ICD-10 Provider Education

June 17, 2015

Cathy Munn, MPH RHIA CPHQ
Principal
Agenda

• Status of ICD-10 Transition
  – Industry Update
    • Congressional Hearing, SGR & HR 2126, HR 2247 & HR 2652
    • Industry Preparedness
    • National & State Preparedness

• Impact of the Change
  – Providers
  – Payers/Vendors
  – Translation Examples
    • ICD-10 vs. DSM-5

• Arkansas DMS Remediation Update

• Next Steps & Resources
Congressional Hearing

- February 11, 2015 - US House of Representatives’ Energy and Commerce Subcommittee on Health convened
  - Examining ICD-10 Implementation
    - 7 Key Industry Experts
      - 3 Physicians
      - 3M – Director of Public Policy
      - AHIP – EVP – Clinical Affairs & Strategic Planning
      - Athena Health – CFO
      - AHIMA – Sr. Director, Coding Policy & Compliance
- Testimony
- Q&A
- Favorable Feedback
SGR & HR 2126

- **SGR**
  - March 26, 2015 – House of Representatives
  - April 14, 2015 – Senate
  - April 16, 2015 – Signed by the President
- **HR 2126** – Ted Poe, TX
- **HR 2247** — Diane Black, TN
- **HR 2652** – Gary Palmer, AL
Industry Preparedness

• Coalition for ICD-10 – Supports ICD-10 adoption
• Promotes the critical importance of ICD-10
  – Improving quality measurement
  – Public health surveillance
  – Clinical research, and:
    – Healthcare payment through research, education, advocacy and mobilization
• 25 members including:
  – 3M
  – American Hospital Association
  – BCBS Association
  – Premier, Inc.
National Preparedness

• CMS End-to-End Testing Results
  – January 26 – February 3, 2015
    • 661 Participants submitted 15K Claims
  – April 22 – May 1, 2015
    • 875 Participants submitted 23K Claims
  – July 20 – 24, 2015 FINAL Testing Week

• Initial testing results indicated that:
  – CMS systems are ready to accept ICD-10 codes
  – Per Marilyn Tavenner; testing week was “a success”
Arkansas Preparedness

- AFMC Provider Survey Results
  - 571 Practices surveyed in 2014
  - 134 Respondents
    - 72% indicated that they have started remediation work
    - 42% indicated at least a 50% level of completion for ICD-10
    - 64% indicated that they have identified their top 25 diagnoses
    - 89% indicated that they have contacted their vendors regarding remediation & testing
    - 91% have identified those who will require training
At what stage is your practice in ICD-10 compliance readiness?
Arkansas Preparedness

- Q1 2015 AFMC Provider Survey Data

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you begun ICD-10 preparations</td>
<td>3</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Do you anticipate ICD-10 readiness on 10/1/15?</td>
<td>8</td>
<td>7</td>
<td>2</td>
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</tbody>
</table>
A Reminder...

• **Compliance Date is October 1, 2015**
  
  • ICD-10: Developed by the World Health Organization
    - ICD-10-CM: International Classification of Diseases, 10th revision, Clinical Modification
    - ICD-10-PCS: International Classification of Diseases, 10th revision, Procedure Classification System
  
  • Dates of service **before 10/1/2015** – ICD-9
  • Dates of service **on/after 10/1/2015** – ICD-10
  
  • Impacts every aspect of healthcare:
    - Provider
    - Payer/Vendor
Industry Impacts

- **Providers:**
  - Need for more specific provider documentation
  - Need for more precise coding

- **Payers/Vendors:**
  - Need for system remediation
    - Ability to accept alphanumeric code
    - Ability to process ICD-10 codes for payment
    - Electronic Medical Records Updates
    - Practice Management Systems Updates

- **Industry:**
  - Need for data to support
    - New reimbursement models
    - New care delivery models
# ICD-10 Chapter Headings

<table>
<thead>
<tr>
<th>Alpha Character</th>
<th>Narrative Description</th>
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<tbody>
<tr>
<td>A and B</td>
<td>Certain infectious and parasitic diseases</td>
</tr>
<tr>
<td>C00 to D48</td>
<td>Neoplasms</td>
</tr>
<tr>
<td>D50 to D89</td>
<td>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
</tr>
<tr>
<td>E</td>
<td>Endocrine, nutritional and metabolic diseases</td>
</tr>
<tr>
<td>F</td>
<td>Mental and behavioral disorders</td>
</tr>
<tr>
<td>G</td>
<td>Diseases of the nervous system</td>
</tr>
<tr>
<td>Q</td>
<td>Congenital Malformations, Deformations and Chromosomal Abnormalities</td>
</tr>
<tr>
<td>R</td>
<td>Symptoms, Signs and Abnormal Clinical and Laboratory Findings, NEC</td>
</tr>
</tbody>
</table>
ICD-10 vs. DSM-5

Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>Disorder, condition, or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>V62.3</td>
<td>Z55.9</td>
<td>Academic or educational problem</td>
</tr>
<tr>
<td>V62.4</td>
<td>Z60.3</td>
<td>Acculturation difficulty</td>
</tr>
<tr>
<td>308.3</td>
<td>F43.0</td>
<td>Acute stress disorder</td>
</tr>
<tr>
<td></td>
<td>F43.22</td>
<td>Adjustment disorders</td>
</tr>
<tr>
<td>309.24</td>
<td>F43.22</td>
<td>With anxiety</td>
</tr>
<tr>
<td>309.0</td>
<td>F43.21</td>
<td>With depressed mood</td>
</tr>
<tr>
<td>309.3</td>
<td>F43.24</td>
<td>With disturbance of conduct</td>
</tr>
<tr>
<td>309.28</td>
<td>F43.23</td>
<td>With mixed anxiety and depressed mood</td>
</tr>
<tr>
<td>309.4</td>
<td>F43.25</td>
<td>With mixed disturbance of emotions and conduct</td>
</tr>
<tr>
<td>309.9</td>
<td>F43.20</td>
<td>Unspecified</td>
</tr>
<tr>
<td>V71.01</td>
<td>Z72.81</td>
<td>Adult antisocial behavior</td>
</tr>
<tr>
<td>307.0</td>
<td>F88.5</td>
<td>Adult-onset fluency disorder</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult physical abuse by nonspouse or nonpartner, Confirmed</td>
</tr>
<tr>
<td>995.81</td>
<td>T74.11XA</td>
<td>Initial encounter</td>
</tr>
<tr>
<td>995.81</td>
<td>T74.11XD</td>
<td>Subsequent encounter</td>
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<tr>
<td>995.82</td>
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# Code Translations

- Autism

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<th>ICD-10 Code</th>
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<tr>
<td>299.00</td>
<td>Autistic disorder, current or active state</td>
<td>F84.0</td>
<td>Autistic disorder</td>
</tr>
<tr>
<td>299.01</td>
<td>Autistic disorder, residual state</td>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
</tr>
<tr>
<td>299.90</td>
<td>Unspecified pervasive developmental disorder, current or active state</td>
<td>F84.9</td>
<td>Pervasive developmental disorder, unspecified</td>
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**ICD-10 vs. DSM-5**

### Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)

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Autism Spectrum Disorder

Diagnostic Criteria

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (see Table 2).

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).

2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to eat same food every day).

3. Highly restricted, fixed interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
Autism Spectrum Disorder

Diagnostic Criteria

299.00 (F84.0)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (see Table 2).

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
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4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
Autism Spectrum Disorder

Diagnostic Criteria

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4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
## Code Translations

### ADHD

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>314.01</td>
<td>Attention deficit disorder with hyperactivity</td>
<td>F90.1</td>
<td>Attention deficit hyperactivity disorder – predominately hyperactive type</td>
</tr>
<tr>
<td>314.01</td>
<td>Attention deficit disorder with hyperactivity</td>
<td>F90.2</td>
<td>Attention deficit hyperactivity disorder – combined type</td>
</tr>
<tr>
<td>314.01</td>
<td>Attention deficit disorder with hyperactivity</td>
<td>F90.8</td>
<td>Attention deficit hyperactivity disorder – other type</td>
</tr>
<tr>
<td>314.01</td>
<td>Attention deficit disorder with hyperactivity</td>
<td>F90.9</td>
<td>Attention deficit hyperactivity disorder – unspecified type</td>
</tr>
</tbody>
</table>
Other Specified Attention-Deficit/Hyperactivity Disorder

314.01 (F90.8)

This category applies to presentations in which symptoms characteristic of attention-deficit/hyperactivity disorder that cause clinically significant distress or impairment in social, occupational or other important areas of functioning predominate but do not meet the full criteria for attention-deficit/hyperactivity disorder or any of the disorders in the neurodevelopmental disorders diagnostic class. The other specified attention-deficit/hyperactivity disorder category is used in situations in which the clinician chooses to communicate...
Is your Practice Ready for ICD-10?

