ICD-10
The Countdown Begins

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Financial Interest

I acknowledge a financial interest in the subject matter of this presentation.

ICD-10 Implementation

• October 1, 2015
  • New target go live date for ICD-10
• Don’t let delay catch you off guard for 2015 transition
  • Understanding the ICD-10 differences and training needs are critical
• Having a good transition plan is critical
  • Will make your job much easier

Who Must Convert

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

ICD-10 Differences

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<th>Differences</th>
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<td>ICD-9-CM</td>
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<td>3 - 5 Characters</td>
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<td>All Characters are Numeric</td>
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<td>No laterality</td>
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<td>Supplemental chapters</td>
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<td>360.22 - Total Traumatic Cataract</td>
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Tips on How to Prepare for ICD-10
Identify Needs

- Identify how ICD-10 will affect your practice
  - Arm yourself with information for smooth transition
    - Review differences in ICD-9 and ICD-10 with staff
    - Understand how differences will impact your practice
    - How they will impact ASC and Optical if applicable
  - Think about how to budget for implementation
- This needs to be a team effort

Review ICD-10 Codes

- 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 learn
    - Make this mandatory for your coders
- Review Chapter 7: Diseases of Eye and Adnexa
  - Diagnosis codes H00-H59
- A little knowledge will go a long way with all staff

Preparing for ICD-10

- Determine your top 80% of ICD-9 codes and devise ICD-10 crosswalk
  - Share with doctors, technicians, coders and billers
  - Will give them a chance 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

- Review all documents involving a diagnosis code, disease management, tracking or appeals process
  - Will need to add ICD-10 codes on existing forms
  - Most MACs now have LCDs with ICD-10 codes on their websites
- Make checklist of everything you need to do to prepare for ICD-10
  - Checklist will be your best tool

ICD-10 Checklist

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

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?
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?

- 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

- Set aside cash reserves
  - Hiring extra staff to work denials, etc.
- Establish bigger line of credit at bank
- Should have a 3-4 month reserve to allow time for billing issues to get corrected and claims to be refiled

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

- 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

- Identify solutions not problems
  - Appoint someone ahead of time to handle denials on a daily basis
  - Communicate with physicians regularly
  - 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
    - Best done in a meeting, not in the hallway outside a patient lane

Source: CMS-ICD-10 Implementation Guide
Documentation Changes

- ICD-10 will require more (and improved) chart documentation
  - Has more unique, precise diagnosis codes
  - **Substantiates medical necessity**
- ICD-10 will impact how you do your job
  - **How you deal with patients**
    - More questions specific to patient’s complaint or condition
  - **How you interact with physicians and billers**
  - Documentation will require more specificity

General Documentation

- ICD-10 has greater specificity regarding type and cause of eye disorders
  - **Must** be documented in the medical record
    - **Example:** *Cataract complicated* (with neovascularization or with ocular disorder)
    - Requires *thorough documentation in chart*
  - Still need to document upper or lower eyelid and laterality (OD, OS, OU)

- General Documentation
  - Also remember:
    - **Exam may be bilateral**
    - Test or surgery may be bilateral or unilateral

  - It will be important to document each visit (procedure) accordingly so coder will know how to report diagnosis code for payment
    - **Technicians will need to pay closer attention to this as well**

Documentation

- Make sure documentation reflects what happens at “today’s” visit
  - **Permits coders to code principal diagnosis**
  - Can list conditions that coexist and affect patient care that day
    - Do not document (or bring forward from EMR) conditions previously treated or that no longer exist
  - Can document signs or symptoms
    - Do not document probable, suspected, rule-out or questionable

- Documentation becomes more critical with trauma or injuries
- May need to ask more questions specific to the patient’s complaint
  - **External cause**
    - Provide cause of injury
      - How did injury happen?
      - Was injury related to military, work, other?
**Documentation**

- **Place of Occurrence**
  - Where was patient when it happened?
    - Home, work, car, boat, etc.?

- **Activity**
  - What was patient doing at time of injury?
    - Playing a sport, using a tool, cooking?

