The Good, The Bad and The Ugly
ICD-10 CM

Presented by
Teresa Thompson, CPC
TM Consulting, Inc
Teresathom@aol.com

HISTORY of ICD-10 CM

• ICD-10 was endorsed by the 43rd World Health Assembly in May of 1990
• Came into use in 1994 but not in the US
• ICD-11 is just around the corner - ?? 2017
• Reality is that this is just a language issue. As physicians we really know & use these terms and categories!
The Good

The ICD-10 Coding Guidelines
Poll #1

- Who are you?
  A. Physician/provider
  B. Allied health professional
  C. Administrator
  D. Other

- What resources have you used for learning ICD-10CM. Choose all that applies:
  - AAAAI
  - ACAAI
  - JCAAI
  - CMS website or webinar
  - Private seminars
  - Others

The Good

- Measure the quality, safety, and efficacy of care
- Reduce the need for attachments to explain the patient’s condition
- Design payment systems and process claims for reimbursement
- Conduct research, epidemiological studies, and clinical trials
- Set health policy
- Support operational and strategic planning
- Design health care delivery systems
- Monitor resource utilization
- Improve clinical, financial, and administrative performance
- Prevent and detect health care fraud and abuse
- Track public health and risks
The Good

- Resources:
  - www.cms.hhs.gov
  - www.aapc.com
  - www.jcaai.org
  - www.aaaai.org – Practice management division
  - www.icddata.com
  - Apps – App store has several to use on smart devices
    Resources may convert ICD-9CM to ICD-10CM per individual code
  - Purchase a book – ICD10CM – need at least one per business office
  - Delayed until October 1, 2015 by Congressional vote

The Good

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

- 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

The Good

- Backup plans are in place by some of the payers in case your practice is not ready to use electronic methods for transmission of claims
  - Physician portal
  - Paper claims
Questions??

The Bad

The ICD-10 Coding Guidelines
The Bad

• The timelines – what needs to be done now?
Poll #2

- Where are you on the ICD-10CM timeline?
  - Planning
  - Communications
  - Testing
  - Comprehensive training
  - What's ICD-10CM?
The Bad

• The Planning
  • Identify Resources –
    • CMS
    • AAAAI, ACAAI and/or JCAAI
    • Payers websites
    • EHR Vendors
    • PM Vendors
  • Create a Project team
    • Who is the point person for the conversion
    • Small office – all of the team may be 1 person
    • Medium size office – a person from each area of the office
      • Administration
      • Business office – front office
      • Clinical
      • Physician
      • IT

The Bad

• The Planning – arrive prepared by October 1, 2015
• The Effects on
  • Documentation
  • Payment of claims
  • Pre-authorizations
  • Diagnostic studies performed and ordered
  • Hardware requirements
  • Software updates
The Bad

- The Plan – how to arrive prepared on October 1, 2015
  - Goals
    - Short term
      - Better documentation
      - Understand the coding system
      - Work on denials if related to diagnosis coding
    - Long Term
      - Convert from Paper to EHR
      - Standardize templates per disease
      - Create templates for most often types of visits

The Bad

- Determine dates for goals – write it down!
- Use the additional 12 months to be better prepared
- Be proactive with payers when testing is offered if large patient population for a specific payer
- Problem lists for patients – who will be in charge for conversion prior to October 1, 2015
Poll #3

- What is your budget for the conversion to ICD-10CM
  - Less than $5,000
  - $5,000 – 10,000
  - Greater than $10,000
  - Don’t know yet

The Bad

- Secure a budget
  - Funds for training staff and physicians
  - Funds for updating practice management system and EHR system
  - Paper medical records as well as EHRs may require new forms and new routing slips
  - Funds for a minimum of 3 months to cover practice in case there are issues with reimbursements from payers
The Bad

- **Communication**
  - The Staff – train and educate
    - Physicians and providers need to know the differences for documentation as well as selection of the code
    - Coding staff need to be able to appropriately use the ICD-10CM code book to help other staff find diagnoses and help support physicians and clinical staff.
    - Business office staff – to confirm appropriate reimbursement for procedures and services provided.
    - Clinic assistants – reminders for the physicians and providers – be able to use codes for authorizations, diagnostic studies, referrals
  - Assignment of duties and responsibilities