• You may be ready for ICD-10….*IF:*
  – You have contacted your software vendors and your upgrades are completed
  – You have identified, remediated & tested **all** of your IT systems including EMR, Practice Management & Reporting
  – You have conducted testing with your large-volume payers; **including** AR Medicaid & HP
  – You understand where ICD-9 codes may be embedded in your operational processes & all areas have been remediated
    – including the reports you may generate or use regularly
  – You have identified your top 25 diagnoses
  – You have translated those diagnoses & understand the need for additional documentation to support the diagnoses
Arkansas Medicaid has been working on ICD-10 for over three years

ICD-10 Resources are posted at: www.humanservices.Arkansas.gov/ICD10

Additional on-going educational resource include:

– On-site Educational Meetings
– Quarterly HP Provider Wire Articles
– Twitter Messaging
– RA & On-Hold Messaging

Internal & external provider testing – 6/1/2015 – 7/31/2015
Arkansas DHS Current State

- Upcoming Provider Town Hall meetings
  - July 7, 2015 – August 6, 2015
  - 16 different locations across the state
  - 2 different times – Noon & 6:00 PM
  - Representatives from Arkansas Medicaid
  - Representatives from AFMC
- Print media updates on ICD-10 in Arkansas
ICD-10 Resources

ARKANSAS DEPARTMENT OF HUMAN SERVICES

AMERICAN PSYCHIATRIC ASSOCIATION
Medical leadership for mind, brain and body.

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

For the latest ICD-10 Updates, Click here
Moving to ICD-10 Codes in the Arkansas Health Care System

As of Oct. 1, 2015, all providers billing Arkansas Medicaid will be required by the United States Department of Health and Human Services (HHS) to use billing codes outlined in the International Classification of Diseases, 10th Edition (known as ICD-10). The federal mandate requires all health plans, clearinghouses and healthcare providers to use ICD-10 diagnosis and procedure codes. Arkansas Medicaid already has begun preparing for the shift to ICD-10.

The International Classification of Diseases, 10th Edition (ICD-10) consists of two parts:
1. ICD-10-CM (Clinical Modification) for diagnosis coding
2. ICD-10-PCS (Procedure Coding System) for inpatient procedure coding.

ICD-10-CM is used in all U.S. health care settings and uses 3 to 7 alphanumeric characters instead of the current 3 to 5 digit codes (numeric, with the exception of E and V codes) used by ICD-9-CM, Volume 1 & 2 diagnosis codes. ICD-10-PCS is used for inpatient procedures and uses 7 alphanumeric characters instead of the 3 to 4 numeric digits of ICD-9-CM, Volume 3.

The Arkansas Medicaid (www.medicaid.state.ar.us) and this website will be updated throughout the ICD-10 implementation process, including with information about opportunities for trainings. Please check back frequently for important updates.

News for 2015
Industry Website Resources

- www.CMS.gov/ICD10
- www.CMS.gov/NPC
- http://www.roadto10.org/
- www.AHIMA.org
- www.AAPC.com
- http://www.himss.org/ASP/topics_icd10playbook.asp
- www.WEDI.org
- www.humanservices.Arkansas.gov/ICD10
There are a wide variety of training opportunities and materials available through a variety of resources:

- **Professional Coding Associations** – AAPC, AHIMA
- **Online Courses** – ICD10 Monitor, Contexo University, Precyse, Nuance
- **Webinars** – ICD10 Monitor, HCPro, Talk Ten Tuesday
- **Onsite Training** – Train-the-Trainer approach, Coding Boot Camp

**ICD-10 TRAINING THAT’S RIGHT FOR YOU**
CMS has created “Road to 10” to help you jump start the transition to ICD-10.

Built with the help of small practice physicians, “Road to 10” is a no-cost tool that will help you:

- Get an overview of ICD-10 by accessing the links on the left
- Explore Specialty References by selecting a specialty below
- Click the BUILD YOUR ACTION PLAN box to create your personal action plan

To get started and learn more about ICD-10, navigate through the links on the left side of the page. If you’re ready to start building an action plan, select the BUILD YOUR ACTION PLAN box.
Questions