

Briefing on ICD-10 Implementation for Post Acute Care

AHA CENTRAL OFFICE

An American Hospital Association Service

June 8, 2011

Nelly Leon-Chisen, RHIA
Director Coding and Classification
American Hospital Association



Recent National Developments

- Transition to newer HIPAA Standards
 - Next version of standards – 5010
 - Adoption of ICD-10
- Health Information Technology – American Recovery and Reinvestment Act (ARRA) of 2009
- Health Reform Legislation
 - Patient Protection and Affordable Care Act
 - Changing Models of Care
 - Accountable Care Organizations



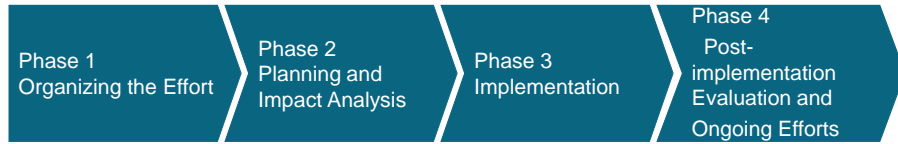
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Implementation Phases

Implementation is divided into four phases:



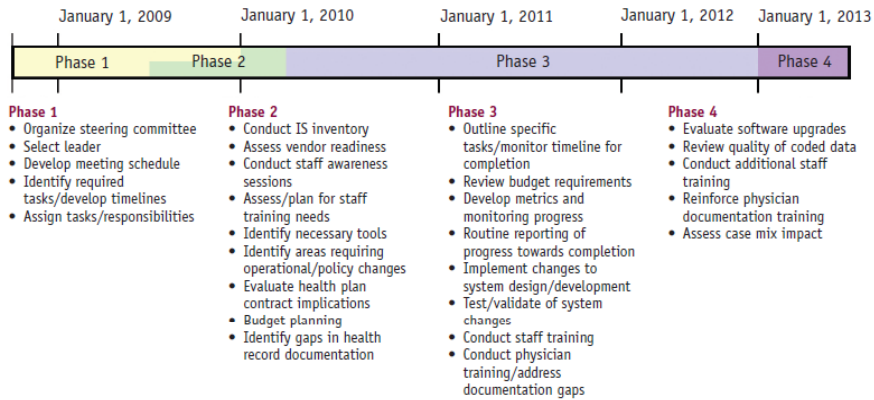
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ICD-10 Timeline

ICD-10 Timeline



Source: American Hospital Association, HIPAA Code Set Rule: ICD-10 Implementation, Executive Briefing



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Will You be Ready?

- Jan. 1, 2012: 5010 claims transactions compliance date
- Oct. 1, 2013: ICD-10 compliance date

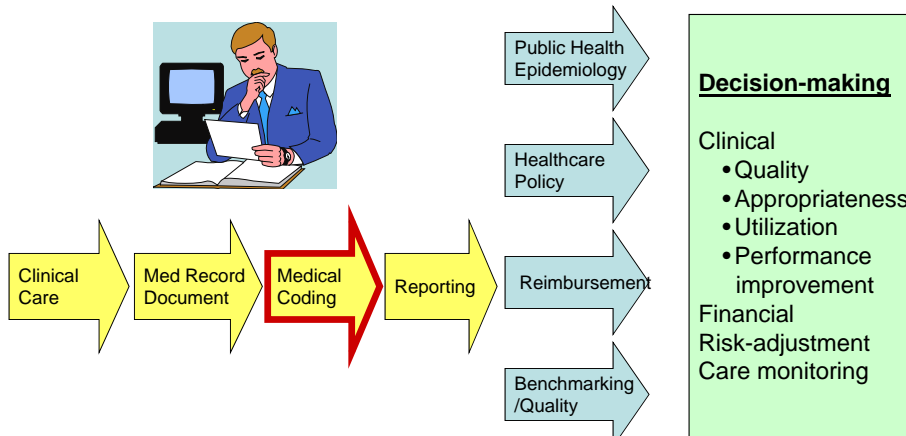


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Medical Coding Sits Right In The Middle



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Risks of Failure to Implement

- The failure to successfully implement ICD-10-CM/PCS can
 - Create coding and billing backlogs
 - Cause cash flow delays
 - Increase claims rejections/denials
 - Bring about unintended shifts in payment
 - Place payer contracts and/or market share arrangements at risk due to poor quality rating or high costs
- Inaccuracy in clinical coding creates distorted or misinterpreted information about patient care which can also result in faulty investment decisions to improve health delivery.
- Potential cash flow disruptions if trading partners are not ready to process

