ICD–10
What You Should Be Doing Now

ASCRS/ASOA Symposium & Congress
ASOA Administrator Program
Boston, Massachusetts
April 25-29, 2014

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Financial Interest

E. Ann Rose is President of
Rose & Associates and acknowledges a financial interest in this subject matter

ICD-10 Implementation

• October 1, 2014 was previously scheduled go live date for ICD-10
  – ICD-10 now delayed yet another year until October 1, 2015
    • Delay was included in legislation recently passed to stop the 24.1% physician fee cut scheduled to take effect April 1, 2014
    – This affects patients paid under CMS payment rules only
ICD-10 Implementation

– Delay gives practices more time to develop a good training/implementation plan
  • Waiting too long, and you may not be as prepared as you think you might be next year either
– However, commercial payers may very well proceed with ICD-10 as planned
  • Or at least start testing to see if they are ready
– Need to consider moving forward with basic training now
  • Then re-train as you see fit

Who’s Affected?

• With few exceptions, all providers covered by HIPAA must convert
  – Includes providers other than Medicare and Medicaid
  – Exceptions
    • Workers’ Compensation
    • Auto Insurance
    • Homeowners’ insurance
    • Business owner liability

ICD-10 Differences

<table>
<thead>
<tr>
<th>Differences</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 - 5 Characters</td>
<td>3 - 7 Characters</td>
<td></td>
</tr>
<tr>
<td>All Characters are Numeric</td>
<td>Character 1 is alpha (A-Z, not case sensitive)</td>
<td></td>
</tr>
<tr>
<td>No Laterality</td>
<td>Character 2 is numeric</td>
<td></td>
</tr>
<tr>
<td>Characters 3-7 are alpha or numeric</td>
<td>Laterality</td>
<td></td>
</tr>
<tr>
<td>Supplemental chapters</td>
<td>Incorporated into code set</td>
<td></td>
</tr>
</tbody>
</table>

368.22 - Total Traumatic Cataract
H28.131 - Total Traumatic Cataract, Right Eye
H28.132 - Total Traumatic Cataract, Left Eye
H28.133 - Total Traumatic Cataract, Bilateral Eye
H28.139 - Total Traumatic Cataract, Unspecified Eye
ICD-10 Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combination Codes</td>
<td>Expanded Ambulatory and Managed Care Encounter Details</td>
</tr>
<tr>
<td>Added Laterality</td>
<td>Timeframes Added</td>
</tr>
<tr>
<td>Episodes of Care Added</td>
<td>External Cause Codes – no longer supplementary classification</td>
</tr>
<tr>
<td>Expanded Codes (diabetes, post-operative complications)</td>
<td>Greater Specificity</td>
</tr>
<tr>
<td>Addition of Placeholder “X”</td>
<td>– allows for future expansion</td>
</tr>
<tr>
<td></td>
<td>Enhanced Quality Reporting</td>
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</tbody>
</table>

What You Should Be Doing Now

- Identify how ICD-10 will affect your practice
  - Arm yourself with information for smooth transition
    - Review differences in ICD-9 and ICD-10
    - Understand how those differences will affect ophthalmology
    - How they will affect your clinic and/or ASC
    - Think about how to budget for implementation
  - This needs to be a team effort
Preparing for ICD-10

– Take a cursory look at ICD-10 coding manual
  • Introduction and General Conventions
  • Even if you aren’t a coder, you will be surprised what you will pick up
– Review Chapter 7: Diseases of Eye and Adnexa
  • Diagnosis codes H00-H59
  • A little knowledge will go a long way with staff

Preparing for ICD-10

– Determine your top ICD-9 codes and devise ICD-10 crosswalk
  • Share with doctors, technicians, coders and biller so they can begin to become familiar with the differences in the codes
  • Consider investing in a software program to help with coding if not on EMR

Preparing for ICD-10

• Create timeline chart and set deadlines for completion
  – This is very critical at this point in time
  • Not meeting deadlines could catch you off guard
  • October 1 will be here before you know it
• Implement strategies to address areas lacking or weak
  – Particularly in coding injuries
How to Prepare for ICD-10

- Review policies or procedures involving a diagnosis code, disease management, tracking or appeals process
  - Will need to change ICD-9 codes included on existing forms or in policies/procedures for example
- Make checklist of everything you need to do to prepare for ICD-10

ICD-10 Checklist

- Review ICD-10 Resources
  - CMS
  - Specialty Societies
  - Payers
  - Vendors
- Inform staff (particularly physicians) of upcoming changes
  - Need to do ASAP

