



Kentucky ICD-10 Site Visit

Training segments to assist the State of Kentucky with ICD-10 Implementation

ICD-10 Overview

November 15-16, 2012



Agenda

- What is ICD-10?
- Nature of Changes
- Why should I Care?
- Coding Challenges
- Mapping Challenges
- Code aggregation – Impacts to the business
- Analytics Challenges
- Benefits and Advantages of ICD-10
- Questions and Discussion

What is ICD-10?

Some ICD-10 Basics

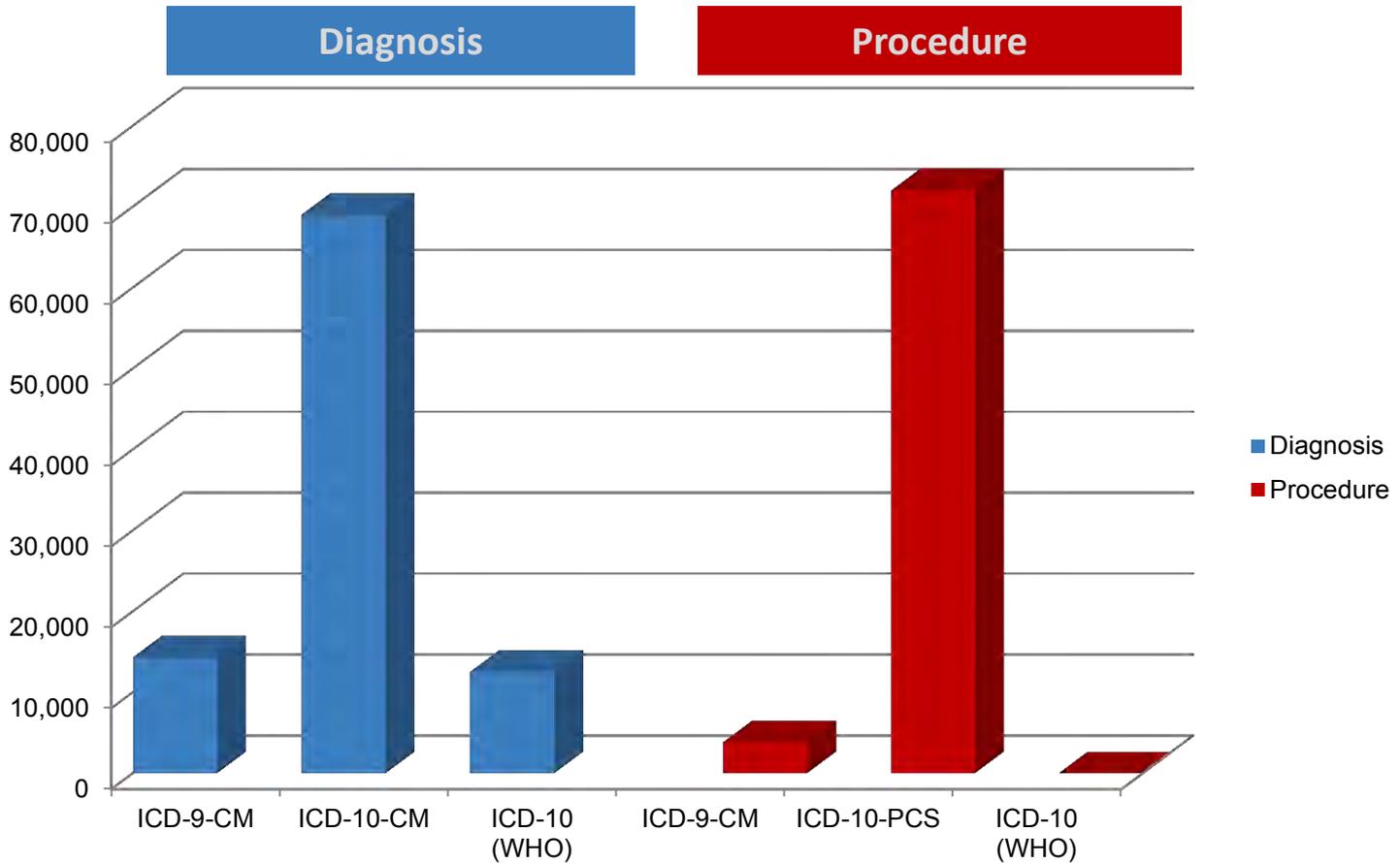
In 1990, the World Health Organization (WHO) approved the 10th Revision of the International Classification of Diseases (ICD), which is known as ICD-10.

What	Why	When
<ul style="list-style-type: none"> • According to the WHO, ICD-10 is “the international standard diagnostic <u>classification</u> for all general epidemiological, many health management purposes and clinical use.” • In the U.S., ICD-10 includes: <ul style="list-style-type: none"> ➤ ICD-10-CM : clinical modification of WHO standard for diagnoses that is maintained by NCHS and is for specific use in the U.S. ➤ ICD-10-PCS: inpatient procedures developed and maintained by CMS 	<ul style="list-style-type: none"> • ICD-10-CM and PCS are complete revisions of their U.S. developed ICD-9 counterparts, which were adopted in 1979 <ul style="list-style-type: none"> ➤ More information per code ➤ Better support for care management, quality measurement, & analytics ➤ Improved ability to understand risk and severity 	<ul style="list-style-type: none"> • Compliance Date: 10/1/14 <ul style="list-style-type: none"> ➤ Outpatient services are based on the Date of Service ➤ Inpatient services are based on the Date of Discharge
	Who	
	<ul style="list-style-type: none"> • All HIPAA-covered entities must use ICD-10 for information they transmit electronically 	



