What do I need to know about ICD-10?

The ICD-10 Transition For:
Patient Access, Scheduling & Admitting Staff

Q. *What is the ICD-10 transition?*

A. On **October 1, 2015**, the Centers for Medicare and Medicaid Services (CMS) has mandated that the U.S. transition from ICD-9 to ICD-10, which will be used for coding, quality, and billing/ reimbursement. This transition increased the code volume from ~16K in ICD-9 to ~150K in ICD-10.

Q. *How does this impact me?*

A. You are the first line of defense to prevent inaccurate codes entering the system! You should communicate openly with physician offices to ensure they submit the correct code and accurate description. In addition, your EMR screen will be adjusted to accept the ICD-10 code and you should be comfortable navigating through the updated system.

Q. *What do I have to do differently in ICD-10?*

A. On October 1, 2015, physicians/physician offices must **submit orders that have ICD-10 diagnoses and adequate descriptions in order for you to secure the appropriate authorizations.** Your organization should communicate that the expectation is for providers to submit ICD-10 compliant codes and descriptions for all services scheduled for 10/1/2015 in advance of the transition or they will not be accepted.

Q. *How will I know I am ready?*

A. Questions to ask:

- *How will I know if the code is an ICD-9 or an ICD-10?* A common rule of thumb is that ICD-10 CM codes start with an alphabet letter as their first character, whereas ICD-9 codes often started with a number.
- *Will our system be able to accept an ICD-9 or ICD-10 code?* Reach out to your EMR team for specifics on system changes.

! Reminder

Only **ICD-9 codes** are changing to ICD-10. CPT codes will stay the same.

NCDs and LCDs will be updated for ICD-10.

“ Sample Communication to Providers

As our organization works towards a smooth transition to ICD-10, we will start requiring an ICD-10 diagnosis code on any order/requisitions received for services scheduled for 10/1/2015 and beyond. Along with the requirement of ICD-10 codes, a very specific narrative will be required on all orders/requisitions to ensure hospital staff can verify the accuracy of the code. By having a descriptive narrative, staff will be able to better understand any coding discrepancies that might occur.

For more information on ICD-10, please contact: [insert name]

What do I need to know about ICD-10?

The ICD-10 Transition For:
Case Management and Utilization Review

Q. *What is the ICD-10 transition?*

A. On **October 1st, 2015**, the Centers for Medicare and Medicaid Services (CMS) will mandate the U.S. transition from ICD-9 to ICD-10, which will be used for coding, quality, and billing/reimbursement. This transition increases the code volume from ~16K in ICD-9, to ~150K in ICD-10.

Q. *How does this impact me?*

A. The ordering physician's documentation drives the ICD-10 code selection, which is a key piece of information in arriving at the DRG, SOI, ROM, and for conversations with insurance companies, DME vendors, and other services. The Case Manager/UR Nurse will have to ensure that the **level of documentation in the patient's charts meets all ICD-10 requirements** and that an ICD-10 code is transmitted to the external entities for financial clearance (i.e. LOS approval) as well as for DME order fulfillment. Incomplete or inaccurate ICD-10 codes may result in days denied or denial of DME equipment without full ICD-10 compliance!

Q. *What do I have to do differently in ICD-10?*

A. Daily job functions will not change due to ICD-10; however, the length of time on the phone with external entities may increase. Case Mangers/ UR Nurses may need to ask additional questions and raise ICD-10 compliance issues to the attending/ordering physician while working with the external entities. **Anticipate more back and forth!**

Q. *How will I know I am ready?*

A. Questions to ask:

- *Are your DME vendors ready?* Reach out to your largest DME vendors to ensure they are ICD-10 ready. Ask them for updated order forms for frequently ordered items (if applicable), if they have any new processes in place for the transition, and how you can help as a Case Manager/ UR Nurse to eliminate delays for the patient.
- *What about recurring rentals?* Most DME orders are billed on a recurring monthly rental basis (hospital beds, wheelchairs, etc.). Does your DME vendor need updated ICD-10 compliant documentation/ICD-10 codes from the ordering physician for existing orders as of Oct. 1st?
- *Have I informed physicians about their documentation gaps?* As you review records, take note of physicians that may need additional support and/or training regarding the transition; inform them of your role, the direct impact on the patients, and ask how you can help!

! Reminder

Unlike inpatients receiving care in a hospital, DME companies will not render services (release equipment) to patients until they have ICD-10 compliant documentation and proper DX codes to bill; ***this has a direct impact on your patients!***

For more information on ICD-10, please contact : [insert name]

What do I need to know about ICD-10?

