


Road Map to ICD-10 CM



(Alternate Route Required)

Presented by
 Teresa Thompson, CPC
 TM Consulting, Inc
 TMConsultingfirm@icloud.com





Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA


American Academy of
Allergy, Asthma & Immunology

Disclosures

- No relevant relationships were disclosed





Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA


American Academy of
Allergy, Asthma & Immunology

Topics for Discussion

- ICD-10 CM – What direction are we headed?
- ACA – How has it impacted the Allergist
- Bundling by third party payers
- New SLIT therapy with grass and ragweed
- Limits on 95165
- Meaningful Use – Are you attesting?
- PQRS – What happens in 2015?
- Directions back to the normal route (?)





Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA


American Academy of
Allergy, Asthma & Immunology

ICD-10 CM

- Resources:
 - www.cms.hhs.gov
 - www.aapc.com
 - www.jcaai.org
 - www.aaaai.org – Practice management division
 - www.icddate.com
 - Apps – App store has several for smart devices
- Resources may convert ICD-9CM to ICD-10CM per individual code



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 CM

- ICD-10 advances health care and ehealth implementation and initiatives
- Captures advances in medicine and medical technology
- Improves public health research, reporting and surveillance



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 CM

- Improved accuracy of payment policies
- Improve coding practices and claim payment accuracy and efficiency
- Enhances fraud, waste and abuse detection
- Improved quality reporting information on patient population
- Better understanding of the population health status



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 CM

- Backup plans are in place in case your practice is not ready to use electronic methods for transmission of claims
 - Physician portal
 - Paper claims
- The timelines – what needs to be done now?



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 CM

What Direction do we Take 2014?

- How far have you advanced in preparation for ICD-10 CM?
- New date for implementation – October 1, 2015
 - EHR
 - Software vendors implementation into practice management programs
 - Physician's favorites lists
 - Problem Lists
 - Staff education
 - Documentation



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



EHR – Preparation for ICD-10

- Are the ICD-10 CM diagnosis available for your practice in the EHR for selection?
- When is your EHR vendor going to have your updates to be prepared for ICD-10 CM
- Is there a cross walk between your current ICD-9 CM diagnosis codes and the new ICD-10 CM diagnosis codes



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Vendor Implementation of ICD-10 CM

- Is it included in your software update package or is it an extra charge for you to have the diagnosis codes conversion for your practice?
- Have you attempted to submit your codes to your biggest payers to see if they will go through the clearing house and on to the payer
- CMS is offering several dates for attesting



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Problem List

- Have you (your staff) reviewed your charts to make sure your problem lists are current and will convert to ICD-10CM. Are there diagnoses which need to be made inactive so you don't need to worry about the conversion.
- How will you locate a record which is prior to ICD-10 after the conversion happens.
- Data collection for your patients will require you to use both ICD-9 CM and ICD-10CM. How will you access?



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Staff Education

- Talk about the upcoming changes with your staff. Fear factor for the staff??
- Knowledge is important for everyone in your practice
- Everyone including front office, clinical staff, business office, coders and physicians need to know what is involved in ICD-10 CM
- Different levels of knowledge



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Documentation

- Start looking at the diagnosis coding for the verbiage of the codes today
- Make your documentation in compliance to the new language of the diagnosis codes for ICD 10
- Unspecified is ok **IF** you haven't tested or examined an anatomical area and your diagnosis may be a differential or you are waiting for additional information
- If you know you more specificity; documentation should match



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 Coding Rules and Regulations

- How to learn the Guidelines and what to use for finding a code
 - ICD-10 CM Book – You need one per location
 - Cheat Sheets – You could use one per physician area or examine room – but it may not have all
 - EHR – create a physician's favorite list
 - Tablets and smart phone apps – are available some free (you may get what you pay for)



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Diagnosis Coding

- The diagnoses need to be specific
- Remember place the diagnosis with the most acuity first
- Acute precedes chronic
- Co-morbidities – you need to address how the comorbidity affect the allergy/asthma issues
- List the co-morbidities after your dx code
- If you code it make sure it is documented for today's encounter
- Medical necessity is defined with diagnosis code