Nature of the Changes

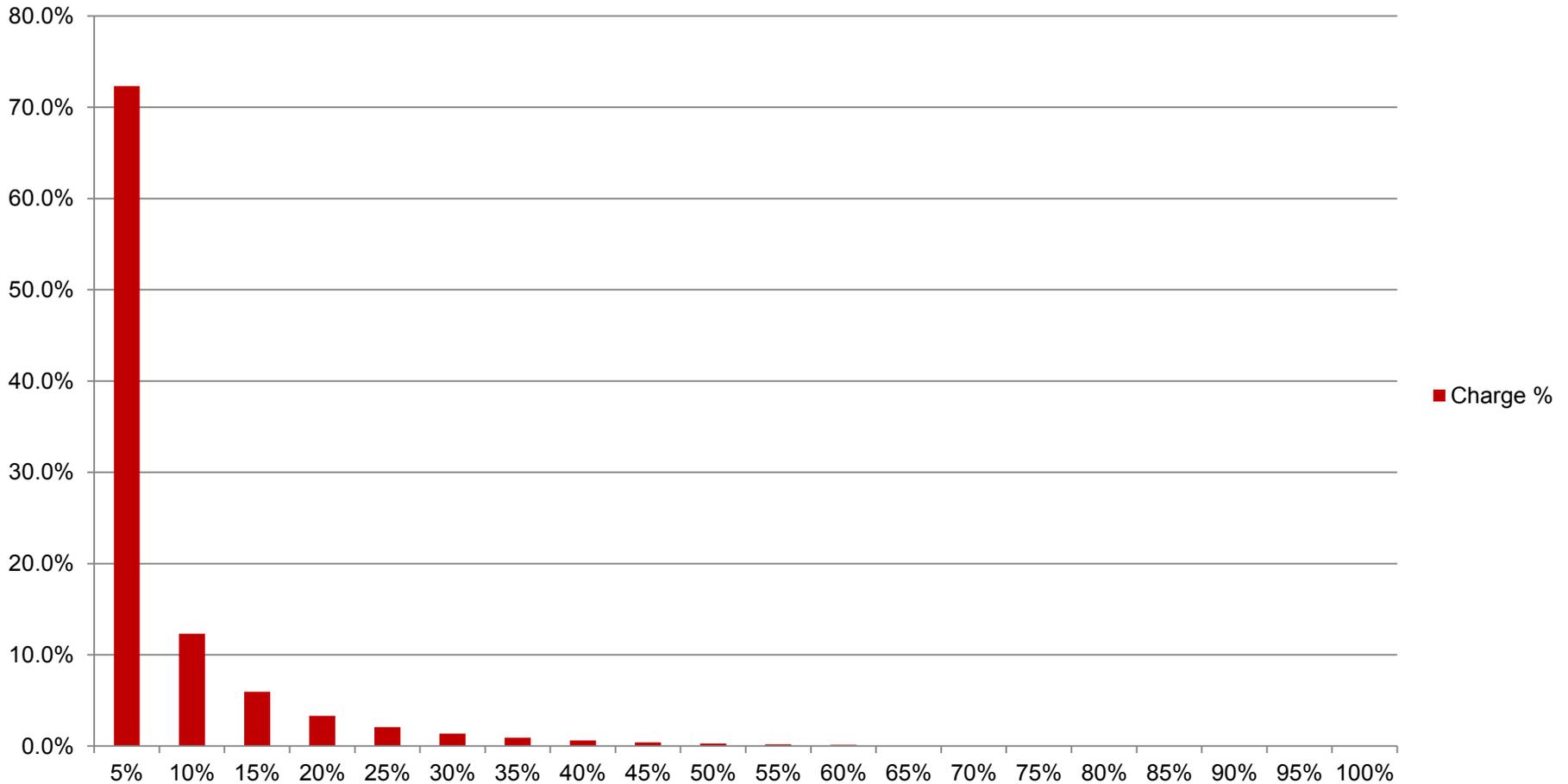
Volume



Nature of the Changes

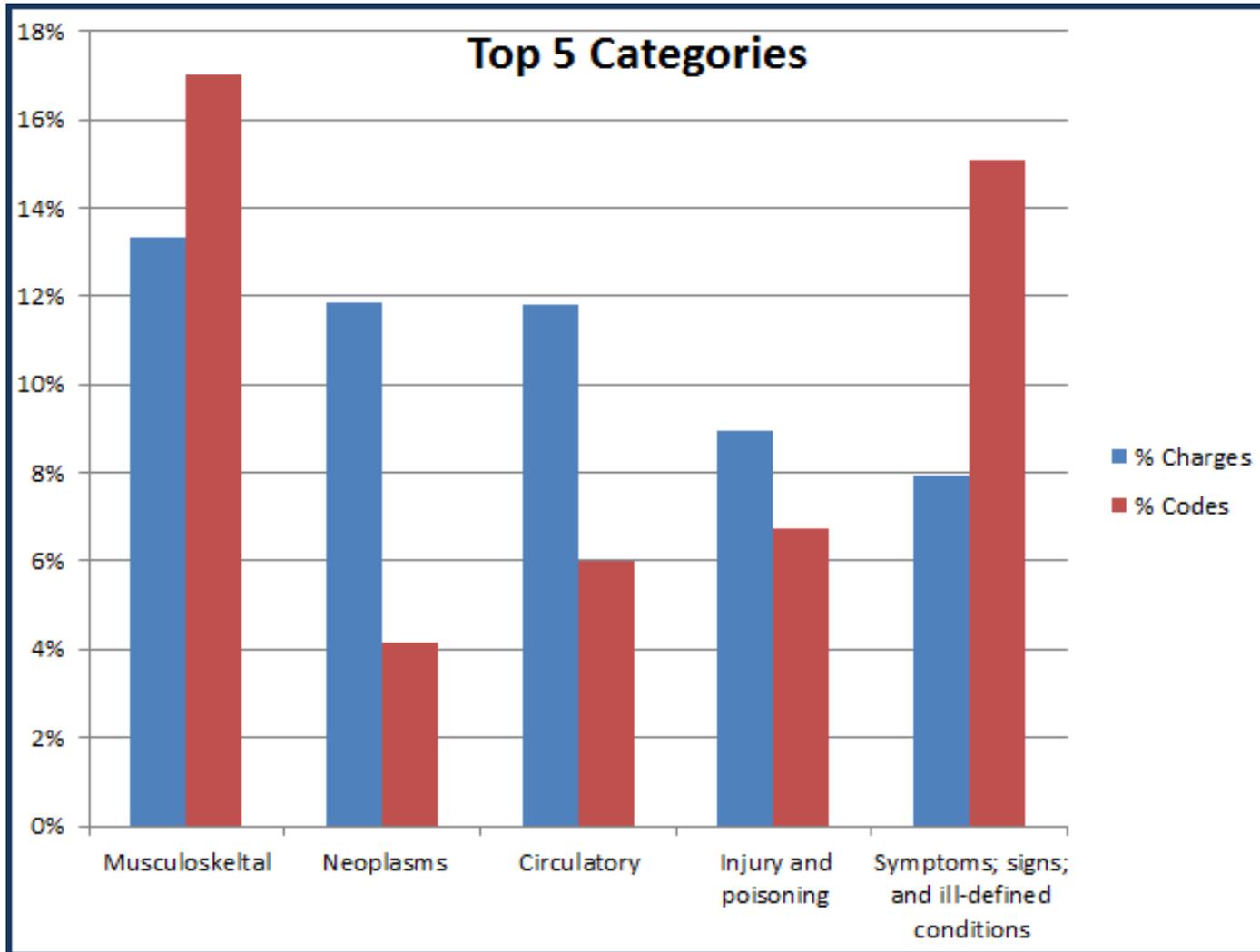
Code Distribution

Total Charges by Diagnosis Code (ICD-9)
 3years - \$10 Bill



Nature of the Changes

Code Distribution



Nature of the Changes

Diagnosis Codes – Clinical Example

A patient is admitted as the result of [rupture of the cardiac wall without bleeding into the pericardium]. The patient is [within 4 weeks] of a [myocardial infarction].

ICD9 Code

42979

Description

Certain sequelae of myocardial infarction, not elsewhere classified, other

ICD10 Code

I233

Description

Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction

Nature of the Changes

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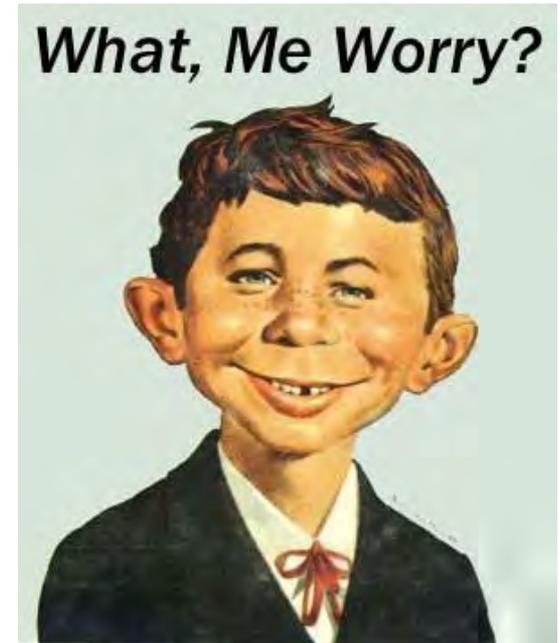
I233

Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction

Why Should I Care?

“Top Ten Reasons”

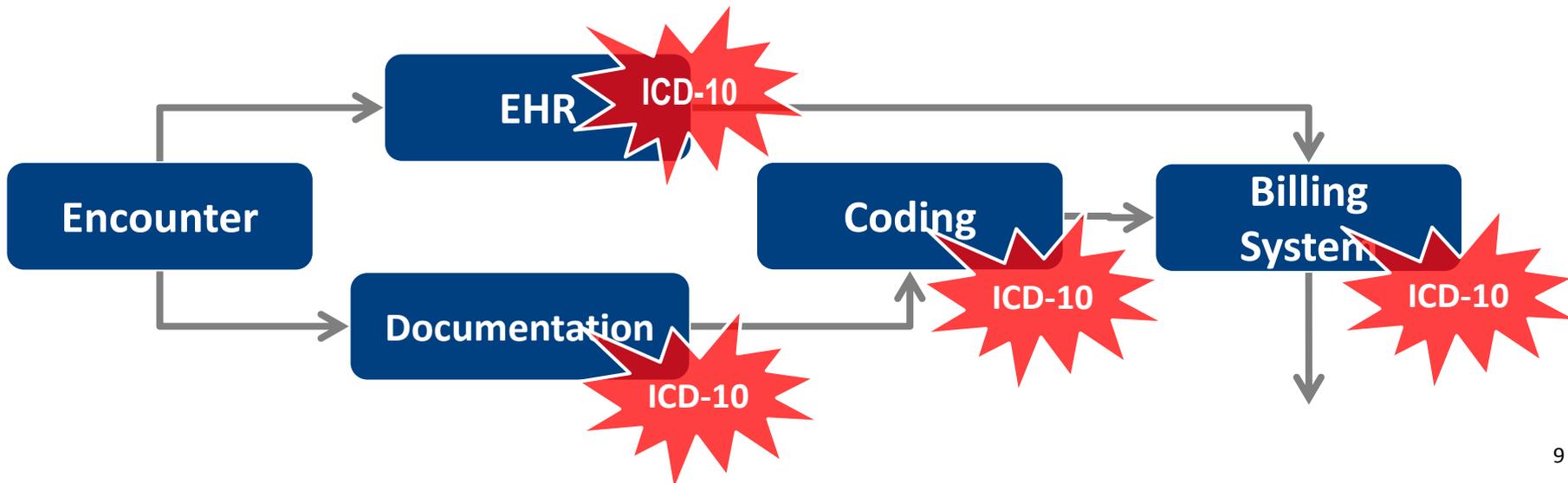
1. **It's the law**
2. **Budget uncertainty**
3. **Provider relations**
4. **Program integrity**
5. **Analytic uncertainty**
6. **Major policy and rule re-write**
7. **Unpredictable DRG Assignment**
8. **Changes to quality measures**
9. **Potential mandate changes**
10. **Unpredictable contract changes**



