

# ICD-10 Implementation Update for Revenue Cycle

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## Speaker

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## Disclaimer

- This material is designed and provided to communicate information about clinical documentation, coding, and compliance in an educational format and manner.
- The author is not providing or offering legal advice but, rather, practical and useful information and tools to achieve compliant results in the area of clinical documentation, data quality, and coding.
- Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful.
- Applying best practice solutions and achieving results will vary in each hospital/facility and clinical situation.

## Goals/Objectives

- Review the impact of ICD-10 implementation
- Understand the impact on the Revenue Cycle: Admitting/Registration (front), Documentation, Charge Capture and Coding (middle), Claims Processing and Adjudication (backend)
- Learn strategies to address readiness
- Answer questions



## ICD-10 Compliance Timeline - Important

- **January 1, 2010** Payers and providers should begin internal testing of Version 5010 standards for electronic claims
- **December 31, 2010** Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance
- **January 1, 2011** Payers and providers should begin external testing of Version 5010 for electronic claims  
CMS begins accepting Version 5010 claims  
Version 4010 claims continue to be accepted
- **December 31, 2011** External testing of Version 5010 must be complete to achieve Level II compliance
- **January 1, 2012** All electronic claims must use Version 5010  
Version 4010 claims are no longer accepted
- **October 1, 2013** Claims for services provided on or after this date must use ICD-10-CM/PCS codes for medical diagnoses and inpatient procedures

## Final Regulation for ICD-10

- ICD-9-CM diagnosis code set will be replaced with ICD-10-CM (including the official coding guidelines) for coding:
  - Diseases
  - Injuries
  - Impairments
  - Other health problems and their manifestations
  - Causes of injury, disease, impairment or other problems
- ICD-10-CM will be used in ALL healthcare settings

## Final Regulation for ICD-10 (con't)

- ICD-9-CM procedure code set will be replaced with ICD-10-PCS (including the official coding guidelines) for coding:
- Procedures or other actions taken for diseases, injuries and impairments on hospital **inpatients** reported by hospitals regarding prevention, diagnosis, treatment and management will use the PCS (Procedural Coding System)
- ICD-10-PCS will be used for facility reporting of hospital INPATIENT services only not replace CPT

No Impact on Use of CPT® and HCPCS Level II Codes

## ICD-9-CM & ICD-10 Code Freeze

- Vendors, system maintainers, payers, and educators requested a code freeze
- 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.

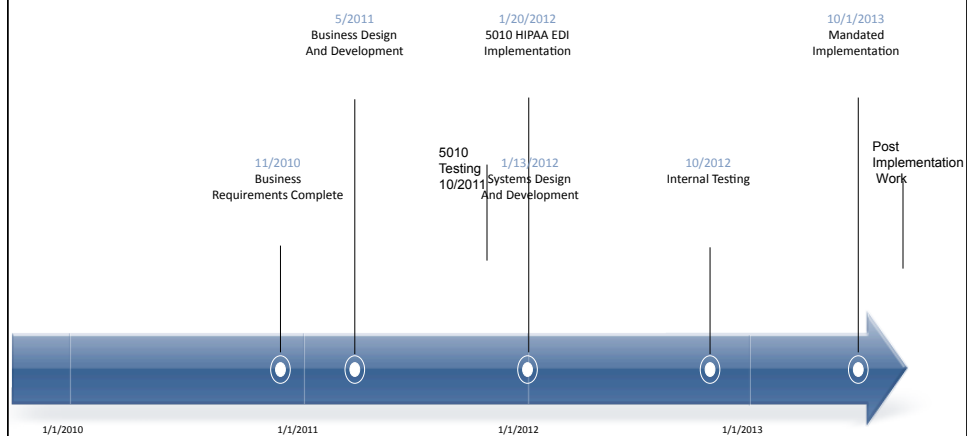
## ICD-10 Code Freeze (con't)

- 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
- The ICD-9-CM Coordination & Maintenance Committee will continue to meet twice a year during the freeze
- The public will comment on whether new codes should be created during the freeze
- Any codes that do not meet the criteria of being a new technology or new disease will be held for consideration of inclusion in ICD-10 after the freeze ends