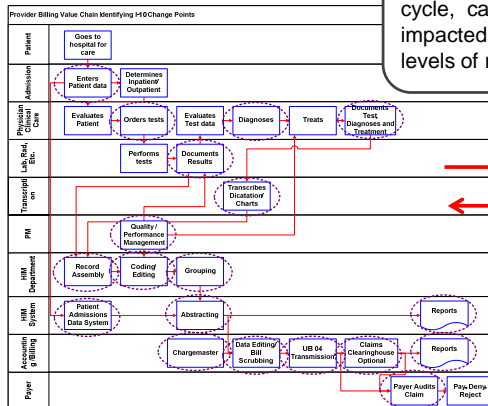


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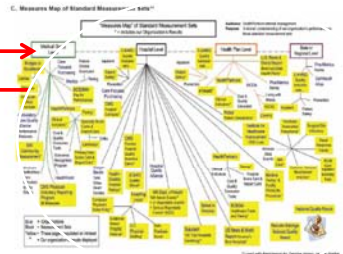


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Provider/ Payer/Public Reporting Value Chain Areas Affected by ICD-10



Impact :
 Most functional areas within the end-to-end revenue cycle, care management and reporting process are impacted by ICD-10 and will be transitioned. Varying levels of readiness and ability to integrate will occur



Source: 3M



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Clinical Coding Diagnosis vs. Procedure

- ICD-9-CM – Volumes 1 and 2, HIPAA standard diagnosis coding for all clinical care settings (e.g. hospitals, physicians, home health, skilled nursing, insurance, etc.)
 - **Upgrade to ICD-10-CM**
- ICD-9-CM –Volume 3, HIPAA standard coding for hospitals to report inpatient services
 - **Upgrade to ICD-10-PCS**
- CPT/HCPCS – HIPAA standard for reporting outpatient services by hospitals and both inpatient and outpatient services by non-hospital providers (physicians, therapists, clinics, insurance, etc.)
 - **No change**



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Implementation Date

- Single implementation date for all users
 - Date of service for ambulatory and physician reporting
 - Date of discharge for hospital claims for inpatient settings
- What about cross-over claims spanning the October 1, 2013 date?
 - Stay tune for CMS instructions



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What about Non-HIPAA Covered Entities?

- Assessment instruments
 - OASIS
 - IRF-PAI
- Workmen's Comp
- Automobile insurance



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Context for Change

- ICD-9-CM is almost 30 years old
 - No room to add new codes to keep pace with current classification of medical conditions or technological advances
 - Not always precise or unambiguous
- Many countries have already adopted ICD-10
- U.S. mortality data (vital health statistics) already being reported using ICD-10 – difficulty comparing mortality vs. morbidity data
- HIPAA Electronic Transactions and Code Sets notice of proposed rule 1998:
 - “It is inevitable that there will be changes to coding and classification standards after the year 2000. For example ICD-10-CM may replace ICD-9-CM.”



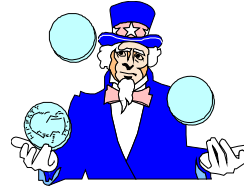
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Context for Change (cont.)

- Greater interest in more specific coding system
 - Increasing interest in using administrative data for quality reporting, value-based purchasing, biosurveillance
 - Reimbursement: would enhance accurate payment for services rendered
 - Quality: would facilitate evaluation of medical processes and outcomes
 - Provide better data to support performance measurement, outcome analysis, cost analysis and monitoring of resource utilization



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Benefits of Adopting the New Coding System

- Incorporates much greater specificity and clinical information, which results in
 - Improved ability to measure health care services
 - Increased sensitivity when refining grouping and reimbursement methodologies
 - Enhanced ability to conduct public health surveillance
 - Decreased need to include supporting documentation with claims



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Opportunities

- More accurate information
- Better data
- Improved documentation processes
- Improved cash flow
- Decreased administrative burden
- Improved workflow

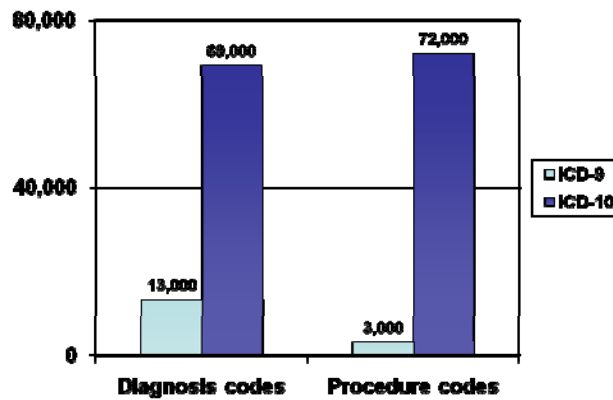


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Number of ICD-9 and ICD-10 Codes for Diagnoses and Procedures



