ICD-10 Specialty Champion Training

May 2015

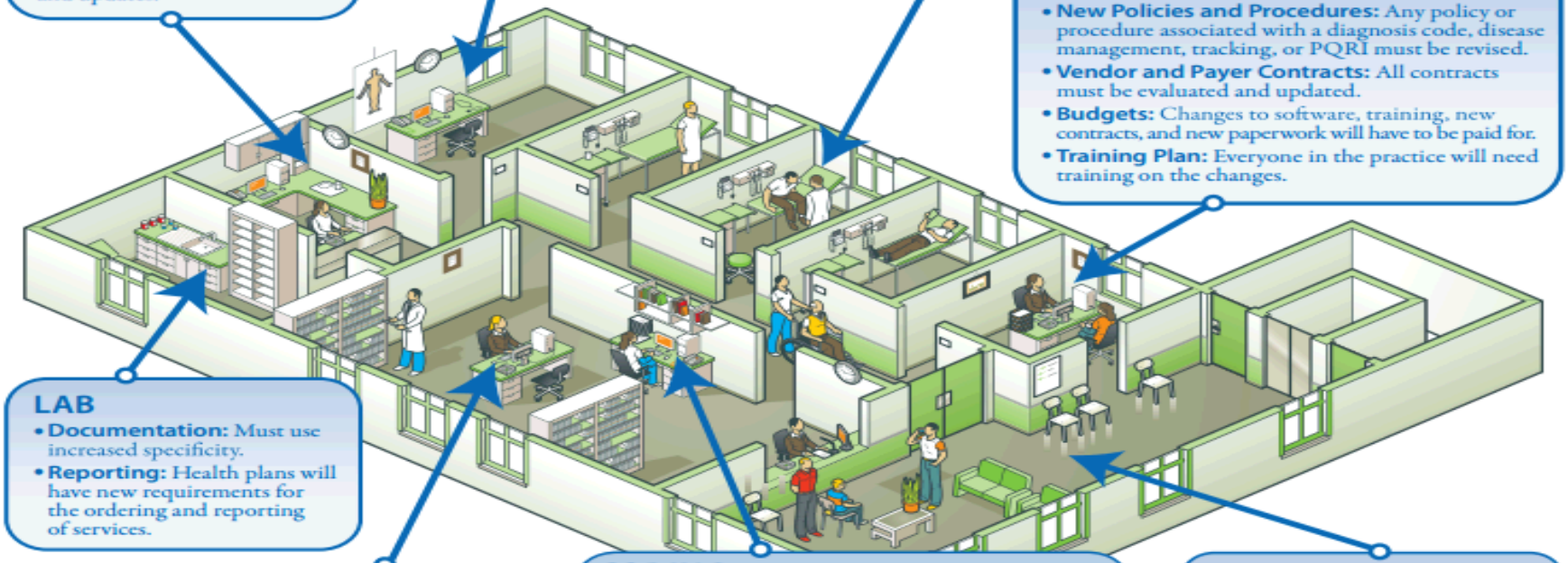
Agenda

Topic	Accountable	Time
Overview ✓ Impacts and Risk Areas ✓ Objectives and Expectations ✓ Roles and Responsibilities	Dr. Gary Frank	10 min
Core Principles of ICD-10 ✓ Things you need to know to be successful in an ICD-10 environment	Jeff Linzer	10 min
ICD-10 Documentation ✓ Coding process	Delinda Doss	5 min
Problem Lists and ICD-10 Epic Tools ✓ Problem List Case Study ✓ Problem List Calculator ✓ Myths about the problem list ✓ Diagnosis Calculator Case Study	Dr. Jose	15 min
Physician Documentation Go-Live ✓ What is the purpose of an early go-live? ✓ What should I do to prepare?	Delinda Doss	10 min
Timeline and Next Steps ✓ Timeline Overview ✓ Toolkit Walkthrough	Delinda Doss	10 min
ICD-10 Support ✓ Timeline	Delinda Doss	5 min
Question and Answer	Jeff Linzer/Delinda Doss	25 min

Overview

Dr. Gary Frank
Physician Leader

ICD-10 Impacts to the Physician Practice



PHYSICIANS
- **Documentation:** The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:** Codes increase from 17,000 to 140,000. Physicians must be trained.

CLINICAL
- **Patient Coverage:** Health plan policies, payment limitations, and new ABN forms.
- **Superbills:** Revisions required and paper superbills may be impossible.
- **ABNs:** Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted, and patients will require education.

NURSES
- **Forms:** Every order must be revised or recreated.
- **Documentation:** Must use increased specificity.
- **Prior Authorizations:** Policies may change, requiring training and updates.

MANAGERS
- **New Policies and Procedures:** Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- **Vendor and Payer Contracts:** All contracts must be evaluated and updated.
- **Budgets:** Changes to software, training, new contracts, and new paperwork will have to be paid for.
- **Training Plan:** Everyone in the practice will need training on the changes.

LAB
- **Documentation:** Must use increased specificity.
- **Reporting:** Health plans will have new requirements for the ordering and reporting of services.

BILLING
- **Policies and Procedures:** All payer reimbursement policies may be revised.
- **Training:** Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

CODING
- **Code Set:** Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- **Clinical Knowledge:** More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- **Concurrent Use:** Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.

FRONT DESK
- **HIPAA:** Privacy policies must be revised and patients will need to sign the new forms.
- **Systems:** Updates to systems may impact patient encounters.

