



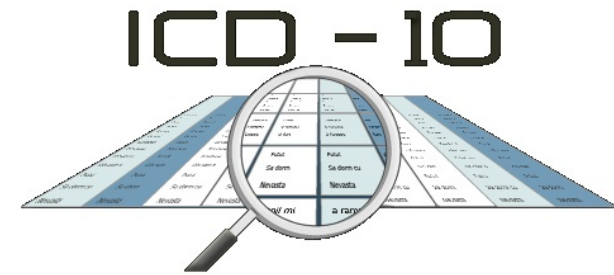
# ICD-10 OMG... A 12 Month Delay? Panel Discussion

Bethann Thorson, OHSU ICD-10 Project Manager  
Matt Navigato, OHSU Director Enterprise Revenue Cycle  
Liz Boileau, OHSU Director Managed Care Contracting  
Terrie Handy, Legacy VP Revenue Cycle Operations

# Agenda

## Agenda:

- Key Milestones
- Successes
- High Level Budget
- Implementation delay Impact
- Contract Management
- Computer Assisted Coding



# International Classification of Disease (ICD)



- **Oct. 1<sup>st</sup>, 2015**

- Official date now set!

1893

1948

1968

1980's

1994

2015

First edition of ICD adopted by the International Statistical Institute

The World Health Organization (WHO) assumes responsibility for ICD

Medicare established using ICD-6

ICD-9-CM required on all Medicare and Medicaid claims

ICD-10 developed by the WHO

**USA adopts ICD-10**

# 2014 OHSU Timeline

05/2014-  
Training Starts

10/2015-  
Compliance Live

07/2014-  
Clinical Go-Live

Payor Testing

Internal Testing

Double Coding

# Budget

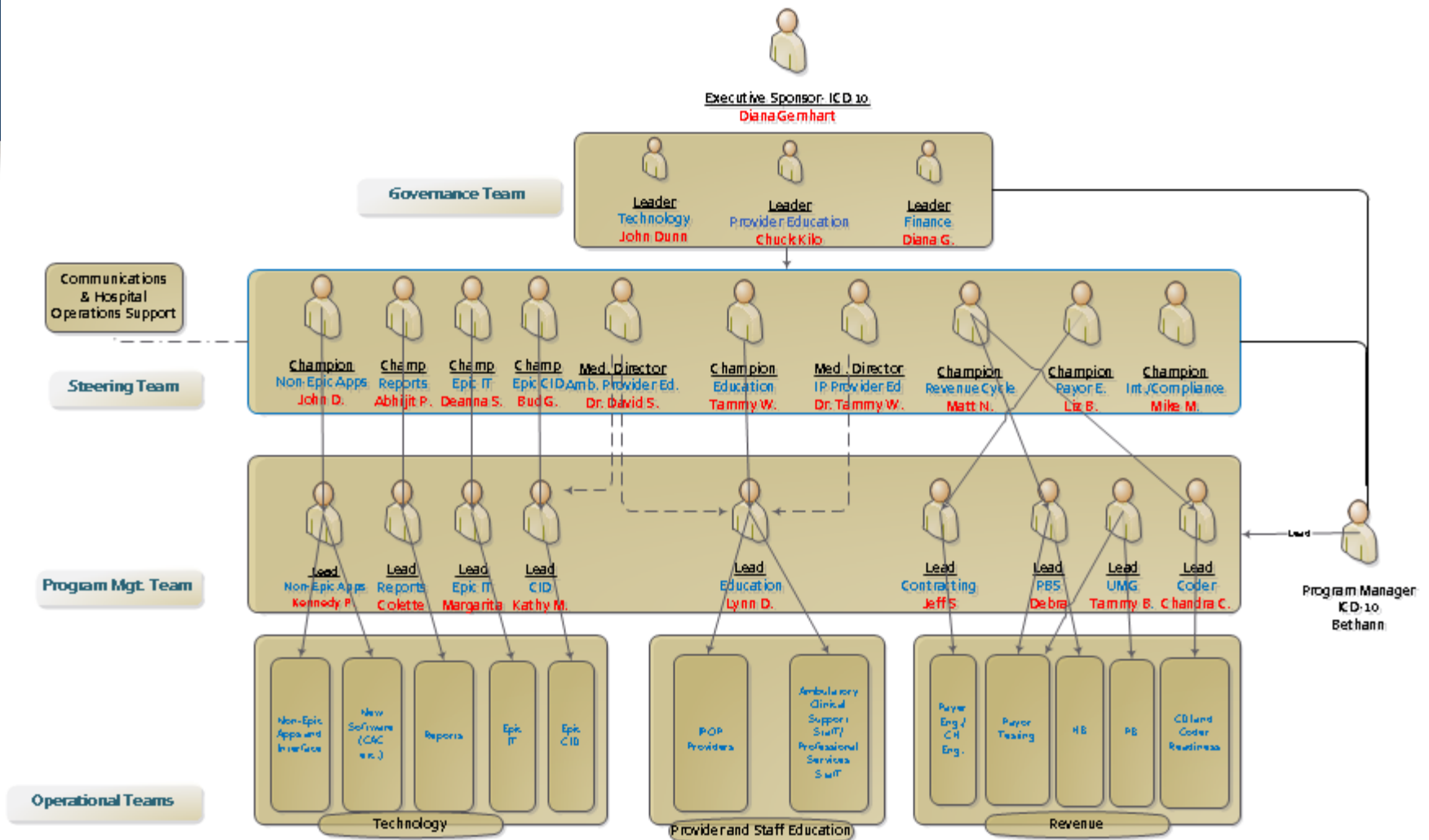
## Direct

- Software
- Coder Retention  
Bonuses
- Education/Conferences
- Books
- Limited Duration Coders
- Office Equipment
- \_\_\_\_\_
- \_\_\_\_\_

## Indirect

- Implementation Staff
- Governance Meetings
- Steering Committee Meetings
- \_\_\_\_\_
- \_\_\_\_\_

