ICD-10 Toolkit

Children's
Healthcare of Atlanta

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Overview of Changes and Potential Risks

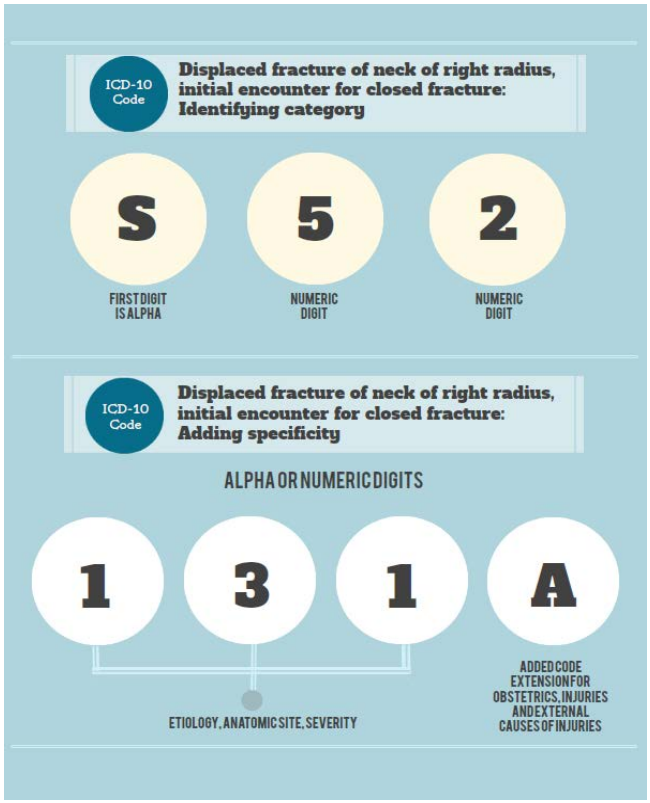
The October 1, 2014 transition to ICD-10 is a federal mandate and there are no further delays anticipated.

Failure to comply with the transition can result in significant risks to physician practices. For example, the Center for Medicare and Medicaid Services (CMS) and other industry experts have predicted impacts that include:

- Up to a 300 percent increase in claims denials
- Up to a 25 percent reduction in revenues at the time of transition.
- A 40 percent reduction in employee and provider productivity at the time of transition.
- Needing up to 90 days of cash on hand to cover any disruptions in cash flow during the transition.

But there are quality implications as well. Because referrals to specialists, the lab, radiology or the hospital often require patient diagnosis information having the wrong code, or a code that doesn't support the medical necessity of the order could result in denials of authorizations and delays to patient care.

Bottom Line: ICD-10 is more specific



In addition to expanding from 14,000 codes to 68,000 codes, ICD-10 differs from ICD-9 in structure and specificity, with four new chapters added to the code set. Major changes include:

- 3 to 7 characters, both alpha and numeric characters
- Laterality (right vs. left), location/site, type of encounter, type of healing, frequency, cause and contributing factors
- Greater accuracy in terminology and reflects advances in medicine

The new code set also accounts for tools such as the Glasgow Coma score for assessing altered mental status and concussions.

Therefore, while providers are not expected to become coders, they do need to include more detail in their documentation to provide the necessary clues for coders to appropriately bill and receive reimbursement for the work the provider has done.

The better the documentation, the smoother the transition.

ICD-10 Impacts Everyone in a Physician Practice

Best practices include the following:

- Physicians begin using new documentation principles at least 3-6 months in advance.
- Begin working with your forms suppliers well in advance – everyone else will need to change their forms too!
- Consider implementing a computer-assisted coding program to assist with the transition.
- Complete chart reviews early and create a monitoring program to promote adoption of new principles.
- Consider offering anatomy and physiology refreshers for coding, billing and clinical staff, so they are aware of the increased specificity of terms used in ICD-10.
- ***Begin changing order/referral forms to use coding terminology instead of codes to prevent denials.***

ADMINISTRATORS
- Vendor/Payor Contracts
- Budgets
- Training Plans
- Oversight of implementation
- Update billing reports to reflect code changes

PHYSICIANS & APPs
- DOCUMENTATION: Be specific!
- Code Training: For paper forms, be aware of changes

NURSES
- Forms: How does diagnostic information reflect ICD-10 changes?
- Documentation: Be specific!

LAB
- Documentation: Be specific!
- Reporting: Health plans will have new requirements for ordering and reporting services.

