



Preparing for ICD-10

VT Medicaid
Department of Vermont Health Access
April 2014

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VT Insurer Are Working Together!

*Department of Vermont Health Access
in cooperation with.....*

Vermont Office of Rural Health and Primary Care,
Blue Cross Blue Shield of Vermont, Cigna,
& MVP Health Care



**BlueCross BlueShield
of Vermont**

*An Independent Licensee of the
Blue Cross and Blue Shield Association.*



ICD-10 Questions, Insurer Contacts!

Insurers:

DVHA website: <http://dvha.vermont.gov/for-providers/icd-10/>

BCBSVT website: <http://www.bcbsvt.com/provider/resources/icd-10>

Cigna website: www.CignaforHCP.com > Resources > Medical Resources > Communications > HIPAA 5010/ICD-10 Updates

MVP website:

http://www.mvphealthcare.com/provider/ICD10_updates_and_faqs.html

Office of Rural Health and Primary Care efforts:

- Information on training at discounted rates, contact John.Olson@state.vt.us
- Take our online statewide survey to give us your feedback on ICD-10.
Link to <http://survey.healthvermont.gov/s3/icd10-gen>

Topics for Presentation

1. A Brief Background on ICD-10
2. Why Documentation Will Be Critical
3. A Roadmap to ICD-10 Implementation
4. How Payers are Preparing for ICD-10

A Brief Background on ICD-10

- International Classification of Diseases, 10th Edition (ICD-10) starts 10/1/15
- Implementation is a hard cutoff
- All HIPAA covered entities must comply
- ICD-10 includes both ICD-10-CM (diagnoses) and ICD-10-PCS (inpatient procedures)

