



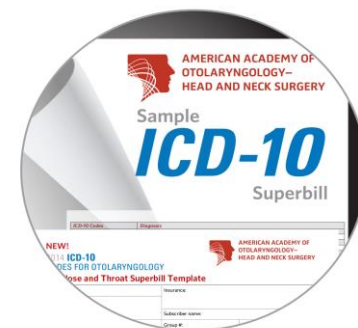
# 2014 AAO-HNSF ICD-10 Miniseminar

**Richard Waguespack, MD, FACS**

AAO-HNS President and Physician Payment Policy  
(3P) Workgroup Member

Academy Resources: <http://bit.ly/entICD10>  
*-Bulletin*, May 2013

**Member Benefit: Ear, Nose and Throat  
Superbill Template**



ICD-10 Codes	Diagnosis
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified

What do you need from the Academy?





# 2014 AAO-HNS ICD-10 Miniseminar

***“ICD-10 Implementation Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation.”***

## **Panelists**

- **Robert Lorenz, MD, MBA**
- **Annie Boynton, BS, RHIT, CPC, CCS, CPC-H, CCS-P, CPC-P, CPC-I, CPhT**





# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## **Robert Lorenz, MD, MBA, FACS**

- Medical Director of Payment Reform, Risk & Contracting for the Cleveland Clinic Health System.
- Serves as the physician lead on the transition of 41,000 employees to ICD-10 in 2015 for the Cleveland Clinic.
- Co-Chair elect of the AAO-HNS Physician Payment Policy (3P) workgroup and member of the Ad Hoc Payment Model workgroup.
- Former (2008-2011) Chief Medical Officer of Cleveland Clinic Abu Dhabi (CCAD).
- Represents Cleveland Clinic on Ohio Governor Kasich's Advisory Council on Health Care Payment Innovation
- Received his MBA from the London School of Economics with distinction





# ICD-10 in Otolaryngology

Robert Lorenz, MD, MBA  
Medical Director Payment Reform, Risk &  
Contracting  
Cleveland Clinic



# Disclosures

No conflicts of interest to disclose

Co-Chair AAO-HNS 3P Workgroup  
Coordinator Practice Affairs



- Brief ICD-10 background
- EMR vs. Paper
- Professional Revenue vs. Technical



## ICD-9

- 3-5 characters
- 1<sup>st</sup> is numeric or E/V
- 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> numeric
- At least 3 characters
- Decimal after 1<sup>st</sup> 3



## ICD-10

- 3-7 characters
- First is alpha
- All letters except U
- 2<sup>nd</sup> & 3<sup>rd</sup> numeric
- 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> can be alpha or numeric
- Decimal after 1<sup>st</sup> 3



# Changes in Brief....

1. Disease Acuity
2. Site
3. Laterality
4. Infectious Agent
5. Connect disease process with common manifestations
6. Circumstances surrounding injury



## Acute Suppurative Otitis Media (ICD-9-CM 382.00, 382.01)

### ICD-10-CM Codes

H66.001	Acute suppurative otitis media without spontaneous rupture of ear drum, right ear
H66.002	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
H66.003	Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral
H66.004	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, right ear
H66.005	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, left ear
H66.006	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral
H66.007*	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, unspecified ear
H66.009*	Acute suppurative otitis media without spontaneous rupture of ear drum, unspecified ear
H66.011	Acute suppurative otitis media with spontaneous rupture of ear drum, right ear
H66.012	Acute suppurative otitis media with spontaneous rupture of ear drum, left ear
H66.013	Acute suppurative otitis media with spontaneous rupture of ear drum, bilateral
H66.014	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, right ear
H66.015	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, left ear
H66.016	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, bilateral
H66.017*	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, unspecified ear
H66.019*	Acute suppurative otitis media with spontaneous rupture of ear drum, unspecified ear



# Proposed Benefits....

<b>Quality Measurement</b>	<ul style="list-style-type: none"> <li>• Data availability to assess quality standards, patient safety goals, mandates and compliance</li> <li>• Higher quality information for measuring healthcare service quality, safety, and efficiency</li> </ul>
<b>Public Health</b>	<ul style="list-style-type: none"> <li>• Improved disease and outbreak information</li> <li>• Improved ability to track and respond to international public health threats</li> </ul>
<b>Research</b>	<ul style="list-style-type: none"> <li>• Better data mining for increased analysis of diagnosis, treatment efficacy, prevention, etc</li> <li>• Recognition of advances in medicine and technology</li> </ul>
<b>Organizational Monitoring and Performance</b>	<ul style="list-style-type: none"> <li>• Enhanced ability to identify and resolve problems and ability to differentiate payment based on performance</li> </ul>