AAPC
Advancing the Business of Healthcare

Children's Healthcare of Atlanta

What are some key risk areas?

Poor documentation could lead to:

Financial

- Need for cash reserves
- Increase in claims denials
- Decrease in revenue

Operational

- Staff scheduling
- Decrease in productivity
- Increase in physician queries

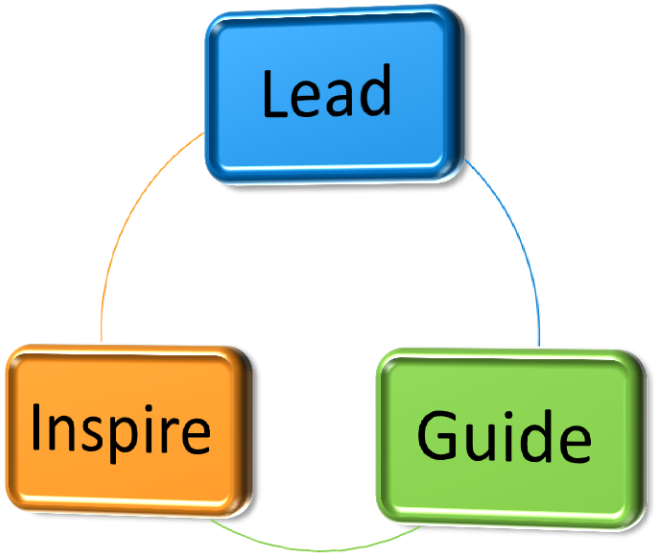
Quality

- Delays in patient care due to referrals and authorizations
- Difficulty comparing pre and post quality metrics

Specialty Champions: Objectives

Specialty Champion Objectives

- Ensure you are comfortable with the CBT training you've received
- Provide you with the information and tools you need to act as a resource within your specialty
- Walk through each area of documentation and demonstrate down-stream impact
- Outline important next steps and where to go when you have questions



Specialty Champions: Objectives and Expectations

Expectations

- Act as the “go-to” person within your specialty
- Encourage your practice to reach out to icd10@choa.org with questions
- Encourage your colleagues to take CBTs and implement specificity in documentation
- Work with IS&T (Steve Piper) to update your Preference Lists
- Manage your problem list

Specialty Champions: Roles & Responsibilities

Role	Responsibilities
Specialty Champions Providers	• Champion the implementation and raise awareness within your specialty • Act as a conduit of information to other physicians within your specialty • Understand key principles of documentation • Inspire and engage peers within your practice to complete CBTs and document more effectively
Specialty Champions Practice Manager/ Business Lead	• Lead the practice in understanding the importance of documenting to support ICD-10 • Engage peers within the practice to ensure forms have been assessed and updated and CBTs have been completed • Act as a resource to members of your specialty practice and the “go-to” person for questions and information
ICD-10 Project Implementation Team	• Provide all Specialty Champions useful, meaningful, information through toolkits, trainings, CBTs, website, and workshops. • Work with Specialty Champions to understand the challenges they face within their specialty and assist where possible • Share reports and identify areas that require targeted support and/or remediation

Core Principles of ICD-10

Jeffrey Linzer Sr., MD
Lead Physician for ICD-10-CM Conversion

ICD-10-CM Benefits

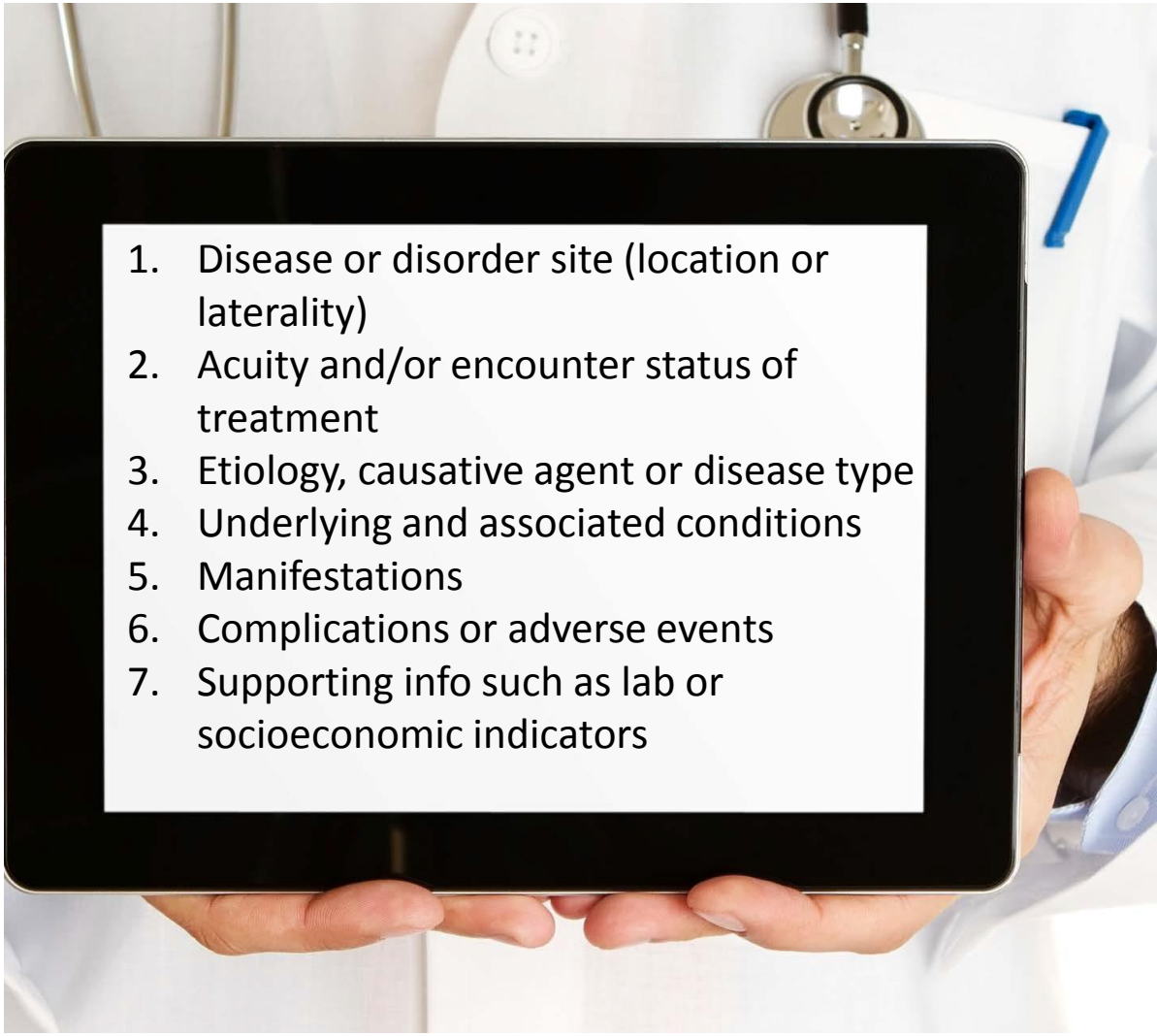
- Improved specificity makes it easier to
  - ✓ Measure health care services
  - ✓ Quality metrics measurement
  - ✓ Identifying fraud and abuse
- Supports improved public health surveillance and epidemiological research
- Allows easier comparison of mortality and morbidity diagnosis data

