Get Answers, Get Ready, Get Going.

Hello and Welcome!

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Hello and Welcome!

Did you know that scientists are predicting a comet will make a very close flyby of Mars, and maybe even hit that planet, in the Fall of 2015? That’s pretty big news! Thankfully, we’re not expecting a collision with a comet here on Earth. But we won’t be so safe when it comes to other flying “missiles” with the potential to create panic. I’m thinking of ICD-10, which as you’ve probably heard, has a 100% chance of hitting each of us squarely on the head in October 2015.

I’m only partially kidding about the panic you may be feeling. It can be staggering to consider the changes required to move to ICD-10 and its potential impact on your business. That’s why it’s so important to begin the necessary work today.

But how can you best prepare?
At NextGen Healthcare, I’m part of a team that helps our clients increase cash flow potential, create clean claims, improve workflow efficiency, and accelerate profitability—all while intelligently preparing for ICD-10.

In this eBook, I’ll give you plenty of ICD-10 advice. I’ll explain the basics about ICD-10 versus ICD-9, show how you can get control over tens of thousands of new codes, talk about whether you should dual code, and discuss how you can determine if your vendor is really ready for ICD-10.

I hope you’ll enjoy the eBook and that it’ll help you more effectively tame the ICD-10 “missile” heading our way—without hitting the panic button!

Sincerely,

Ana Croxton
Vice President, EDI Products and Services
NextGen Healthcare
Chapter 1.

What is ICD-10?

As you most likely know, in the U.S. today, medical diagnosis coding uses the ICD-9 format. However, the ICD-10 deadline is looming on the near horizon and you need to prepare now.

The whole point of the change to ICD-10 is to improve clinical communication. How will ICD-10 help? It will let us capture more data about signs, symptoms, risk factors, and comorbidities to better describe the clinical issue overall. It will also enable the U.S. to exchange information across country borders.

That’s the quick summary, but here are some answers to the hot ICD-10-related questions that are most likely on your mind right now.
What are ICD-10 codes, and how do they differ from ICD-9 codes?

For increased clinical accuracy, to improve disease tracking, and for disease trending, the World Health Organization developed a more granular code set called ICD-10.

There are a greater number of ICD-10 codes compared to ICD-9. The number of ICD-9 diagnosis codes expands from 14,000 to 68,000. The ICD-9 procedure codes increase from 4,000 to 87,000.

What does this mean for your organization, and you?

The implementation of ICD-10 requires significant changes to the clinical and administrative systems that capture and report diagnosis codes. There are structural differences between ICD-9 and ICD-10 that will make converting to the updated code set complex. The change in the character length from ICD-9 to ICD-10 requires system upgrades to expand data fields for the longer codes.

By now, you should have updated your HIPAA transactions from version 4010 to 5010. The upgrade to the version 5010 transactions must be complete before implementing the ICD-10 code sets. (The compliance date for implementing the 5010 transactions was January 1, 2012.)

ICD-9 CODES

DIAGNOSIS
14,000

PROCEDURE
4,000

ICD-10 CODES

DIAGNOSIS
68,000

PROCEDURE
87,000

V9733xD:

“Sucked into jet engine, subsequent encounter”...

they survived the first time!?
OCTOBER 1, 2015

You’re required to replace your ICD-9 codes with ICD-10 codes

Why do you need to convert?

ICD-9 lacks specificity and detail for reporting diagnoses. It doesn’t reflect new services and technology in CMS payment systems. Plus, it no longer reflects current knowledge of disease processes and hampers the ability to compare costs and outcomes of different medical technologies. Finally, it’s limited to a maximum of 13,000 codes.

ICD-10 will encompass more precise documentation of clinical care and allow for more accuracy when determining medical necessity for services. More accurate coding via ICD-10 will contribute to healthcare quality improvement initiatives.

The ICD-9 diagnosis codes divide into chapters based on body systems. During the years of maintaining and expanding the codes within chapters, the more complex body systems have run out of codes. The lack of codes within the proper chapter has resulted in new codes. The rearranging of codes makes finding the correct code more complicated.

Another driver for replacing ICD-9 is the increased specificity of ICD-10. The belief is that the more specific data will provide better information for identifying diagnosis trends, public health needs, epidemic outbreaks, and bioterrorism events.

I hope that now you have a clearer picture of what the switch to ICD-10 means for you, and why you need to be on board.

Next, let’s talk about how you can get moving.

