

## **TMA**

November, 2011

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# **Topics for Our Discussion Today**

- ICD-10 Mandate Overview
- What is Changing and When are the 5010/ICD-10 Critical Dates?
- What Should Providers be Doing to Ensure Compliance
- What BCBST is Doing to Ensure Compliance
- BCBST's Provider Communication Plan
- Summary of Risks
- Questions or Comments?



### 5010 / ICD-10 Fundamentals

- The federally mandated HIPAA-AS standard covered electronic transactions and code sets are changing.
- On January 16, 2009, the DHHS announced the final rules for electronic transactions (version 5010) and new code set standards (ICD-10).
- Compliance dates are January 1, 2012 for the updated electronic transactions and October 1, 2013 for the new code set standards (service date driven).
- A transition period for implementing the new electronic transaction standard is scheduled to begin January 1, 2011 and end December 31, 2011.
- The implementation of 5010 and ICD-10 are intended to improve patient care quality, enhance claim processing, improve data reporting and promote increased interoperability across industry stakeholders.
- Significant impacts to provider billing and payment processing will be realized across the health care industry if stakeholders fail to collaborate, coordinate and communicate throughout this transition.



## **ICD-10 – What is Changing?**

- The ICD10-CM and ICD10-PCS are new medical code sets under HIPAA-AS and represents a fundamental overhaul of the current ICD9 coding system:
  - ICD10-CM (Clinical Modifications) are the new medical code sets under HIPAA-AS for diagnosis reporting and <u>replaces</u> ICD9-CM.
  - ICD10-PCS (Procedure Coding Structure) <u>replaces</u> CPT-4 and HCPCS for Institutional procedure coding <u>ONLY</u>.
- ICD codes are used to calculate payment, adjudicate coverage, compile medical statistics and assess quality of care.
- The current ICD9 codes sets (17K) are outdated and do not reflect advances in medical technologies nor are they descriptive enough.
- The new ICD10-CM and PCS code sets will provide:
  - Greater flexibility to enable future capabilities and allows for over 140K codes.
  - Contain more descriptive and robust categories for precise coding, streamlined reimbursement processes and richer data quality for further analysis.
  - Maximizes the value of clinical data and the business value of interoperability of e-Health initiatives and the EHR.



## What is changing with ICD-10?

### The drive to upgrade ICD-10 code by October 2013 have significant impact on diagnosis and procedure codes.

#### ICD-10 Changes

#### **ICD-10**

(International Classification of Diseases version 10)

The ICD is the international standard diagnostic classification for general epidemiological, health management purposes and clinical use

ICD-10 CM & PCS are upgrades of the U.S. developed Clinical Modification (ICD-9-CM) of diagnosis and procedure codes, first adopted in 1979

Complete Overhaul of Diagnosis & Procedure Codes

ICD-9-CM (Diagnosis) 3-5 digits alphanumeric ≈17,000 unique

codes

ICD-9-CM (Procedure) 3-4 digits numeric ≈ 4600 unique codes

ICD-10-CM

3-7 alphanumeric characters > 69,000 unique

codes

**ICD-10-PCS** (Inpatient) 7 digits numeric or alphanumeric characters > 71,000 unique codes

#### **Implications**

#### **Pervasive Impacts**

- Have to know where and how ICD-9 is currently used in your organization in order to understand the impacts to your business practices and systems
- Contact vendors. billing services, clearinghouses Am any other Facilities that a provider associates with or has privileges with to ensure they are taking the necessary steps to be compliant
- Ensure training is provided for staff



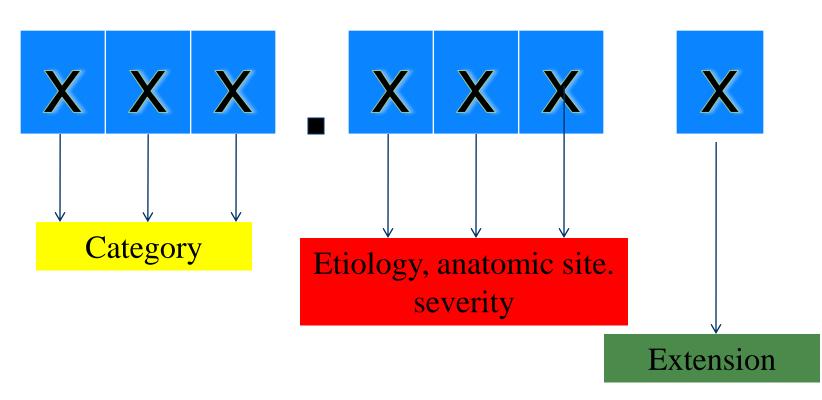
# 5010 / ICD-10 Critical Dates

Target Date	Milestone
January 2009	Begin Level 1 Compliance Activities (gap analysis; design; development; internal testing)
January 2010	Begin Internal Testing for Version 5010 (part of Level 1 Compliance activities)
December 2010	Achieve Level 1 Compliance (covered entities have completed internal testing and can now send and receive compliant transactions)
January 2011	Begin Level 2 Compliance Activities (external testing with trading partners begins; begin dual 4010/5010 processing)
January 1, 2012	Achieve Level 2 Compliance (5010 Compliance Date for All Covered Entities)
October 1, 2013	ICD-10 Compliance Date for All Covered Entities (date of service/discharge driven)