- Won't I have to document more?
  - ✓ No, you need to clearly document enough information to support the principal and contributing diagnoses
- Documentation needs to be appropriate to support the principal and contributing diagnoses
  - ✓ Listing a condition on a problem list is not sufficient
- ICD-9-CM has depth of detail
- ICD-10-CM improves the granularity of those details

Key Documentation Impacts of ICD-10

ICD-10 CM Diagnosis Codes

- You still use the code that best explains the reason or significant finding for the encounter (principal/primary)
  - ✓ List contributing (secondary) codes
- Document accurately and be as specific as possible
  - ✓ Use clinical judgment even in absence of lab or x-ray confirmation
  - ✓ If condition is unclear then document for symptoms and/or complaint
  - ✓ Do not need a "final" diagnosis
- Unlike Snomed, ICD does not contain diagnosis definitions
- Symptom and complaint based diagnosis is still permissible
- Not limited to a single outcome finding



General Rules for Documentation

- Documentation needs to support
  - rendered services
  - resource utilization
- Do a descriptive HPI instead of check boxes
  - *Nature of the primary problem* (NOPP) helps establish medical necessity
  - Supports “Level of Risk” for the presenting problem
- Be specific as to anatomical location of injuries and related external causes

General Rules for Documentation

- Document your interpretation for any abnormal lab tests that you feel are significant or contributory to the patient's condition
  - Coder cannot use a value to extract a diagnosis code
  - If you think a HCO_3 of 8 is significant, you have to write "acidosis" otherwise it can't be coded
- Don't add problems to the problem or diagnosis list if they don't apply to the current encounter

Combination codes

- Contain more then one diagnosis or concept
  - Chronic condition with acute manifestation
    - G40.911 Epilepsy, unspecified, intractable, with status epilepticus
  - Two concurrent acute conditions
    - R65.21 Severe sepsis with septic shock
  - Acute condition with external cause
    - T39.012A Poisoning by aspirin, intentional self-harm

Encounter Type For Injury, Poisoning And Certain Other External Causes

- Initial encounter
  - Indicates that the patient is receiving "active" treatment including:
    - surgical care
    - ED services
    - evaluation and continuing treatment by the same or a different physician
- Subsequent encounter
  - patient is receiving routine care for the condition during the healing or recovery phase including:
    - x-ray to check healing status of fracture
    - removal of external or internal fixation device
    - medication adjustment
    - other aftercare and follow up visits following treatment of the injury or condition
- Sequela (late effect)
  - Is the residual effect (condition produced) after the acute phase of an illness or injury has terminated
  - Identifies
    - complications or conditions that arise as a direct result of a condition
    - the injury responsible for the sequela
  - Both the injury code that precipitated the sequela and the code for the sequela itself are reported
    - specific type of sequela (e.g. scar) is sequenced first, followed by the injury code
  - There is no time limit on when a sequela code can be applied
    - 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

Source: ICD-10-CM Official Guidelines for Coding and Reporting

Terminology matters: *Choose the right term*

- With ICD-10-CM payers will be more likely to question some “unspecified” diagnosis codes
  - “ROM” instead of “acute right sup OM”
  - “AGE” instead of “viral AGE”
  - “right forearm fracture” instead of “fracture right radial shaft, non-displaced”
- Non-specific diagnostic terminology could result in delays in prior approval for
  - laboratory and radiograph tests
  - referrals
  - elective surgeries
  - could lead to more claim rejections and appeals