**Poll #4**

- Do you have an EHR?  
  - ☐ Yes
  - ☐ No
The Bad

- **Contact Vendors**
  - EHR or PM vendors
    - When are the updates coming?
  - What does it cost or is it included in my maintenance package
  - Will the diagnoses cross walk for the most common diagnoses used in the practice or will it require manual conversion of all diagnoses
  - Continue to have updates and have ticklers for checking on the status of vendor

The Bad

- **Vendor questions**
  - Will the PM system and/or the EHR system allow both ICD-9 and ICD-10?
  - Will the system identify codes which require secondary codes – such as tobacco information?
  - Will the system identify codes which have Excludes 1 and/or Excludes 2 notations?
  - Will there be updates as the codes are updated prior to implementation.
The Bad

- Contact Payers
  - When will the payer be ready for testing
  - What is their anticipated plan
  - What is published on the website for the payer
  - Who is the contact person to reach out for questions if issues transmitting claims
  - Continue to have a regular check on payer for status of their update and conversion

The Bad

- Testing –
  - Externally
    - CMS is offering multiple times for practices to participate in the testing
    - Medicaid may also be offering testing
    - Third party payers are offering testing
  - Internally
    - Code once/twice a week using ICD-10CM codes for the services as well as the ICD-9CM codes.
    - Check the documentation to the assigned codes for accuracy
The Bad

- Training
  - Train everyone in the generalities of ICD-10CM coding
  - Train the physicians on the nuances of documentation and coding changes
  - Why is it necessary to document all the specific types of allergic rhinitis, contact dermatitis and/or asthma?
  - Train the coders and billers on specifics for each code
  - Have meetings which include some time devoted to ICD-10CM coding

Questions??
The Ugly

The ICD-10 Coding Guidelines
Poll #5

- Does your documentation currently support ICD-10CM coding? ☐ Yes ☐ No

- How did you learn ICD-9CM Coding?
  - ☐ On the job training
  - ☐ Courses
  - ☐ Residency training

ICD-10 CM General Rules

- Format
  - The Index
    An alphabetical list of terms and their corresponding code
    Index to External Causes of Injury
    Neoplasm table
    Table of Drugs and Chemicals
  - Tabular List
    A sequential, alphanumerical list based on body system or condition
    ICD-10 CM uses the letter X as a place holder
    X as a place holder may be in the fifth or sixth position
ICD-10 Conventions

- Parentheses are used in both the Index and tabula list to enclose nonessential modifiers; supplementary words that may be present or absent in the statement of a disease or procedure without affecting the code number to which it is assigned
  - Stuttering (F80.81)
- Colon is used in the Tabular list after an incomplete term that needs one or more of the modifiers following the colon to make it assignable to a given category
  - Subsection instructions for Chapter 10
    - “This chapter contains the following blocks:
      - J00-J06 Acute upper respiratory infection,
ICS-10 Conventions

- Abbreviations
  - NEC – Not elsewhere classified represents other specified
    - Are used when the medical record provides detail for which a specific code does not exist
  - NOS – Not otherwise specified is to be interpreted as unspecified
    - Medical record has insufficient information to assign a more specific code
- Bold Face – is used for main terms in the Alphabetic Index and all codes and descriptions in the Tabular list
- Italicized – is used for all exclusion notes and manifestation codes. Italicized codes should not be used as primary codes

ICS-10 Conventions

- General Notes (Tabular List)
  - Includes
  - Inclusion terms
  - Excludes notes
    - Excludes 1 – Do not code here –
      - mutually exclusive codes, two conditions that cannot be reported together
    - Excludes 2 – Not included here
      - May have a patient that has both conditions at the same time
  - Default Codes – listed next to the main term – may be used when lack of more specific documentation or unspecified code for the condition
ICD-10 Conventions

- Syndromes
  - Follows the alphabetical index
  - Code the documented manifestations of the syndrome if there is no code

- And – when used may be interpreted as “and/or”
- With/Without
  - Five character codes – 0 as the 5th position represents without
  - Five character codes – 1 as the 5th position presents with
  - Six character codes – 1 represents with in the 6th position
  - Six character codes 9 represents without in the 6th position

ICD-10 Conventions

- Instructional notes used in the tabular list
- Code First/Use Additional code
- Code also
- These notes are in Red to alert the coder
ICD-10 CM Character Layout

- 1st Character – name of section
- 2nd Character – body system
- 3rd Character – etiology
- 4th Character – anatomical site
- 5th Character – severity
- 6th Character – device
- 7th Character - qualifier (extension) only used in some sections of the system

General Coding Guidelines

- Locating a code in ICD-10CM
  - 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.
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

ICD-10 CM 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
**ICD-10 CM 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.