# The ICD-10 Team



# Oregon/Washington ICD-10 Collaborative

- Local
- Association
- UNited for
- Collaboration in
- Healthcare

## LAUNCH

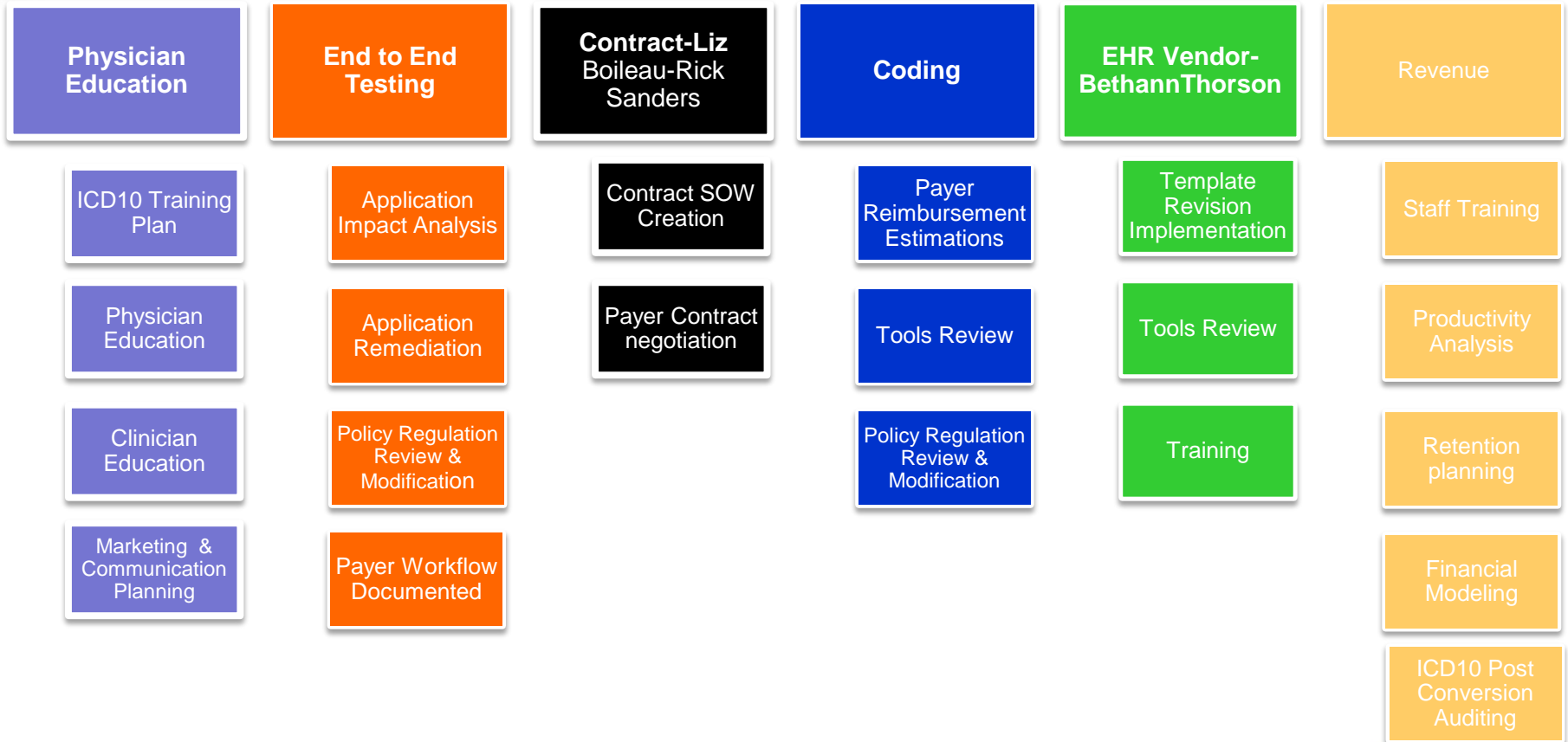
# LAUNCH Participants

- DMAP
- Legacy Health
- MultiCare
- Oregon Medical Association
- Providence
- RelayHealth
- Tuality Healthcare
- St. Charles
- University of Washington
- HealthNet
- LifeWise
- Oregon Health and Sciences University
- PeaceHealth
- Regence
- Salem Health
- SSI
- United Health Care