Terminology matters:
Choose the right term

- However, non-specific codes will still be acceptable in various circumstances
  - URI
  - UTI
  - pneumonia
  - asthma (unspecified) exacerbation in the ED and UC setting
    - primary care and specialist should define type for quality metrics
  - whooping cough, unspecified species
    - need to indicate with or without pneumonia
  - Gram-negative sepsis, unspecified
    - pending identification
  - viral AGE
  - Hb-SS disease with crisis
    - indicates that patient does not have acute chest syndrome or splenic sequestration

Putting ICD-10-CM in Perspective

- A physician documents a recurrent right acute suppurative otitis media, with rupture of the ear drum

Specific Variable	ICD-9-CM	ICD-10-CM
Acuity (acute v chronic)	Yes	Yes
Specific type (e.g., suppurative)	Yes	Yes
Rupture of ear drum	Yes	Yes
Laterality (e.g., Right)	No	Yes
Recurrence	No	Yes

Putting ICD-10-CM in Perspective

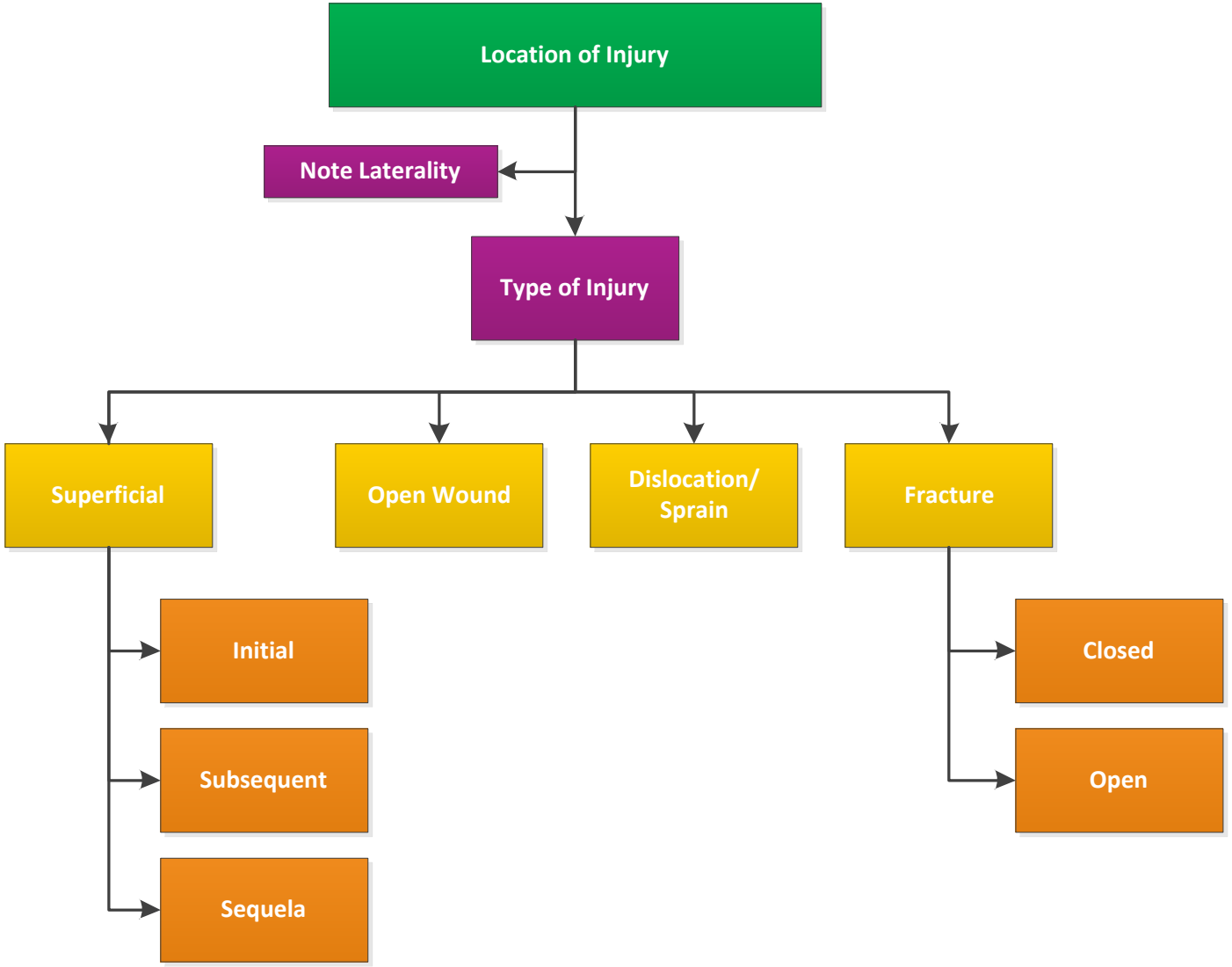
- A physician documents a closed fracture of the left radial shaft

Specific Variable	ICD-9-CM	ICD-10-CM
Severity (open vs. closed)	Yes	Yes
Anatomic location (proximal, shaft, distal)	Yes	Yes
Descriptor (e.g. non-displaced, displaced, transverse, oblique)	No	Yes
Laterality (e.g. left)	No	Yes
Phase of care (initial, subsequent, sequela)	No	Yes