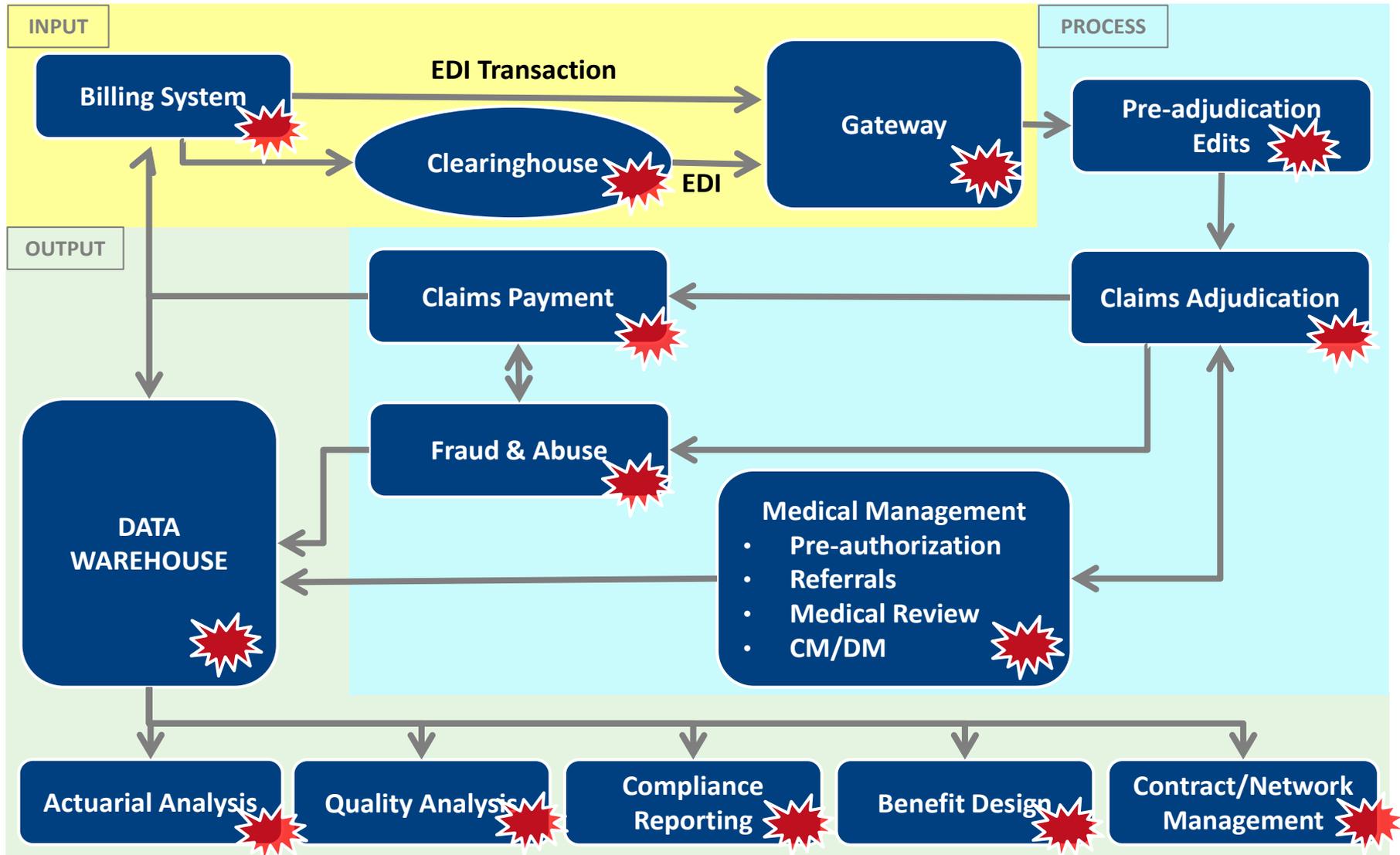
Upstream Impacts

(Providers and Practitioners)

- **Documentation** – organized textual description of a medical encounter, which may include complaint, history and physical, assessment and plan, orders, medications, lab results, etc.
- **Terminology** – computer processable way to index, store, retrieve, and aggregate clinical data across specialties and sites of care
- **Classification** – aggregation of descriptions of medical diagnoses and procedures into universal codes primarily for use with reimbursement, decision-support, and analytics and reporting



Downstream Impacts (Payers)



Why Should I Care?

Bad press only pays off in Hollywood



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An inside look at Maine's MMIS implementation

July 19, 2011 | Brenda Harvey, Executive Director, New England States Consortium Systems Organization (NESCO) and Robin Chacon

Many states struggle to deploy a new Medicaid Management Information System and Maine is no stranger to those issues.