Source: CMS-ICD-10 Implementation Guide

ICD-10 Checklist

- Develop a project plan
  - May take a couple of weeks to do
  - Identify each task, including deadlines and who is responsible
  - Create plan for communicating with staff and business partners
- Get other staff/physicians involved
  - You cannot do this by yourself

Source: CMS-ICD-10 Implementation Guide
ICD-10 Checklist

- Estimate and secure a budget for:
  - Last minute software upgrades
  - Staff education and training
  - Temporary staff during transition
  - Changes to superbills/encounter forms
  - Additional time for documentation review
  - Additional clearinghouse fees (if applicable)
  - Retraining staff that may need it
  - Lost productivity – seeing fewer patients

Source: CMS-ICD-10 Implementation Guide

ICD-10 Checklist

- Reach out to software vendor
  - Will they offer any training?
  - Will they allow you to use both ICD-9 and ICD-10 simultaneously?
  - Will vendor be able to upload ICD-10 codes for you?
  - What type of assistance will they offer if you encounter problems during implementation of ICD-10?

Source: CMS-ICD-10 Implementation Guide

ICD-10 Checklist

- Touch base with clearinghouse
  - Have they completed upgrades to comply with ICD-10?
  - Are they making any additional changes to their software you need to know about?
  - Will they offer any assistance during transition?
  - Will they have ample staff on hand to assist you during the transition?

Source: CMS-ICD-10 Implementation Guide
ICD-10 Checklist

- Improve chart documentation
  - May be your most challenging task
  - Begin by pulling charts from your 10 most frequently billed CPT codes
  - Review the documentation against the ICD-10 codes
  - Determine what needs to be changed to meet requirements if ICD-10 diagnosis code
  - Go over findings with staff

ICD-10 Checklist

- Schedule ICD-10 Training
  - Identify who needs training and what type of training
    - Documentation only
    - Documentation and coding
    - Coding only
  - When and how should they be trained
    - Online, face-to-face, seminars and lectures
    - Include doctors, nurses, technicians, coders and billers

ICD-10 Checklist

- Prepare for contingencies
  - Decreased staff productivity
  - Clearinghouse not being able to resolve ICD-10 issues
  - Health plans not prepared to accept ICD-10
  - Rejected or pending claims
  - Staff turnover
    - Some people are just not willing to make changes and this is a big one
ICD-10 Checklist

- Identify solutions not problems
  - Appoint someone ahead of time to handle denials on a daily basis
  - Communicate with physicians regularly
    - Best done in a meeting, not in the hallway outside a patient lane
  - Don’t assign blame during the transition
    - If it’s the physician’s documentation that is lacking, let him/her know what needs to be done in order to get the service billed

TRAINING

- Training should begin now
  - The train has left the station
- Types of training available
  - Regional Seminars
    - Book in advance – classes filling up fast
  - Web based courses
    - Even non-ophthalmology specific courses can be helpful
  - On-Site consultant training
    - Don’t wait to last minute to book
Training

• Suggest physicians/nurses/technicians get same training at same time
  • That way everyone will be on board with same information
  – ICD-10 will require more engagement with physician
  • Physician input may be key to proper documentation
  • This will be your biggest task

Training

• May want staff to take refresher on-line anatomy course
  – Eye anatomy becomes important in ICD-10
  • Is not required in ICD-9
• Understanding the differences between ICD-9 and ICD-10 will be key
  – Also the impact it will have on the practice

Coding Scenarios
Coding Scenario

• A 67-year-old patient has had type 2 diabetes mellitus for 10 years
  • On insulin for blood sugar control for past 3 months
    – Blood sugar doing well on insulin and diet
  • Family doctor referred her to ophthalmologist with suspected condition related to the diabetes
  • Ophthalmologist examines patient and finds diabetic retinopathy that is nonproliferative, with macular edema – condition is moderate
    – Physician recommends surgery same day

Coding Scenario

• Alphabetic index:
  • Diabetes ➔ Type 2 ➔ diabetic ➔ retinopathy ➔ nonproliferative ➔ moderate ➔ with macular edema ➔ E11.331
• Tabular list:
  • E11.331 ➔ Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema (must use add’tl code to identify insulin use)
    – Z79.4 Long term insulin use
• Correct code sequence:
  • E11.331, Z79.4