**Diseases with Manifestations**

- Conditions with an underlying etiology and a manifestation requires the underlying etiology be coded first and the manifestation be coded second.
- Example: Cystic Fibrosis with nasal Polyps
- E84.8 for Cystic Fibrosis with other manifestations
- J33.0 for nasal polyps
ICD-10 CM Coding Guidelines

• A combination code is a single code used to classify:
  • Two diagnoses, or
  • A diagnosis with an associated secondary process (manifestation)
  • A diagnosis with an associated complication

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-
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.

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
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.

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
Diagnosis Code Location

- Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)
- Chapter 2: Neoplasms (C00-D49)
- Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

Diagnosis Code Location

- Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)
- Chapter 6: Diseases of the Nervous System (G00-G99)
- Chapter 7: Diseases of the Eye and Adnexa (H00-H59)
- Chapter 8 H60-H95 Diseases of the Ear and Mastoid
Diagnosis Code Location

- Chapter 9: Diseases of the Circulatory System (I00-I99)
- Chapter 10 – J00 through J99
  - Diseases of the Respiratory System
- Chapter 11 – K00-K95
  - Diseases of the Digestive System
- Chapter 12 – L00-L99
  - Diseases of the skin and subcutaneous system
- Chapter 13 – M00-M99
  - Disease of the musculoskeletal and connective tissue

Diagnosis Code Location

- Chapter 17  Q00-Q99
- Congenital malformations, deformations and chromosomal abnormalities
- Chapter 18  R00-R99
  - Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- Chapter 19  S00-T88
  - Injury, poisoning and certain other consequences of external causes
Diagnosis Code Location

- V00-Y99  External causes of morbidity
- Z00-Z99  Factors influencing health status and contact with health services

Chapter J Instructions

- Use additional code to identify:
  - exposure to environmental tobacco smoke (Z77.22)
  - 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)
Examples of ICD-10 CM

- **J30 Vasomotor and allergic rhinitis**
  - Includes: spasmodic rhinorrhea
  - Excludes: allergic rhinitis with asthma (bronchial) (J45.909)
  - Rhinitis NOS (J31.0)
- **J30.0 Vasomotor rhinitis**
- **J30.1 Allergic rhinitis due to pollen**
  - Allergy NOS due to pollen
  - Hay fever Pollinosis
- **J30.2 Other seasonal allergic rhinitis**
- **J30.5 Allergic rhinitis due to food**
- **J30.8 Other allergic rhinitis**
  - **J30.81 Allergic rhinitis due to animal (cat) (dog) hair and dander**
  - **J30.89 Other allergic rhinitis**
    - Perennial allergic rhinitis
- **J30.9 Allergic rhinitis, unspecified**
Examples of ICD-10 CM

• **J31 Chronic rhinitis, nasopharyngitis and pharyngitis**
  - Use additional code to identify:
  - exposure to environmental tobacco smoke (Z77.22)
  - 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)

• **J31.0 Chronic rhinitis**
  - Atrophic rhinitis (chronic)
  - Granulomatous rhinitis (chronic)
  - Hypertrophic rhinitis (chronic)
  - Obstructive rhinitis (chronic)
  - Ozena
  - Purulent rhinitis (chronic)
  - Rhinitis (chronic) NOS
  - Ulcerative rhinitis (chronic)
    - Excludes: allergic rhinitis (J30.1-J30.9)

• **Vasomotor rhinitis (J30.0)**
Examples of ICD-10 CM

- **Includes: Allergic (predominantly) asthma**
- Allergic bronchitis NOS
- Allergic rhinitis with asthma
- Atopic asthma
- Extrinsic allergic asthma
- **Hay fever with asthma**
- Idiosyncratic asthma
- **Intrinsic nonallergic asthma**
- Nonallergic asthma

Subsection Instructions for Asthma

- Use additional code to identify:
- exposure to environmental tobacco smoke (Z77.22)
- 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)
- Excludes: detergent asthma (J69.8)
- eosinophilic asthma (J82)
- lung diseases due to external agents (J60-J70)
- Miner’s asthma (J60)
- wheezing NOS (R06.2) wood asthma (J67.8)
Subsection for Asthma