OTHER CLINICAL
- Super Bills: Reviewed, revised and reprinted
- Coverage: Authorizations, referrals, health plan policies and limitations

FRONT OFFICE
- Forms, Policies & Procedures: Be aware of new changes
- Systems: Updates to systems that may impact productivity

BACK OFFICE - BILLING
- Policies and Procedures: All payer reimbursement policies must be reviewed.
- Training: Billing department must be trained on new polices and the ICD-10 Code Set.

BACK OFFICE - CODING
- Code set: Comprehensive training – consider certifying non-certified coders.
- Clinical Knowledge: Need to have more detailed info on anatomy & physiology and when to ask for more information from providers.
- May need to code in both sets near transition.

The Seven Key Impacts to ICD-10 Documentation

While the transition can be daunting, the majority of the changes reflect a set of core basic documentation principles. In fact, just by including whether the injury or illness is on the right side or left side generated thousands of the new codes. So making sure you and your team are capturing that information is critical to a successful transition.

Remember: Not all conditions require all seven documentation principles, but these are simply the ones that appear most often in the ICD-10 code set.

International Classification of Diseases 10th Revision (ICD-10)

Are you ready?* The deadline for transitioning to ICD-10 is Oct. 1, 2014. Don't wait to start this important process.

	Description	Owner	Start Date	Due by	Completed
Complete between October – December 2013	Select internal Champion and/or committee.				
	Set a schedule for project meetings (hard and firm dates and times).				
	Identify and list all work processes and systems that utilize ICD-9 today.				
	Conduct inventory of current coding tools/resources.				
	Become familiar with ICD-10. Obtain code set and guidelines (electronic files available from http://www.cdc.gov/nchs/icd/icd10cm.htm).				
	Research ICD-10 training. Research training programs/resources (e.g., online courses, local or regional seminars). Determine level of staff training needed by role (comprehensive, intermediate, or basic).				
	Review status of and impact to electronic systems (see AAFP ICD-10 Systems Checklist).				
	Appoint staff to act as primary/secondary contact with system vendors.				
	Identify costs for temporary help or overtime cost during training and go-live.				
	If using an outside source for coding and/or billing, learn vendor's ICD-10 implementation plan.				
	Budget – Identify ICD-10 related internal costs (see AAFP Cost Calculator www.aafp.org/icd10).				
	Introduce concept and plans for ICD-10 to staff.				
Complete between January – April 2014	Evaluate current cash flow (age of account balances, billing lag time). Set goals and plan to correct and prevent recurring errors/issues and optimize cash flow.				
	Determine impact, if any, on quality initiatives (e.g., PQRS, EHR). Should 2014 reporting be completed prior to system upgrades?				
	Complete ICD-10 training at all levels.				
	Follow-up with electronic system vendors. Are upgrades completed or scheduled? Is training on upgraded system necessary and if so, scheduled?				
	Note payer news regarding ICD-10 claims testing requirements/opportunities.				
	Review insurance contracts for diagnosis-based payment impact (if any).				
	Revise/develop/purchase internal coding resources (encounter forms, coding quick references)				
Complete between April – August 2014	Re-evaluate cash flow (Are goals met and current processes efficient?).				
	Review budget for any changes and accuracy. Consider opening a line of credit to offset potential cash-flow disruption.				
	Review and ensure that physicians and coers have completed training.				
	Test ability to apply ICD-10 codes to documentation as a training exercise. Do coding resources support efficient and accurate coding?				
	Follow up with system vendors and/or outsourced business partners. Complete internal testing. Investigate options for external testing with clearinghouse/payers. Review and update contact information for support services.				
	Review payer ICD-10 communications (include non-covered entities such as worker's compensation). Watch for and disseminate ICD-10 changes in payment policies (e.g., Medicare local coverage decisions).				
September 2014	Develop and assign workflow and processes effective 10/01/14. Verify that all testing was successfully completed.				
	Consider direct-to-payer or other alternative claims submission resources (if testing has not been successful).				
	Monitor payer news regarding readiness and changes to payment policies.				
	Monitor all claims acknowledgement (997) and acceptance/rejection (277) reports				
October 2014 and ongoing	Promptly correct and resubmit all rejected/denied claims.				
	Evaluate post-implementation cash flow until claims filed with ICD-10 are consistently paid.				
	Evaluate need for contingency activities (e.g., overtime, consultant, credit line).				
	Monitor payer news regarding claims adjudication issues and resolutions.				
	Monitor reimbursement accuracy and timeliness of payer per contract.				
	Conduct coding review for accuracy and compliance.				