V91.12XD:
“Crushed between fishing boat and other watercraft or other object due to collision, subsequent encounter”

...WOW
Eight not-so-terrible tasks to get the ball rolling

Knowing where to start can be the hardest part of any complex project. The American Medical Association (AMA) has excellent advice about preparing for ICD-10. Here, I’ll provide a snapshot of the AMA’s suggested tasks, with a dash of my own advice, to help you identify the internal work you’ll need to complete, as well as the ICD-10-related efforts you should undertake with external entities.
Identify your current systems and work processes that use ICD-9 codes. The implementation of ICD-10 affects more than your administrative transactions. Understanding the current systems in which you use ICD-9 will direct you in the processes and systems you will need to update to ICD-10.

Talk with your practice management system vendor about accommodations for ICD-10 codes. Changes to your practice management system to accommodate the ICD-10 codes are potentially a large expense. Review your contract to determine if regulatory updates are included in your maintenance. If your existing system is unable to accommodate the ICD-10 codes, or your vendor is not upgrading the system for ICD-10, you will likely need to purchase a new system.

Discuss implementation plans with all clearinghouses, billing services, and payers to facilitate a smooth transition. Similar to your system vendor, you need to know the implementation plans of your clearinghouses, billing services, and payers. Contacting these organizations is the best action you can take to ensure that the transition to ICD-10 is smooth and that these organizations will continue to process your transactions after the compliance deadline.

Talk with payers about how ICD-10 implementation might affect provider contracts. Because of the increased specificity of the ICD-10 codes, payers may modify the terms of their contracts for billing. Payers may require you to report the code with the highest specificity. They may alter their payment schedules and reimburse differently for higher vs. lesser specific codes. It’ll be important for you to understand your payers’ payment schedules and to bill using the appropriate ICD-10 codes.

In addition to reimbursement, the move to the more detailed ICD-10 codes may affect payers’ medical review, auditing, and coverage. It is best to learn early of any changes by your payers so you can analyze how the changes will affect the processing of your claims.
Identify potential changes to workflow and business processes.
Do this using your earlier observations about the workflows affected by your ICD-10 implementation. The following are areas where you will need to consider changes to your existing processes:
- Clinical documentation
- Encounter forms or “superbills”
- Quality reporting
- Public health reporting

Assess staff training needs.
Training is a critical step for ensuring that staff is knowledgeable about the ICD-10 code set and prepared for using the new codes. Different staff within your organization may require different training based on their involvement with the diagnosis codes. Training should focus on learning the ICD-10 code set and any workflow changes. Clinical staff will need to learn about ICD-10 to understand how their documentation will affect the ability to code and bill. Your coding staff will need the most training to learn how to use the new code set and correctly capture the diagnosis using ICD-10.

Conduct test transactions using ICD-10 codes with payers and clearinghouses.
Your trading partners are the organizations with which you exchange various transactions. The final step before going “live” with the ICD-10 codes will be to complete testing with your trading partners. The testing will involve sending ICD-10 codes in test transactions through the channels you use today, such as to the clearinghouses or payers.

Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials, and training.
As you can see, you’ll be doing a LOT of talking as you prepare for ICD-10—talking with payers, clearinghouses, billing services, vendors, and your own internal staff. Hopefully, you’re starting to develop a good checklist of the important topics you’ll need to discuss, and what action items should follow those conversations.
Great...so how do I prepare for nearly 70,000 codes?

When you talk about 70,000+ codes, ICD-10 can sound extremely daunting. For physicians, the transition to ICD-10 means more specific documentation requirements and a 5x code set increase. For your coding staff, it means revised code books, increasing clinical knowledge, and concurrent coding between ICD-9 and ICD-10. No matter your role, you need to prepare. Like any multifaceted project, I recommend you take the ICD-10 transition systematically—one step at a time. Our team of ICD-10 experts recommends these steps.
1 Prepare a Project Plan
Form a team and identify a project leader to oversee the ICD-10 project plan strategy and planning for the implementation process. Key responsibilities for the team will include:
- Developing a project plan
- Implementing goals and timelines
- Assessing the impact of implementation
- Assessing the impact on functional areas
- Assignment of tasks
- Education and training of staff on code sets