The ICD-10 Transition For:
Clinical Documentation Improvement Specialists

Q. *What is the ICD-10 transition?*

A. On **October 1, 2015**, the Centers for Medicare and Medicaid Services (CMS) has mandated that the U.S. transition from ICD-9 to ICD-10, which will be used for coding, quality, and billing/ reimbursement. This transition increased the code volume from ~16K in ICD-9 to ~150K in ICD-10.

Q. *How does this impact me?*

A. Physician Documentation drives code selection, and as the gate keepers of documentation integrity you will assist in **ensuring the specificity of the documentation includes key ICD-10 concepts that are critical for accurate coding, billing, and quality reviews** such as laterality, severity, episode of care, acuity, anatomical location, and the stage or grade of the disease.

Q. *What do I have to do differently in ICD-10?*

A. Daily job functions will not change due to ICD-10; however, CDIS **query** volumes may increase in order to capture these concepts and the length of time to review a record or complete reviewing a record may increase as well.

Q. *How will I know I am ready?*

A. Questions to ask:

- *Are your physicians ready?* Physicians need to be informed of the transition- make sure they know TODAY!
- *Have I updated my queries for ICD-10?* If you have template queries ensure that they are updated for ICD-10 concept specificity.
- *Have I informed physicians about their documentation gaps?* As you review records take note of physicians, services, and areas that will need additional support with the transition and inform them of your role and how you can help.

! Reminder

Physicians may experience 'query fatigue' if multiple queries are present on one record. It is not necessary to query for all concepts, only critical ones needed for MS-DRG determination or SOI/ROM impacts.

ICD-10-CM Documentation Concepts for Respiratory Failure	
Acuity	• Acute, Acute on Chronic, Chronic
Specificity	• With: Hypoxia, Hypercapnia, Unspecified
Tobacco Use	Document if patient has: • Exposure to environmental tobacco smoke • History of tobacco use • Occupational exposure to tobacco smoke

Documentation Tips:

- ✓ Mild, moderate or severe respiratory distress and respiratory insufficiency do not equal respiratory failure
- ✓ Blood gases and mechanical ventilation are not required
- ✓ Clarify the need for continuous home oxygen – dependence on home oxygen also does not capture severity of illness

For more information on ICD-10, please contact: [insert name]

What do I need to know about ICD-10?

The ICD-10 Transition For:
Business Office & Patient Financial Services

Q. *What is the ICD-10 transition?*

A. On **October 1, 2015**, the Centers for Medicare and Medicaid Services (CMS) has mandated that the U.S. transition from ICD-9 to ICD-10, which will be used for coding, quality, and billing/ reimbursement. This transition increased the code volume from ~16K in ICD-9 to ~150K in ICD-10.

Q. *How does this impact me?*

A. System changes should have been designed to prevent ICD-9 codes from going out on any claims with a date of service or discharge effective 10/1/2015. **Claims scrubbers, clearing houses, and payers are all transitioning to ICD-10** alongside the hospital so **potential delays in payment, a rise in system processing errors, and a delay in claim adjudication may result.**

Q. *What do I have to do differently in ICD-10?*

A. Role responsibilities and expectations remain the same; however, the facility will be emphasizing a need to get all claims out the door in a rapid fashion to offset any potential delays in payer reimbursement. **Staff may be requested to work collaboratively** to ensure work queues are cleared out in advance of the transition and to work together post transition to share trends in internal or payer processes.

Q. *How will I know I am ready?*

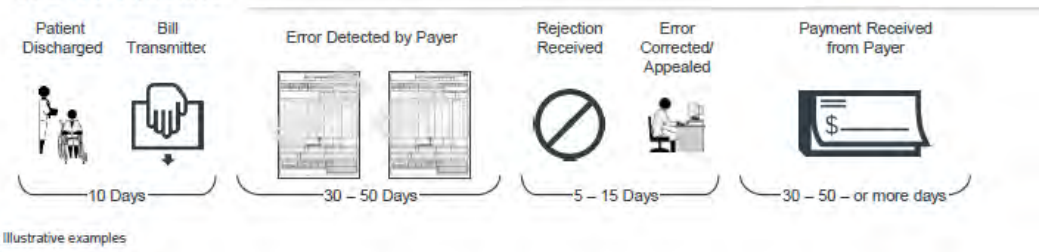
A. Questions to ask:

- *What are the expected financial implications of ICD-10?*
  - Denials may increase due to payer assessment of code accuracy
  - DNFB/DNFC will increase due to internal process challenges
  - AR may increase due to payer process challenges.
- *Are my systems ready?* Internal testing between systems and external testing with payers has been completed to minimize the risk of system errors in ICD-10.

! Reminder

Custom edits may need to be built within systems to prevent errors. If you have any custom workflows please inform your management team immediately for review.