**This timeline is a generalized resource from the AAPC for use in creating an individualized timeline specific to the needs of your practice. Successful ICD-10 transition may require different approaches based on practice size and resources.*

25 Most Common Pediatric Diagnosis Codes

(From AAP Coding Newsletter)

1. **Encounter routine child health examination**
   - with abnormal findings — **Z00.121**
   - abnormal finding_____
   - without abnormal findings — **Z00.129**
2. **Acute upper respiratory infection** — **J06.9**
3. **Otitis media**
   - nonsuppurative
     - serous
       - acute (secretory)
         - right — **H65.01**
         - left — **H65.02**
         - bilateral — **H65.03**
       - recurrent acute
         - right — **H65.04**
         - left — **H65.05**
         - bilateral — **H65.06**
       - chronic
         - right — **H65.21**
         - left — **H65.22**
         - bilateral — **H65.23**
     - allergic
       - acute and subacute
         - right — **H65.111**
         - left — **H65.112**
         - bilateral — **H65.113**
       - recurrent acute
         - right — **H65.114**
         - left — **H65.115**
         - bilateral — **H65.116**
       - chronic
         - right — **H65.411**
         - left — **H65.412**
         - bilateral — **H65.413**
   - suppurative
     - acute
       - w/o spontaneous rupture of eardrum
         - right — **H66.001**
         - left — **H66.002**
         - bilateral — **H66.003**
       - with spontaneous rupture of eardrum
         - right — **H66.011**
         - left — **H66.012**
         - bilateral — **H66.013**
       - recurrent w/o spontaneous rupture of eardrum
         - right — **H66.004**
         - left — **H66.005**
         - bilateral — **H66.006**
       - recurrent with spontaneous rupture of eardrum
         - right — **H66.014**
         - left — **H66.015**
         - bilateral — **H66.016**
     - chronic
       - tubotympanic
         - right — **H66.11**
         - left — **H66.12**
         - bilateral — **H66.13**
       - atticoantral
         - right — **H66.21**
         - left — **H66.22**
         - bilateral — **H66.23**
4. **Acute pharyngitis** — **J02.9**
5. **Asthma**
   - mild intermittent
     - uncomplicated — **J45.20**
     - acute exacerbation — **J45.21**
     - status asthmaticus — **J45.22**
   - mild persistent
     - uncomplicated — **J45.30**
     - acute exacerbation — **J45.31**
     - status asthmaticus — **J45.32**
   - moderate persistent
     - uncomplicated — **J45.40**
     - acute exacerbation — **J45.41**
     - status asthmaticus — **J45.42**
   - severe persistent
     - uncomplicated — **J45.50**
     - acute exacerbation — **J45.51**
     - status asthmaticus — **J45.52**
   - exercise-induced — **J45.990**
   - cough variant — **J45.998**
6. **Encounter follow-up examination after other treatment** — **Z09**
7. **Allergic rhinitis**
   - due to pollen (hay fever) — **J30.1**
   - other (perennial) — **J30.89**
   - unspecified — **J30.9**
8. **Sinusitis**
   - chronic
     - maxillary — **J32.0**
     - frontal — **J32.1**
     - ethmoid — **J32.2**
     - sphenoid — **J32.3**
     - pansinusitis — **J32.4**
     - other (multiple sites not pansinusitis) — **J32.8**
   - unspecified — **J32.9**

9. Dermatitis
- allergic contact, due to
  - metals **L23.0**
  - adhesives **L23.1**
  - cosmetics **L23.2**
  - dyes **L23.4**
  - other chemical products (insecticide) **L23.5**
  - food in contact with skin **L23.6**
  - plants, nonfood (poison ivy, oak, sumac) **L23.7**
  - animal dander **L23.81**
  - other agents **L23.89**
  - unspecified cause **L23.9**
- irritant contact, due to
  - detergents **L24.0**
  - oils and greases **L24.1**
  - solvents **L24.2**
  - cosmetics **L24.3**
  - other chemical products (insecticides) **L24.5**
  - food in contact with skin **L24.6**
  - plants, except food **L24.7**
  - metals **L24.81**
  - other agents **L24.89**

10. Attention-deficit/hyperactivity disorder
- predominantly inattentive **F90.0**
- predominantly hyperactive **F90.1**
- combined type **F90.2**
- other type **F90.8**

11. Cough **R05**

12. Viral infection
- unspecified **B34.9**

13. Streptococcal sore throat **J02.0**

14. Bronchitis
- acute
  - due to respiratory syncytial virus **J20.5**
  - due to rhinovirus **J20.6**
  - unspecified **J20.9**