The state's prior MMIS implementation was an initial failure – a worst nightmare realized. The State was unable to process claims for six months and issued \$575 million dollars in interim estimated payments to providers. After a major remediation release failed in 2006, it was evident that the system would never be federally certifiable and a decision was made to replace it. Maine would need to start over. How could this be done differently to ensure the desired outcome?

6 tweets

retweet

Suggested Content

- Health IT may reduce Medicaid costs
- Health IT may reduce Medicaid costs
- Unisys to build Maine Medicaid system
- HHS chooses areas

By Bob Sander
 Friday, October 8, 2011

Late in 2005, when Stephen J. Toumpas was commissioner of Health and Human Services, he pushed for adoption of a new computer contract history - a \$61 million project to develop and run a new Medicaid Management Information System. At the time, he said this bid, "adding a layer of complexity that is tighter than I ever experienced as commissioner."

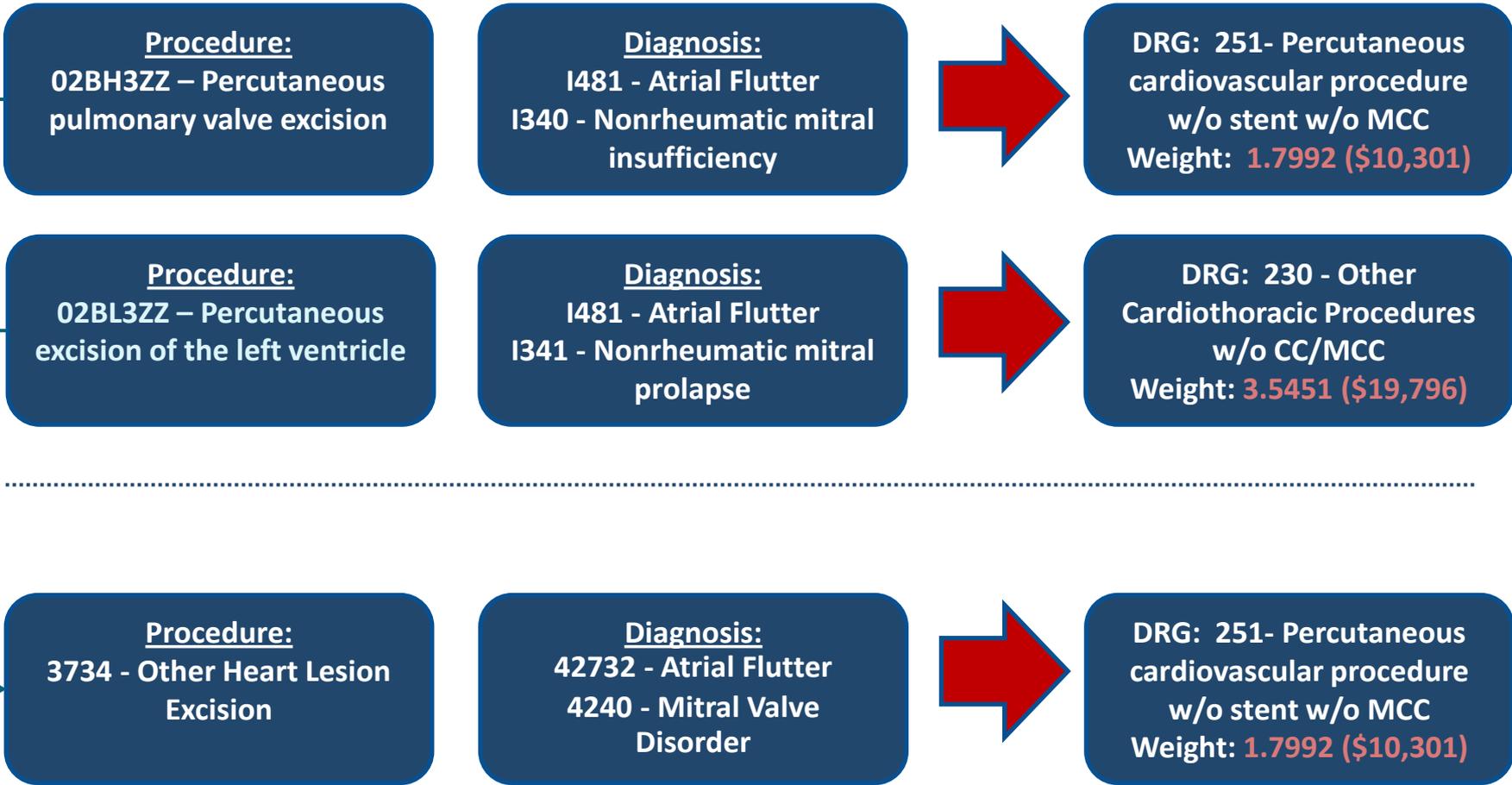
But Stephen - the candidate for governor - was "uncomfortable" now, referring to his current commissioner, Stephen J. Toumpas. His opponent, Governor John Lynch - who overruled the Council's approval - was weighing in on it. He asked several questions to Toumpas.

For his part, Toumpas - while vigorously defending the steps he has taken to implement the contract - won't comment on the details.

Diagnosis-Related Groups (DRGs)

Different conditions mapping to the same DRG

Reimbursement Map



Diagnosis-Related Groups (DRGs)

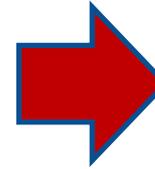
Same condition Different Payment

A 30 year old male has a repair of the abdominal aorta due to a laceration with damage to surrounding soft tissues of the abdomen from an assault with a knife.

