format: Mostly numeric and always begins with a number except for “E” and “V”</td>
<td>Format: Alphanumeric and always starts with a Letter except for “U”</td>
</tr>
<tr>
<td>Alphabetic characters NOT case sensitive</td>
<td>Terminology</td>
</tr>
</tbody>
</table>
How this gets done is up to YOU!
Implementation Check List

- Does your organization have an ICD-10 champion or coordinator?
  - *If not, it may be you!*

- Have you defined an ICD-10 planning team that has a *basic understanding of* ICD-10 to account for the *scope* and *breadth* of the effort?

- Have you obtained physician, practice management and organizational staff *awareness* of and *commitment* to ICD-10?
  - Cross-functional commitment required
  - Committed to regularly scheduled ICD-10-focused planning and implementation sessions
Have you completed an IT (PMS/EMR, etc) and service vendor outreach?

Do your IT and service vendors know about ICD-10?

Have they communicated required and enhanced capabilities and services?

Identified possible alternatives / ways of handling

Recommended details to know for EACH VENDOR:

• What they do or don’t provide--specifically for ICD-10!
• When they will have updates available
• Contacts
• Contracts - what's included/not included, when, expiration date
• Any service level agreements?
• Costs and when must be paid
• Keep the lights on vendor?
• What types and when will we receive training and documentation?
Have you prepared a budget?

Important to be prepared for direct implementation costs as well as reductions in productivity and cash-flow.

Important transition items include:

- Education
- Administrative and clinical business process changes, e.g., prior authorization
- IT replacement or updates
- Productivity decreases that may result in lower cash
- Unexpected payer payment delays
- Contract review costs

Consider obtaining a line of credit now.
Have you completed a diagnosis use assessment – a diagnosis inventory

- Do you have a document that describes where, how and who uses diagnosis codes throughout your practice?
  - Administrative and clinical
  - Front, middle and back office
  - Electronic and paper, e.g., Superbills, processes
  - Contracts, quality reporting, public health reporting, spreadsheets
Do you have an Action Plan

- Review and assess facts and information obtained with your assessment
- Create a list of things that **need** to be done to get your practice ready to be accurately using ICD-10 by the **October 1, 2014, compliance date**
- Recommend that each item identify:
  - who is responsible
  - estimated delivery date
  - interim deliverable and follow-up dates
  - dependencies
  - priority
Do you have a documented education strategy for getting personnel ICD-10 ready?

- Education is not optional – ONLY YOU CAN DO THIS!
- Clinical and administrative staffs must have the necessary ICD-10 knowledge to be successful
- Consider how to handle physician education
- Need to know who needs to be trained and how/when will the education take place?
- Remember: some may need additional education
  - Anatomy
  - Physiology
  - Medical terminology
Have you assessed clinical documentation for necessary changes to meet ICD-10’s requirements?

A critical and essential first element to have in place:

- Understand the most frequently used diagnosis codes by provider.
- Assess whether current documentation meets ICD-10 specificity requirements.
- Educate and work with physicians on specifics relevant to him or her.
- Start including these details now.
If you did not answer YES to all of these questions, then you are behind!
So where are practices at in their preparation for the transition to ICD-10?
Results from Navicure’s second national ICD-10 practice readiness survey

- **74%** of respondents haven’t begun implementing their ICD-10 transition plan, but most are confident they will be prepared by the October 1, 2014 deadline.

- Almost **67%** expect interruptions to cash flow, yet far fewer anticipate that productivity losses will have a similar impact on revenue.

- Most respondents are **confident in their IT solutions** even though they have not received substantive communications regarding ICD-10 upgrades and timing.

Learn more at: [www.navicure.com/surveytwo](http://www.navicure.com/surveytwo)
<table>
<thead>
<tr>
<th>Process</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>Update referral process / forms</td>
</tr>
<tr>
<td>Pre-certifications / authorizations</td>
<td>Update pre-certification / authorization process / forms</td>
</tr>
<tr>
<td>Patient scheduling</td>
<td>Eligibility software / process updates</td>
</tr>
<tr>
<td>Clinical encounter</td>
<td>EHR/EMR software updates</td>
</tr>
<tr>
<td></td>
<td>Physician education</td>
</tr>
<tr>
<td></td>
<td>Medical record templates</td>
</tr>
<tr>
<td></td>
<td>Superbill updates</td>
</tr>
<tr>
<td>Physician orders</td>
<td>Lab orders/results, test and other ordered procedures forms, systems.</td>
</tr>
<tr>
<td>Claim administration</td>
<td>Coding process review.</td>
</tr>
<tr>
<td></td>
<td>Provider query process review.</td>
</tr>
<tr>
<td></td>
<td>Practice management software review / update / replacement.</td>
</tr>
</tbody>
</table>
### Practice’s Have a Long To Do List