# LAUNCH Collaboration Team

## LAUNCH ICD-10 Program



# Preliminary Financial Impact Assessment

## Claim-Based Financial Impact Report

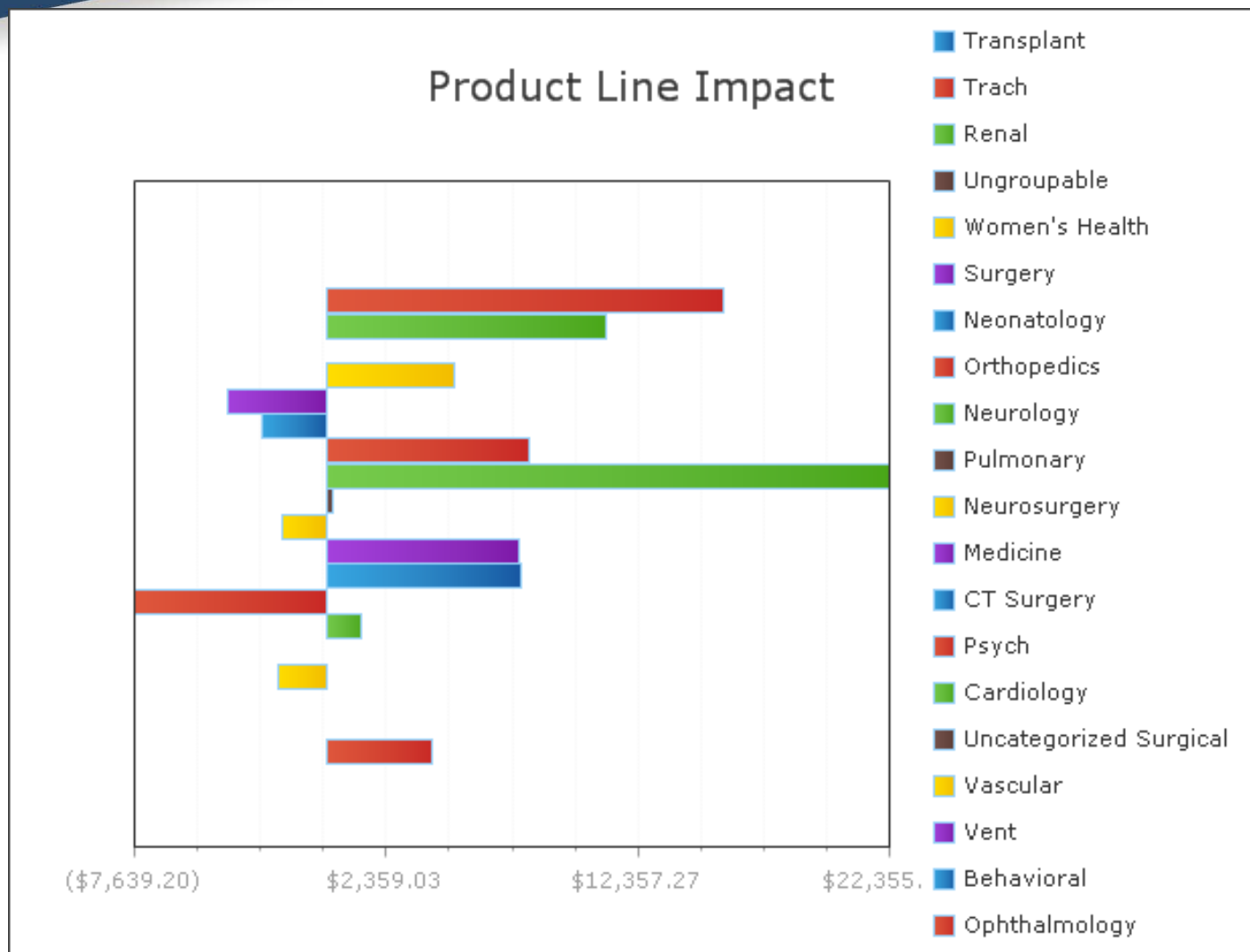
IP Jul13-Jan14

MS-DRG v30

<b># of Discharges</b>	17908		
<b>Total ICD-9 Revenue</b>	\$31,424,753.30	<b>Total ICD-10 Revenue</b>	\$31,490,364.10
<b>Total Shifted Revenue</b>	\$65,610.80	<b>Shifted Revenue %</b>	0.21%
<b># of Claims that Decrease</b>	2,044	<b># of Claims that Increase</b>	5,004
<b>% of Claims that Decrease</b>	11.41%	<b>% of Claims that Increase</b>	27.94%
<b>Potential Lost Revenue</b>	(\$50,562.20)	<b>Potential Gained Revenue</b>	\$116,173.00
<b>Top 10 DRGs Affected Negative (\$)</b>		885, 793, 981, 957, 987, 131, 237, 23, 982, 983	
<b>Top 10 DRGs Affected Positive (\$)</b>		13, 57, 54, 657, 124, 501, 331, 774, 792, 168	



# Financial Impact by Service Line



# Financial Impact by Service Line

No previous Trach I9 DRG available.

No next Trach I9 DRG.