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Comparison of ICD-9-CM vs. ICD-10-CM (Diagnosis)

ICD-9-CM

- Approximately 13,000 codes
- Limited space for adding new codes
- Lacks detail
- Lacks laterality
- Difficult to analyze data due to nonspecific codes

ICD-10-CM

- Approximately 68,000 available codes
- Flexible for adding new codes
- Very specific
- Allows laterality and bilaterality
- Specificity improves coding accuracy and richness of data for analysis



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ICD-9-CM vs. ICD-10-CM Code Structure

ICD-9-CM

- 3-5 characters in length
- First digit is numeric or alpha (V or E)
- Digits 2-5 are numeric
- Always at least 3 characters
- Decimal point: yes, after third digit
- Dummy placeholder? no

ICD-10-CM

- 3-7 characters in length
- First digit is alpha
- All letters except "U"
- Digits 2 and 3 are numeric, digits 4-7 are alpha or numeric
- Always at least 3 characters
- Decimal point: yes, after third character
- Dummy placeholder: "x"
- Alpha characters not case-sensitive



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Comparison of ICD-9-CM vs. ICD-10-CM (Diagnosis)

ICD-9-CM

- Does not adequately define diagnoses needed for medical research
- Does not support interoperability because it is not used by other countries

ICD-10-CM

- Detail improves the accuracy of data used for medical research
- Supports interoperability and the exchange of health data between the U.S. and other countries

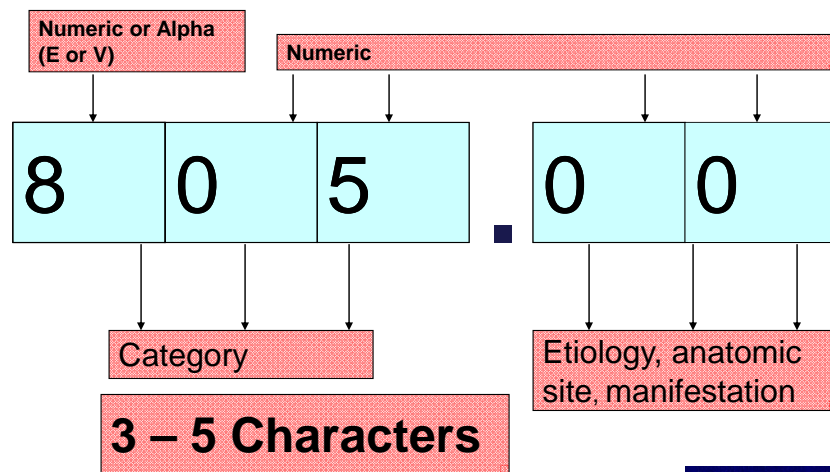


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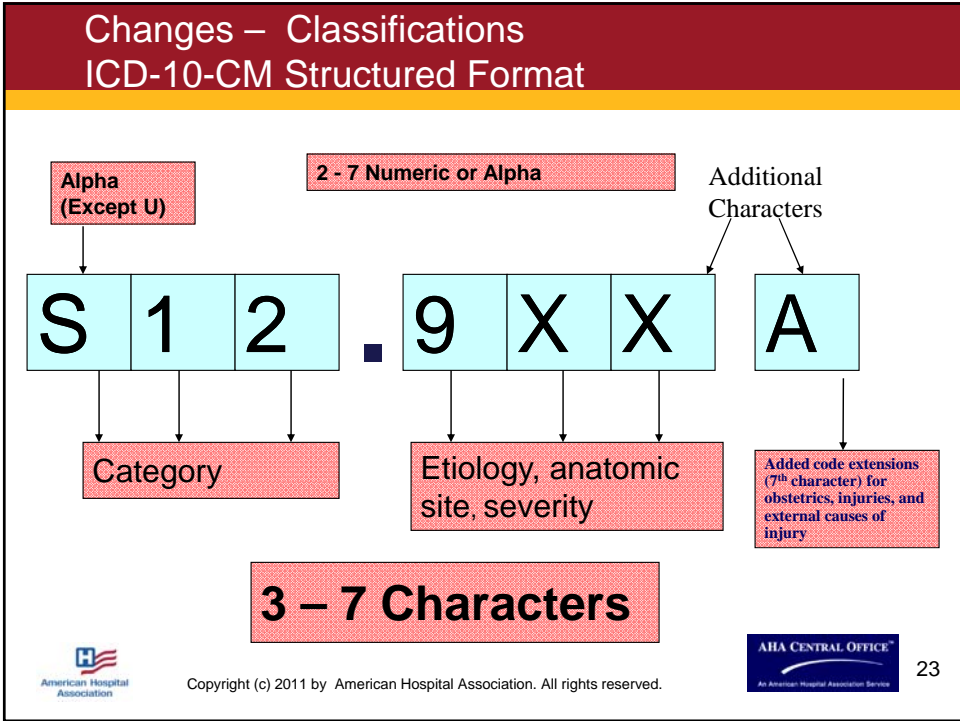
Changes – Classifications ICD-9-CM Structured Format