**TRAINING**

**Training**

- ICD-10 training should begin NOW!
  - Look for specialty specific training
  - After training:
    - Create sample charts for testing throughout the next few months
    - Retrain coding staff that don’t appear to be grasping new ICD-10 codes
      - Or doctors/technicians who aren’t improving documentation

- Types of training available
  - In-person seminars
    - ASOA also offering ICD-10 Workshops at Regional Meetings
      - Book in advance – classes will fill up fast
  - Web based courses
  - On-Site training for entire staff

- Physicians/nurses/technicians should get training at same time
  - Helps ensure they will be on board with same information

- Documentation for some conditions will need to improve
  - Physician input may be key to proper documentation
  - This will be coder’s biggest task

- May want non-certified staff to take refresher on-line anatomy course
  - Eye anatomy becomes important in ICD-10
    - Knowing anatomy not required in ICD-9
  - Understanding the differences between ICD-9 and ICD-10 will also be key
    - And the impact it will have on the practice
Coding Scenarios

67 year-old male presents to office for ongoing care of glaucoma
- Diagnosed two years ago with angle-closure glaucoma bilaterally
  - Eye pressure was initially difficult to control
  - Left eye progressed fairly rapidly to moderate stage glaucoma
  - Stage in right eye was difficult to determine, but both eyes appeared stable at exam 6 months ago
- Upon examination his visual field is unchanged in both eyes
  - Only minimal visual loss in outer periphery of right eye but arcuate in left eye
    - Visual acuity unchanged in right eye but slightly improved in left eye
    - States doing fine with current glasses
  - Testing confirms disease is stable at this time
    - Patient anxious about surgery as long as medications are working and prefers no treatment at this time
    - Told to return in 6 months, sooner if symptoms worsen

• Alphabetic Index:
  - Glaucoma ➔ angle closure ➔ chronic ➔ H40.22-
  - Complications ➔ Postprocedural ➔ Following Cataract Surgery ➔ Cataract (lens) fragments ➔ H59.02

• 6th H40.222 Chronic angle-closure glaucoma, left eye
  - “2” as 6th character indicates left eye
• x7th H40.2222 ➔ Chronic angle-closure glaucoma, left eye, moderate stage
  - “2” as 7th character indicates moderate stage

• Correct code sequence:
  - H40.2214 (Chronic angle-closure glaucoma, right eye, indeterminate stage plus)
  - H40.2222 (Chronic angle-closure glaucoma, left eye, moderate stage)
### 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

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### Coding Scenario

**66 year-old female enjoying trolley ride in downtown San Diego with her girlfriends**
- Trolley collides with horse-drawn carriage
  - Patient struck head on side of trolley injuring right eye
  - Patient presented to physician’s office with traumatic hyphema

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### Coding Scenario

**On exam, there is bruising of the right eye but no other apparent signs of trauma**
- No symptoms of diplopia, flashes, floaters, or visual field loss
- Visual acuity is 20/20 and 20/50 corrected in the right and left eyes, respectively
- Extraocular movements and confrontational visual fields are normal
- Other aspects of exam within normal limits
- Patient told to return in 3-5 days for re-check

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### Coding Scenario

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

**Tabular list:**
- “x7”th S05.11XA – Contusion of eyeball and orbital tissues, right eye
  - No 6th digit available
  - “X” place holder must fill empty space
  - “A” is 7th character to indicate “initial” encounter
- Note: Must also use secondary code to indicate cause of injury

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### Coding Scenario

**Examples of crazy diagnosis codes related to injuries**
- Bitten, struck, or crushed by a crocodile
- Struck in eye by shark
- Toxic effect of contact with venomous frog, assault, initial encounter
- Forced landing of spacecraft injuring occupant, initial encounter
Implementation

ICD-10 Testing

• Medicare testing weeks are being promoted via MAC listserv
  – Will provide registration site or email address for registration
    • Should occur at least 4 weeks in advance of the testing week
  – EDI help desk support will be available 9:00 am to 4:00 pm local contractor time
    • Supposed to provide enough support to handle increased call volume

ICD-10 Testing

• Providers will receive electronic acknowledgement that test claims were accepted or rejected
• Payer testing is critical
  – Make sure staff is aware of testing dates
    • Start checking MAC website and CMS listserv for testing notices

Implementation

• It’s October 1, 2015
  • 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, 2015, but billed after October 1
    • For now, only ICD-10 codes will be reported for services performed on or after October 1, 2015

Implementation

• Monitor coding and billing daily
  – Work all denials immediately (or at least daily)
• 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 if needed

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
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

Resources

- Free Apps you can download to Smart Phones or Tablets to assist in coding ICD-10
  - ICD-10 Search (The Coding Institute)
    - My personal favorite
  - Find-A-Code

Questions

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