## Claim-Based Financial Impact Report

IP Jul13-Jan14

MS-DRG v30

Detail Report for ICD-9 DRG: 13

### 13 Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC

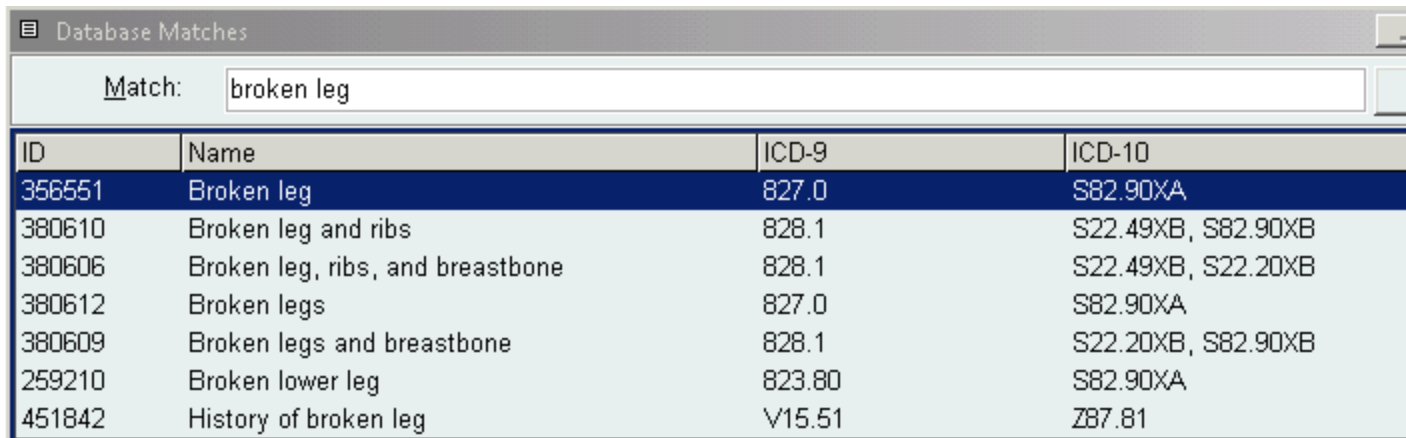
# of Claims	% of Claims	ICD-10 DRG	ICD-10 DRG Description	ICD-9 Weight	ICD-10 Weight	Weight Change	Explanation	ICD-9 Total	ICD-10 Total	\$ Impact
15	93.75 %	13	Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	1.9566	1.9566	0.0000	No shift	\$29,349.00	\$29,349.00	\$0.00
1	6.25 %	3	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	1.9566	17.7369	15.7803	Unavoidable	\$1,956.60	\$17,736.90	\$15,780.30

# What is Clinical Go-Live?

- Go-Live July 1<sup>st</sup>
- Practice documenting in ICD-10
- See ICD-9 Codes
- Practice with the Calculator
- Continue to bill in ICD-9 Codes
- Why do this?

# Documentation Tools

In the search window, you will see both the ICD-9 Code and ICD-10 Code



The screenshot shows a window titled "Database Matches" with a search input field containing "broken leg". Below the search field is a table with four columns: ID, Name, ICD-9, and ICD-10. The table lists several medical conditions related to broken legs, with the first row highlighted in blue.

ID	Name	ICD-9	ICD-10
356551	Broken leg	827.0	S82.90XA
380610	Broken leg and ribs	828.1	S22.49XB, S82.90XB
380606	Broken leg, ribs, and breastbone	828.1	S22.49XB, S22.20XB
380612	Broken legs	827.0	S82.90XA
380609	Broken legs and breastbone	828.1	S22.20XB, S82.90XB
259210	Broken lower leg	823.80	S82.90XA
451842	History of broken leg	V15.51	Z87.81

# Diagnosis Calculator



- When the diagnosis is not specific enough, you are prompted with the calculator

Select a more specific diagnosis in order to bill for your work

Problem: Broken leg

Calculator [List](#)

Encounter type:

Fracture type:

Fracture healing:

Laterality:

# Diagnosis Calculator

Problem: Broken leg

Calculator

List

Broken leg, right, open type I or II, with nonunion, subsequent encounter	733.82
Broken leg, unspecified laterality, open type I or II, initial encounter	827.1
Broken leg, unspecified laterality, open type I or II, with nonunion, subsequent encounter	733.82
Broken leg, left, sequela	905.4
Broken leg, left, closed, initial encounter	827.0
Broken leg, right, open type I or II, with delayed healing, subsequent encounter	V54.16
Broken leg, unspecified laterality, open type I or II, with routine healing, subsequent encounter	V54.16
Broken leg, unspecified laterality, open type III, with delayed healing, subsequent encounter	V54.16
Broken leg, unspecified laterality, closed, with delayed healing, subsequent encounter	V54.16
Broken leg, left, open type III, initial encounter	827.1
Broken leg, left, closed, with delayed healing, subsequent encounter	V54.16





# Chart

- You will continue to see the ICD-9 code but with the ICD-10 Descriptions for Clinical Go-live.

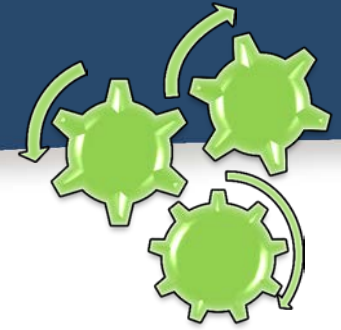
## ADDITIONAL VISIT INFORMATION

### Diagnosis

Broken leg and ribs, left, open, initial encounter [807.12]

- On 10/1, the code will have the same description but a ICD-10 code.