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



General Coding Guidelines

- Locating a code in ICD-10CM
 - First locate the term in the Alphabetic Index, and then verify the code in the Tabular List
 - Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.
 - Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required
 - Read instructional notations that appear in both alphabetic Index and tabular index
- Diagnosis Codes are to be reported at their highest level of specificity – and use the highest number of characters available



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 CM Coding Guidelines

- Codes are composed of codes with 3-7 characters
 - A three character code may be used as well as a seven character code. Three character codes may also be used as headings for a subcategory of codes further specified
- Codes will be from A00.0 through T88.9, Z00-Z99.8
- Codes describing signs and symptoms are acceptable for reporting when a related definitive diagnosis has not been confirmed by the provider
- Chapter 18 - R00.0-R99 contain most of the signs, symptoms and abnormal clinical and lab finding codes



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10CM Coding Guidelines

- Conditions that are an integral part of the disease process that are associated routinely with a disease process should not be assigned as additional codes unless otherwise instructed
- Conditions that are not an integral part should be coded when present
- “Use additional code” notes are found in the tabular section
- “Code first” guidelines will also be found in the tabular section



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD10 Coding Guidelines

- Acute and chronic conditions can be coded together when there are **separate subentries** that exist in the Alphabetic Index at the same indentation level; sequence the acute first and the chronic secondary



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



ICD-10 CM Coding Guidelines

- Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there are no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code.
- Laterality - this will be a place holder**
 - Right side - 1
 - Left side - 2
 - Bilateral - 3
 - Unspecified side -0-



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Examples of ICD-10 Diagnosis Converted from ICD-9

- | | | |
|----------|--------|--|
| • 381.01 | H65.00 | Otitis Media, Serous Acute unspecified |
| • | H65.01 | Otitis Media acute right ear |
| • | H65.02 | Otitis Media acute left ear |
| • | H65.03 | Otitis Media, acute bilateral |
| • | H65.04 | Otitis acute recurrent right ear |
| • | H65.05 | Otitis acute recurrent left ear |
| • | H65.06 | Otitis acute recurrent bilateral |
| • | H65.07 | Otitis media acute recurrent unspecified |
| • 477.0 | J30.1 | Allergic Rhinitis - pollen |
| • 477.2 | J30.81 | Allergic Rhinitis - danders |
| • 477.8 | J30.89 | Allergic Rhinitis - other |
| • 477.1 | J30.5 | Allergic Rhinitis - foods |
| • 477.9 | J30.9 | Allergic Rhinitis - unspecified |
| • 472.0 | J31.0 | Chronic Rhinitis |
| • 461.9 | J01.90 | Sinusitis - Acute NOS |
| • 473.9 | J32.9 | Sinusitis - Chronic NOS |



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



7th Place Characters

- 7th character “A”, initial encounter is used while the patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



7th Place Characters

- 7th character “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Sequela (Late Effects)

- A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury. Coding of sequela generally requires two codes sequenced in the following order: The condition or nature of the sequela is sequenced first. The sequela code is sequenced second.




Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA




Examples of ICD-10 Diagnosis Converted From ICD-9

989.5	T63.441-	Toxic effect of Bees, accidental 7th A,D, S
	T63.442-	Toxic effect of bees, self harm 7th A,D,S
	T63.443-	Toxic effect of bees, assault 7th A,D,S
	T63.444-	Toxic effect of bees, undetermined 7th A,D,S
	T63.451-	Toxic effect of hornets, accidental 7th A,D,S
	T63.452-	Toxic effect of hornets, intentional self harm 7th A,D,S,
	T63.453-	Toxic effect of hornets, assault 7th A, D,S
	T63.454-	Toxic effect of hornets, undetermined 7th A, D,S
	T63.461-	Toxic effect of wasps, accidental - 7th A,D,S,
	T63.462-	Toxic effect of wasps, intentional self harm -7thA,D,S
	T63.463-	Toxic effect of wasps, assault - 7th A,D,S
	T63.464-	Toxic effect of wasps, undetermined - 7th A,D,S

