It’s Time to Transition to ICD-10

What do the changes mean to your SNF?

Presented by:

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Today’s Agenda...

- Introduction
- ICD-10 Basics
- How ICD-10 Enhances Care
- Developing a Transition Plan
- Areas Affected by Diagnosis Coding
Introduction
It’s Time to Transition to ICD-10

International Classification of Disease
tenth revision (ICD-10)

A system of coding created by the World Health Organization that notes various medical records including diseases, symptoms, abnormal findings and external causes of injury.

ICD-10 two parts:

ICD-10-CM
(Clinical Modification a.k.a. Diagnosis)
- For use in all Health Care settings

ICD-10-PCS
(Procedural Coding System)
- Used in inpatient hospital settings only (not LTC)
- For Procedural Coding

ICD-10 Effective
October 1, 2015
Why the Change?

- ICD-9-CM running out of codes
- ICD-10 *improves the specificity* of diagnoses
- ICD-10 includes *laterality* (Right and Left)
- ICD-10 provides *detailed information* on a patient’s condition through specific diagnoses
- Increased information for public health, research, quality measurement, reimbursement
- Modernize Terminology
Why the Change?

- Greater Specificity
- Consistency
- Add codes that don’t currently exist
- Change in Architecture

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ICD-9 Image]</td>
<td>![ICD-10 Image]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>821.11</td>
<td>Open fracture of Shaft of Femur</td>
<td>S72.351C</td>
<td>Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC</td>
</tr>
</tbody>
</table>

| All codes for femur fracture = 16 | All codes for femur fracture = 1530 |

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Impact on Coding and Documentation

“I hear there’s a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system.”
ICD-10 Basics
<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3-5 Characters</td>
<td>Approximately 13,000 Codes</td>
<td>3-7 Characters</td>
</tr>
<tr>
<td>• May start with number or letter (E, V)</td>
<td></td>
<td>Over 69,000 codes available</td>
</tr>
<tr>
<td>• No room to expand for new codes</td>
<td></td>
<td>All codes start with a Letter</td>
</tr>
<tr>
<td>• Several codes may need to be used to identify Dx and manifestation</td>
<td></td>
<td>Can expand for new codes</td>
</tr>
<tr>
<td>• Does not identify laterality</td>
<td></td>
<td>Combination codes identify both Dx and Manifestation in one code</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Codes can include laterality</td>
</tr>
</tbody>
</table>
Diagnosis Structure

- **S** (Alpha, Except U)
- **1** (Category)
- **2** (Etiology, anatomic site, severity)
- **9** (3 - 7 Characters)
- **XX** (Additional characters)
- **D** (Added code extensions (7th Character) for obstetrics, injuries and external causes of injury)
Increase in the number of codes under different categories, for example:

- *Diabetes*: 59 to 200+ codes
- *Pressure Ulcers*: from 9 to 150+ codes
- *Pathological Fractures*: from 8 to 150+ codes

Increase from 13,000 – 69,000 codes!
Examples of ICD-10 Specificity

Pressure Ulcer Codes

ICD-9-CM
9 location codes (707.00 – 707.09)
Show general location **ONLY**

ICD-10-CM
150 Codes
Show more specific **location, laterality and depth**
L89.131 – Pressure Ulcer of right lower back, Stage 1
L89.132 – Pressure Ulcer of right lower back, Stage 2
L89.133 – Pressure Ulcer of right lower back, Stage 3
L89.134 – Pressure Ulcer of right lower back, Stage 4
L89.139 – Pressure Ulcer of right lower back, Unspecified Stage
Examples of ICD-10 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

- **Example:** A type 2 diabetic patient evaluated for a chronic diabetic left foot ulcer with necrosis of muscle. The patient takes insulin on a daily basis. The coding would follow:
  - E11.621, Type 2 diabetes mellitus with foot ulcer
  - L97.523, Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
  - Z79.4, Long term (current) use of insulin
What ICD Codes Are Used For

• For the collection of diagnostic and statistical data
• Support clinical decision making
• Verify medical necessity
• Validate need for supportive procedures, treatments and therapies
• Correctly code diseases on the MDS, UB-04, medical reports, therapy treatments and ancillaries
• Support reimbursement for service provided
Accurate Coding

• For skilling and medical necessity
• Physician certification and recertification to authorize skilled care
• MDS Assessment, including sections B, C, D, G, H, I, J, K, O
• Significant change elements:
  – New symptoms?
  – New disease, exacerbation
• SNF PPS and case management
• SNF Billing
How ICD-10 Enhances Care
Impact on Coding and Documentation