Coding Scenario

• A patient who had cataract surgery on the right eye two days ago now experiencing pain in right eye
  • Following a slit lamp exam of affected eye, physician discovered lens fragments in right eye
    – Returned patient to OR to remove fragments
• Alphabetic Index:
  • Complications ➔ Postprocedural ➔ Following Cataract Surgery ➔ Cataract (lens) fragments H59.02
Coding Scenario

- Tabular List:
  - H59.021 - Cataract (lens) fragments in eye following cataract surgery, right eye

- Correct Code Sequence:
  - H59.021
  - H57.11 – Ocular Pain
    - Chapter 7 (Eye and Adnexa) includes instructional note to use external cause code following code for eye condition, if applicable, to identify cause of eye condition

Case Scenario

- 74-year-old patient decided to take Trolley tour of Boston with her girlfriends
  - Street car collides with horse-drawn carriage outside Quincy Market
    - Patient struck head on side of streetcar injuring right eye
  - Patient presented to physician’s office with traumatic hyphema

Case Scenario

- Alphabetic index:
  - Injury ➔ eyeball ➔ contusion – S05.1

- Tabular list:
  - √’x7th S0511XA – Contusion of eyeball and orbital tissues, right eye
    - No 6th digit available
    - “X” place holder must fill empty spaces
    - “A” is 7th digit required to indicate initial encounter
  - Note: Must also use secondary code to indicate cause of injury
Case Scenario

- 72-year-old patient presented with neovascular glaucoma secondary to CRVO in right eye
  - Also had elevated pressures with significant nuclear sclerotic cataract
    - Patient scheduled for Molteno Valve shunt implant with scleral reinforcement and cataract extraction with IOL

Case Scenario

- Alphabetic Index
  - Glaucoma ➔ specified type NEC - H40.89
  - Glaucoma ➔ secondary to other eye disorders – H40.5_
    - There is no ICD-10 code for neovascular glaucoma secondary to CRVO
  - Occlusion ➔ Retina ➔ Vein (central) – H34.81_
  - Cataract ➔ Senile ➔ Nuclear (sclerosis) – H25.1_
    - Note under Cataract Age Related – See Cataract, senile

Case Scenario

- Tabular List
  - H40.89 – Other specified glaucoma
  - H50.51 – Glaucoma secondary to other eye discords, right eye
  - H34.81 – Central retinal vein occlusion, right eye
  - H25.11 – Age-related cataract, right eye
Case Scenario

- 67-year-old male riding ocean waves on jet ski in Dorchester Bay
  - Fell of jet ski during particularly large wave
    - Hit in left eye with handle bar before entering water
  - Does not recall accident but admits to drinking too many beers before getting on jet ski
    - Presented to office next day with complaint of eye swelling when he blows his nose
    - Diagnosed with orbital floor fracture

Coding Scenario

- Alphabetic index:
  - Fracture, traumatic \( \rightarrow \) orbit \( \rightarrow \) floor (blow out) – S02.3

- Tabular list:
  - S02.3 – Fracture of orbital floor (notice no laterality)

- Correct code sequence:
  - `x7th` - S02.3XXB – Fracture of orbital floor
    - No 5th & 6th digits available
    - "X" place holder must fill empty spaces
    - "B" is 7th digit for initial encounter for open fracture
  - V93.33XA – Fall on board jet ski
    - Injury also requires secondary code for external cause
    - "X" is place holder – diagnosis requires 7 digits
    - "A" is for initial encounter [for injury]

Implementation
Implementation

• OMG – It’s October 1 – Now What?
  – Must be able to run both ICD-9 and ICD-10 simultaneously until all previous services/appeals have been cleared
  – ICD-9 codes will be used for dates of service prior to October 1, 2014, but billed after October 1
  – Only ICD-10 codes can be billed for services performed on or after October 1, 2014

Implementation

• Monitor coding and billing daily
  – Work any denials immediately
• If documentation is the problem, work with staff to correct issues
  – May require one-on-one training
  • Designate a staff person to handle the extra training

Implementation

• Anticipate problems!
  – Possible delays in payment from carriers until everyone is fully trained
  – Inaccurate coding, reporting, and processing increasing delays in payment
  • Denials, and/or rejections
• Biggest obstacle to overcome may be resistance to change
  • May have some staff turnover during transition
Implementation

PRAY......... A LOT!!

Resources

- CMS
  - www.cms.gov/ICD10
  - Latest News
  - Access to ICD-10 GEMS
  - Payer Resources
  - Provider Resources
  - Implementation Timelines
  - Sign up for Email Updates
  - Listing of Teleconferences

Questions

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