CHANGE AHEAD Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA  American Academy of Medical Assistants & Immunology


ICD-10 CM Coding Guidelines

- Coding for BMI**
 - Code assignment may be based on medical record documentation from clinicians who are not the patient's provider since this information is typically documented by other clinicians
 - Associated diagnosis such as overweight, obesity should be documented by provider and coded by provider

CHANGE AHEAD Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA  American Academy of Medical Assistants & Immunology

ICD-10 CM Coding Guidelines

- Syndromes**
- Follow the Alphabetic Index guidance when coding syndromes. In the absence of Alphabetic Index guidance, assign codes for the documented manifestations of the syndrome. Additional codes for manifestations that are not an integral part of the disease process may also be assigned when the condition does not have a unique code.

CHANGE AHEAD Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA  American Academy of Medical Assistants & Immunology

ICD-10 CM Coding Guidelines

- **Complications of Care**
 - Based on the documentation of the relationship between the condition and the care or procedure
 - There must be a cause and effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication.
 - Complications are classified to each of the areas of the body systems.



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Chapter 10 Disease of the Respiratory System – Chapter Instructions

Note: When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic (e.g. tracheobronchitis to bronchitis in J40)

Use additional code where applicable to identify:

- Exposure to environmental tobacco smoke (Z72.22)
- 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)



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Examples of ICD-10 Diagnosis Converted From ICD-9

493.00

• **5TH DIGITS FOR ASTHMA (for ICD-10CM):**

- 0 uncomplicated
- 1 with acute exacerbation
- 2 with status asthmaticus
- *493.0_ J45.2- Asthma, Mild intermittent
- *493.1_ J45.3- Asthma, Mild persistent
- *493.2_ J45.4- Asthma, Moderate persistent
- J45.5- Asthma, Severe Persistent
- *493.81 J45.990 Exercise induced bronchospasm
- *493.82 J45.991 Asthma, Cough variant
- *466.0 J20.9 Bronchitis, Acute, unspecified
- *491.22 J44.0 Bronchitis, chronic acute w/obstruction
- *491.0 J41.0 Bronchitis, chronic w/o obstruction



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Summary – ICD10 CM

- 2014
 - Work on documentation
 - Work on your “cheat sheet” whatever it is
 - Familiarize yourself with the codes
 - Practice some cases
 - Budget for the unexpected event of a shortfall of revenue from an interruption in payments
 - Relax – 2015 will bring something else 😊



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



2014 – Diversions

- ACA –
 - Impact on collection of fees
 - High deductibles
 - Premium verification
- Patient interaction regarding diagnostic studies ordered
- Authorization requirements for medications and diagnostic procedures



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



2014 -

- Third party payers bundle consults with PFT's and allergy tests
 - CCI edit fixed July 1, 2014???
 - Retro billing for the procedures bundled?
 - Timely filing??
 - New patient encounters versus consults – What is the difference?



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



2014 Diversions

- FDA approves grass and ragweed
 - Tablet form
 - First dose administered in your office
 - What is documented for the patient after the administration of the antigen
 - What happens after the initial dose?
 - Compensation for observation of the patient



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



2014 - Diversions

- Other SLIT antigens
 - Not FDA approved = cash only
 - No CPT code - FDA approval required
 - Limits on the number of units for 95165
 - Aetna – 120 doses
 - BC/BS – different per geographic area for number allowed
 - Third party payers asking for records to match number of doses charged with number administered



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



2014 Diversions

- Xolair – billing
 - Medicare – mandates buy and bill medication as well as the injection
 - Third party payers
 - 96401 – what do you document to support the complexity of the code
 - 96372 – therapeutic injection
- Practice needs to verify with payer which code is appropriate (also RVU value for each code)



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Diversions - 2014

- Meaningful Use – Are you participating
- What information are you adding in addition to your diagnosis and care of the patient for credit for meaningful use?
- Meaningful use measures submission?
- Who is entering the information – scribe?
- What is the definition of a scribe?