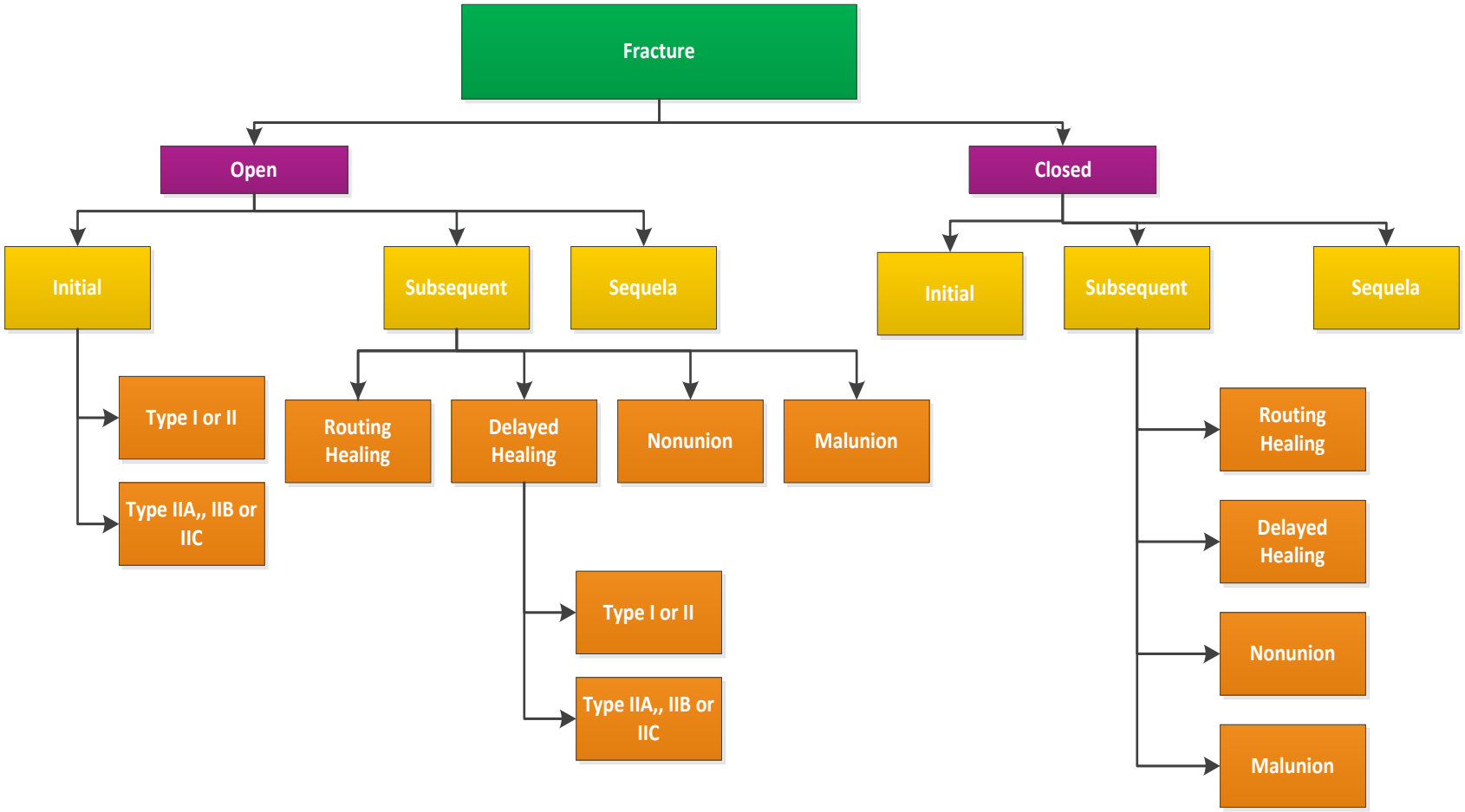
7th Character

7th Character	Open Fracture	Closed Fracture	Fracture of Skull Facial Bones Spine/Neck Ribs Sternum Pelvis	Injuries: Superficial Open, Dislocations Sprains/Strains Subluxation Nerve
A – Initial Encounter (IE) (injury or closed fracture)		X	X	X
B – IE open fracture (OF) type I or II (Default)	X		X	
C – OF type IIIA, IIIB, IIIC	X			
D - Subsequent Encounter (SE) routine healing		X	X	X
E – SE OF type I or II w/ routine healing	X			
F – SE OF type IIIA, IIIB, IIIC w/ routine healing	X			
G – SE for closed fracture w/ delayed healing		X	X	
H – SE OF type I or II w/ delayed healing	X			
J – SE OF type IIIA, IIIB, IIIC w/delayed healing	X			
K – SE for closed fracture w/ nonunion		X	X	
M – SE OF type I or II w/ nonunion	X			
N – SE OF type IIIA, IIIB, IIIC w/nonunion	X			
P – SE for closed fracture w/ malunion		X		
Q – SE OF type I or II w/ malunion	X			
R – SE OF type IIIA, IIIB, IIIC w/ malunion	X			
S - Sequela	X	X	X	X

Injury Coding Algorithm



Fracture Coding Algorithm



In Conclusion…

At its core, ICD-10 supports medical resource utilization. While this is important for reimbursement, good documentation reflects good care for the patient. Proper terminology results in better communication and translates in to better care. In a world focused increasingly on quality metrics and outcomes, better information will help to drive research, innovation and population health management.

By learning and applying these documentation principles, we truly are about making kids better today and healthier tomorrow.

ICD-10 Documentation

Delinda Doss
Lead ICD-10 Trainer

Where does the Coding department focus for Inpatient?