15. Conjunctivitis
- acute
  - atopic
    - right eye **H10.11**
    - left eye **H10.12**
    - bilateral **H10.13**
  - follicular
    - right eye **H10.011**
    - left eye **H10.012**
    - bilateral **H10.013**
  - viral
    - due to adenovirus **B30.1**
    - unspecified **B30.9**

16. Esophageal Reflux
- with esophagitis **K21.0**
- without esophagitis **K21.9**
- newborn **P78.83**

17. Influenza with respiratory manifestations
- unidentified virus
  - respiratory manifestations other than pneumonia **J11.1**

18. Gastroenteritis/colitis
- unspecified noninfectious **K52.9**

19. Fever
- postvaccination **R50.83**
- unspecified **R50.9**

20. Constipation, unspecified **K59.00**

21. Prophylactic vaccination **Z23**

22. Abdominal pain
- epigastric **R10.13**
- colic **R10.83**
- generalized **R10.84**
  - with acute abdomen **R10.0**
- lower
  - right quadrant **R10.31**
  - left quadrant **R10.32**
- periumbilical **R10.33**
- upper
  - right quadrant **R10.11**
  - left quadrant **R10.12**

23. Viral diseases
- other specified **B33.8**
- infection, unspecified **B34.9**

24. Pneumonia
- viral, unspecified **J12.9**
- unspecified organism
  - bronchopneumonia **J18.0**
  - lobar **J18.1**
  - other **J18.8**
- Unspecified site **J18.9**

Using the GEMS Book

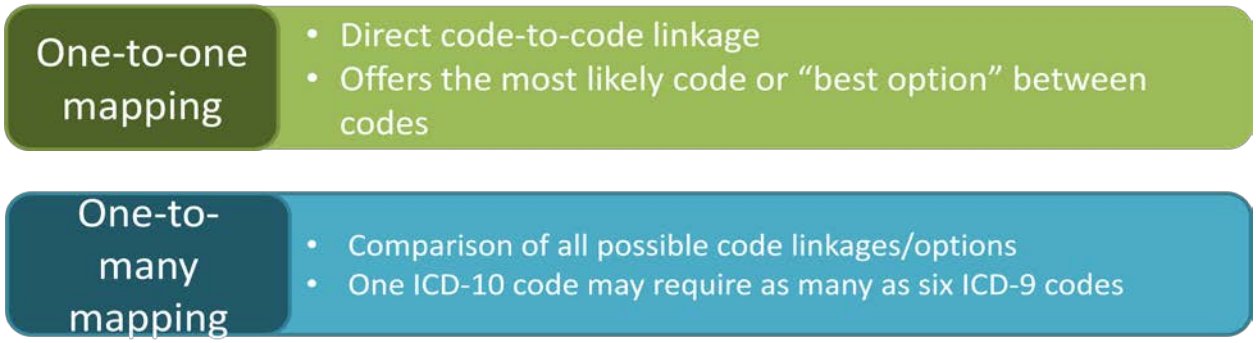
While the General Equivalency Mappings or GEMs are useful tools in helping practices prepare for the ICD-10 transition, they are not substitutes for learning how to use the ICD-10-CM code sets. Mapping simply links concepts in the two code sets, without consideration of the context of specific information, whereas Coding assigns the most appropriate code based on documentation and applicable coding guidelines.

Children's Healthcare of Atlanta has provided the ICD-10-CM Mappings book to assist practices in the following:

- Translating lists of codes, code tables and other coded data
- Converting a system or application containing ICD-9-CM codes
- Creating applied mappings between code sets
- Studying the differences in meaning between the ICD-9-CM and ICD-10-CM systems

Mapping Considerations

ICD-10-CM is more specific and users of the GEMs mapping books should be aware of the following:



In addition, practices need to be aware of how the codes work with forward and backward mapping.

ICD-9 Code	Description (Target)
820.8	Fracture of unspecified part of neck of femur, closed

ICD-10 Code	Description (Source)
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
S72.002A	Fracture of unspecified part of neck of left femur, initial encounter for closed fracture
S72.009A	Fracture of unspecified part of neck of femur, initial encounter for closed fracture

Forward Mapping

Translation of ICD-9 codes to ICD-10 codes

ICD-9 Code	Description (Source)
493.9	Asthma, unspecified

ICD-10 Code	Description (Source)
J45.909	Unspecified asthma, uncomplicated
J45.998	Other asthma

Best Practice Alert

Use caution when mapping unspecified codes!