- Planning
  - Organization
  - Communication
  - Implementation

PEOPLE, PROCESS, BUSINESS AND TECHNOLOGY

## ICD-10 Timeline – Sample



## Some Differences: Diagnosis Coding & Data

### ICD-9-CM\*

3–5 characters in length  
14,315 diagnosis codes  
Only V codes and E codes  
start with a letter  
Limited space for adding new codes  
Cannot identify laterality

### ICD-10-CM\*

3–7 characters in length  
69,101 diagnosis codes  
ALL codes start with a letter  
Flexible for adding new codes  
Can identify laterality

*\* Based on the 2010 versions of ICD-9-CM and ICD-10-CM.*

## Some Differences: Procedure Coding & Data

### ICD-9-CM\*

3–4 digits  
3,838 procedure codes  
Lacks detail  
Limited space for adding new codes  
Generic terms for body parts

### ICD-10-PCS\*

7 alphanumeric characters  
71,957 procedure codes  
Very specific  
Flexible for adding new codes  
Specific terms for body parts

*\* Based on the 2010 versions of ICD-9-CM and ICD-10-PCS.*

## Health Care Settings

Setting	ICD-10-CM	ICD-10-PCS	CPT/HCPCS
Hospital Inpatient	X	X	
Hospital Outpatient	X		X
Physician	X		X
Laboratory	X		X
Behavioral Health	X		X
Long Term Care	X		X
All Other	X		X

## Why?

- Old terminology
- Obsolete technology
- Limited upgradeability
- Lack of accurate international data
- Measure quality better
- More robust data needed for decision making; financial and clinical
- More equalible reimbursement

## Question

- Does your company, hospital, practice health plan, vendor have an ICD-10 implementation committee or task force?

## ICD-10

- “Substantial”
- “Transition”
- “Challenges”
- “Prepare”
- “Timelines and Milestones”
- “Compliance”
- “Assessments”
- “Implementation”
- “Massive effort”
- Planning
- Business operations
- Processes and Workflows
- Education
- Technology
- Transactions
- People

## “Change” and Change Management



- "Change is hard because people overestimate the value of what they have—and underestimate the value of what they may gain by giving that up."
- **James Belasco and Ralph Stayer**  
*Flight of the Buffalo (1994)*

## Change Management

- Change management is a structured approach to shifting/transitioning individuals, teams, and organizations from a current state to a desired future state.
- It is an organizational process aimed at empowering employees to accept and embrace changes in their current business environment.
- In project management, change management refers to a project management process where changes to a project are formally introduced and approved.

• **Source: Wikipedia**

## Question

- Have you thought about “Change Management” and the interconnection to ICD-10?

## People, Process, Business and Technology

- Human resource strategy, change management, organizational research and communication should come together.
- Address and align technology and employee behavior with business needs.
- Impact all aspects of healthcare business and all settings:
  - Assessed
  - Changed
  - Tested and made ready

## People

- Hospital
- Physician
- 3<sup>rd</sup> Party Billing
- Auditors
- Consultant
- Compliance
- Home Health
- Hospice
- Behavioral Health
- Rehab
- SNF
- Payers/Insurers
- Quality and Risk
- State and Federal Healthcare workers
- Claim processors
- Coding staff
- Utilization Management
- Case Managers
- Decision Support & Reporting
- Contracting
- Financial Analysts
- Reimbursement Specialists
- Clinical Documentation Improvement (CDI)
- Nursing and other Clinicians
- Technology/Information Systems
- Research
- Regulatory Bodies
- Negaholics



## Processes

- Establish Project Management Office/department to coordinate and monitor efforts
- Develop a “PLAN”
- Awareness and Communication
- GAP analysis
- Education and training processes
- Workgroups and committee’s
- Technology processes
- Analysis processes
- Claims processing, Billing and eligibility transactions
- Providers
- Health Plan claim processing
- Testing

## Technology

- Information Technology:
  - Hardware
  - Software
  - Interfaces
  - Internal systems
  - External Systems
  - Data repositories