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Greater Specificity – Laterality Example

CMS, Hospital Acquired Condition: Pressure ulcer

<p>ICD-9-CM</p> <ul style="list-style-type: none"> • 707.05 Pressure ulcer buttock • 707.22 Pressure ulcer stage II • 707.24 Pressure ulcer stage IV 	<p>ICD-10-CM</p> <ul style="list-style-type: none"> • L89.312 Pressure ulcer of right buttock, stage II • L89.324 Pressure ulcer of left buttock, stage IV • OR • L89.322 Pressure ulcer of left buttock, stage II • L89.314 Pressure ulcer of right buttock, stage IV
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IN THE HOSPITAL

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Greater Specificity – Precision Example

Patient noncompliance: Information may be useful to identify reasons for readmissions and prevent readmissions

ICD-9-CM

V15.81
Noncompliance with medical treatment

ICD-10-CM

- Z91.11** Patient's noncompliance with dietary regimen
- Z91.120** Patient's intentional underdosing of medication regimen due to financial hardship
- Z91.128** Patient's intentional underdosing of medication regimen for other reason
- Z91.130** Patient's unintentional underdosing of medication regimen due to age-related debility
- Z91.138** Patient's unintentional underdosing of medication regimen for other reason
- Z91.14** Patient's other noncompliance with medication regimen
- Z91.15** Patient's noncompliance with renal dialysis
- Z91.19** Patient's noncompliance with other medical treatment and regimen



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ICD-9-CM vs. ICD-10-CM Sample Codes

ICD-9-CM

- **438.11** Late effect of cerebrovascular disease, speech and language deficits, aphasia
 - NOTE: Category 438 is to be used to indicate conditions in 430-437 (subarachnoid hemorrhage, intracerebral hemorrhage, infarction cerebral arteries, infarction precerebral arteries), as the cause of late effects

ICD-10-CM

- **I69.020** Aphasia following nontraumatic subarachnoid hemorrhage
- **I69.120** Aphasia following nontraumatic intracerebral hemorrhage
- **I69.220** Aphasia following other nontraumatic intracranial hemorrhage
- **I69.320** Aphasia following cerebral infarction
- **I69.920** Aphasia following unspecified cerebrovascular disease



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ICD-9-CM vs. ICD-10-CM Sample Codes

ICD-9-CM

- **Category V57**, Care involving use of rehabilitation procedures

ICD-10-CM

- Guideline for Admissions/encounters for rehabilitation has been removed from ICD-10-CM
 - Code condition instead.



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ICD-9-CM vs. ICD-10-CM Sample Codes

ICD-9-CM

- Fractures are coded using the aftercare codes (subcategories V54.0, V54.1, V54.8, or V54.9) for encounters after the patient has completed active treatment of the fracture and is receiving routine care for the fracture during the healing or recovery phase.

ICD-10-CM

- The aftercare Z codes should not be used for aftercare of injuries. For aftercare of an injury, assign the acute care injury code with the appropriate 7th character for subsequent encounter (e.g. S72.002g Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with delayed healing)



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Summary Comparison of ICD-9-CM vs. ICD-10-PCS (Procedures)

ICD-9-CM

- Approximately 3,000 codes
- Based on outdated technology
- Limited space for adding new codes
- Lacks detail
- Lacks laterality
- Generic terms for body parts

ICD-10-PCS

- Approximately 72,600 available codes
- Reflects current usage of medical terminology and devices
- Flexible for adding new codes
- Very specific
- Has laterality
- Detailed descriptions for body parts



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Summary Comparison of ICD-9-CM vs. ICD-10-PCS (Procedures)

ICD-9-CM

- Lacks description of methodology and approach for procedures
- Limits DRG assignment
- Lacks precision to adequately define procedures

ICD-10-PCS

- Provides detailed descriptions of methodology and approach for procedures
- Allows DRG definitions to better recognize new technologies and devices
- Precisely defines procedures with detail regarding body part, approach, any device used and qualifying information



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ICD-9-CM vs. ICD-10-PCS Structure

ICD-9-CM

- 3-4 digits
- All characters are numeric
- Decimal point: yes, after the second digit
- All codes have at least 3 characters