### **Code Set Characteristics**

ICD -10-CM Structure (Diagnosis Volumes 1 & 2) 3 to 6 position code with leading alpha (+ extension)

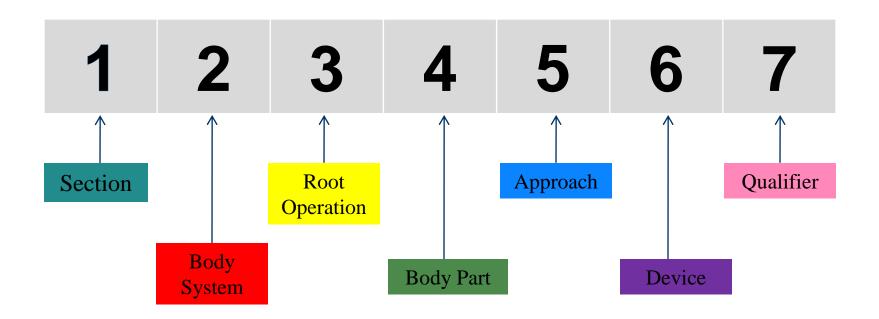


Note: ICD-9-CM diagnosis was 3 to 5 position numeric except V and E



### **Code Set Characteristics**

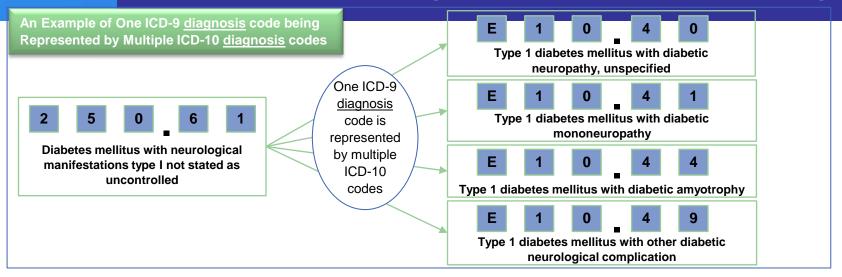
# ICD-10-PCS Structure (Procedures Volume 3): 7- position alphanumeric code

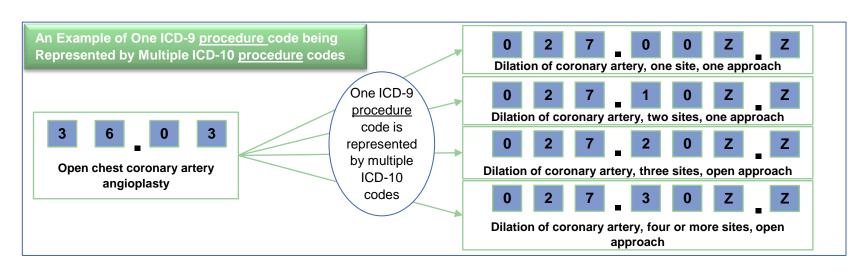


Note: ICD-9-CM procedure code was 2 to 4 position numeric



### **Examples of an ICD-10 Diagnosis and Procedure Code Change**







# **Actual ICD-10 Codes (I'm told)**

V95.41A	Spacecraft crash injuring occupant, initial encounter
X37.1A	Tornado, initial encounter
W58.13A	Crushed by crocodile, initial encounter
<b>Z73.0</b>	Burn-out
W22.02D	Walked into lamppost, subsequent encounter
<b>Z63.1</b>	Problems in relationship with in-laws
W61.33A	Pecked by chicken, initial encounter
W62.0A	Contact with nonvenomous frogs, initial encounter
<b>Z73.4</b>	Inadequate social skills, not elsewhere classified
V97.33D	Sucked into a jet engine, subsequent encounter





# Impact Assessment

- Review information about the ICD-10 code set to gain basic understanding of the changes in structure and descriptions
- Understanding where and how ICD-9 is currently used in your systems, manual processes, automated processes, forms, checklist, training material, and other tools.