**Resource:

<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

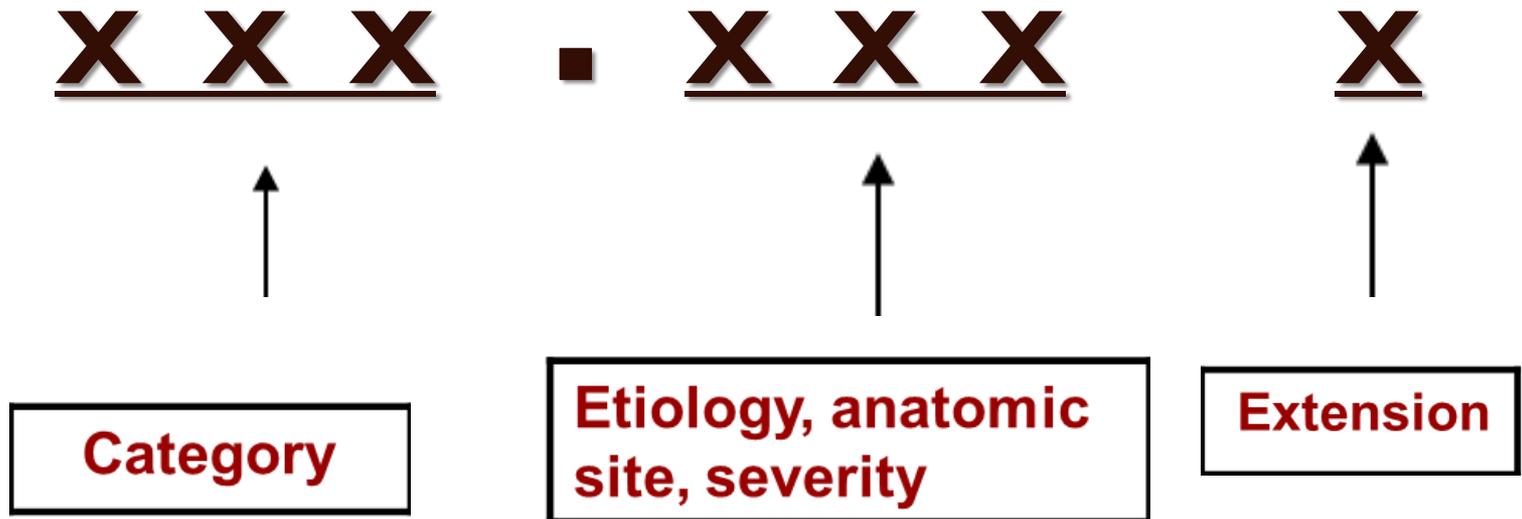
ICD-9-CM Vol. 1,2 vs. ICD-10-CM

ICD-9 CM Diagnosis Codes (Vol I & 2)	ICD-10 CM Diagnosis Codes
Approx 14,000 Codes	Approx 69,000 Codes
Up to 5 characters all numeric (except for the 1st char "E" and "V" codes)	Up to 7 characters all of which could be alpha or numeric characters
Limited inclusion of co-morbidities, complications, severity, manifestation, risk, sequelae, and other disease related parameters	Includes many of these parameters within codes
Does not distinguish laterality (left vs right vs bilateral)	Usually includes laterality where appropriate
Does not define initial, subsequent encounters	Includes these concepts
Expansion ability is limited	Alphanumeric support and place holder characters. Provide significant ability to expand within structural change.
Consistency of terms and definition challenging	Consistency of terms and concepts improved
Combination codes are limited	Combination codes are frequent, with multiple distinct medical concepts per code.

ICD-9-CM Vol. 3 vs. ICD-10-PCS

ICD-9 CM Procedure Codes (Vol. 3)	ICD-10 PCS Codes
Approx 4,000 Codes	Approx 72,000 Codes
3 to 4 characters all numeric	7 characters all of which could be alpha or numeric characters. All 7 characters required.
Not structured	Highly structured
Diagnosis occasionally included	Diagnosis not included
Common use: NEC (<u>n</u> ot <u>e</u> lsewhere <u>c</u> lassified) and NOS (<u>n</u> ot <u>o</u> therwise <u>u</u> nspecified)	NEC and NOS are uncommon
Eponyms (named after) used frequently	Eponyms rarely used
General body locations	Detailed body locations
Combination codes used frequently	Combination codes are rare
Common medical terminology	Completely new medical terminology model

ICD-10-CM Format



Examples of ICD-10-CM (ER)

- I10 Essential (primary) hypertension
- S01.02xA Laceration with foreign body of scalp, initial encounter
- S01.02xD Laceration with foreign body of scalp, subsequent encounter
- S01.2xxA Fracture of nasal bones, initial encounter for closed fracture
- H65.01 Acute serous otitis media, right ear
- H65.02 Acute serous otitis media, left ear
- H65.03 Acute serous otitis media, bilateral

ICD-10 Changes in Terminology

ICD-9 Term	ICD-10 Term
Bunionectomy	Resection of Metatarsal
Amputation	Detachment
Arthroscopy, Cystoscopy...	Inspection... Endoscopic Approach
Incision	No Term
Closed Reduction	Reposition (also repair) of (right or left) , (percutaneous, endoscopic, external)
Radical Mastectomy	Resection (right, left or bilateral)
Subtotal Mastectomy	Excision
Tracheotomy	Bypass
Cesarean section	Extraction of Products of Conception
Debridement	Excision, Extraction, Irrigation, Extirpation

Coding Specificity

- Use of the term “unspecified” not like ICD-9; may mean only one of many concepts is unspecified

S82202J – Unspecified [fracture] of [shaft] of [left tibia], [subsequent encounter] for [open fracture] [type IIIA, B or C] with [delayed healing]

- In example above, multiple details (in red) are specified and only fracture type is unspecified

Coding Specificity

- “Unspecified” may not be used, but does not mean code is specific

C7641 – Malignant neoplasm of right upper limb

M4837 – Traumatic spondylopathy, lumbar region

- More characters \neq more specificity

J60 – Coalworker’s pneumoconiosis

S069X9A – Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter

Coding Specificity

Common terms in ICD-9 may map to less common terms in ICD-10

ICD-9 Code	Description
7580	Down's syndrome

ICD-10 Code	Description
Q909	Down's syndrome, unspecified
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q922	Partial trisomy
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q900	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q902	Trisomy 21, translocation
Q920	Whole chromosome trisomy, nonmosaicism
Q921	Whole chromosome trisomy, mosaicism

Why Documentation Will Be Critical

- May affect ultimate payment - severity, co-morbidities, complications, sequelae, manifestations, causes
- A large number of ICD-10-CM codes only differ in one parameter
 - Left vs. right side of the body
M00.141 Pneumococcal arthritis, right hand
M00.142 Pneumococcal arthritis, left hand
 - Initial vs. subsequent encounter

Why Documentation Will Be Critical

- How much do we need to prepare?
Assess current documentation
- Consider the following:
 - Engage physicians early in education (5 minute online modules available)
 - Run trial coding in ICD-10 now
 - Does medical record documentation need improvement?