<table>
<thead>
<tr>
<th>Process</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytics</td>
<td>Update forms and processes used to track illness, treatment and malpractice statistics.</td>
</tr>
<tr>
<td>Research participation</td>
<td>Update forms and processes related to drug studies and experimental treatment tracking.</td>
</tr>
<tr>
<td>Public health reporting</td>
<td>Update forms and processes used to report disease and condition information for public health programs.</td>
</tr>
<tr>
<td>Quality reporting</td>
<td>Update forms and processes used to record, track and report quality measures. PQRI, evidence-based and ACO are a few programs that may require updates.</td>
</tr>
</tbody>
</table>
• How many will be taking this road at 25 mph and at 100 mph?
Note to Providers: Documentation Will Be Impacted

- ICD-10’s specificity requirements will require clinicians provide additional medical documentation details.

- Medical documentation should be audited to ensure it supports ICD-10’s additional specificity requirements. ICD-10, unlike ICD-9, can describe such things as:
  - Laterality
  - Specific anatomic site(s)
  - Associated and related conditions
  - Causes of injury
  - Episode of care (initial, subsequent, etc)
  - Complications
  - Stage of healing (routine, delayed, malunion, etc)
Problem: getting physicians engaged

- They are busy
- They may not understand the issue and their role

Solution:

- Remind physicians BILLING and REIMBURSEMENT depend on accurate clinical documentation and ICD-10 requires more specificity.
- Clinical documentation is the critical first step and everything downstream depends on it.
TOP 20: ICD9 ➔ ICD10 IMPACT for 28281377Alter [with 29 codes]

- **ICD9: 780.79** Other malaise and fatigue
  - Frequency: 12%
  - 4 Related ICD-10 Codes
  - Impact Rating: L

- **ICD9: 786.09** Other respiratory abnormality
  - Frequency: 9%
  - 5 Related ICD-10 Codes
  - Impact Rating: L

- **ICD9: 780.53** Hypersomnia with sleep disturbance
  - Frequency: 20%
  - 1 Related ICD-10 Code
  - Impact Rating: H

- **ICD9: 806.4** Closed fracture of lumbar region
  - Frequency: 1%
  - 24 Related ICD-10 Codes
  - Impact Rating: L

- **ICD9: 786.05** Shortness of breath
  - Frequency: 11%
  - 1 Related ICD-10 Code
  - Impact Rating: L

- **ICD9: 327.23** Obstructive sleep apnea
  - Frequency: 10%
  - 1 Related ICD-10 Code
  - Impact Rating: L

Impact Rating is based on how frequently the code appears in the processed file and number of related ICD-10 codes.
ICD-10 Analyzer: Jump Start Your Transition

**ICD9: 806.4** Closed fracture of lumbar spine with spinal cord injury

6 ICD-10 Code Clinical Scenarios with 18 possible code combinations.

### Scenario 1

Choose 1 of the following:

- S34.129A Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter
- S34.109A Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
- S34.119A Complete lesion of unspecified level of lumbar spinal cord, initial encounter

AND

- S32.009A Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture

### Scenario 2

Choose 1 of the following:

- S34.111A Complete lesion of L1 level of lumbar spinal cord, initial encounter
# ICD-10 Impact Summary - Sorted by Impact

<table>
<thead>
<tr>
<th>Score</th>
<th>ICD-9</th>
<th>Diagnosis</th>
<th>Frequency of Use</th>
<th>Related ICD-10 Codes</th>
<th>Top Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDIUM</td>
<td>780.79</td>
<td>Other malaise and fatigue</td>
<td>37 by 1 Provider</td>
<td>4</td>
<td>RICHARD BROOKS</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>786.09</td>
<td>Other respiratory abnormalities</td>
<td>28 by 1 Provider</td>
<td>5</td>
<td>RICHARD BROOKS</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>780.53</td>
<td>Hypersomnia with sleep apnea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDIUM</td>
<td>806.4</td>
<td>Closed fracture of lumbar spine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td>786.05</td>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td>327.23</td>
<td>Obstructive sleep apnea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td>278.01</td>
<td>Morbid obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ICD9: 813.47 Torus fracture of radius and ulna**