# Impact Assessment continued

- Identify the systems and processes that will need to be changed (including those that support quality and public health reporting)
- Identify all your vendors and B2B Partners (including billing services, clearinghouses, practice management systems, electronic health records, trading partners.) potentially impacted by ICD



# Contact your Vendors, Billing Services, Clearinghouses and Payers

- Seek preliminary understanding of when they expect their upgrades will be completed and when they will be ready to begin testing
- Plan for the installation of their upgrades
- Gain understanding of their plan to incorporate compliance changes into their schedule of standard software releases or will they provide a separate release for ICD-10



# Install and Internally Test

- Install upgrades from your vendors and conduct internal testing
- Update all internal processes (including forms such as orders, super bills, referrals)
- Test new processes



# **Training**

- Conduct staff training (including coders, clinicians, doctors). Note that more information is needed from the clinicians for the coder to select the most appropriate ICD-10 code(s)
- Plan for cost of training, staff disruptions due to time spent training, and the learning curve after implementation



# **External Testing and Implementation**

 Conduct external testing with all billing services, E-records warehouses, payers, vendors, and clearinghouses

 Implement changes for Dates of Service/Discharge Dates 10/1/2013



# What BCBST is Doing to Ensure Compliance



### What BCBST is Doing to Ensure Compliance

# **Conducted an Impact Assessment**

Analyzed where and how BCBST uses ICD-9 across the enterprise including business, technology, and suppliers in 2010. Identified the following impacts:

- Over half of BCBST's core business / operational processes are materially impacted by ICD codes
- Most of I/T systems that support core operations are materially impacted with the highest impact on Benefit Administration, Data Management, and Medical Informatics
- Highest impact on people was found to be in heavily staffed areas such as Customer Service & Claims Processing
- Most heavily impacted business process areas are Benefits Coding, Care Management, and Medical Informatics
- BCBST is dependent upon a large number of suppliers which substantially impact the processing of claims and medical informatics (vendors and third party)



### What BCBST is doing to ensure Compliance

# Developed the Implementation Strategy

BCBST determined that "dual processing" will be the strategy used to achieve compliance with the ICD-10 mandate.

- All core business systems, surround systems, reporting capabilities, and trading partner interfaces will be fully capable to accept and natively process both -9 and -10 ICD code sets ("dual processing")
- For business operations processing, code set version will be driven by date of service/discharge and the compliance date as mandated by the Department of Health & Human Services (DHHS). e.g. Claims with date of service/discharge (DOS/D) prior October 13, 2013 will be coded and processed in ICD-9. Claims with DOS/D on or after the compliance date will be coded and processed in ICD-10.



## What BCBST is doing to ensure Compliance

### Formed a Governance Structure

- Accountability for the outcomes of the ICD10 program.
- Own and oversee the implementation of the program's underlying business and IT strategies
- Serve as an active program champion across the enterprise
- Ensure successful corporate compliance with the ICD-10 mandate
- Attend regular status meetings
- Ensure appropriate level of funding, allocation, and management of resources
- Serve as the final point of escalation to resolve any conflict
- Provide compliance oversight of our third party partners to ensure acceptable transition on behalf of BCBST



# What BCBST is Doing to Ensure Compliance

# Identified Program Leadership and Formed Teams responsible for:

- Planning and Oversight
- Remediation of Systems and Business Processes
- ICD Code Mapping
- Communication, Education and Training
- Vendor/Trading Partner/Supplier Readiness
- Identifying Risk and Mitigation Strategies



# BCBST's High Level Provider Communication Plan



# **BCBST's Provider Communications Plan**

Q3 2011	11 Q1 2012		Q3 2012		Q1 2013		0/01/13	
•	•	•	•	•	•	•	•	•
	Q4 2011		Q2 2012		Q4 2012		Q2 2013	
Intro	Impact & Awareness	Prepare & Collaborate	Neutrality	Testing	Education	Implement	Implement	Implementation
1.Q&As (Initial)	1.Q&As (Update)	1. Q&As (Update)	1.Q&As (Update)	1.Q&As (Update)	1.Q&As (Update)	1.Q&As (Update)	1. Q&As (Update)	Claims must use ICD-10 codes
2.BlueAlert Article	2.BlueAlert Article	2. BlueAlert Article	2. BlueAlert Article	2.All Blue Workshops	2. BlueAlert  Article	2. BlueAlert Article	2. BlueAlert Article	for diagnosis and IP procedure
<ul><li>3.Internal Education</li><li>4.All Blue</li></ul>	3.Third Party Partner Contact	3. ICD-10 Webpage	3. ICD-10 Webpage Expansion	3.BlueAlert Article 4. ICD-10	3. ICD-10 Webpage Expansion	3. ICD-10 Webpage Expansion	3.Provider Manual Update	<b>,</b>
Workshop			4.Medical Society Outreach	Webpage Expansion		4. Provider Manual Update		



# **Questions or Comments?**

- Basic ICD-10 Education Websites:
  - NCHS Basic ICD-10-CM Information: http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm
  - CMS ICD-10-PCS Information: <a href="http://www.cms.hhs.gov/ICD10/02\_ICD-10-PCS.asp">http://www.cms.hhs.gov/ICD10/02\_ICD-10-PCS.asp</a>
  - AHIMA ICD-10 Education: <a href="http://www.ahima.org/icd10/index.asp">http://www.ahima.org/icd10/index.asp</a>
  - WEDI ICD-10 Implementation: <u>www.wedi.org</u>