- ICD-10 detailed history coding can help you better coordinate care delivery for your patients across providers and over time.
- ICD-10 codes can provide better support for your patient care, while improving disease management, quality measurement, and analytics.
- Detection and prevention of fraud, waste, and abuse.
- Greater accuracy of reimbursement for medical services.
ICD-10 codes are dynamic

- ICD-10-CM codes are assigned on admission and concurrently as diagnoses arise throughout a stay, often when the minimum data set (MDS) is updated.
- Codes can be assigned at different intervals, such as a resident’s discharge, transfer, or expiration.
- All diagnoses (i.e., additional diseases or conditions) that affect the resident’s care are coded per coding guidelines.
- Diagnostic listing and sequencing will vary depending on the circumstances of the resident’s admission or continued stay in the facility.
- Reporting diagnoses has an impact upon the development of individualized care plans for residents.
- Diagnoses are part of the MDS. Section I of the MDS 3.0, titled “Active Diagnoses,” is intended to “code disease related to the resident’s functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death.”
Health Care Progress

ICD-9
On Admission you were here:
- Admission
  - Dx: 401.9
  - 250.00
  - V71.9
- Discharge

ICD-10
Now on admission you are here:
- Admission
  - Dx: I10
  - Z13.9
  - Z51.89
- Assessment
  - Continued stay authorization
- New Dx
- Labs
- F/U Home Care
- D/C Plan
- DME
- Sig Change
- Medication
- Care Planning

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Better clinical documentation promotes better patient care and more accurate capture of acuity and severity

- Quality Measures
- Reimbursement
- Severity-level profiles
- Risk adjustment profiles
- Present on admission reporting
- Hospital-acquired conditions
- Avoid misinterpretations by third parties (auditors, payers, attorneys, etc.)
- Justify medical necessity

www.cms.gov/NPC
It’s All Connected

ICD-10

HIM

Finance

Clinical Care

Payers

IT
What is Your Transition Plan?
Steps to Prepare for ICD-10

- Make a Plan
- Train Your Staff
- Update Your Processes
- Talk to Your Vendors and Health Plans
ICD-10 Codes Effect:

Diagnosis and Charting

Treatment

Medication Management

Therapy

DME

Billing
Develop an ICD-10 Transition Plan

Your ICD-10 transition plan should include:

- Training and education of applicable staff
- Clean up current ICD-9 codes for any resolved issues or no longer applicable
- Create a list of most commonly used ICD-9 codes to help identify the ICD-10 codes relevant to your facility (Cheat Sheet)
- EMR Readiness
  - Identify software updates and configuration required if any
  - Verify security rights for ICD-10 in your EMR (add/change/delete/resolve/view/customize/sequence/report)
  - Review GEM Mapping (if available)
    (GEM Mapping is not a substitute for coding but can help expedite recoding)
  - Ensure Clinical and Financial sequencing of codes to support orders and billing
- Confirm payer readiness to receive claims with ICD-10 codes
- Confirm readiness of 3rd parties to receive lab, radiology, etc.
Develop an ICD-10 Transition Plan

- Transition plan for **current orders** from ICD-9 to ICD-10 on 10/1/2015
  - Start with LTC residents with will likely still be in facility 10/1/15
  - Work with your current EMR Vendor and/or Pharmacy to determine ICD-10 readiness and tools available for conversion i.e.,
    - Concurrent coding (ICD-9 and 10 at same time in system) or change to ICD-10 at a point in time
    - If point in time, how will this be accomplished (who and when)
Train Your Staff

Determine the type and source of training for each staff member:

- Documentation training for clinical staff who document in the patient medical record.
  - Nurses, Physicians, Therapists, Dieticians, Social Services, Therapeutic Recreation etc.
- Overview training for staff members engaged in administrative functions.
  - Admissions, Business Office
- User training on the ICD-10 functionality included in EMR or other clinical systems.
- Determine who is going to be responsible for managing and monitoring your ICD-10
Update Your Processes

**Incorporate** ICD-10 codes into paper forms and tools which reference diagnosis codes:

- Referrals
- Authorizations
- Orders
- Quality Reporting
- Public Health Reporting
- Billing forms, UB-04
- Update paper forms and tools you use which capture diagnosis code information.
Update Your Processes

Make sure clinical documentation captures new coding concepts:

- Laterality (left vs. right)
- Initial or subsequent encounter for injuries
- Details about Diabetes and related complications
- Types of fractures
- Improve Clinical Documentation
- Modify Policy and Procedures
Diagnosis Coding Process

- Begins on Admission
- Continues throughout the stay
- On any readmission
- Resolving Diagnosis
- Significant/Acute Change
- Therapy Skill Changes
- With MDS Schedule
- Ends on Discharge
Gain comfort with your vendors and health plans for ICD-10. Identify any costs involved, upgrades and get specific details for steps you'll need to take. To evaluate ICD-10 readiness you need to engage vendors for:

- EMR or Clinical
- Therapy
- Billing
- Clearinghouses
- Payers (eMedNY, Ability, Plans, etc.)
- Laboratory, radiology, pharmacy
- Perform testing where needed
Areas Affected by Diagnosis Coding
Areas Affected by Diagnosis Coding

- **MD/NP/PA**
  - Including diagnoses, progress notes, H&P, consults, orders

- **Admissions**
  - Obtaining codes from hospital records and discharge summaries

- **Nursing Staff**
  - On orders, medications, treatments, lab & radiology requisitions, consults

- **MDS Coordinators**
  - for completion of Section I, Quality Measures monitoring, Care Planning

- **Billing Staff**
  - Verifying codes on bills

- **Quality Reporting**
  - Internal and external Return to Acute, Potentially Avoidable Hospital Stays, NHQP, CMS Five Star, DSRIP, etc.
What Does This Mean?

Treatment = Payment
Codes That Will Impact $$$

Codes that will effect $$$:

- Pneumonia
- Septicemia
- Diabetes
- Aphasia
- Cerebral Palsy
- Hemiplegia
- Hemiparesis
- Quadriplegia
- Multiple Sclerosis
- Parkinson’s
- Asthma
- COPD
- Respiratory Failure
General Equivalence Mappings (GEMs) are a CMS translation tool that can be used to convert data from ICD-9 to ICD-10. GEMs are useful in converting databases **but are not a substitute for learning how to use ICD-10 codes**.

- **Mapping** links the two code sets **without** considering the patient medical record information.
- **Coding** involves choosing the appropriate code based on the medical record documentation.

- Only use crosswalks and mappings as a point of reference.
- Tool developed by CMS and CDC for the use of **all** providers, payers, and data users. The mappings are free of charge and are in the public domain.

![GEMS Diagram](http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html)
GEM Mapping is beneficial because it:

1. Enables you to gain an understanding of the structure of the ICD-10 codes specific to your specialty.
2. Helps you understand the equivalent ICD-10 codes and determine if more specific documentation is required.
3. Once you start using ICD-10, it will improve the accuracy of your billing.
4. Guides changes to documents and forms.
5. Helps you plan and customize your staff training.
# Code Mapping

<table>
<thead>
<tr>
<th>Ranking</th>
<th>ICD-9 Codes</th>
<th>ICD-9 Diagnosis Description</th>
<th>ICD-10 Codes</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>401.9</td>
<td>Unspecified essential hypertension</td>
<td>I10</td>
<td>Essential (Primary) Hypertension</td>
</tr>
<tr>
<td>2</td>
<td>414.00</td>
<td>Coronary atherosclerosis of unspecified type of vessel, native or graft</td>
<td>I25.10</td>
<td>Atherosclerotic heart disease of native coronary artery w/o angina pectoris</td>
</tr>
<tr>
<td>3</td>
<td>427.31</td>
<td>Atrial fibrillation</td>
<td>I48.0</td>
<td>Paroxysmal atrial fibrillation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I48.2</td>
<td>Chronic atrial fibrillation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I48.91</td>
<td>Unspecified atrial fibrillation</td>
</tr>
<tr>
<td>4</td>
<td>599.0</td>
<td>Urinary tract infection, site not specified</td>
<td>N39.0</td>
<td>Urinary tract infection, site not specified</td>
</tr>
<tr>
<td>5</td>
<td>250.00</td>
<td>Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</td>
<td>E11.9, E13.9</td>
<td>Type 2 diabetes mellitus without complications Other specified diabetes mellitus w/o complications</td>
</tr>
<tr>
<td>6</td>
<td>724.5</td>
<td>Backache, unspecified</td>
<td>M54.89</td>
<td>Other Dorsalgia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M54.9</td>
<td>Dorsalgia, unspecified</td>
</tr>
<tr>
<td>7</td>
<td>496</td>
<td>Chronic airway obstruction, not elsewhere classified</td>
<td>J44.9</td>
<td>Chronic obstructive pulmonary disease, unspecified</td>
</tr>
<tr>
<td>8</td>
<td>799.3</td>
<td>Debility, unspecified</td>
<td>R53.81</td>
<td>Other malaise</td>
</tr>
<tr>
<td>9</td>
<td>285.9</td>
<td>Anemia, unspecified</td>
<td>D64.9</td>
<td>Anemia, unspecified</td>
</tr>
</tbody>
</table>
ICD-10 Resources

Resources:

- http://www.ahima.org/education/onlineed/Programs/ICD10
- http://www.himss.org/library/icd-10-transition
- http://www.wedi.org/topics/icd-10/icd-10-implementation-success-initiative
Thank you.

Questions?