Unspecified codes are more likely to result in denials of claims, especially when the new coding has more specific availability of codes.

ICD-10 Code	Description (Source)
	Mild intermittent
J45.20	Uncomplicated
J45.21	Acute exacerbation
J45.22	Status asthmaticus
	Mild persistent
J45.30	Uncomplicated
J45.31	Acute exacerbation
J45.32	Status asthmaticus
	Moderate persistent
J45.40	Uncomplicated
J45.41	Acute exacerbation
J45.42	Status asthmaticus
	Severe persistent
J45.50	Uncomplicated
J45.51	Acute exacerbation
J45.52	Status asthmaticus

Forms Assessment Checklist

	Task	Accountable	Status
	1. Collect your practice's or department's forms and identify who "owns" the form. Forms include: • Clinical forms with physician, advanced practitioner, nursing or other documentation • Charge entry and Super bills • Parent-completed forms (such as patient intake, history, etc.) • Web-based forms • Plans of Care and Discharge summaries • Progress Notes • Downtime Forms		
	2. Review the forms to look for ICD-9 codes or fields that capture: • Chief complaint, reason for visit or diagnosis description • Past medical history • Reviews of systems • Physical exam • Social and Family history • Impression or plan of care • Problem lists		
	3. Identify top diagnoses used in your department in ICD-9.		
	4. Verify current codes are accurate and your most commonly used codes.		
	5. Crosswalk the top codes to new codes in ICD-10 using your mapping book.		
	6. Review recommended changes with clinical teams, then submit updates to your forms vendor so changes are implemented prior to go-live. Determine whether the forms require translation into Spanish.		

Tax ID: #: 58-2201217

Billing A

POB 10

Atlanta

404-92

Primary Care

Only

Sample ICD-10 Compliant Super Bill for Primary Care

Children's Healthcare of Atlanta

OFFICE SERVICES	CPT NEW	CPT EST	FEE
Office Visit			
Problem-Focused	99201	99212	____
Expanded Prob. Focused	99202	99213	____
Detailed	99203	99214	____
Comprehensive	99204	99215	____
Comprehensive-High	99205		____
Nurse Visit Only		99211	____
E & M code with procedure(S) use modifier on E & M			

PROLONGED SERVICE		CPT	FEE
First (30-74 mins)		99354	____
Each Add'l 30 minutes	QTY____	*99355*	____

SCREENINGS

	CPT	NML ICD-10	ABN ICD-10	
Vision Screen	99173	Z01.00	Z01.01	____
Hearing Screen	92551	Z01.10	Z01.118	____
Sports/Camp Physical		ICD-10 Z02.5	IDX# 3500	____

LABS (IN-OFFICE)	CPT	FEE
Blood Glucose/Monitor	82947	____
Hemoglobin	85018	____
Stool Occult Blood	82270	____
Rapid Strep Screen	87880	____
UA Dip	81002	____
Urine Pregnancy	81025	____
LABS (SENT OUT)		
Specimen Handling	99000/NC	____

HEALTH CHECKS	NEW	EST	FEE
Under 1 year	99381	99391	____
1to <5 years	99382	99392	____
5 to 12 years	99383	99393	____
12 to >18 years	99384	99394	____
18 – 39 years	99385	99395	____
Labs w/HC	HgB	85018	____
	U/A	81002	____
Bld Lead (send out)	*Z13.88*	*36415*	____
PPD (TB skin test)	*Z11.1*	*86580*	____

INJECTIONS

IM Diagnostic/Therapeutic Injection 96372

PROCEDURES	ICD-10	CPT	FEE
Nebulizer or MDI tx	Qty___	94640	____
Neb/MDI teaching		94664	____
Burn; 1st Deg – Initial Tx		16000	____
Burn – drsg/debride sm.		16020	____
Cath-Straight; urethra		51701	____
Cerumen Rem (1or 2)		69210	____
Cautery (silver nitrate)		17250	____
Drng – finger abscess		26010	____
FB Rem. Skin; simple	T07	10120	____
FB Rem. Ear Canal	T16.____	69200	____
Left __ Right__			____
Encounter_____			
FB Removal/Nose	T17.____	30300	____
Sinus ___ Nostril___			
Encounter____			