## 2010

- **People:**
  - Build and Obtain Awareness
  - Organize committee or task force – key stakeholders
  - Plan & Conduct assessment of Documentation
  - Plan & Conduct assessment of coding
  - Plan Prerequisite curriculum based upon assessment for 2011
  - Plan detailed ICD-10 Curriculum for future
  - Develop an ICD-10 Resource Library
  - Engage Labor
- **Process:**
  - Develop assessment and administer for business impact
  - Develop & administer assessment tool for Documentation
  - Develop & administer assessment tool for Coding
  - Develop Technology assessment tool
  - Develop a Communication Plan
  - Develop Change Management Plan
  - Determine Labor relationship impact
  - Obtain PMO support
  - Begin budget planning
  - Form subgroups
- **Technology:**
  - Plan & Conduct Internal technology assessment
  - Review and analyze internal “technology” system readiness
    - Data capture and uses
  - Vendor Assessment
  - Review and analyze vendor readiness
  - Develop monitoring plan for vendors
  - End to end information and data flow analysis

Organize a committee, taskforce and/or workgroups!

## 2011

- **People:**
  - Communications both internal and external key stakeholders
    - Regarding preparation activities
  - Coding Pre-requisite training for roll out begins and is completed by end of 2011
  - Develop detailed ICD-10 Education & Training Plan
  - Begin development of education & training materials
  - Develop a Change Management Plan and rollout
  - Subgroups regular meetings
- **Process:**
  - Communication Plan roll out and continuous updates
    - Subgroup status reports
  - Change Mgmt. plan implementation with sessions across the organization
  - Budgetary plan and updates
  - Business and Technology strategy and partnership
- **Technology:**
  - Monitor vendor readiness and compliance
  - Analyze End to end information and data flow
  - 5010 Final testing & Readiness (10/2011)

Regular ICD-10 Implementation Committee Meetings

## 2012

- **People:**
  - Communications both internal and external
    - Regarding preparation activities
  - ICD-10 training roll out begins
  - Change Management Plan rollout continues
  - Engage staff in P&P changes/revisions
  - Subgroups: regular engagement and meetings
- **Process:**
  - Communications Plan continues
    - Subgroup status reports
  - Change Management Plan continues
  - Claim processing plan
  - Denial Mgmt. plan
  - Data report plan
  - Review existing policies and procedures related to ICD-9-CM.
  - Identify any changes needed in existing policy and procedures
  - Budget plan & monitoring
- **Technology:**
  - **5010 Implementation and go-live**
  - Monitor vendor readiness and compliance
  - Continue with testing
  - Data repository testing

## 2013

- **People:**
  - Continue with communications
  - Continue Change Management
  - Conduct detailed ICD-10 Education and Training
    - Classroom/video, etc.
    - Case Examples
    - Study & Testing
  - Practice go-live
  - Conduct documentation improvement sessions
    - Physicians and other clinicians
- **Process:**
  - Budget impact and monitoring
  - Develop technology final cut over plan
  - Claims processing final testing and go-live
  - Denial Mgmt. processes
  - Identify process improvement
  - Final Deployment plan
  - Practice medical record and account billing dry run
  - Make final process changes
  - Deploy (10/2013)
  - "go-live"
- **Technology**
  - Monitor vendor readiness and compliance
  - Final preparation and testing
    - Data reporting
  - Revisions
    - Changes to KPHC for documentation enhancements
  - Cutover process: resources and crisis - Deployment 10/1/2013
  - Gathering of issues
  - Reassessment of systems

**Noncompliance is no payment**

## 2014

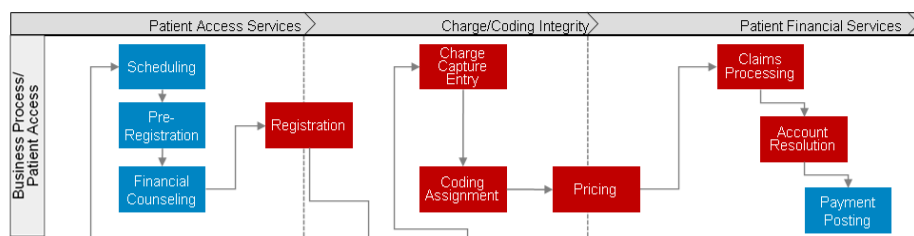
- **People:**
  - Continue to update and communicate to staff
  - Reassessments
  - Auditing
  - Education and Retraining
  - Summarize implementation and lessons learned – best practices
- **Process:**
  - Budget impact and monitoring
  - Communications
  - Revise processes for improvement
  - Assess implementation and document lessons learned
  - Revise processes where needed
- **Technology:**
  - Reassess
  - Revise
  - Test
  - Deploy
  - Summarize implementation and lessons learned