- Hospital Inpatient encounters are assigned codes based on provider documentation in the following:
  - Physician Orders
  - Radiology/Lab/Pathology Reports
  - ED Triage and Provider notes
  - **History and Physical** (Prob List)
  - **Physician progress notes** (Prob List)
  - Operative/procedure notes (to include Brief Op Notes & Post Op Notes)
  - Anesthesia Record (Pre & Post)
  - Consult Notes
  - Implant Record
  - Transfer Summary
  - **Discharge Summary** (Prob List)

Where does the Coding department focus for Outpatient?

- Hospital Outpatient and Clinic/Physician Practice encounters are assigned codes based on provider documentation in the following:
  - Physician Orders
  - Radiology/Lab/Pathology reports
  - ED Triage and Provider notes
  - History and Physical
  - Physician Progress notes
  - Operative/procedure notes (to include Brief Op Notes & Post Op Notes)
  - Anesthesia Record (Pre & Post)
  - Consult Notes
  - Implant Record
  - Short-Stay/Discharge Summary or Discharge Progress Note

Problem Lists and ICD-10
Epic Tools

Dr. Jim Jose

Looking for “Simple”

Needed:

“Teachable Method” to find ICD-10 Terms

- That can be efficiently propagated to physicians/APPs
- Provides a concrete set of steps to get to right diagnosis
- Can set the stage for communications with providers.

Problem list as simplifying tool for ICD-10

The Problem List has become the focus for inpatient implementation. Why?

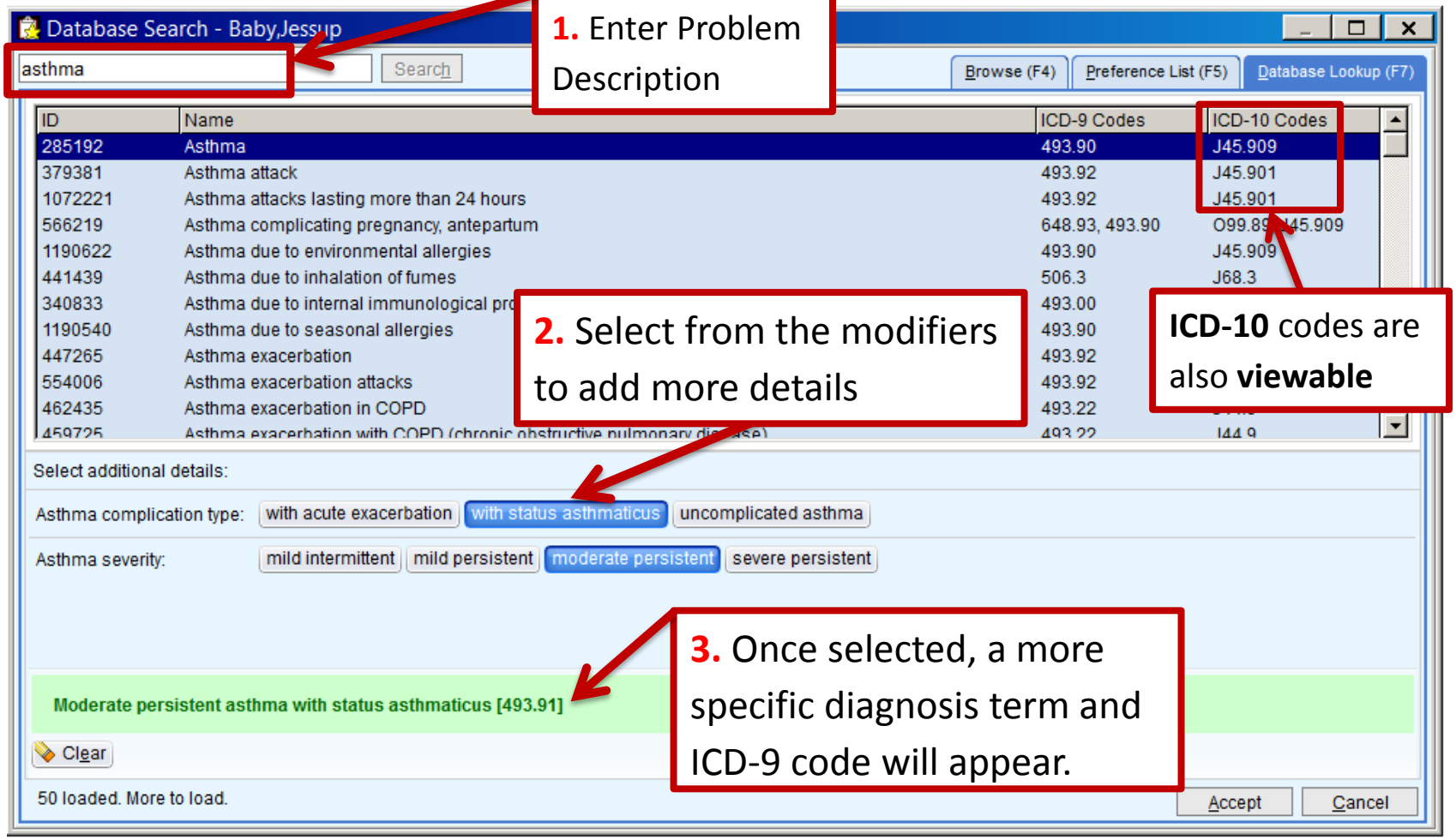
- #1 Reason: Most new documentation for ICD-10 is just "choose the right term." Problem List has it.
- The organization's dictionary is in the Problem List.
- Search tool in Epic to look up terms familiar to users.
- A commonly held "method" can be promoted.
- Efficient maintenance of terms library over time.
- Secondary benefits of enhanced care coordination.
- The good news: there's an Easy Button: Problem List Calculator

With ICD-10, use of the Problem List is needed to complete a note.