Enter "VISIT/NC" for each visit _____

FF – For Facility Fee _____

VFC VACCINES	ICD10	CPT	FEE
Td (7 y/o and older)	Z23	90714	____
DTaP	Z23	90700	____
Flumist	Z23	90672	____
Hepatitis A	Z23	90633	____
HEp B (ped/adolescent)	Z23	90744	____
HIB	Z23	90647	____
Hiberix	Z23	90648	____
HPV	Z23	90649	____
Influenza PF (<36 mos.)	Z23	90655	____
Influenza PF (>36 mos.)	Z23	90656	____
Influenza (=>36 mos.)	Z23	90658	____
Meningococcal	Z23	90734	____
MMR	Z23	90707	____
Pediatrix	Z23	90723	____
Pentacel	Z23	90698	____
Polio-IPV	Z23	90713	____
PREVNAR	Z23	90670	____
Rotarix	Z23	90681	____
Rotateq	Z23	90680	____
TdaP	Z23	90715	____
Varicella	Z23	90716	____

PROCEDURES	CPT	FEE
Heel Stick	36416	____
I&D Abscess; simple sgl	10060	____
Nursemaid elbow reduct	24640	____
Spirometry	94010/	____
Splint applic; finger	NC	____
Tympanometry	29130	____
Venipuncture IV therapy only when IV started	92567	____
	36000	
Venipuncture/Nurse	36415	____
Venipuncture/MD >3 years old	36410	____
Venipuncture/MD <3 years old	36406	____

ICD-10 CODES

Healthcheck		Conjunctivitis: Left __ Right__	H10.__	Headache	R51	Speech disturbance	R47.__
Normal Findings ___	Z00.121	Bilateral _ Acute __ Chronic__		Hearing loss: Left__ Right__	H91.__	Stomatitis	K12.__
Abnormal Findings ___	Z00.129	Constipation	K59.00	Bilateral __Type_____		Stye, Left__ Rt___Bilat__	H00.__
NB<8 Days	Z00.110	Cough	R05	Hyperbilirubinemia; NB	P59.9	Upper___ Lower___	
NB 8 – 28 Days	Z00.111	Croup Syndrome	J05.0	Impetigo, Specify_____	L01.00	Teething	K00.7
HC< 18 years old	Z00.00	Delayed Milestones	R62.0	Infant; fussy	R68.12	Thrush (oral), stomatitis__	B37.__
Normal __ Abnormal ___	Z00.01	Dry Skin: Acq. keratosis foll. __	L11.0	In-toeing, split foot____	Q72.70	Cheilitis___	
Abdominal Pain (general)	R10.84	Ichthyosis__ Keratosis palm __	L85.__	Other congen. Mal._____	Q74.2	Tinea capitis	B35.0
Abnormal Blood Finding		Keratoderma __	L86	Influenza, NOS	J10.__	Tinea corporis	B35.1
Hyperuricemia __	E79.__	Keratos folic. __ Elast. perf__	L87	Manifestations_____		Tinea pedis	B35.3
Metals (specify)_____	R78.__	Dermatitis/Eczema: Allergic__	L23.__	Learning Difficulties	F80.__	Tonsilitis, Cause_____	J03.8__
Abn blood chemistry____	R79.__	Irritant __ Nummular__ Other,	L24.__		F81.__	Recurrent __	
Abnormal Metabolic Screen	P09	Specify_____	L25.__	Lymphaadenopathy	R59.__	Umbilical cord prob.	R19.8
Abnormal Urine Finding			L30.__	Molluscum contagiosum	B08.1	Underweight	R63.6
Specify_____	R82.__	Dermatitis Diaper	L22	Nasal Congestion	R09.81	URI	J06.9
Acne: Vulgaris __ Tropica __	L70.__	Diarrhea, NOS: Noninfective__	K52.__	Nursemaids elbow	S53.03__	Urticaria, type_____	L50.__
Conglobata __ Infantile	L73.0	Allergy/diet__ other__	R19.7.__	Obesity	E66.__	UTI	N39.0
Keloid __ Other __ Unsp __		Dysuria	R30.__	Otitis Externa, Left __ Rt __	H60.00	Umbilical granuloma,	P38.__
Anemia	D64.9	Earache (otalgia)	H92.2__	Bilat. __ Manifest_____		w/hem__ w/o hem___	
Anemia, Iron Defic.	D50.__	Left __ Right __ Bilateral__		Otitis Media, Lt__ Rt__ Bi__	H65.__	Vaginitis, acute__chron__	N76.__
Cause _____	D51.__	Enuresis (nocturnal)	N39.44	Rupt ___Serous__ Supp__	H66.__	Vulvitis, acute __ chron__	N76.__
Anorexia (not nervosa)	R63.0	Epistaxis/Nosebleed	R04.0	Pharyngitis	J02.__	Viral exhanthem	B09
Asthma		Erythema Infect., Fifth Disease	B08.3	Recur___ tonsillitis___	J03.__	Vomiting, nausea ___	R11.__
Mild __ Moderate ___	J45.2__	Failure to Thrive	R62.51	Pityriasis Alba	L30.5	Projectile __	
Severe ___ Intermittent __	J45.3__	Feared condition not demon.	Z71.1	Pneumonia, unspec	J18.__	Wheezing	R06.2
Persistent ___ Uncomp__	J45.4__	Feeding difficulties	R63.3	Premature infant	R00.2		
Exacerbation ___	J45.5__	Feeding Problem <29 days old	P92.__	Rash, exanthema	R21	Other_____	_____
ADD/ADHD	F90.__	Specify_____		Refraction disorder, Lt_ Rt__	H52.__		
Bronchiolitis: RSV__ HMPV__	J21.__	Fever	R50.9	Bi_ Type_____			
Other ___		Fever, Newborn <30 days	P81.__	Rhinitis, allergic	J30.__		
Cerumen, impacted Left__	H61.2__	Follow-up exam after Rx'd Tx		Scarlatina, comp_____	A38.__		
Right __ Bilateral __		After Tx for mal. neo.__	Z08	Seborrhea capitis	L21.0		
Chalazion: Left __ right __	H100.1_	F/u exam, other. cond. ___	Z09	Sinusitis, recurrent__	J01.___		
Upper __ Lower__ Unspec.		GE Reflux	K21.9	Type_____		Circle for HC only:	
Colic	R10.83	Gastroenteritis, viral	A08.__	Snoring	R06.83	AV NU S2 ST	
		Organism_____					