## CMS says...

- **Process**
  - Develop and execute an outreach and education plan for internal and external stakeholders (e.g., Medicare FFS providers, contractors, group health plans, trading partners).
  - Develop and execute targeted provider outreach and communications plan.
  - Ensure that all existing Medical Learning Network educational products are revised to accurately reflect the new ICD-10 coding system.
  - Ensure that the crosswalks of ICD-10 to ICD-9 codes that have been developed are properly applied and utilized in the claims process.
  - Design and implement the capability to utilize both ICD-9 codes and ICD-10 codes in all claims related processes and systems.
  - Update the 12 claims processes that use ICD codes for grouping, editing, and/or pricing.

# Impact on the Revenue Cycle

## Revenue Cycle



Blue = low impact  
 Red = high impact

## Revenue Cycle

- Front
  - Preauthorization and scheduling
  - Admitting/Registration
- Middle
  - Documentation
  - Charge Capture
  - Coding
- Back
  - Claims Processing
  - Adjudication
  - Appeals

## Potential Risks, Results & Resolutions

BENEFITS	RISKS	RESULTS	RESOLUTION
Better documentation for profiles, billing and research	Incomplete documentation; Lower clinical delivery rate	Physician queries delay billing an increase DNFB	<ul style="list-style-type: none"> <li>•Physicians must be retrained</li> <li>•Clinical Documentation Improvement vital</li> </ul>
Great reduction in nonspecific coding	Training & productivity challenges	Decreased coding productivity an increase DNFB; Increase in claims error rate; High training costs; Coder turnover	<ul style="list-style-type: none"> <li>•Educate coders over time</li> <li>•Train a Trainer</li> <li>•Individually address coder issues</li> <li>•Train billers</li> </ul>
Clearer code choices	Software issues	Encoder and/or abstracting software does not support both ICD-9 and ICD-10 code fields; Costs for hardware conversion	<ul style="list-style-type: none"> <li>•Communicate with vendors early</li> <li>•Budget for hardware and software expenses</li> <li>•Spend time testing</li> </ul>
Operational efficiencies for more efficient claims processing	Coding errors & payer contract management	Higher claims error rate leads to billing delays and lower cash; Less accurate data for reimbursement trends	<ul style="list-style-type: none"> <li>•Work with payers to assess coding conversion payment plans</li> <li>•Perform gap analysis coding with both ICD-9 and ICD-10</li> </ul>

## Pre-Authorization and Scheduling

- Assessment – although limited
- Input ICD-9-CM codes today?
- Input diagnoses that are converted to ICD-9-CM codes?
- Lookup and “pick lists” for admitting diagnosis or chief complaint
- Opportunity to automate more?
- What about financial counseling?
  - Similar questions for the assessment

## Admitting/Registration

- Assessment – although limited
- Input ICD-9-CM code today?
  - Staff will need ICD-10 overview and some knowledge
- Input diagnoses that is converted to ICD-9-CM codes?
- Lookup and “pick lists” for admitting or chief complaint
- Opportunity to automate more?
- Impact to the patient or customer

## Patient Care

- Patient is seen and the “DOCUMENTATION” begins
- Vital clinical information is obtained by nursing and other members of the clinical treatment team
- Using a paper record, hybrid or electronic all require documentation.
- Some limited information and some detailed

## Documentation

- The rules for documentation are not changing with ICD-10
- ICD-10 may require some increased clinical documentation needs
- The documentation guidelines in ICD-9-CM are very specific even today
- The codes have not kept up with the documentation requirements because they may not be specific enough and documentation requirements do not keep up with the codes
- With ICD-10, for the first time ... a clinical classification system that is sophisticated enough, and specific enough, to keep up with the changes in medical and regulations.