ICD-9

Procedure:
3931 - Suture of artery

Diagnosis:
9020 - Injury abdominal aorta
86819 Intra-abdom inj NEC-
open

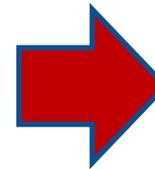


DRG: 907 - Other O.R.
procedures for injuries w
MCC
Weight: **3.8268 (\$21,369)**

ICD-10

Procedure:
04Q00ZZ - Repair
abdominal aorta, open
approach

Diagnosis:
S3502XA - Major laceration
of abdominal aorta...
S36899A - Injury of other
intra-abdominal organs...
X991XXA - Assault by knife...



DRG: 908 - Other O.R.
procedures for injuries w
CC
Weight: **1.9251 (\$10,750)**

Why Should I Care?

Provider Impacts



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

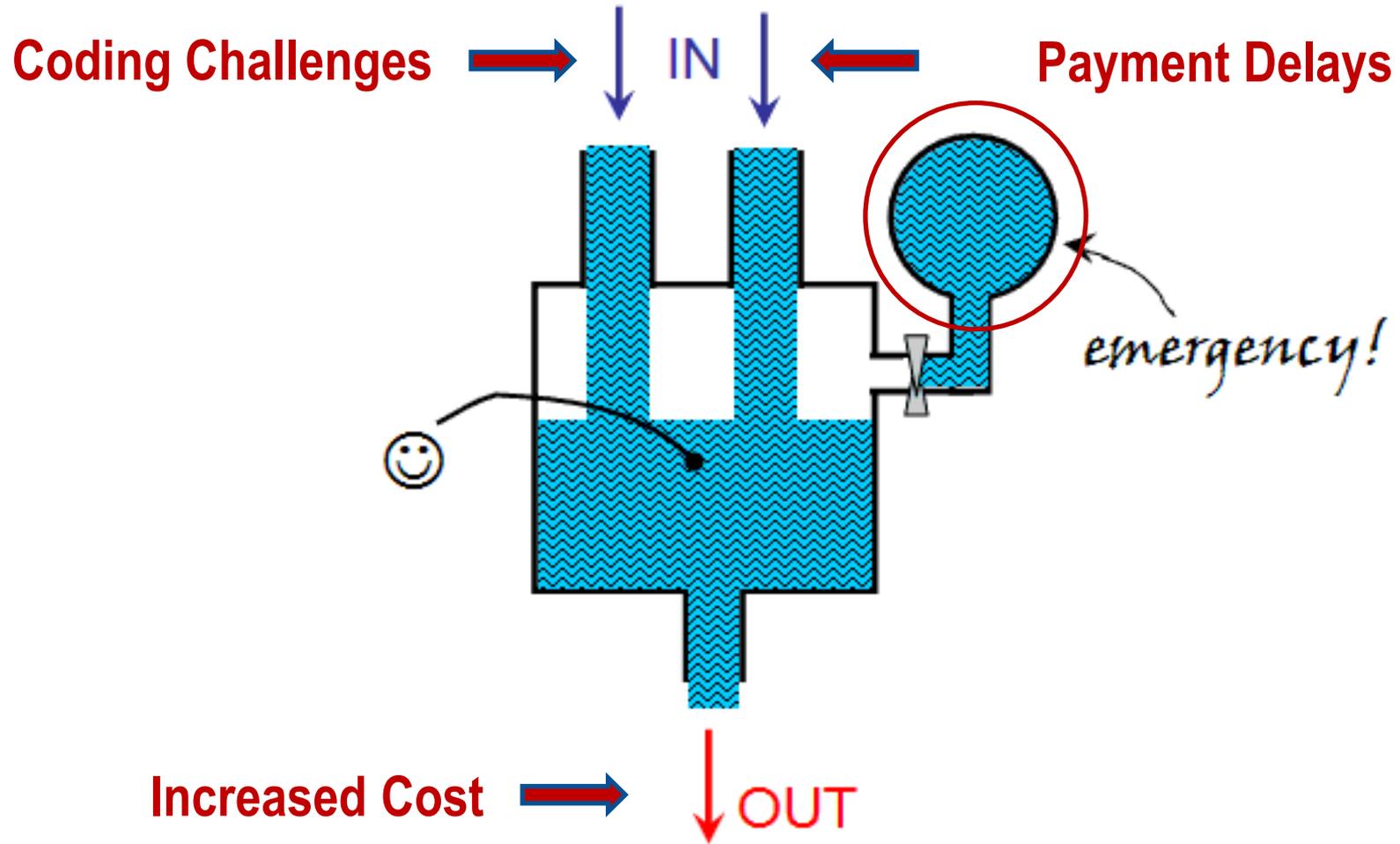
Version 5010 and ICD-10
They're coming. Will you be ready?

News Updates | October 25, 2011

- **Establish a line of credit.** Establishing or increasing a line of credit will help cover potential cash flow disruptions from delayed reimbursement

Why Should I Care?

Provider Impacts



Why Should I Care?

Penalties

“the amount described in this subparagraph is \$50,000 for each such violation, except that the total amount imposed on the person for all such violations of an identical requirement or prohibition during a calendar year may not exceed \$ 1,500,000”.