Roadmap to ICD-10 Implementation

- Potential resources to assist you
 - WEDI ICD-10 Roadmap Tool Kit is here
<http://www.wedi.org/knowledge-center/resource-view/resources/2013/07/02/icd-10-roadmap-tool-kit>
 - CMS Transition Checklists and Implementation Guides
<http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

Roadmap to ICD-10 Implementation

1. Conduct a risk-driven assessment
2. Assess financial risk of ICD-10 change
3. Build current metrics as future benchmarks
4. Outreach with key relationships
5. Develop comprehensive data strategy
6. Educate your staff
7. Conduct testing
8. Plan for contingencies

Step 1: Conduct an Assessment

- Don't start from scratch – use lessons learned from others
- Discover early the high risk areas; go deep
- Set priorities and “must do” items based on process risk or financial exposure
- Vendor considerations
- Staff skill level and expertise

Step 2: Assess Financial Risk

- Rates of claims pended or denied by payers; auto-adjudication reductions
- Performing an analysis of your top revenue drivers (high dollars, high volume, high risk)
- Consider the 80/20 rule on your revenues to prioritize your focus

Step 3: Build Metrics

■ Start building baseline metrics now to measure against future performance at Go Live:

- Number of physician queries, response time, aged backlog
- Percent of queries vs. chart reviews
- Coder productivity rates, accuracy rates
- Aging of A/R by Payer in days and dollars
- First pass resolve
- Number and type of rejects/denials by payer

Step 4: Conduct Outreach

- Communicate regularly with key relationships to ensure everyone is on track as you expect
- Determine which payers are willing to test with you, the type of testing involved, and the timing of testing

Step 5: Develop a Data Strategy

■ Data Strategy Options

- Is there agreement on clinical definitions?
- Is there a need to convert history? If yes, from ICD-9 to -10, ICD-10 to -9, or both?

■ Prepare a report inventory

- Retire old reports?
- Create new ones?
- Ad Hoc?

Step 6: Educate Staff

- Staff training specific to their role
- Training should be “just in time”
- Will coding/validation staff need additional specialty training, e.g. terms?
- Validate where you need to update checklists, “cheat sheets” or templates used in coding

Step 7: Conduct Testing

- This is not like 5010 testing -- prepare
- Define test scenarios as clinical, real world cases, not just EDI transactions
- Each provider payer processing path may be unique
- Not feasible to test with everyone

Step 8: Plan for Contingencies

- Impacts to cash flow – consider a line of credit
- Will payers require more prior auths?
- Expect overtime/additional staff need
- What if your vendor is not ready?
- Develop a process to manage errors

New CMS-1500 Paper Claim Form Billing Instructions – VT Medicaid

- For the CMS1500 version 02/12 paper claim form:
 - Field 15 (Accident Date) – Must be entered in field 15 using the qualifier “439”. (The accident date was in field 14 on the 08/05 form.)
 - Field 17 (Name of Referring Provider or other source) – Until further notice, use qualifier “DN” only. Example: If you are entering an ordering physician, do not use the ordering qualifier; use the “DN” qualifier.
 - Field 21 (ICD Indicator) – Enter a “9” if you are using ICD-9 diagnosis codes. Enter a “0” if you are using ICD-10 diagnosis codes. (NOTE: ICD-10 codes are not valid until 10/1/2015.)
 - Field 21 (Diagnosis codes A-L) –Now able to enter up to 12 diagnosis codes in this field. (NOTE: The pointer character has changed from numbers to letters.)
 - Field 24-E (Diagnosis Pointers) –Must now use the corresponding letter to denote which diagnosis code(s) you are pointing to.

New CMS-1500 Paper Claim Form Billing Instructions – VT Medicaid

- At this time, Vermont Medicaid has not adopted any other changes in the new CMS1500 version 02/12 paper claim form.
- Vermont Medicaid, starting with claims received on 4/1/2014, will only accept the new CMS1500 version 02/12 paper claim form.

Note: These changes do not affect electronic billing. Please continue to bill as directed in the Provider Manual.

How VT Medicaid is Preparing

- Conducted internal MMIS system & UAT testing
- 1500 Paper claim form 2012 implemented April 1, 2014
- “Spreading the word”, education
- Website: <http://dvha.vermont.gov/for-providers/icd-10/>
- End-to-End testing with clearinghouses and providers (projected to start in 2015)
- Ongoing outreach