2 Perform an Impact Analysis
A few important steps to best analyze the impact of ICD-10 on your organization include:
- Develop a practice-wide inventory of vendor readiness and support
- Evaluate the health plan contract implications
- Develop a master list of vendors—payers, billing services, and clearinghouses that will be impacted
- Determine whether the ICD-10 upgrade is covered under your existing maintenance agreement with each vendor
- Develop a testing strategy for each vendor
- Determine which ICD-9 codes are used to establish reimbursement
- Contact and schedule meetings with health plans to review how reimbursement will be impacted by ICD-10
- Share your readiness plan, including dates when you will be ready to begin payer testing

ICD-10 CODE
Z631: “Problems in relationship with in-laws”...really!?
Where’s the subsequent encounter?
4 Begin Implementation
When you’re ready to implement, keep these important tasks in mind:
• Review resource requirements, and testing/validation system changes
• Have oversight of physician training on documentation
• Have certification of coders for the new code set
• Monitor workflow volumes to avoid backlogs and decreased productivity

5 Convert to ICD-10 and Monitor
You made it! It’s time to convert to ICD-10. Now what?
• Review coded data to ensure that claims reimbursement continues at the ICD-9 rate
• Review the impact on workflow and productivity to determine if further steps need to be taken to return to prior performance levels
• Evaluate the need for continued staff training

Wouldn’t it be nice to have this action plan readily available and top of mind over the next year?

You can print off your copy of the FULL, detailed checklist here.
(link to: http://www.nextgen.com/pdf/ICD-10_Expanded_Timeline.pdf)

ICD-10 CODE
V9000xA: “Drowning & submersion due to merchant ship overturning, initial encounter”

...what, no subsequent encounter?
To dual code or not to dual code; that is the question.

Dual coding is the clinical process of coding and billing encounters in both ICD-9 and ICD-10. It sounds like a lot of extra work—and isn’t our “to do” list long enough already? However, depending on your type of organization, it may well be worth it. That said, with clinical coders in short supply, dual coding could place additional demands on your budget, staff, and workflow. Here are some things to consider based on your type of organization.
For complex specialties, like cardiology and orthopedics, there is real value even in limited dual coding.

**CARDIOLOGY:**
- For cardiology practices, EDI Version 5010 is a prerequisite. Currently, electronic claims transmittal doesn’t allow for the ICD-10 code format. ICD-9 codes are 3-5 digit numeric codes. ICD-10 allows for up to seven alpha-numeric characters to reflect much more specificity.
- For example, a commonly used ICD-9 code is Coronary Artery Disease, Unspecified, or 414.00. ICD-10 does not allow for a simple “unspecified” diagnosis per se so the provider must choose from a plethora of codes ranging from a simpler I25.1 – Atherosclerotic heart disease of native coronary artery--to a diagnosis as specific as I25.790 – Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris.

**ORTHOPEDICS:**
- For orthopedic practices, ICD-10 is more flexible. The code structure allows for a much higher level of detail. This may make the job of the orthopedic doctors, administrators, and billing personnel easier. The added details in the coding structure may also improve the ability to measure care services.
- All involved in orthopedic medical billing and coding need to upgrade their knowledge and billing systems to comply with ICD-10. ICD-10-PCS is the coding system that will replace ICD-9-CM Volume 3, which involves inpatient procedures. ICD-10-PCS covers disease prevention, identification of diagnosis, treatment plans, and case management.

“Parental overprotection”...aren’t all parents ‘guilty’ of this one every now and then.
With the increased number and specificity of codes under ICD-10, physicians must be more specific in their patient encounter documentation to enable coders to choose the most correct codes for the most appropriate reimbursement.

**Dual coding for hospitals has some value.** Especially for high dollar or high volume procedures. But expecting hospitals to conduct extensive, ongoing dual coding is unreasonable. So let's discuss when it is beneficial for hospitals.

Dual coding can help hospitals prepare for ICD-10 and mitigate the risk of denied claims. Dual coding is also the first step in end-to-end testing for ICD-10. For hospitals, dual coding generates solid, comparative data for forecasting. Dual coding helps them assess coder productivity, CDI specialist workloads, staffing requirements, and operational budgeting. From a clinical standpoint, dual coding also helps them identify gaps in documentation, fine-tune CDI specialist activities, and update medical staff queries.
Are your EHR and billing system vendors ready?

When it comes to ICD-10, you want to hitch your wagon to a rising star. What do I mean by that? Your vendor should be knowledgeable and committed to helping you meet your ongoing ICD-10 goals—and should offer the technology needed to help you get there quickly and efficiently. Check to be sure your current vendor contracts cover your organization’s ICD-10-related needs and ask your vendor the following questions to gauge ICD-10 readiness:
1. How will your application, business processes, or systems address my needs during ICD-10 implementation?
   - Can your system accommodate the data format changes for the ICD-10 codes?