(45 CFR 160.404, 2 (A_B))

Contract Management

Keys to Success

**ICD-10?
My contractor is
taking care of it.**



Bad Mojo
is not a diagnosis

Clinical Documentation Improvement

It could be a bit better

Coding Challenges

Finding the Code

I25.810 nonautologous biological I25.810
 with
 I25.739 angina pectoris I25.739
 unspecified type I25.738

Excludes 1: unstable angina without atherosclerotic heart disease (I20.0)

I25.111 Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
 Excludes 1: angina pectoris with documented spasm without atherosclerotic heart disease (I20.1)

I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
 Excludes 1: other forms of angina pectoris without atherosclerotic heart disease (I20.8)

I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
 Atherosclerotic heart disease with angina NOS
 Atherosclerotic heart disease with ischemic chest pain
 Excludes 1: unspecified angina pectoris without atherosclerotic heart disease

(with calcification) I70.90

raft

ic

rotic

Coding Challenges

Same content in many places

Condition	Tabular Category	Number of codes
Hypertension	Hypertensive Disease	14
	<i>Other Categories (14)</i>	115
Pneumonia	Influenza and Pneumonia	38
	<i>Other Categories (18)</i>	42
Genitourinary Disorders	Diseases of the Genitourinary System	587
	<i>Other Categories (14)</i>	535

Coding Challenges

Changes in Terminology

ICD-9 Term	ICD-10 Term
Bunionectomy	Resection of Metatarsal
Amputation	Detachment
Arthroscopy, Cystoscopy...	Inspection... Endoscopic Approach
Incision	No Term
Closed Reduction	Reposition (also repair) of (right or left) , (percutaneous, endoscopic, external)
Radical Mastectomy	Resection (right, left or bilateral)
Subtotal Mastectomy	Excision
Tracheotomy	Bypass
Cesarean section	Extraction of Products of Conception
Debridement	Excision, Extraction, Irrigation, Extirpation

Mapping Challenges

The two sides of Translation

Translation between ICD-9 and ICD-10 involves two different approaches.

1. *Creating Crosswalks*

- *Definitions for the conversion of one source code to one or more target codes*



2. *Creating Equivalent Groups*

- *Defining medical concepts that drive policies, rules, and categorizations in ICD-10 that are consistent with the intent of those policies, rules, and categorizations today*



Mapping Challenges

The Problem with Crosswalks

- Less than 5% of all ICD-10 and ICD-9 codes exactly
- All other codes will either lose information or assume information that may not be true
- Imperfect mapping will affect processing and analytics in a way that impacts revenue, costs, risks, and relationships
- The level of impact is directly related to the quality of translation
- The anticipated quality of translation is currently an unknown
- There is no "default crosswalk" that is universally accepted

Mapping Challenges

Crosswalk Quality



All concepts and only those concepts represented in in the ICD-9 code are represented exactly in the ICD-10 code

Example

- ICD-9 code “03642” = Meningococcal Endocarditis
- ICD-10 code “A3951” = Meningococcal Endocarditis

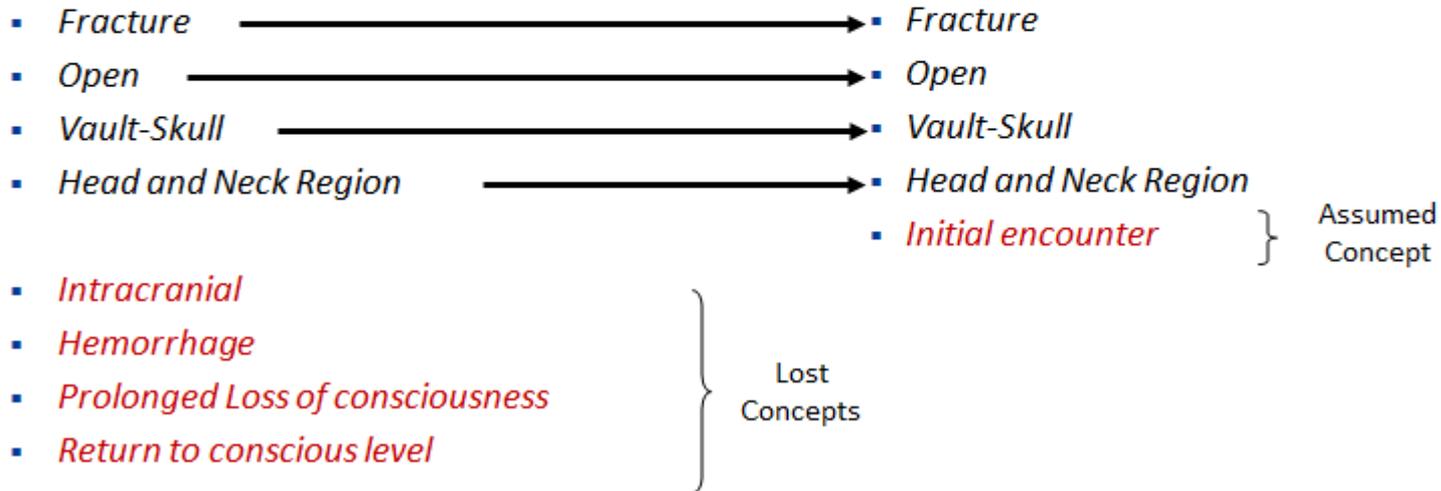
Mapping Challenges

Crosswalk Quality

 The best match between an ICD-9 and ICD-10 code results in the loss of some concepts in translation and the assumption of some concepts that may or may not be true.