# Keep the cash flowing



- March 3- Started testing directly with the payors
- By September, we will have tested 11 major Payors
- If a payor *opts out* of testing, managed care contracting will address with language.
- Further updates as testing is completed.



# Training Questions

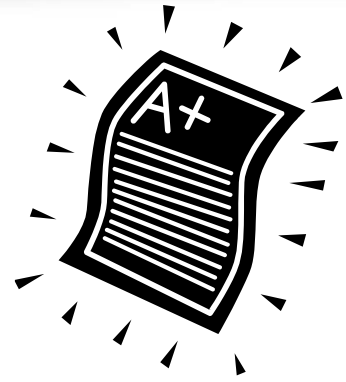
- What training systems are organizations using for provider and staff education?
- Is a post test required? 80%?
- How long will you require ICD-10 training?
- Any internal training content being developed?
- How are you training your providers on charting and documentation? Gap analysis?

# Training Vendors Used

- **Big Brain-**
  - Broad overview of ICD-10
  - Why OHSU is making the change
  - What it means to OHSU staff
- **Precyse-**
  - More detailed clinical documentation and coding information
  - Specific to specialties

# Training

- Mandatory Online Self paced
- Customized to the person's role
- 3-6 Hours
- 80% pass post test



# Precyse Training



OHSU2 OHSU2 | Customer Review Site ALL | Student

[My Learning](#) [Catalog](#) [My Profile](#)



## Course Details

### ICD-10 and Orthopedics: Degenerative Diseases

Estimated Course Length: 30 minutes

## Course Learning Activities

You are enrolled in this course. Click the "Course Overview" link above to review the course description, learning objectives, and all available CE credit prior to beginning the learning activities.

### Learning Activity

### Status



[ICD-10 and Orthopedics: Degenerative Diseases\\*](#)

In Progress



[Post Test\\*](#)



Not Yet Started



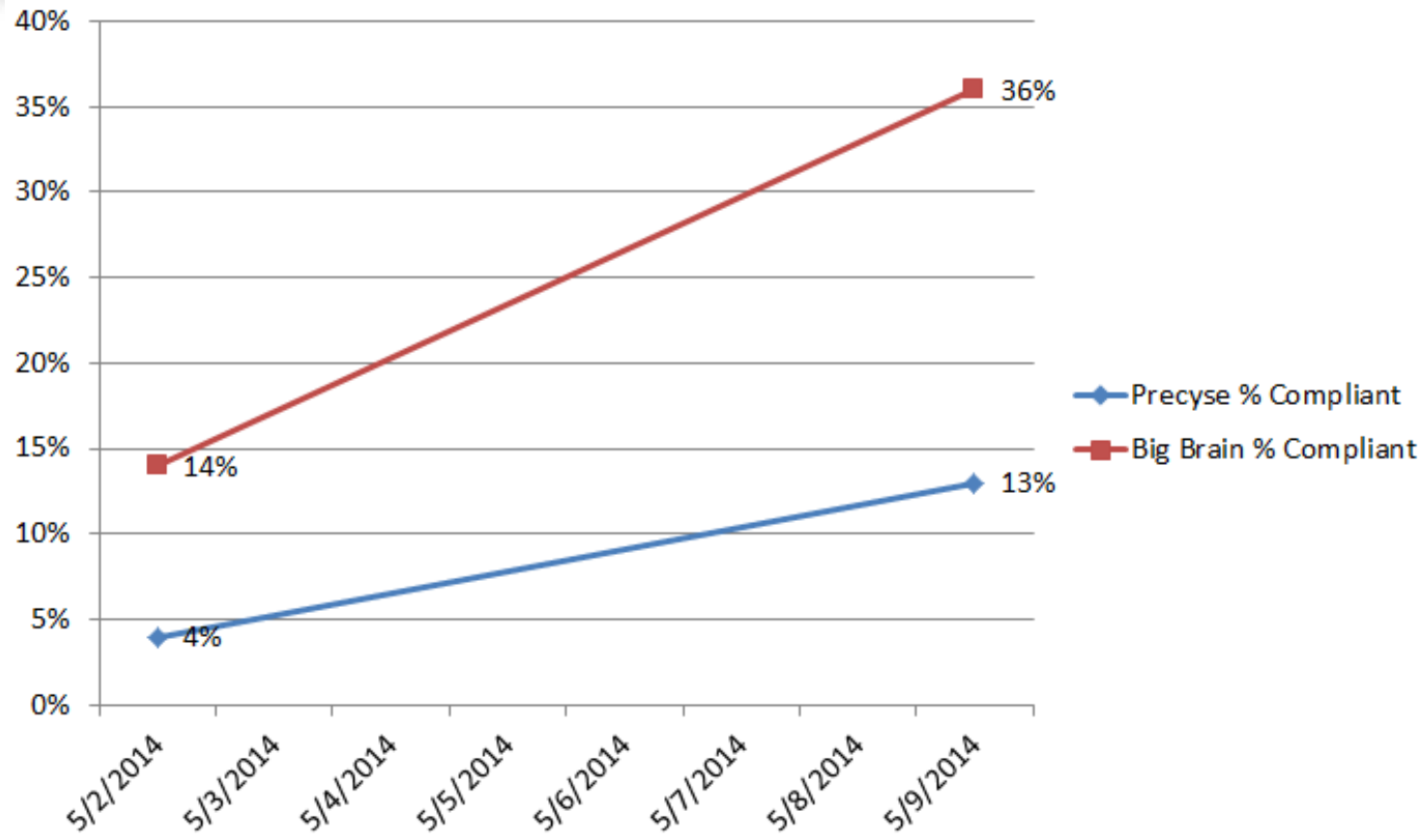
[Evaluation](#)

