

Lessons Learned: ICD-10 Workshops

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Users' Conference 2015



Pediatric EHR Solutions

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Lessons Learned: ICD-10 Workshops

Handouts

<http://www.pcc.com/users-conference/welcome/>



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Fellow PCC Users... What a GREAT Resource!!

- Workshops
 - Documentation Analysis
 - 10 Cities, 150+ Attendees
 - Too few cities and seats. Long wait lists.
 - Wonderful turnout by ***clinicians***



Fellow PCC Users...

- Observed
 - “This really is all on me...” - Multiple physician attendees
 - Solid documentation empowers others
- Offered Feedback ...
 - “Wish I'd brought my whole staff!”
 - “I am leaving with more knowledge and less fear”
- ...& Services!
 - One even made a professional video recording of the 5/6/15 Dallas event!! Online at <http://learn.pcc.com/icd10>



Fellow PCC Users... Worry

- Clinicians: "I don't have time to research every code like that!" - clinicians
 - Won't be required if you prepare. Same kids will come through the door then as do now.
- Billers: "I don't think my docs are taking this seriously."
 - See MD observations above. It really **is** on you.



More GREAT Resources

- Apps
 - ICD-10 Search
- Manuals
 - Optum
- Mapping guide ICD-9, ICD-10, SNOMED
 - Under review

Why ICD-10?

- ICD-9 limited and outdated
- More specific and precise
- Room to grow
- Different from SNOMED

U.S. Implementation

- 1st and only using ICD-10 for billing and payment
 - Others use for Mortality and Morbidity
- Complex multi-payer implementation

Coding vs. Billing

- Carriers don't always allow for proper coding
 - Get deviations in writing
- Symptom Codes:
 - Billing: Bill as many symptom ICDs as you document; reflects complexity of the visit
 - Coding: Symptom codes **only** acceptable until definitive diagnosis is made



Payment vs. Reporting

- NEWS: CMS “Grace” period
- Reporting
 - Payer dependent
 - Entity specific
 - HEDIS
 - PCMH/NCQA

Payment vs. Reporting

- ***Use additional*** Tobacco exposure codes
 - exposure to environmental tobacco smoke (Z77.22)
 - exposure to tobacco smoke in the perinatal period (P96.81)
 - history of tobacco use (Z87.891)
 - occupational exposure to environmental tobacco smoke (Z57.31)
 - tobacco dependence (F17.-)
 - tobacco use (Z72.0)



Payment vs. Reporting

- BMI codes
 - Z68.51 Body mass index (BMI) pediatric, less than 5th percentile for age
 - Z68.52 BMI pediatric, 5th - < 85th for age
 - Z68.53 BMI pediatric, 85th - < 95th for age
 - Z68.54 BMI pediatric, \geq 95th for age



2015 ICD-10 Guidelines

- Guidelines:

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>

ICD-10 Guidelines

- Detailed descriptions of coding conventions
- Very specific requirements for coding some conditions
 - HIV
 - Antibiotic resistance
 - Sepsis



ICD-10 Guidelines for Pediatrics

- BMI codes ***never*** primary
 - Z68.51 Body mass index (BMI) pediatric, less than 5th percentile for age
 - Z68.52 BMI pediatric, 5th - < 85th for age
 - Z68.53 BMI pediatric, 85th - < 95th for age
 - Z68.54 BMI pediatric, \geq 95th for age



Guidelines (cont'd)

- Acute and Chronic
 - “If the same condition is described as both acute (subacute) and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.”



Guidelines (cont'd)

- Laterality – Left, Right, Bilateral, ***Unspecified***
 - No bilateral? Use both
- Other vs. Unspecified
 - Other – Medical record is more specific than available code descriptions
 - Unspecified – Medical record does not have enough information to make a proper code selection



Guidelines (cont'd)

- Things are not as they seem...
 - “And”: The word “and” should be interpreted to mean either “and” or “or” when it appears in a title”
 - For example, cases of “tuberculosis of bones”, “tuberculosis of joints” and “tuberculosis of bones and joints” are classified to subcategory

Guidelines (cont'd)

Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit.

Guidelines (cont'd)

Episode of Care:

“While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.”