ICD-10-PCS

- Each code must have 7 characters
- Decimal point: No
- Each character can be either alpha or numeric
 - Numbers 0-9
 - Letters A-H, J-N, P-Z
 - Alpha characters are not case-sensitive



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Change: ICD-10-PCS – Structured Format

ICD-9-CM

5	1	.	2	3
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ICD-10-PCS

0	F	T	4	4	Z	Z
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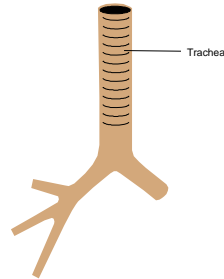


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ICD-10-PCS Code Examples (cont.)

ICD-9-CM

- **92.27** Implantation or insertion of radioactive elements



ICD-10-PCS

- **0BH071Z** Insertion of radioactive element into tracheobronchial tree, via natural or artificial opening
 - Multiple codes based on site (e.g., right eye, breast, pancreas) and approach (external, open, percutaneous, percutaneous endoscopic, via natural or artificial opening)



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Implementation Phases

Implementation is divided into four phases:



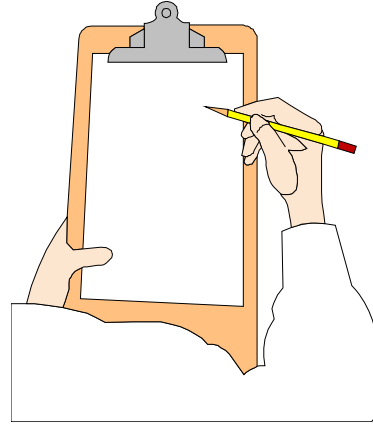
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Develop ICD-10 Strategy

- Communicate
- Plan
- What will it take?
 - Working on systems
 - Time to test internally
 - Time to test with external partners
 - Training
 - Determine training needs (different levels)
 - Documentation improvement

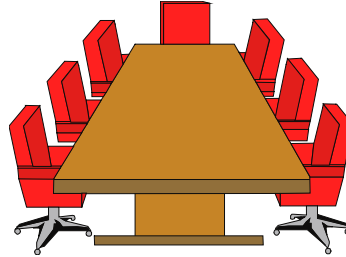


Strategic Planning and Opportunities

- Successful transition requires careful strategic planning and coordination of resources across the entire hospital
- Begin by examining every application where diagnosis or procedure codes are captured, stored, analyzed or reported
- Engage executive leadership
- Address challenges across a wide-range of functional areas
- Address implications to current and future information systems
- Review current work flow and medical documentation practices

Phase I - Organizing the Implementation Effort

- This phase will involve:
 - Organizing your cross functional Steering Committee
 - Selecting a Steering Committee leader
 - Developing a meeting schedule
 - Identifying required tasks and developing timelines
 - Assigning tasks and responsibilities



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Organizing Your Cross Functional Steering Committee

- Not just a “coding thing”
- Who is in charge?
- Collaboration among departments will be necessary to identify information systems affected
- Members across clinical, financial and information systems area
- Get support from administration
- Be sure to involve both HIM department leaders as well as coders



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Cross-functional Team

- Convene a cross functional Steering Committee to:
 - Identify system applications affected
 - Assign tasks and responsibilities to carry-out the necessary changes
- The approach taken will differ among hospitals based on the size and organization of the hospital, level of automation, the number of electronic databases and the functional areas affected



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ICD-10 Steering Committee Composition

- Leadership
 - Sponsorship and support from a senior level manager to ensure coordination across departments
- Core Steering Committee Members
 - Health Information Management
 - Information Systems and Technology
 - Billing
 - Finance
 - Compliance
 - Revenue Cycle Management



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ICD-10 Steering Committee Composition

- Ad Hoc Team Members
 - Quality
 - Registration
 - Nursing
 - Clinics
 - Emergency Department
 - Pharmacy
 - Medical Staff Affairs
 - Outpatient Surgery
- Ancillary services such as:
 - Imaging
 - Laboratory Services
 - Cardiology
- Rehabilitation
- Home Health
- Urgent Care
- Therapies
- Utilization Review



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Organizing the Implementation Effort

Tasks



- ✓ Develop implementation goals
- ✓ Develop plan for assessing implementation impact
- ✓ Develop implementation strategy
- ✓ Develop tools to assess impact on affected functional areas
- ✓ Identify Steering Committee's required tasks
- ✓ Develop timelines
- ✓ Assign responsibility for tasks
- ✓ Educate IS staff on code sets