Medical Executive Committee has supported new rule:

- "For inpatient documentation, provider notes entered in Epic must include a link to the patient problem list.
- Assessments and diagnoses may include non-ICD terms, but notes must contain at least 1 ICD term.
- Providers are expected to participate in timely updating of the problem list to support accurate documentation."

Problem List Calculator



How to use Problem List Calculator

- Generic problems trigger the Problem List Calculator.
- Buttons in the calculator suggest more specific terms.
- The problem list calculator is a “buyer beware tool.” Look for another term if the suggested term does not fit.
- A link to the problem list is required for all primary physician documentation (admission H&P, progress notes, discharge summaries.)
- If the problem list is updated after opening the note, remember to refresh the link in the note so the list in the note will be updated.

Problem List management governance

Epic Physician Oversight Committee and **Medical Executive Committee** acknowledged long-standing controversies around problem list management governance.

But they supported this as the best path for the medical staff to meet the challenges of ICD-10.

Problem List Myths

Debunking Problem List Myths

Myth #1: Only required for Attendings.

- **Problems managed by provider should be entered by provider.** All providers seeing patient may update problem list.

Myth #2: Updating takes too much time.

- Entries are quick and will locate an ICD-10 term easily.
- Yes, weeding out a chronically neglected problem list is frustrating. With more participation, efficiency should improve.

Myth #3: Not that important anyway.

- Outcomes studies confirm diminishes fragmentation of care.
- Required for Meaningful Use
- New: it is now a required part of the doctor's note.

Case Study: ICU at Egleston

- **Challenge:**
  - Not all specifics known about patient upon admittance to intensive care.
  - Many patients have more than one diagnosis and more than one specialist involved in care, making it challenging to provide up to date and accurate information
- **Best Practices:**
  - Incorporated daily, attending physician reviews of the Problem List for every patient as a part of rounding checklist.
    - *"We are able to revise our notes over time to result in the specifics needed once the patient leaves our care."*
  - Established process for regular reporting on Problem List development in Epic.
  - Set goals early and encouraged healthy competition among staff for achieving goals.
- **Results:**
  - High rate of compliance for physicians involved.
  - Improved accuracy and up-to-date information that supports routine and cross-disciplinary care.
  - Potential benefit of having a more accurate Case Mix Index.

We took a very simple thing and added it to our daily checklist. Because this is now part of our daily routine, the transition doesn't seem as daunting.

Dr. Jana Stockwell, Chief, Division of Critical Care Medicine, Egleston Hospital

Case Study: Urgent Cares at Town Center and Hudson Bridge

- **Challenge:**
  - Avoid duplication of work, redundant testing and help facilitate appropriate continuity of care.
- **Best Practices:**
  - Added regular training components to monthly staff meetings to:
    - Understand the specificity required by ICD-10 and how to accurately reflect the specific diagnosis.
    - Identify how the diagnosis for ICD-10 is different from the ICD-9 requirements.
  - Early adoption of diagnosis calculator has allowed time for physicians to adapt to the increased specificity provided.
    - *"Personally, I have started using more specific language to avoid the prompts."*
- **Results:**
  - Documentation has improved.
  - Optimism among staff that the diagnosis calculator helps facilitate improved continuity of care for patients.

A great relief to my team was the knowledge that not all 65,000 codes are applicable to our specialty or to our daily routines. I educated our physicians about the number of codes that were most likely to affect our patients and our group.

Dr. Krishna Eechampati, Lead Physician, Children's at Town Center and Children's at Hudson Bridge

Physician Documentation Go-Live

Delinda Doss

What are we doing?

Objective

Implement an early physician ICD-10 documentation go-live to assess compliance with ICD-10 documentation requirements, opportunities for additional education, and gauge projected financial impact.

Purpose

- Provide the ability to remediate physician documentation concerns before it impacts revenue
- Assess high level financial risk by specialty and physician
- Determine if financial risk is expected, due to coding, or due to documentation
- Provide targeted training to high risk groups
- Assess baseline financial risk and compare to post physician go-live claims

What does a "physician documentation" go-live mean?

- ✓ Onsite support to work with champions to determine if the link from problem list into their notes is working appropriately
- ✓ Specialty champions to work laterally within their groups to ensure colleagues are managing the problem list
- ✓ Physicians must complete training prior to "physician documentation" go-live
- ✓ Problem List Calculator will be turned on for inpatients to assist physicians with specificity in their documentation.
- ✓ Documentation will be assessed by July 15th for high risk specialties and targeted training opportunities identified.