Not Yet Started

# Training Timeline

- All coders- 
- ICD-10 Project Staff- 
- Providers- **May 1**
- Clinical Staff- **May 1**
- All other staff- Closer to **Oct 1**

# Training





# Implementation Delay Impact

- Pros:

- More time for impact review
- Give time to those not ready
- More time for testing

- Cons:

- Resources
- Some groups have backed off on the project
- Cost
- Cheats the healthcare industry of detailed information

# Contract Language Issues

- Cash Flow
- Prior Auths
- Denials/Appeals Timelines
- ICD 9 Transition Support
- Neutrality



# ***Problems & Barriers Associated to Dual Coding***

OR HFMA  
Terrie Handy  
5/16/2014

# Agenda

- Introduction to Dual Coding
  - What is Dual Coding?
  - Why Dual Code?
  - Dual Coding and Coder Productivity
  - Dual Coding Processing
- Introduction to Computer Assisted Coding
  - What is a CAC?
  - Why Implement a CAC?
  - Coder Productivity
- Implementation Considerations

# What is Dual Coding?

- Dual coding requires medical coders to use ICD-9 and ICD-10 codes in a chart simultaneously in order to allow them time to practice using the new codes.
- It can also provide benchmarking for future productivity, helping management teams understand the adjustments that will be needed once ICD-10 comes into full effect.

# Definitions

- Dual coding = Dual Coding is adding both ICD-10 and ICD-9 codes simultaneously to the record
- Double coding = Double Coding is coding the record twice for two different classifications, or natively coding the record for ICD-10 after it has already been coded for ICD-9
- Native coding = Establishing each code, whether I9 or I10, through use of on-line coding books, hard copy books, or coding trees, etc.

# Coding options

- Natively code in ICD-9 and then start over and natively code in ICD-10.
- Natively code in ICD-9 and use a translation tool to identify ICD-10 codes.
- Natively code in ICD-9 and use a combination of the translation tool, coding pathways or on line coding book to identify ICD-10 codes.
- A coder, using a single logic pathway, can derive ICD-10 and ICD-9 codes simultaneously.
  - (Not currently using at Legacy Health until I10 Autosuggested codes are added)
  - (MHS evaluating this approach using regional guidelines where top diagnosis and procedures are evaluated and suggestions applied)

# Why Dual Code?

- Dual coding offers further ICD-10 education. Coders need to be proficient in ICD-10 and ready to go at a moment's notice.
- Dual coding allows for testing with outside organizations, like payers and clearinghouses, to ensure that all systems are a go before they're actually needed.
- It can also help identify opportunities for clinical documentation improvement (CDI) and areas where physicians need training.