## Documentation

- **Co-morbidities**
- **Manifestations**
- **Etiology/causation**
- **Complications**
- **Detailed anatomical location**
- **Sequelae**
- **Degree of functional impairment**
- **Biologic and chemical agents**
- **Phase/stage**
- **Lymph node involvement**
- **Lateralization and localization**
- **Procedure or implant related**
- **History & Physical**
- **Consultation**
- **Operative report or procedure note**
- **Discharge summary**
- **Progress notes**
- **Physician Orders**
- **Physician visit/encounter note**
- **Nursing notes**
- **Physical therapy, Occupational and Speech therapy notes**
- **Other clinical notes**
- **Disability qualification and summary**

## Documentation (con't)

- **ESTIMATES:** 15 percent to 20 percent more specificity – maybe?
- **EXAMPLE:** A patient diagnosed with malignant hypertension and stage V chronic renal disease is admitted to the critical care unit. The patient is now in acute renal failure with acute cortical necrosis.
- **First listed diagnosis:** I12.0 Hypertensive chronic kidney disease with stage V chronic kidney disease or end-stage renal disease
- **Second listed diagnosis:** N18.5 Chronic kidney disease, stage V

## Documentation (con't)

- We need greater specificity TODAY and with ICD-10
- Step to take: Report most frequently used diagnosis codes
  - % of not otherwise specified (NOS) and not elsewhere classified (NEC) codes
- Procedure terminology will be impacted
  - Especially with orthopedics
- Report most frequently used **inpatient procedure** codes
- Conduct an audit or assessment to identify specific documentation gaps
  - You may already have this with CDI
  - Conduct some ICD-10 coding on current inpatient procedures

## Documentation Assessment

- Plan an assessment on the quality of Medical Record Documentation
  - 100 to 200 charts (depending on resources and cost)
- What are your top physician queries today?
  - Talk with the HIM and CDI departments
- Evaluate samples of various types of medical records to determine whether documentation supports level of detail found in ICD-10
- Implement documentation improvement strategies where needed
- **Nonspecific codes are still available when necessary**

## Documentation Assessment

- “Working now to improve clinical documentation for ICD-10 should be a primary focus of every hospital’s ICD-10 transition plan,” said Sandeep Wadhwa, M.D., Chief Medical Officer and Vice President, Coding and Reimbursement for 3M Health Information Systems.

## Assessment Scoring and Prioritization

- **RED** – Represents the highest level of priority which has the most direct relation to the strategic category. The scoring range that determines the high priority range is based upon an organization’s own policy, timelines and goals
- **YELLOW** – Represents a medium level of priority which has somewhat of a direct relation to the strategic category. The scoring range that determines the high priority range is based upon an organization’s own policy, timelines and goals.
- **GREEN** – Represents a low level of priority which has little to no direct relation to the strategic category. The scoring range that determines the high priority range is based upon an organization’s own policy, timelines and goals.

## Physician Setting

- Claim or “Super Bill” Conversion
  - Step #1 – audit/review your current claim form or super bill
  - Step #2 – remove or delete rarely used codes
  - Step #3 – Map ICD-9-CM to ICD-10-CM codes use GEMS
  - Step #4 – Create and review new form
  - Step #5 – Test/ practice new claim/super bill form
  - Step #6 – Revise/change if needed
    - Test again
  - Step #7 – Finalize and ready for use

## Physician Engagement

- Provide evidence that simplifies the process
- Work with organized medicine to deliver the message
- Partner with key professions that can help facilitate training
  - Continuous
- Leverage existing relationships between coding professionals and physicians
- Use examples to demonstrate the importance of ICD-10 and the changes needed
- Use your EHR or Computer Assisted Coding technology to help bridge the gaps

## Charge Description Master

- **CDM** is a comprehensive file that lists items that can be billed to a patient or insurer by a healthcare provider.
- Purpose: is to develop an accurate summary of charges and services doctors and nurses provide during the course of patient care.
- Most often CPT/HCPCS codes are built into CDM file
  - Promotes accurate billing and reimbursement
- Rarely ICD-9-CM diagnosis or procedure codes