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Roles by Function

- **Organizational ICD-10 Sponsor**
 - Assist in prioritizing ICD-10 activities over other organization-wide initiatives
 - Ensure collaboration among departments
 - Ensure budgeting issues are considered organization-wide
 - Report progress of ICD-10 implementation to CEO and senior management
 - Report progress to rest of senior management group



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Roles by Function

- **ICD-10 Steering Committee Lead**
 - Convene ICD-10 Steering Committee meetings
 - Set ICD-10 Steering Committee meeting agendas
 - Report progress to ICD-10 sponsor
 - Keep track of implementation progress



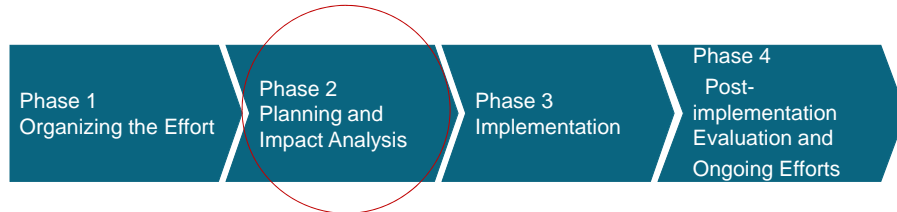
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Implementation Phases

Implementation is divided into four phases:



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Phase II - Planning and Impact Analysis

- This phase will involve performing an organizational assessment and developing an implementation schedule including:
 - Conducting an information systems inventory
 - Assessing vendor readiness and support
 - Conducting staff awareness sessions
 - Assessing and planning for staff training needs
 - Identifying necessary tools
 - Identifying areas requiring operational and policy changes
 - Evaluating health plan contract implications,
 - Budget planning
 - Identifying gaps in health record documentation



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Organize Departmental Assessment

- ICD-10 will impact different departments differently
- Each department should conduct internal assessment and report findings back to the ICD-10 Steering Committee
- Develop a detailed “master to-do list”
- Departmental assessment to include
 - Inventory of information systems
 - Assessment of training needs
 - Identification of areas requiring operational and policy changes
 - Identification of necessary tools



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Sample ICD-10 Implementation Department Assessment

Department: Health Information Management							
Application Name	Vendor	Application Maintainer	Frequency of Regular Updates	Under Maintenance Contract	Diagnosis or Procedure Codes, or Both	Codes Entered Directly Into Application or Downloaded from Other Systems?	Lead Person
Encoder	ABC, Inc.	ABC, Inc.	Quarterly	Yes	Both	Entered directly	K. Jackson
Abstracting System	DEF	DEF	Quarterly	Yes	Both	Downloaded from encoder	
DRG Grouper	GHI	GHI	Annual	Yes	Both	Downloaded from encoder	
Outpatient Code Editor			Quarterly	Yes	Diagnosis	Entered directly	
Present on Admission Database	In-house	IS&T	Annual	No	Diagnosis	Downloaded from abstracting system	
Birth Registrations	State	State	Annual	Yes	Diagnosis	Entered directly	
Trauma Registry	State	State	Annual	Yes	Diagnosis	Entered directly	



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Conducting Information Systems Inventory

- Survey all departments to conduct an inventory of the applications used.
- Commercial vs. in-house application
 - Diagnosis vs. procedure codes or both
 - Codes entered directly into application or transferred from another application
 - Interfaces
 - Frequency of updates
 - Updates included as part of maintenance contract
- Storage capability
- Field size changes



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Assessing Legacy Systems

- Currently in use?
- What is it used for?
- Is the system still currently in use?
- What is the system used for?
- Does the system work satisfactorily?
- Is there another application currently available that can perform a similar function as the current system?
- Is there current staff capable of redesigning the system?
- Is the system documented fully enough to allow another designer to update the system?
- On what hardware does the system run?
- On what software platform does the system run?



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Assessing Legacy Systems

- Is the system difficult to maintain or improve?
- Can the system be integrated with newer systems?
- What is the cost of updating the system?
- What is the cost of replacing the system with a new application?
- With what other systems or programs does the legacy system interface?
- What impact would a change in the legacy system have on these other systems or programs?
- With how many legacy systems is your organization contending?
- If multiple systems, what is the priority among the legacy systems?



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Systems Likely To Be Affected

- | | |
|---------------------------------|--|
| • Accounting systems | • Databases |
| • Advanced Beneficiary Software | • Decision support systems |
| • Birth defect registries | • Disease management |
| • Billing | • DRG grouper |
| • Case management system | • Electronic processing systems |
| • Claims submission | • Encoder software |
| • Clinical data reporting | • E-prescribing |
| • Clinical department systems | • Financial systems |
| • Clinical protocols | • Hospital information system |
| • Clinical reminder systems | • Interface engines |
| • Compliance checking systems | • Inpatient rehab facility patient assessment instrument data collection |



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Systems Likely To Be Affected (cont.)