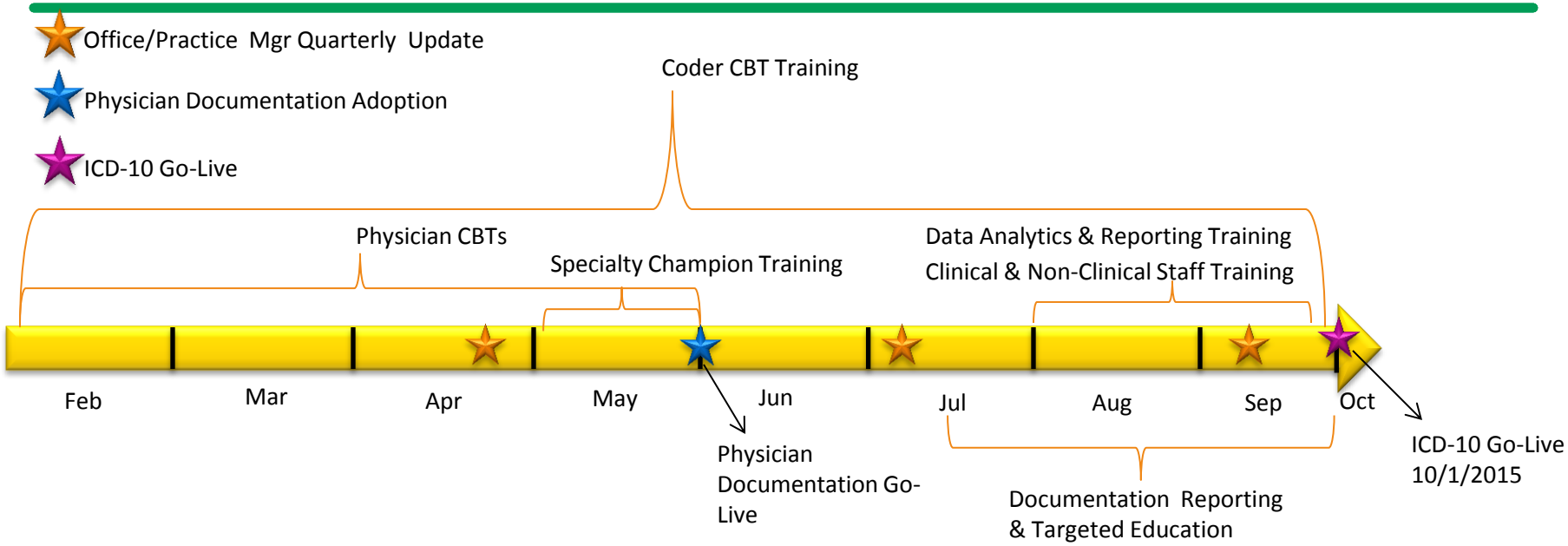
Steps to Prepare

- Complete appropriate CBTs by June 1
- Specialty Champions share information with peers
- Review tipsheets for Problem list calculator and Diagnosis Calculator
- If you have concerns about the documentation within your specialty, please contact us at icd10@choa.org

Timeline and Next Steps

Delinda Doss

ICD-10 Training and Education Timeline



Next Steps

- ✓ Implement the documentation principles you've learned here into your daily work and engage your colleagues to do the same
- ✓ Share your understanding of ICD-10 with your peers and address any questions that come up
- ✓ Work with your Practice Manager to ensure forms are assessed and updated
- ✓ Ensure physicians within your specialty have completed the required training

Toolkit Walkthrough & Tip Sheets

Toolkit

Information within the toolkit includes but is not limited to the following:

- ✓ Top diagnosis for your specialty
- ✓ Mapping for top diagnosis to ICD-10
- ✓ Documentation examples related to your specialty
- ✓ Core Documentation Principles for ICD-10

Tip sheets

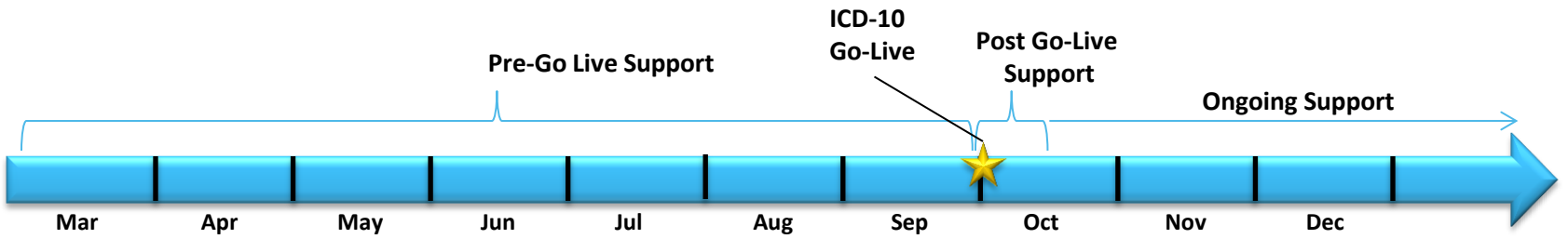
Tip sheets included during this training:

- ✓ Problem List tip sheet and best practices
- ✓ Aspen login information
- ✓ Problem List Calculator tip sheet
- ✓ Dx Calculator tip sheet

Support

Delinda Doss

Pre/Post ICD-10 Go-Live Support Strategy



Type of Support	Key Assumptions
Epic Problem List Calculator	• Solution Center Support • Primary support will be via telephone • This will be lead by IS&T resources
Pre ICD-10 Go-Live Support	• Questions will be fielded via email (icd10@choa.org) • Email address will be monitored and triaged by lead ICD-10 Trainer (Delinda Doss) with a maximum response time of 72 hours (3 business days) ✓ Questions will be forwarded to the respective focus area leads ✓ Question topics with recurring themes will be tracked to allow for identification of areas requiring additional training and/or follow up ✓ Questions will be used for FAQ on the ICD-10 website (www.choa.org\icd10)
Post ICD-10 Go-Live Support	• Support will be provided via command center (phone and email)
Ongoing Support	• Ongoing support need will be assessed and a plan will be developed in Q3 2015

Question and Answer

Delinda Doss, Dr. Jeff Linzer, Dr. Jim Jose