- **Used:** 1 time
- **Top Provider:** RICHARD BROOKS

**Related ICD10 Codes**

- S52.621A Torus fracture of lower end of right ulna, initial encounter for closed fracture
- S52.011A Torus fracture of upper end of right ulna, initial encounter for closed fracture
- S52.622A Torus fracture of lower end of left ulna, initial encounter for closed fracture
- S52.012A Torus fracture of upper end of left ulna, initial encounter for closed fracture
- S52.521A Torus fracture of lower end of right radius, initial encounter for closed fracture
- S52.111A Torus fracture of upper end of right radius, initial encounter for closed fracture
- S52.522A Torus fracture of lower end of left radius, initial encounter for closed fracture
- S52.112A Torus fracture of upper end of left radius, initial encounter for closed fracture
Navicure Role

- Must be reliably available whenever needed to connect everyone and make things happen.

- **Must be:**
  - able to coordinate problems with vendors and payers and not pass them around like a hot potato
  - available to help: Guaranteed 3-Ring Support
  - provide dashboards for claim and problem identification and tracking
  - proficient in denial and appeal management
  - able to provide revenue cycle analytics
Navicure Readiness

- Navicure ready for ICD-10 on July 2013.
- AGGRESSIVE monthly vendor and payer review / outreach
  - Began February 2013 and throughout 2014
- Involved with end-to-end testing as payers permit.
- On-going internal ICD-10 awareness and capabilities assessment
- As with 5010, creating post ICD-10 transition “tiger” teams to:
  - Monitor data received to and from clients and payers to proactively identify potential problems
  - Identify the cause and source of a problem
  - Communicate
What to Expect Before Oct 1

- Payers will be announcing testing ability and schedules and other ICD-10 related details.
- You will/must implement many of the items on your ICD-10 transition plan.
- You will be testing internal systems and testing with external trading partners.
- You may be installing new products or introducing new services into your practice to assist with the transition to ICD-10.
And After October 1, 2014


- You Will Still Be Using ICD-9
  - Filing new claims with dates of service before Oct 1
  - Re-filing corrected claims with dates of service before Oct 1
  - Audits associated with claims with dates of service before Oct 1
  - Appealing denied claims

- Dealing With the Expected and Unexpected
  - Appealing denied claims
  - Dealing with Productivity Declines
  - Systems that don’t work as expected

- Note: Make sure IT and Staff can handle both ICD-9 and ICD-10.
It’s Time To Start

Only 8 Full Months Left To Do This.
Why Start Getting Ready Now?

- To be keep our businesses running
- To enhance our business opportunities
- To minimize risk
Don’t Forget: October 1, 2014 at 12:01 AM

Don’t let this be your ICD-10 Implementation clock
The Alarm Is Going Off (no more pressing snooze!)

- CDI
- IT
- Education
- Budget
Sink or Swim?
Get Started Preparing for ICD-10: 8 Steps for Transition Success

ICD-10 Analyzer™ by navicure
Find out how ICD-10 will impact your claims reimbursements.

ICD-10 HUB Blog
The latest news and tips about ICD-10 as presented by industry experts.

Sink or Swim?
Learn the 8 steps to ensure ICD-10 transition success.

Recent News
Get the scoop on the latest news in the ICD-10 world.
2014 ICD-10 PREPARATION TIMELINE

- Internal, External & End-to-End Testing
- Education, Training & Credentialing Updates
- Implement Monitoring & Benchmarking Tools
- Budgeting
- Documentation Review
- Compliance Auditing
- Contract Review/Negotiations

Oct. 1, 2014 ICD-10 Goes Live - Monitoring Begins

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Navicure ICD-10 Resources

Navicure Clients’ resource for all ICD-10 education and materials
ICD-10 Resources

- CMS
  - CMS: Latest ICD-10 News

- ICD Hub
  - [www.icd10hub.com](http://www.icd10hub.com)

- CDC ICD-10-CM
  - [http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014](http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014)

- WHO (World Health Organization)

- Final Rule

- Final CMS ICD-10-CM Official 2013 Coding Guidelines