- Managed care (HEDIS) reporting system
- Medical abstracting system
- Medical necessity
- Minimum data set collection system
- OASIS system
- Outpatient Code Editor
- Pharmacy systems
- POA systems
- Provider profiling
- Quality management
- Reports
- Registration and scheduling
- Research databases
- State birth registration systems
- State reporting systems
- Test ordering systems
- Utilization management



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Make ICD-10 an Integral Part of any Future IT Strategy

- ICD-10 provides enormous opportunities for improving the understanding of the resources associated with the treatment of a patient's disease or illness
- Importance of a better coding classification system:
 - Integral to IT Strategy - especially efforts aimed at developing an EHR
 - Provides superior ability to refine future financial/reimbursement models
 - Added clinical specificity can lead to improvements in designing patient safety processes
 - Facilitates better understanding of disease and associated costs - allowing providers to improve their delivery of care, demonstrate value, and plan for future capital investments
 - Improves Disease Surveillance – no longer just a national effort



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ICD-10 Unlocks the Benefits of EHR

- IT coupled with the adoption of ICD-10 can become a powerful tool to improve the quality, effectiveness, and delivery of health care services
- Better precision in the classification system also requires front-end documentation improvements of medical information
- Current ICD-9 classification system is ambiguous and results in costly back-end processes – request for additional documentation, claim processing delays or denials

Assessing Vendor Readiness and Support


- Identify which vendor systems are affected
- Develop a master list of all vendors affected
- Contact vendors to determine whether changes to existing systems are forthcoming and when they plan to have available upgrades to support ICD-10
- Determine whether the upgrade to ICD-10 is included with your maintenance agreement
- Ask vendor to share their plans for readiness
- Make certain that the vendor intends to continue to provide support for the application
- Determine whether the application requires any special or custom developed edits
- Identify special terms in contracts to cover custom edits, if any

Assessing and Planning for Staff Training Needs


Accounting
Ancillary departments
Auditors
Performance improvement
Business office
Claims analysts
Clinicians

Clinical department managers
Compliance
Patient access & registration
Data analysts
Infection control
Medical staff
Other HIM department employees

Coders
Information systems
Billing
Quality management
Senior management
Utilization review




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Evaluate Health Plan Contract Implications

- Prepare list of largest health plans
- Review existing health plan contracts
 - Diagnosis or procedure based?
 - DRG based?
 - Other basis?
- Contact health plans and schedule meetings (can be done collectively with other providers; if possible work with state associations to schedule meetings)
- Share hospital plans for readiness and dates when hospital will be ready to begin external testing
- Host periodic follow-up meetings to share implementation progress and to validate plans for future testing



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Payer Interactions

- Payers have been busy planning how they will convert their adjudication logic to ICD-10.
- Have you planned to devote time and energy to ensure their translations are accurate and you're not adversely affected?
- Is the payer using the general equivalence mappings (GEMs)?
- What methodology is the payer using for situations where it is not possible to map to ICD-10 codes because the concepts don't exist in ICD-9-CM or vice-versa?



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What is the Impact to Reimbursement?

- Once sufficient data coded in ICD-10-CM/PCS becomes available, CMS and other payers will likely use the increased specificity of ICD-10-CM/PCS to enhance their payment models
 - Providers losing money under current payment models/ICD-9-CM due to lack of higher specificity/documentation will continue to lose money under ICD-10-CM/PCS
- Payers have not stated they will remain budget neutral
 - Payer market is very active and ahead of provider market in preparing for ICD-10-CM/PCS
 - Some payers see this as an opportunity – but in reality it is an opportunity for both provider and payer



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Provider Costs

- Personnel costs -- lost productivity, training
- Hardware and software changes
 - Commercial vs. homegrown systems
 - Vendor awareness
 - Technical issues
 - Contractual issues
 - Costs
- Data conversion
 - Decisions, decisions, decisions
 - Cost/benefit analysis regarding database uses
 - Convert?
 - Cross-walk?
 - Dual systems?