- Excludes: asthma with chronic obstructive pulmonary disease
- chronic asthmatic (obstructive) bronchitis
- chronic obstructive asthma
- J45.2 Mild intermittent asthma
  - J45.20 Mild intermittent asthma, uncomplicated
    - Mild intermittent asthma NOS
  - J45.21 Mild intermittent asthma with (acute) exacerbation
  - J45.22 Mild intermittent asthma with status asthmaticus

Asthma

- J45.3 Mild persistent asthma
  - J45.30 Mild persistent asthma, uncomplicated
  - J45.31 Mild persistent asthma with (acute) exacerbation
  - J45.32 Mild persistent asthma with status asthmaticus
- J45.4 -Moderate persistent asthma
- J45.5- Severe persistent asthma
Asthma

- J45.9 – Other and unspecified asthma
  - J45.901 Unspecified asthma with (acute) exacerbation
  - J45.902 Unspecified asthma with status asthmaticus
  - J45.900 Unspecified asthma, uncomplicated

- J45.99 – Other asthma
  - J45.990 Exercise induced bronchospasm
  - J45.991 Cough variant asthma
  - J45.998 Other asthma

Other Guidelines for Asthma

- Exacerbation – ICD-10 CM definition:
  - “An acute exacerbation is a worsening or a decompensation of a chronic condition. An exacerbation is not equivalent to an infection superimposed on a chronic condition though an exacerbation may be triggered by an infection

- J45.90 includes the following
  - Asthmatic bronchitis NOS
  - Childhood asthma NOS
  - Late onset asthma
Anaphylaxis – ICD-10 CM

- 995.61 – Anaphylaxis peanut
  ICD-9 CM
- T78.00XA – Anaphylaxis peanut initial encounter
- T78.00XD – Anaphylaxis peanut subsequent encounter
- T78.00XS – Anaphylaxis peanut sequela encounter

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.
• 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.

• 7th character “S”, sequela, is for use for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are sequelae of the burn. When using 7th character “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The “S” is added only to the injury code, not the sequela code. The 7th character “S” identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.
ICD10-CM for Bee sensitivity

989.5 ICD 9

- T63.441A,D, S, - Toxic effect of venom bees – accidental
- T63.442- – toxic effect bees – intentional
- T63.443- – toxic effect bees – assault
- T63.444- - toxic effect bees - undetermined

ICD-10 Signs and Symptoms

- Cough - R05 (affected) (chronic) (epidemic) (nervous) bronchial, laryngeal spasmodic
- Wheeze – R06.2
- Nasal congestion - R09.81
- Postnasal drip – R09.82
- Vomiting unspecified R11.10
- Vomiting with vomiting, unspecified R11.2
Questions?

Case Studies -- 1

- This is a patient who had been seen in the clinic 10 years ago. New patient or established? Why? Consult? Does the time frame make a difference if it is a consult?

- A 57 y.o. male is seen for a hx of prolonged allergic reaction after stent implant 10 years ago. Patient now needs a new stent. Cardiology has asked us to evaluate this patient prior to stent placement.

- 10 years ago he was seen for this and underwent drug testing for 3 local anesthetics, 2 corticosteroids followed by an oral dose, and patch testing to metals and steroids. All testing was negative. Labs were ordered. His tryptase level came back elevated at 24. He was called but never came in for follow up.

- This week he was seen. Interval hx revealed hives after Tylenol with Codeine but otherwise no major medical problems over the last 10 years. For the last two months he has noted exertional chest pain. He was seen by cardiology and noted to have CAD and needs stent. In the clinic this week his hx was obtained, prior charts were found in storage and reviewed and his cardiologist was contacted to discuss the patient. Labs were ordered this week.
Case #1 Diagnoses

- Allergic Reaction Unspecified
- Abnormal Lab Values
- ICD-9CM 995.3 790.6
- ICD-10CM T78.40XA R74

Case #2

- You have a consult for a 10 y.o. male with chronic nasal and ocular sx (itchy nose, sneezing, nasal congestion, itchy/watery eyes), wheezing in the past with URIs but now also with exercise. Was given an albuterol inhaler and uses 3-4 times a week.
- Has a hx of some mild eczema as a toddler, now just with a few flares in the winter on his arms and behind his knees. You perform spirometry pre and post BD, perform eNO and environmental allergy skin testing. His spirometry shows a normal FVC, FEV1, but slightly low ratio for age (.80) and low midflows (65% pred). His eNO is 42ppb. His skin test is + to multiple grasses, trees, cat, dust mites and a couple of molds.
- You diagnose him with allergic rhinitis to pollens, pets, dust mites and molds, mild persistent asthma, and atopic dermatitis.
Case #2