## Charge Description Master

- Assess your CDM to determine if ICD-9-CM codes are being used and automated.
- If there are included in your CDM then further IT work will be needed to update to the new ICD-10 codes.
  - Upgrade
  - Testing

## Coding

- Many setting are impacted
- Many “issues” today to deal with
  - Documentation
  - Systems
  - Guidelines and Rules
- Medical or clinical coding is very labor intensive and time consuming
- Changes even small ones can impact productivity and quality

## ICD-10: Coding Benefits

- Greater detail
- Enhanced categorization models
- Greater severity and risk definition
- Greater precision of definition
- Greater forward flexibility
- Greater ability to integrate clinical information

## ICD-10: Coding Productivity

- Impact to productivity?
- Yes, you can expect that
- Estimates range from 12-40% impact
- Preparing will help to decrease the impact
- Hospital, Physician, all settings.....
- Canadian experience
- Conduct some work-time-flow study sessions

## Question

- Have you thought about the impact on coding productivity come 10/1/2013?
- What will you do to address this?
- Hire more coding staff?
- Hire external contract coding services?
- Other...?

## Other Coding Considerations

- Plan to mitigate **reduced reimbursement** due to documentation deficiencies
- Plan to mitigate increased coding error rates
- Plan to mitigate **increased DNFB** due to coding and billing delays
- Plan to mitigate **increased A/R** due to increased denials
  - Cash flow impact
- Plan for reimbursement changes due to code mapping to MS-DRGs
- Consider Electronic Health Record (EHR)
- Consider Computer assisted coding (CAC)

## ICD-10 Coding Example: Fracture

- Open Fracture Classification
- Growth Plate Injury Classifications
- Fracture Displacement
- Joint Involvement
- Healing Level
- Fracture type

## ICD-10 Coding Example: Fracture

### ICD-9 definition

#### *Distal radial fractures:*

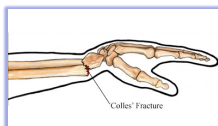
- 5 codes for fracture distal or lower end of the radius
- 2 Codes for Colles' fracture
- 2 codes for fracture of the lower end of the forearm
- 6 codes for unspecified part of the radius
- No classification for open fractures

## ICD-10 Coding: Distal Radial Fracture

### ICD-10 definition

#### *Distal radial fractures:*

- 318 codes for fracture distal or lower end of the radius
  - ✓ 120 Open fractures of the distal or lower or unspecified part of the radius
    - 60 Gustilo class I or II
    - 60 Gustilo class IIIa, IIIb or IIIc
- 48 Codes for Colles' fracture
- 48 Codes for Barton's fracture
- 48 Codes for Smith's fracture
- 48 Codes for Radial Styloid fracture
- 48 Codes for Galeazzi's fracture
- 84 fractures of the forearm ( does not specify "upper/proximal" or "lower/distal")



## ICD-10-CM Coding Example

A provider sees a patient in a [subsequent encounter] for a [non-union] of an [open] [fracture] of the [right] [distal] [radius] with [intra-articular extension] and a [minimal opening] with [minimal tissue damage]

ICD-9-CM Code	Description
813.52	Other Open Fracture of Distal End of Radius (Alone)

ICD10-CM Code	Description
<b>S52571M</b>	<b>Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with nonunion</b>

[Note] For all codes related to fractures of the radius:

ICD-9 codes = 32

ICD-10 codes = 1731

## ICD-10-PCS Definition and Terminology Changes

ICD-9 Procedure Term	ICD10 Procedure Term
Amputation	Detachment
Amniocentesis	Drainage
Arthroscopy, Cystoscopy...	Inspection... Endoscopic Approach
Closed Reduction	Reposition
Debridement	Excision, Extraction, Irrigation, Extirpation
Radical Mastectomy	Resection (right, left or bilateral)
Subtotal Mastectomy	Excision
Tracheostomy,	Bypass
Cesarean section	Extraction of Products of Conception
Incision	No ICD10 term

## Impact on Coding

- Education and training
  - Incl. ICD-10 Coding Guidelines
  - Develop an education plan
- Change management
- Process assessments
- Audits
- Data quality and compliance
- Reimbursement

## Claim Processing and/or Patient Financial Services

- Claims Processing
  - May wish to initially consider converting data from ICD-10 to ICD-9 until system changes have been made to support adjudication and edits based directly on ICD-10 logic
- The change is much more than just an adjustment to field length.
- Healthcare providers and payers will need to make changes to format, logic, and business rules of all affected applications and systems.