ICD9 (80084): *OPEN FRACTURE OF VAULT OF SKULL WITH OTHER AND UNSPECIFIED INTRACRANIAL HEMORRHAGE WITH PROLONGED (MORE THAN 24 HOURS) LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL*

—————→ **ICD10 (S020xxB):** *Fracture of vault of skull, initial encounter for open fracture*



Mapping Challenges

Crosswalk Quality



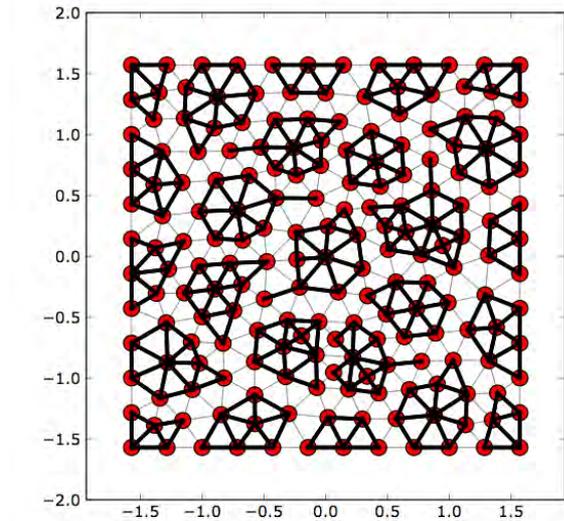
Default mapping can result in assumptions that may not be

ICD-10 Procedure Code

ICD-10 Procedure Term

0X6N0Z0	Detachment at Right Index Finger, Complete, Open Approach
0X6N0Z1	Detachment at Right Index Finger, High, Open Approach
0X6N0Z2	Detachment at Right Index Finger, Mid, Open Approach
0X6N0Z3	Detachment at Right Index Finger, Low, Open Approach
0X6P0Z0	Detachment at Left Index Finger, Complete, Open Approach
0X6P0Z1	Detachment at Left Index Finger, High, Open Approach
0X6P0Z2	Detachment at Left Index Finger, Mid, Open Approach
0X6P0Z3	Detachment at Left Index Finger, Low, Open Approach
0X6Q0Z0	Detachment at Right Middle Finger, Complete, Open Approach
0X6Q0Z1	Detachment at Right Middle Finger, High, Open Approach
0X6Q0Z2	Detachment at Right Middle Finger, Mid, Open Approach
0X6Q0Z3	Detachment at Right Middle Finger, Low, Open Approach

...



Equivalent Groups

Code Aggregation

Purpose

Aggregation or grouping of codes is used to identify the codes that define some medical concept or intent. These groupings can be applied to:

- *Policies that define conditions under which services are considered:*
 - *Appropriate*
 - *Not appropriate*
 - *Require further manual review*
- *Rules to define:*
 - *Coverage*
 - *Appropriateness*
 - *COB/TPL*
 - *Any other criteria that relies on the use of codes to define the intent of the rule*
- *Analytic Categories that attempt to group claims or other data based on types of services or conditions as defined by set of codes.*

Industrial Injury COB Rule Example

Median Nerve Injury

- **Native ICD-9 definition = [3] Codes**
 - 1 code related specifically to Median nerve injury
 - 2 codes for review related to potential injury
- **GEM Bidirectional map of the ICD-9 codes = [15] ICD-10 codes**
- **Native ICD-10 definition = [33] Codes**
 - 27 codes related specifically to median nerve injury
 - 6 codes related to potential injury (Carpal Tunnel/Median nerve lesion)

Impact to Analytics

Transition of Historical Data

Early 2015



Early 2016



Late 2016



Impacts to Analytics

Special Populations

CS/HB 7109 defines among other items, defines “Down Syndrome” and provisions of the waiver related to service provided for patients with this condition.

- Recognition of these diagnoses in claims and encounter data:

ICD-9 Code	Description
7580	Down's syndrome

ICD-10 Code	Description
Q909	Down syndrome, unspecified
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q922	Partial trisomy
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q900	Trisomy 21, nonmosaic (meiotic nondisjunction)
Q902	Trisomy 21, translocation
Q920	Whole chromosome trisomy, nonmosaic (meiotic nondisjunction)
Q921	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)

Impacts to Analytics

Quality Measures – *Acute Myocardial Infarction*

- **Definition of acute myocardial infarction (MI) has changed**
 - ICD-9 – Eight weeks from initial onset
 - ICD-10 – Four weeks from initial onset
- **Subsequent vs. Initial episode of care**
 - ICD-9 – Fifth character defines initial vs. subsequent episode of care
 - ICD-10 – No ability to distinguish initial vs. subsequent episode of care
- **Subsequent (MI)**
 - ICD-9 – No ability to relate a subsequent MI to an initial MI
 - ICD-10 – Separate category to define a subsequent MI occurring within 4 weeks of an initial MI



Leveraging ICD-10

Improved Information – Improved Business

Leveraging ICD-10 SMAs' Business Advantages

ICD-10 advantages

- Detailed medical concepts
- Enhanced categorization models
- Granularity in severity and risk definitions
- Greater forward flexibility
- Enhanced clinical information integration

ICD-10 advantages lead to SMA health plan and business advantages

- Established Compliance Model
- Improved Contracting
- Enhanced Network Management
- Enhanced Fraud, Waste, Abuse Prevention and Detection
- Enhanced ability to predict risk population
- Improved Claims Payment Accuracy and Efficiency
- Opportunity to Improve Coding Practices among Providers
- More Accurate Understanding of Population Health
- Opportunity to Improve Precision and Accuracy of Payment Policies
- Opportunity to Improve Accuracy of Quality Measures
- Opportunity to Improve Care and Disease Management

Leveraging ICD-10

Key indicators of risk and severity

- **Co-morbidities**
- **Manifestations**
- **Etiology/causation**
- **Complications**
- **Detailed anatomical location**
- **Sequelae**
- **Degree of functional impairment**
- **Phase/stage**
- **Lymph node involvement**
- **Procedure or implant related**

Executive Support

Leading the organization through a successful transition

- **Resources**
 - People, Time, Training and Tools
- **Empowerment**
 - Providing the authority to succeed
- **Oversight**
 - What needs to get done? Is it happening?
- **Coordination**
 - Breaking down silos. Synchronizing efforts
- **Contingencies**
 - What if?
- **Vision**
 - The road map for leveraging ICD-10

Questions