- **Diagnosis codes ICD-9-CM**
  - Allergic rhinitis pollens, dust mites, animals = 477.0, 477.8, 477.2 – ICD-9 CM
  - J30.1, J30.89, J3081 – ICD-10CM
  - Plus codes for smoking or tobacco exposure if known
  - Atopic dermatitis = 691.8 – L20.81
  - Allergic asthma uncomplicated = 493.00 J45.30
  - (code for tobacco use or exposure also)
  - Does patient have allergic conjunctivitis?
  - Bilaterally – 372.14 H10.45

Case #3

- You are consulted for a 5 month old male infant with concern for food allergies. He is almost exclusively breast fed. Since about one month of age mom has noted some intermittent bloody streaks in his stools. A little mucous noted but not much. It will occur a few times a week. He was otherwise growing well, feeding well and developing normally. The pediatrician told mom to pull milk out of her diet and continue to breastfeed. When she did this, the bloody stools resolved. She started solid foods in the last month. When she first fed him rice cereal, later that night he got sick. He seemed more fussy, started vomiting and developed bad diarrhea. He V/D worsened and he was lethargic so she took him to the ED. In the ED a CBC showed elev WBC with elev neutrophils so an LP was done that was normal. He was admitted and on IV abx until cultures were negative at 72 hours. Once he was home and well, mom tried solid foods again and gave him a little rice cereal. A few hours later he again started vomiting and developed diarrhea. This time he was seen in the peds office. He was observed and able to still drink so mom was told to avoid rice cereal and see you. In your office you skin test to milk, soy and rice. Prick testing is negative. You dx him with hx of allergic proctocolitis to milk and FPIES to rice.
Case #3

- ICD-10 CM diagnoses:
  - Proctocolitis – ICD9-CM 556.2
  - ICD10-CM K51.30
  - FPIES ICD-9CM 558.9
  - ICD-10CM K52.21

Case #4

- Patient is seen and evaluated for honey bee anaphylactic reaction. Patient has been sent by their primary care provider for evaluation and possibly testing. Allergy testing is performed and patient is positive to honey bee and wasps.
- After discussion the results of the allergy testing with the patient, the decision is made to place the patient on immunotherapy for honey and wasps.
Case #4

- Diagnosis codes for encounter
- ICD-9CM 989.5
- ICD-10CM Codes T63.441A
  T63.461A

Poll #6

- What you think of the ICD-10CM delay?
  - ☐ Darn it, I was ready to roll!
  - ☐ Yay, I was nowhere near ready!
  - ☐ Please keep delaying it ... like forever.
Now that we have a delay

- Train on the documentation needs
- CMS has recommended that administrative and business staff train 12 months - providers 6 months prior
- Work on end to end testing with your practice management, EMR and clearinghouse vendors
- Arrange end to end testing with our major payers to minimize disruptions to your revenue cycles

Now that we have a delay

- Currently up to 80% of denials are in some manner related to improper selection of diagnosis codes
- MGMA estimates that claims denials cost the practice approximately $40 a claim
- Focus on painting a better picture of medical necessity
- Document all services ordered and performed using ICD-9 codes
Now that we have a delay

- Utilize this time to dramatically decrease current denials due to improper selection of diagnosis codes
- Minimize audit risk
- Work toward a smooth transition into ICD-10
- We have been working off draft versions of ICD-10 CM. Initial estimates were for approximately 75,000 new codes. Recent estimates are for 140,000-150,000 ICD-CM in the final release

Now that we have a delay

- 2014
  - Budget, plan – this should be in place and working toward completion
  - Work on more specific documentation – an ongoing project
  - Clean up your problem list
  - Document co-morbidities and the impact as part of the allergy/immunology evaluation
  - Begin end to end testing through vendors to payers – become involved with you payers who have the highest volume of claims to make sure your able to submit claims.
Now that we have a delay

- **2014/2015**
  - Complete end to end testing with payers
  - Begin to recognize the difference in the verbiage for diagnosis codes in your software
  - Learn the general guidelines for choosing the appropriate code(s)
  - October 1, 2015– Begin using the ICD-10CM codes

Questions???

Thank you!