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



CMS Changes for Meaningful Use

- Stage 2 would be extended through 2016; and
- Stage 3 would begin in 2017 for health care providers who have completed at least two years in Stage 2 of the program.
- According to a blog post by Robert Tagalicod -- director of CMS' Office of E-Health Standards and Services -- and acting National Coordinator for Health IT Jacob Reider, the revised timeline would offer a variety of benefits, such as:
 - Allowing for more analysis of stakeholder feedback on Stage 2 progress and outcomes;
 - The availability of more data on Stage 2 adoption and measure calculations



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



CMS Changes for Meaningful Use

- Allowing for more consideration of possible Stage 3 requirements;
- Providing additional time for preparation for Stage 3 requirements; and
- Giving vendors adequate time to develop and distribute certified EHR technology ahead of Stage 3 and to incorporate usability and customization lessons.
- In the fall of 2014, CMS is expected to release a notice of proposed rulemaking for Stage 3 and ONC will release the corresponding NPRM for the 2017 Edition of ONC Standards and Certification Criteria, according to the blog post.
- The NPRMs will offer additional details on the new proposed timeline.
- The final rule on Stage 3 of the meaningful use program is expected to be released in the first half of 2015.



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Medicare – PQR Programs

- The final rule also includes several provisions regarding physician quality programs and the Physician Value-Based Payment Modifier. In 2016, the CMS will put the finishing touches on proposals to apply the modifier to groups of physicians with 10 or more eligible professionals, and to apply upward and downward payment adjustments based on performance to groups of physicians with 100 or more eligible professionals.



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Medicare - PQR

- Only upward adjustments based on performance (not downward adjustments) will be applied to groups of physicians with 10 to 99 eligible professionals.
- Physician Quality Reporting System (PQRS) for 2014, including a new option for individual eligible professionals to report quality measures through qualified clinical data registries (QCDR)



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Medicare - PQRS

- Physicians and other eligible professionals can report a measure once to receive credit in all quality reporting programs in which that measure is used.
- Data collected in 2012 for groups reporting certain PQRS measures under the Group Practice Reporting Option will be publicly reported on the CMS Physician Compare Web site in 2014
- Publication of Physician's Medicare's reimbursement per physician



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Normal Route for 2014 WHY AUDIT YOUR PRACTICE?

- Efficiency's of work flow
- Financial benefits equal the efforts of the practice
- Fraud – internal or external
- Adapt to changes when they occur
- Documentation changes to support better coding on a continual basis
- Frequency – every year, every six months???



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Normal Route for 2014

- Number of tests performed
- Number of doses charged
- Medical necessity for allergy testing and an E/M on the same calendar date
- Payment for E/M and diagnostic services on the same calendar day
- Incident to services with mid levels
- Levels of services provided



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Incident to - Review

- Applicable to ALL government entities – medicare, medicaid, Champus, federal employees
- Incident to - physician has established a plan of care for an employee to follow
 - Physician must be on site when the service is provided
 - NP, PA may not supervise diagnostic test under incident to guidelines and bill the service under the physician.
- Check yearly all third party payers for their guidelines



Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA



Focused Review by Third Party Payer

- Know your risk
- Review your records
- Have a third set of unbiased eyes read the notes
- Seek counsel if you are high risk
- Respond in a timely manner
- Communicate with the payer performing the review
- Negotiate

CHANGE
AHEAD

Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA

AAA
American Academy of
Ambulatory, Anesthesia & Immunology

Questions?

- Thank You

CHANGE
AHEAD

Chart Your Course at the 2014 Practice Management Workshop July 18-20, Atlanta, GA

AAA
American Academy of
Ambulatory, Anesthesia & Immunology