ICD-10 Timeline*



*Note: Illustrative examples

For more information on ICD-10, please contact: [insert name]

What do I need to know about ICD-10?

The ICD-10 Transition For:
Quality Department

Q. *What is the ICD-10 transition?*

A. On **October 1, 2015**, the Centers for Medicare and Medicaid Services (CMS) has mandated that the U.S. transition from ICD-9 to ICD-10, which will be used for coding, quality, and billing/ reimbursement. This transition increased the code volume from ~16K in ICD-9 to ~150K in ICD-10.

Q. *How does this impact me?*

A. Any reports or data submission processes that are derived from ICD-9 codes will need to be re-written in ICD-10 to mitigate compliance risk. This includes, internal reports, external reports (Core Measures, Registries), and external data base submissions. As the ICD-10 conversion changes the code structure, **readmissions and code driven trending reports will need to also be evaluated for accuracy**.

Q. *What do I have to do differently in ICD-10?*

A. Core roles and responsibilities will not be impacted by ICD-10; however **based on data submission date staff will have to be operating in ICD-9 and ICD-10 for a short period of time.** For example, the Q3 2015 harvest will happen in Q4 2015 and will be submitted with ICD-9 codes, but the Q4 2015 harvest will typically happen at the end of Q1 2016 so this would be with ICD-10 codes.

Q. *How will I know I am ready?*

A. Questions to ask:

- *Have my data dictionaries been updated for ICD-10?* IT departments must upgrade the current version of the EMR and ancillary products to have ICD-10 dictionaries (i.e. MIDAS, etc.)
- *Who is responsible for re-writing reports?* Contact your Department Manager for specific report questions. There is likely a combination of departments and roles working collaboratively around this issue.

!

Reminder

All internal and external reports that are driven off of ICD-9 codes will need to be re-written for ICD-10. If you have a financial or quality report that needs to be rewritten please inform you manager or an ICD-10 team member!

Definition of Acute Myocardial Infarction (MI) has Changed	Subsequent vs. Initial Episode of Care	Subsequent (MI)
• ICD-9: Eight weeks from initial onset • ICD-10: Four weeks from initial onset	• ICD-9: No ability to distinguish initial vs. subsequent episode of care • ICD-10: Fifth character defines initial vs. subsequent episode of care	• ICD-9: No ability to relate a subsequent MI to an initial MI • ICD-10: Separate category to define a subsequent MI occurring within 4 weeks of an initial MI

For more information on ICD-10, please contact: [insert name]

What do I need to know about ICD-10?

The ICD-10 Transition For:
Physician Offices

Q. *What is the ICD-10 transition?*

A. On **October 1, 2015**, the Centers for Medicare and Medicaid Services (CMS) has mandated that the U.S. transition from ICD-9 to ICD-10, which will be used for coding, quality, and billing/ reimbursement. This transition increased the code volume from ~16K in ICD-9 to ~150K in ICD-10.

Q. *How does this impact me?*

A. Outpatient, inpatient, and **professional claims are impacted** by ICD-10 CM (Diagnosis) codes. Current Procedural Terminology (CPT) codes *do not change*; these codes are used for all ambulatory and physician procedure reporting.

Q. *What do I have to do differently in ICD-10?*

A. On October 1, 2015, physicians must provide adequate documentation to support the level of specificity for ICD-10 coding. Additionally, **all physician orders must have ICD-10 diagnoses and receive the appropriate authorizations** or they will not be accepted.

Q. *How will I know we are ready?*

A. Questions to ask:

- *Will you be able to submit claims?* If you use an electronic system for any or all payers, you need to know if it will be able to submit ICD-10 codes.
- *How will you code your claims under ICD-10?* Ensure your coder—or whoever is responsible for coding—has the resources and training to code in ICD-10
- *Where do you use ICD-9 codes? Is there anywhere you use ICD-9 codes other than claims submission or your EHR?* Track this moving forward and when October 1st comes, start using ICD-10 codes.
- *Where can I find a ICD-9 CM to ICD-10 CM Crosswalk?* The following website may be able to help: https://www.aapc.com/icd-10/codes/

Reminder

In the practice setting, only **diagnosis codes** are changing (ICD-9 to ICD-10) procedure codes (CPT) will stay the same.

Expectation for All Providers

As our organization works towards a smooth transition to ICD-10, we will start requiring an ICD-10 diagnosis code on any order/requisitions received for services scheduled for 10/1/2015 and beyond. Along with the requirement of ICD-10 codes, a very specific narrative will be required on all orders/requisitions to ensure hospital staff can verify the accuracy of the code. By having a descriptive narrative, staff will be able to better understand any coding discrepancies that might occur.

For more information on ICD-10, please contact: [insert name]