Accident Date: _____MVA OTH

☐ CHECK HERE IF ADD'L DIAGNOSIS ON BACK

PROVIDER SIGNATURE: _____

NEXT APPOINTMENT: _____

Assessing Vendor Readiness

Your practice doesn't exist in a vacuum, and while you may have your staff and physicians well-trained and ready for the Oct. 1 transition, you also need to evaluate how ready payors and vendors are for the upcoming transition.

Payors

Most payors had planned on 2013 go-live and anticipate being ready for the Oct. 2014 transition. In addition, many of them are offering the ability for practices and clearinghouses to test claims submissions in advance of the Oct. 1 transition. Contact your payors and clearinghouse to see where they are in their implementation and how you can work together to help your practice get ready. In addition, the Georgia Department of Community Health is offering testing, as well as regular webinars to help practices in Georgia get ready for the change. To find out more, visit: http://dch.georgia.gov/icd-10

Vendors

While many payors are ready to go, not all vendors are at the same stage of readiness. The first step is to complete a comprehensive inventory of all vendors that may be impacted by the Oct. 1 transition. This not only includes any practice management or electronic health record software, but also may include those vendors or suppliers may be impacted should you have an increase in denials come the fall. Consider what implications there may be for HR-related systems, Worker's Compensation or health benefits for staff.

Examples of Types of Questions to Ask Vendors/Payors (not comprehensive)

- Will the system support both ICD-9 and ICD-10 codes simultaneously, with something to indicate which code type it is?
- How will code set updates be managed?
- Will the system automatically force inclusion of additional codes if the code requires a combination of codes for billing?
- Will the system prompt users to use a more specific code if they use a generic term or use an unspecified code?
- Have captions or training materials/documentation been updated to reflect the ICD-10 terminology and codes?
- Are there prompts or edits for validation of ICD-9 or ICD-10 code sets based on date of service?
- How will current fields and workflows allow for the increased need for documentation?
- What is the vendor's plan for testing with payor systems and other partners?
- Have you created a test environment that we can use?
- Does your system send codes directly into a billing system without coder review? How does the practice verify accuracy of submissions before they are sent?
- What back office and clinical reports will be automatically updated to reflect the changes? For customized reports, what is the timeline for their updates?
- What charges are associated with the changes?
- How will you handle reporting on historical data that spans the transition period? Is there a way to separate out ICD-10 and ICD-9 codes, and conversely, a way to report on diagnoses based on terminology that combines pre-October 1 data with post-October 1 data?
- What types of training will the vendor provide so that users can know how to use the tools?
- How can we test our system for gaps – for example, would we be able to track/test readiness throughout the entire revenue cycle of a patient encounter and subsequent billing/reporting?