2. What is your timeline for the ICD-10 transition?
   - Will your product(s) allow for coding in both ICD-9 and ICD-10 to accommodate transactions with dates of service before Oct. 1, 2015, and transactions with dates of service after Oct. 1, 2015?
   - Will you install products well before the October 1, 2015 deadline so you can begin testing them in 2014?

3. What is your migration strategy for making the change to ICD-10?

4. Do you offer an ICD-9/ICD-10 Comparison Utility to help me better map ICD-10 codes to ICD-9 codes, get a current snapshot of ICD-9 billing, and gauge the business impact of changing to ICD-10 codes?

5. When will we test our system with trading partners?

6. Will you be upgrading my current system to accommodate the ICD-10 codes?
   - Will there be a charge for the upgrade?
   - When will the upgrades be available for installation?
   - Will multiple upgrades be required?
   - When will you complete upgrades to my system?

7. Are you training your staff on the ICD-10 system updates?

8. Can we use your products to search for codes by the ICD-10 alphabetic and tabular indexes?

9. Do you allow our staff to search codes by clinical concept?

10. Will you maintain tables for each code set?

11. How long will ICD-9 be available for use?

12. Will you ensure we have the right tools in place to help select the more specific diagnosis codes?

13. Will you provide specific provider templates for each specialty?
Losing sleep over ICD-10?
Don’t lose money, too.

Are you looking for some sage advice about reaching ICD-10 without breaking the bank? According to Robert Tennant, MGMA’s senior policy advisor for government affairs, here are some simple ways to prepare for ICD-10 without spending money. These tips certainly echo the advice in some of the previous articles in this eBook—and it’s nice to get one snapshot of money-saving ICD-10 tips all in one place.
1. Create an action team. The team should include practice leadership, including clinicians for the purpose of peer-to-peer education.

2. Create a timeline for action items.

3. Talk about ICD-10 at regular staff meetings so the issue is always top-of-mind.

4. Assess your internal systems and infrastructure. Figure out how your organization’s software programs will be affected (all of them, not just the EHR). Will the systems need upgrades—and are upgrades/replacements available from your vendors? What will it cost to upgrade/replace? Will your organization’s computer hardware be sufficient to handle the software changes or will the hardware need replacing?

5. Review your practice’s clinical documentation processes. If they’re lacking, step it up because labeling something “unspecified” may mean you won’t get such claims paid. Health plans, including Medicare, haven’t yet said how payment will be determined.

6. Collect and familiarize yourself with the transition tools and resources that are available.

7. Consider how your organization’s superbill will be redesigned.

8. Determine who needs training, what level of training is needed, and when that training should take place. If you’re paying to train coders, you may wish to include a clause in coder contracts that says any coder who finds employment elsewhere within a set period of time following training will have to pay back training costs. ICD-10 coders are expected to become very hot commodities in the marketplace.

9. Create a budget. No one knows how much the transition will cost, but most estimates are conservative.

10. Test with all health plans, not just Medicare.

11. Expect that not everyone will be ready by the implementation date in October 2015. Practices may need to set aside cash reserves and get a line of credit. And also be prepared for the likelihood of having to use both ICD-9 and ICD-10 codes for a period of time.

—Volcanic eruption, subsequent encounter—

that’s some really bad luck!
Feel like a runaway train?
Follow these final ICD-10 quick tips.

As the demands of ICD-10 get closer and escalate, there will be plenty of organizations that feel like a runaway train. If you’re part of a small group that has gotten off track with ICD-10 preparation, what should you do now? First, breathe deeply. OK, next, follow this quick list of suggestions:
1. If your coders don’t have a background in anatomy and physiology, they should take a course right away.

2. **Buy** an ICD-10 book and attempt to code the 50 most common codes in your practice.

3. **Look** at translation programs ([icd9data.com](http://icd9data.com) and [icd10data.com](http://icd10data.com)) and enter your most common diagnosis codes. From the results of your comparisons, make a list of clinical documentation improvements that will be required.

4. **Select** certain coders in your practice to go off-site for two-day training—it’s worth the time.

5. **Develop** a timeline for training clinical staff close to the implementation date.

6. **Read** the general guidelines for coding ICD-10. These are at the front of the book and on the CDC’s website.