## **Claim Adjudication and Denial Mgmt.**

- Participation in the ICD-10 Steering Committee
- Complete assessment
- Identify training needs
- Identify budget needs
- Contact payers and discuss processes
  - Payer specific issues
- Contact your billing service or company
  - Develop a plan
- Review policies and make revisions
- Test claim processing and retest
- Include denial management staff and processes

## **Claim Appeals**

- Update and test software you use
- Monitor and track denials and appeals
  - Run reports
- Check your contracted fee schedule rate with each health plan
- Get your denials and appeals caught up before 10/1/2013
- Review and monitor a sampling of all claims during the first 2-3 months of ICD-10
- Consider being proactive: develop appeal template letters, rationales and supporting documentation templates

## Contracting

- Risk analysis, actuarial analysis, contracting, third-party groupers, and other business-related uses of ICD-10
  - Approaches may vary by business process over time, based on a number of factors

## Reporting and Decision Support

- Perform detailed analysis of reports currently produced
- Analyze if the same reports will be needed in ICD-10
  - Inventory all reports that contain ICD-9-CM codes
- Are all the reports used and useful today?
- Prioritize sequence of reporting changes and estimate cost
- Can you obtain the data you need for the reports

## Data Reporting

- Historical Data Reporting
  - Because historical reporting generally covers a multi-year time span, current ICD-10 codes may be converted backward to ICD-9 codes for a period of time.
- HEDIS® Reporting
  - Since HEDIS specification logic will support both ICD-9 and ICD-10, it makes sense to run measures based on code received (both ICD-9 and ICD-10, concurrently)

## Financial Analysis

- Budget
- Reimbursement impact
- Tracking and trending
- Business lines and Profitability

## **Wrap up: Revenue Cycle Processes**

- Identify opportunities for automation
- Look for greater use of technology and EHR
- Data Collection, Use and Storage is improved

## **Revenue Cycle Processes (con't)**

- **Data Acquisition**
  - Re-definition of data input and output specifications
  - Update data standards and validation
  - Data quality rules updates
- **Data Accountability**
  - What was translated (Audit Trails)
  - What was lost and assumed in transition

## Revenue Cycle Processes (con't)

- Data Warehousing
  - Multiple warehouse locations
  - Support for ICD-10 codes and code types
  - Re-definition of data marts
  - Support for number of codes per claim
  - ICD-9 based grouper and aggregation model updates
- Testing
  - Test Databases

## Improvements/Benefits

- Compliance
- More appropriate contracting
- More appropriate payment
- Better risk prediction
- Better fraud, waste and abuse detection
- Enhanced network management
- More accurate understanding of population health
- An opportunity to differentiate from less prepared competitors
- An opportunity to reach out to providers to improve coding practices

## Summary

- Detailed planning for implementation
- Change Management is needed for the people
- Communication
- Awareness and Education
- Processes need assessments and preparation
- Budget planning for the business
- Technology (IT) considerations are a must
- 1<sup>st</sup> Qtr 2011 Goal(s).....what are your goals?

## Questions / Answers

- We will now open the program up to questions and answers

## Thank You!

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**Supporting Material**

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- <http://www.cms.hhs.gov/ICD10>
- <http://www.aapc.com>
- ICD-10, Dr Joe Nichols, Health Data Consulting, 10/2010
- *AHIMA Journal: Implementation of ICD-10: Experiences and Lessons Learned from a Canadian Hospital*, Kerry Johnson, CCHRA(C), 2004