Assessment Checklist

Note there is a more comprehensive version of this checklist as part of the *ICD-10 Implementation Guide for Small and Medium Practices* on the CMS website.

Description	Owner	Start Date	Complete Date
Make list of all vendors, include name, contact info, description of product.			
Review existing contracts to identify contractual requirements/obligations. Note how well those vendors have fulfilled their obligations or met deadlines in the past.			
Assign an accountable person to contact each vendor and assign a due date for completion of assessment.			
Create a tracking system to make sure you've identified all potential impacts, their responses, and any anticipated upgrades or deadlines.			
Identify if there are any hardware upgrades required to meet technical specifications of any upgrades or installs and their impacts on your budget.			
Establish what your current baseline performance is and set targets with your vendor on how quickly you can anticipate being able to return to baseline after the transition.			
Set up dates (as appropriate) to test vendor readiness.			
Establish a support strategy for before, during and after go-live, including licensing agreements, upgrades for standard changes versus customized changes, data and disaster recovery, expected response times, etc.			
Conduct a full workflow, scenario-based test to assess readiness at each step of practice operations.			
Make a plan B in case your vendor isn't ready in time.			

Completing a Chart Review Process

The best way to determine how well your practice is ready for the transition is to create a chart review process to identify current gaps in clinical documentation. By repeating the process at regular intervals between now and October 1, you can identify where the gaps are in training and where best to concentrate your efforts to remediate the gaps. And, if conducted early and often enough, you can approach the October 1 transition date with a greater sense of security.

Description	Owner	Start Date	Complete Date
Create a team – preferably including you, at least one physician and a (hopefully certified) coder.			
Using a combination of your highest volume diagnosis codes and your highest revenue codes, select 3-5 diagnosis codes to track via charts.			
Using the tipsheets and the mapping and coding books, identify the best practices for documentation for those codes. For example, asthma documentation now requires terms such as mild, moderate and severe, as well as intermittent, persistent, with exacerbation, etc.			
Pull at least one chart per code per provider to see whether current documentation supports the terminology and documentation changes in ICD-10. Note that for 1 chart for five different codes, for a practice of 5 providers would result in 25 charts being reviewed, so determine the time requirement to expand the chart review process to either be inclusive of more charts, or of more diagnoses.			
Remember that codes listed as unspecified will be a red flag for payors after Oct. 1. While at times, unspecified may be the highest level of information available (such as viral gastroenteritis, when determining the exact infectious organism is not required for clinical decision-making), providers should be including the highest level of specificity available.			
Determine where your opportunities are and establish a training plan to remediate the issues. Identify what the target for the next chart review process should be for each provider and diagnosis.			

Chart review process based on recommendations from Complete Practice Resources, www.cpticdpros.com.

Provider Training Opportunities

By April, Children's will post links to a series of CBTs for general pediatricians on www.choa.org/icd10. All courses would be provided to providers free of charge. Modules will include:

- The Basics of ICD-10 –CM Documentation
- General Pediatrics and ICD-10 (includes information on common childhood diseases, including examples of infectious disease, asthma, behavioral disorders, dermatology, GI and more)
- ICD-10 Coding for the Non-Coder

Beginning March 2014, all Children's active staff specialists and facility-based providers will receive specialty-specific CBTs within Aspen-TotalLMS, available through the Children's internet, Careforce Connection.

Other Training Resources for Providers (not comprehensive)

Organization	Description	Cost
AHIMA	AHIMA Clinical Documentation Training for Physicians https://ahima.optimizehit.com/domain/home Multiple, short (3-5 minute) modules with quizzes Pediatrics is offered as a specialty –note that choosing an additional specialty (say respiratory or GI) costs extra	• $250 for single user/specialty • $200 per user, per specialty if purchasing 2-25 licenses
AAPC	AAPC Clinical Documentation Training for Physicians http://www.aapc.com/icd-10/physician-icd-10-training.aspx Choose from 21 specialties, in a three-hour online course that reviews structure, guidelines and documentation requirements for ICD-10. Can submit case examples and review top 50 codes per specialty.	$295 per provider
SOWEGA	Southwest Georgia Area Health Education Center http://sowega-ahec.org Offers in person bootcamps and training for physician practices, with ongoing classes and monitoring support.	• $1200 ($100/month) for 1-5 employees (1 registration to workshop) • $3000 ($250/month): 6-10 employees (2 registrations to workshop) • $6000 ($500/month): 11-15 employees (3 registrations to workshop)

Note that AHIMA, AAPC and HIMSS all offer ongoing regular training bootcamps for coders and billing professionals.