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Don't Forget the Medical Staff

- Collaboration is key
 - Training
 - Documentation changes
 - ICD-10 requires more detailed documentation to specify aspects of diagnoses and procedures required for more detailed codes
- Partnering
 - Help them understand the impact
 - Include their office staff in training
 - Assist them to convert their "super bills"



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Case of the Missing Documentation

- Paper vs. electronic
- Hybrid
- Documentation in multiple locations
 - Difficult to find
 - Coders may need to log into multiple systems or paper
 - Easy to miss important information
 - Coders are too valuable to spend time playing detectives
- Centralized records
 - Scanning
 - Electronic health records
- Technology can be a coder's best friend (if done right)
- Enable remote chart reviews and audits
- Dealing with shortage of qualified coders



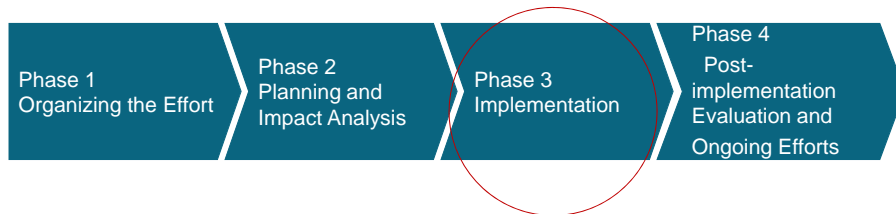
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Implementation Phases

Implementation is divided into four phases:



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Phase 3: Implementation

- This phase will involve executing, monitoring and overseeing the implementation schedule including:
 - Outlining specific tasks and monitoring timeline for completion
 - Reviewing budget requirements
 - Developing metrics and monitoring progress
 - Routine reporting of progress towards completion
 - Implementing changes to system design and development
 - Testing and validation of system changes
 - Conducting the staff training
 - Conducting physician training to address documentation gaps



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Roles by Function

- **HIM/Coding**
 - Participate as a member of ICD-10 Steering Committee
 - Conduct ICD-10 awareness training throughout organization
 - Complete information systems assessment inventory
 - Identify training and budgeting issues for department
 - Determine physician documentation areas requiring improvement
 - Identify areas in coding and documentation requiring operational and policy changes
 - Identify gaps in health record documentation



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Roles by Function

- **Billing**

- Participate as a member of ICD-10 Steering Committee
- Attend ICD-10 awareness training sessions
- Complete information systems assessment inventory
- Identify training and budgeting issues for department
- Identify areas requiring operational and policy changes



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Roles by Function

- **Finance**

- Participate as a member of ICD-10 Steering Committee
- Attend ICD-10 awareness training sessions
- Complete information systems assessment inventory
- Identify training and budgeting issues for department
- Identify areas requiring operational and policy changes
- Review current contractual agreements with health plans
- Analyze impact of ICD-10 on health plan agreements



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Roles by Function

- **Information Systems**

- Participate as a member of ICD-10 Steering Committee
- Attend ICD-10 awareness training sessions
- Complete information systems assessment inventory
- Assess vendor readiness and support
- Review contractual agreements with software vendors
- Ensure ICD-10 implementation is considered in all future software application purchases
- Identify training and budgeting issues for department
- Identify areas requiring operational and policy changes



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Roles by Function

- **Quality**

- Participate as a member of ICD-10 Steering Committee
- Attend ICD-10 awareness training sessions
- Complete information systems assessment inventory
- Identify training and budgeting issues for department
- Identify areas requiring operational and policy changes
- Identify areas where physician documentation improvement may be necessary
- Assess opportunities with availability of granular data for quality improvement



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Roles by Function

- **Medical Staff Liaison**
 - Participate as a member of ICD-10 Steering Committee
 - Attend ICD-10 awareness training sessions
 - Complete information systems assessment inventory
 - Identify training and budgeting issues
 - Participate in documentation improvement training



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Implementation Phases

Implementation is divided into four phases:



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AHA Educational Plans

- Webinars/Audioseminars
 - Coding guidelines
 - Compare and contrast Coding Clinic advice
 - Anatomy and physiology for ICD-10-PCS
 - Documentation gaps
- Speaker's Express
 - Speakers available on coding and documentation
 - ICD-10 implementation
 - ICD-9-CM and ICD-10 instruction



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Next Steps

- **Don't panic**, but don't wait to get started!
- You're **NOT** too late!



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AHA Resources

- AHA ICD-10 Advisory Task Force
- ICD-10 audioseminar series
- ICD-10 CEO Briefing
- ICD-10 Member Regulatory Advisories
- ICD-10 Chapters in Faye Brown's *ICD-9-CM Coding Handbook*
- *Coding Clinic for ICD-10 (in development)*
- *ICD-10 Coding Handbook (available 2011)*
- AHA Central Office ICD-10 Resource Center
<http://www.ahacentraloffice.org/ICD-10>



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Other ICD-10 Resources

- Centers for Medicare & Medicaid Services (CMS)
<http://www.cms.gov/ICD10/>
- National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm>
- American Health Information Management Association (AHIMA)
www.ahima.org/icd10



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Questions?