## Resources

- ICD-10 General Information go to the: <http://www.cms.gov/ICD10>
- MS-DRG Conversion Report:  
[http://www.cms.gov/ICD10/17\\_ICD10\\_MS\\_DRG\\_Conversion\\_Project.asp](http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp)
- Central Version 5010 and D.0 web page on the CMS website <http://www.cms.gov/Versions5010andD0>
- The CMS ICD-10 website <http://www.cms.gov/icd10>
- Medicare Fee-for-Service Provider Resources  
[http://www.cms.gov/ICD10/06\\_MedicareFeeforServiceProviderResources.aspand](http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.aspand)
- Provider Resources (for all providers) [http://www.cms.gov/ICD10/05a\\_ProviderResources.asp](http://www.cms.gov/ICD10/05a_ProviderResources.asp) web pages provide links

## ICD-10 Web Resources

- <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>
- [http://www.cms.hhs.gov/apps/media/fact\\_sheets.asp](http://www.cms.hhs.gov/apps/media/fact_sheets.asp)
- [http://www.cms.hhs.gov/ICD10/01\\_Overview.asp](http://www.cms.hhs.gov/ICD10/01_Overview.asp)
- [http://www.cms.hhs.gov/ICD10/03\\_ICD\\_10\\_CM.asp#](http://www.cms.hhs.gov/ICD10/03_ICD_10_CM.asp#)
- <http://www.hhs.gov/news/press/2008pres/2008.html>
- <http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm>
- <http://www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm>
- <http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>
- <http://www.ahacentraloffice.org/ICD-10>

## Other Resources

- WEDI (Workgroup for Electronic Data Interchange)  
<http://www.wedi.org>
- HIMSS (Health Information and Management Systems Society)  
<http://www.himss.org/icd10>

## Use the CMS ICD-10 Website

U.S. Department of Health & Human Services www.hhs.gov

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ICD-10	CMS Implementation Planning
<ul style="list-style-type: none"> <li>» Overview</li> <li>» Latest News</li> <li>» CMS ICD-10 Industry Email Updates</li> <li>» ICD-10 and Version 5010 Compliance Timelines</li> <li>» <b>CMS Implementation Planning</b></li> <li>» Provider Resources</li> <li>» Medicare Fee-for-Service Provider Resources</li> <li>» Medicaid Resources</li> <li>» Payer Resources</li> <li>» Vendor Resources</li> <li>» Statute and Regulations</li> <li>» Version 5010</li> <li>» 2011 ICD-10-CM and GEMS</li> <li>» 2011 ICD-10-PCS and GEMS</li> <li>» 2010 ICD-10-CM and GEMS</li> <li>» 2010 ICD-10-PCS and GEMS</li> <li>» ICD-9-CM Coordination and</li> </ul>	<p><b>ICD-10/Version 5010 Industry Listening Session Summary</b></p> <p>On December 8, 2009, CMS invited representatives of the health care industry to convene in Washington D.C. for a listening session on the transition to ICD-10, and issues associated with the changeover to the Version 5010 standards for HIPAA administrative transactions. The purpose of this session was to get industry feedback on key issues related to the implementations. This included:</p> <ul style="list-style-type: none"> <li>• Identifying areas that require a consistent approach and implementation;</li> <li>• Fostering discussion for partnering opportunities between organizations and CMS to promote best practices;</li> <li>• Initiating meaningful messaging to the respective organizations' constituents;</li> <li>• Ensuring that ICD-10 planning and implementation is prioritized within their sectors;</li> <li>• Leveraging your communication vehicles to help reach plans and providers; and</li> <li>• Aligning implementation strategies as applicable and appropriate.</li> </ul> <p>As executive summary of the comments received at that meeting is included in the Downloads section below.</p> <p><b>CMS ICD-10 Impact Analysis</b></p> <p>In September 2008, CMS concluded a one year project with the American Health Information Management Association (AHIMA) to identify and assess the business processes, systems and operations under CMS' direct responsibility that would potentially be impacted by a transition to the ICD-10 code set. The analysis included information gathered from CMS components from late 2007 to early 2008 and was the first of several efforts that will be undertaken to prepare CMS for the transition to ICD-10. An initial summary of AHIMA's executive report is included in the Downloads section below, along with a more detailed report of AHIMA's initial</p>

## OSHDP

- <http://www.oshpd.ca.gov/HID/DataFlowHospData.html#>
- ICD-9 frequencies (IP,ED,AS)
  - Diagnoses
  - Procedures
  - E codes
  - Dx with POA

CPT Frequencies (as well!)