ICD-10 - Episode of Care

- Initial
- Subsequent
- Sequela(e)

Initial Encounter

- 7th Character A
- Used while patient receives active treatment
 - Surgical treatment
 - Emergency Department encounter
 - Evaluation and treatment by a new physician



Subsequent Encounter

- 7th Character D
- Used for encounters after pt has received active treatment and is receiving routine care during the healing or recovery phase.
 - Cast change or removal
 - Removal of external or internal fixation device
 - Medication adjustment
 - Other aftercare and follow up visits



Sequela

- 7th Character S
- Use for complications or conditions that arise as a direct result of a condition such as a scar after a burn
- Use both the injury code and the code for the sequela itself
 - S is added only to the injury code
 - Sequela (e.g. scar) is sequenced first, followed by the injury code



Episode of Care in Peds

T17 Foreign body in respiratory tract

The appropriate 7th character is to be added to each code from category T17

A - initial encounter

D - subsequent encounter

S - sequela

T17.0 Foreign body in nasal sinus

T17.1 Foreign body in nostril

Foreign body in nose NOS

Foreign Body in Nostril

Initial encounter...

T17.1XXA

Definitions

- Perinatal
 - “For coding and reporting purposes the perinatal period is defined as before birth through the 28th day following birth.”

Assumptions

- Documentation Policy
 - Acronyms
 - Implications

Tool-Specific Tips

- AAP Superbill
- Protocol Additions
- Partner
 - Automated updates/maintenance
 - Abbreviations
- PCC EHR



Claim/Payment Testing

- Prioritized by greatest # of claims
- By invitation only

Order	Payor Name	Database(s)
1	United HealthCare	<u>availity, optum, proxymed</u>
2	Aetna	<u>availity, proxymed</u>
3	CIGNA	<u>availity, envoy, postntrack, proxymed</u>
4	TX BCBS	<u>availity</u>
5	NJ BCBS	<u>envoy</u>
6	PA BCBS	<u>pabcbs</u>
7	NC Medicaid	<u>nccaid</u>
8	OK BCBS	<u>availity</u>
9	SC BCBS	<u>proxymed</u>
10	Clarendon Kids CHIP	<u>availity</u>
11	<u>Various Centene Payors All Under 68069</u>	<u>availity, centene, proxymed</u>
12	NC BCBS	<u>ncbcbs</u>
13	<u>Wellcare HMO, Inc.</u>	<u>proxymed</u>
14	FL BCBS	<u>availity</u>
15	TN BCBS	<u>tnbcbs</u>
16	CA Blue Cross	<u>cabcross</u>
17	Coventry Health Care of Kansas, Inc.	<u>availity, envoy, optum, proxymed</u>
18	<u>Amerigroup - Ft. Worth - Dallas</u>	<u>proxymed</u>
19	GA BCBS	<u>gabcbs</u>
20	MI BCBS	<u>mibcbs</u>

Claim/Payment Testing

Progress Report

Status	Payor Name	Database(s)
Gathering details	MI BCBS	<u>mibcbs</u>
Refuses to test	DE BCBS/Highmark	<u>debcbs</u>
Gathering details	IL BCBS	<u>availity</u>
<i>COMPLETE/Succeeded</i>	<i>MA Medicaid</i>	<u><i>macaid</i></u>
In process	NC Medicaid	<u>nccaid</u>
In process	TX Medicaid	<u>txcaid</u>

Questions for carriers inviting you to test:

- What are the inclusive dates for testing?
 - How many claims must be submitted?
 - What service dates may be included?
 - Will claims need only ICD-10 codes or both ICD-9 and ICD-10 codes?
 - Will test claims be for previously submitted or previously unprocessed services?
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Claims and Payments

- Hassle Assistance
 - State AAP Chapter
 - National Private Payer Advocates
 - Lou Terranova lterranova@aap.org

Migration Considerations

- Report Definitions
 - Recaller
 - Notify
 - SRS
- Major Diagnoses and Allergies

Third Party Interfaces

- Allscripts: Not sure any interface changes required. Referred to website for status. Lists compliant product versions.
- JMJ: Do not believe there will be format changes. Advised no ICD-9 sent over "after 10/1" (?!)
- Tactus: Multiple messages went and remain unanswered.
- OP: Acknowledging messages but no answers as yet.



Nine Weeks

until

Thursday, October 1, 2015



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Suggestions?

Questions?

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