# Dual Coding and Coder Productivity – Legacy Health Experiences

- Validate your system can handle dual coding
- Ramp up staff with the assumption of up at least 20% productivity loss.
- Depending on the end coding system the productivity loss could be 20-50%.
  - Using claims data or using CMS GEMS generally have significant impacts on productivity
  - Mapping from ICD-9 to ICD-10 also impacts productivity due to loss of granularity
  - Higher productivity loss with ICD-10 to ICD-9

# Dual Coding Processing

- Dual Coding -When adding both ICD-10 and ICD-9 codes simultaneously to the record- How do payers process claims down stream?  
**CMS released the following:**
  - *“Medicare will RTP/return as unprocessable all claims that are billed with **both** ICD-9 and ICD-10 **diagnosis codes** on the same claim.”*
  - *Likewise, Medicare will also RTP/return as unprocessable all claims that are billed with **both** ICD-9 and ICD-10 **procedure codes** on the same claim.”*
- To be consistent with this industry mandate, many clearinghouses have stated they will not process ICD-9 and ICD-10 codes on the same claim.

# Legacy Health Dual Coding Prep

- ICD-10 Education began in February 2013 – online and on site
- Inpatient coders were on accelerated schedule to meet Finance dual-coding goal
- Contract coding backfill for productive time lost to education
- Dual coding of inpatient accounts began on July 1, 2013
- HB OP dual coding (part time) in September 2013

# Legacy Dual Coding Productivity Remediation

- Early adoption of dual coding to meet Finance need to evaluate ICD-10's fiscal impact
- Goal to forecast DRG/case mix change
- Evaluate if reduced ICD-10 coding plan could still result in appropriate DRG assignment

## Legacy Dual Coding cont.

- Needed to limit ICD-10 diagnosis code assignment to 5, maximum of 3 procedures
- Transition to coding I-10 as primary will create another period of decreased productivity and backlog management
- Monitoring DRG changes has helped provide focus for additional I-10 coding training
- ICD-10-PCS coding standardization challenge – helped by monitoring DRG changes.
- Continue to have periodic on site training to allow I-10 coding discussions

# What is a CAC?

- A computer assisted coding system (CAC) is a computer software application that analyzes health care documents and produces appropriate medical codes for specific phrases and terms within the document.
  - For example, the software can determine that the term "cancer" requires coding when it's a diagnosis, but not when it is referring to a "family history of cancer."

# Why Implement a CAC?

- The transition to ICD-10 will make the coder world more complex.
- Much of the interest in a CAC is driven by worries about the effect ICD-10 will have on staff productivity and efficiency.
- It is known that coder productivity will drop as much as 50%.

## Industry Says...

- According to the American Health Information Management Association (AHIMA), CACs offer several advantages over manual coding, including increased productivity and efficiency in coding and the consistent application of coding rules. However, the cost of the software and the increased potential for errors are potentially detrimental.



# Coder Productivity

- CAC improves coder productivity by streamlining the access and viewing of EHR documents. This tool can eliminate the need for coders to access multiple systems to retrieve the documents needed for coding.

# Why You Should Plan Now!

- Some CAC installs can take 22-26 weeks to implement (based on 3M 360 Encompass timeline).
- A CAC is critical for the dual coding efforts required for education and payer testing.
- Industry standard indicates that coders should be dual coding no less than 12 months prior to ICD-10 go live.

# Implementation Considerations

- Computer assisted coding (CAC) implementation
  - Annotation and/or auto-suggested codes
  - Initial training and learning curve
  - Technical issues
    - Install time line – learner considerations
    - Documentation templates
    - NLP engines
  - Refreshing fundamentals
  - Resources to resolve issues and improvements
  - Continuing support

# ICD-10 resources

CMS ICD-10 webpage

<http://www.cms.gov/ICD10/>

AHIMA ICD-10 webpage

<http://www.ahima.org/icd10/>

3M ICD-10 Information

<http://www.3mhis.com/icd10>

Questions for the team?

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