# ICD-9/10 Mapping Risk

Mapping Category	Mapping Risk	Description	Sample
Low Risk	1:1 Exact	Exact match indicates matching definitions	<div> <div>ICD-9</div> <div>786.50</div> <div>Chest pain, unspecified</div> </div> <span>↔</span> <div> <div>ICD-10</div> <div>R07.9</div> <div>Chest pain, unspecified</div> </div>
Moderate Risk	1:1 Approximate	Matching clinical meanings with differing meanings	<div> <div>ICD-9</div> <div>002.0</div> <div>Typhoid fever</div> </div> <span>→</span> <div> <div>ICD-10</div> <div>A01.00</div> <div>Typhoid fever, unspecified</div> </div>
High Risk	1:Many Single	Several options for clinical meaning with increased specificity	<div> <div>ICD-9</div> <div>802.4</div> <div>Closed fracture of malar &amp; maxillary bones</div> </div> <span>→</span> <div> <div>ICD-10</div> <div>S02.400A</div> <div>Malar fracture unspecified</div> </div> <span>→</span> <div> <div>ICD-10</div> <div>S02.401A</div> <div>Maxillary fracture unspecified</div> </div> <span>→</span> <div> <div>ICD-10</div> <div>S02.402A</div> <div>Zygomatic fracture unspecified</div> </div>



- Hearing Loss
  - Conductive
  - Sensorineural
  - Mixed Conductive and sensorineural
  - Noise-induced
  - Deaf nonspeaking
  - Ototoxic (specify agent)
  - Sudden idiopathic
- Documentation identifies type of hearing loss occurs in specific ear



- Inadequate Documentation
- 5 y.o. male with SNHL and history of high doses of IV chemotherapy
- Adequate Documentation
- **Bilateral** hearing loss
- High doses of IV **Cisplatin**
- **Hearing loss secondary to Cisplatin**

## Type, Laterality, Cause



# Office ENT: Paper

- Update project plan with billing staff
- Determine your diagnosis frequency
- Customize ICD-10 superbill
- Determine testing/ancillary order-associated diagnoses
- Catalogue quality metrics and associated diagnoses
- Communicate with payers (with notes)
- Mitigate Quality reporting transition

ICD-10 Codes	Diagnosis
<b>C00.9</b>	Malignant neoplasm of lip, unspecified
<b>C01</b>	Malignant neoplasm of base of tongue
<b>C02.3</b>	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
<b>C04.9</b>	Malignant neoplasm of floor of mouth, unspecified
<b>C05.0</b>	Malignant neoplasm of hard palate
<b>C06.9</b>	Malignant neoplasm of mouth, unspecified
<b>C07</b>	Malignant neoplasm of parotid gland
<b>C08.0</b>	Malignant neoplasm of submandibular gland
<b>C10.9</b>	Malignant neoplasm of oropharynx, unspecified
<b>C11.9</b>	Malignant neoplasm of nasopharynx, unspecified
<b>C13.9</b>	Malignant neoplasm of hypopharynx, unspecified
<b>C30.0</b>	Malignant neoplasm of nasal cavity
<b>C32.0</b>	Malignant neoplasm of glottis
<b>C32.1</b>	Malignant neoplasm of supraglottis
<b>C32.9</b>	Malignant neoplasm of larynx, unspecified
<b>C44.00</b>	Unspecified malignant neoplasm of skin of lip
<b>C44.01</b>	Basal cell carcinoma of skin of lip
<b>C44.02</b>	Squamous cell carcinoma of skin of lip
<b>C44.09</b>	Otherspecified malignant neoplasm of skin of lip
<b>C44.202</b>	Unspecified malignant neoplasm of skin of right ear and external auricular canal
<b>C44.209</b>	Unspecified malignant neoplasm of skin of left ear and external auricular canal
<b>C44.212</b>	Basal cell carcinoma of skin of right ear and external auricular canal
<b>C44.219</b>	Basal cell carcinoma of skin of left ear and external auricular canal
<b>C44.222</b>	Squamous cell carcinoma of skin of right ear and external auricular canal
<b>C44.229</b>	Squamous cell carcinoma of skin of left ear and external auricular canal
<b>C44.301</b>	Unspecified malignant neoplasm of skin of nose
<b>C44.309</b>	Unspecified malignant neoplasm of other parts of face
<b>C44.311</b>	Basal cell carcinoma of skin of nose

ICD-10 Codes	Diagnosis
<b>D14.1</b>	Benign neoplasm of larynx
<b>D22.11</b>	Melanocytic nevi of right eyelid, including canthus
<b>D22.12</b>	Melanocytic nevi of left eyelid, including canthus
<b>D23.11</b>	Other benign neoplasm of skin of right eyelid, including canthus
<b>D23.12</b>	Other benign neoplasm of skin of left eyelid, including canthus
<b>D33.3</b>	Benign neoplasm of cranial nerves
<b>D35.2</b>	Benign neoplasm of pituitary gland
<b>D37.01</b>	Neoplasm of uncertain behavior of lip
<b>D37.02</b>	Neoplasm of uncertain behavior of tongue
<b>D37.030</b>	Neoplasm of uncertain behavior of the parotid salivary glands
<b>D37.031</b>	Neoplasm of uncertain behavior of the sublingual salivary glands
<b>D37.032</b>	Neoplasm of uncertain behavior of the submandibular salivary glands
<b>D37.04</b>	Neoplasm of uncertain behavior of the minor salivary glands
<b>D37.05</b>	Neoplasm of uncertain behavior of pharynx
<b>D37.09</b>	Neoplasm of uncertain behavior of other specified sites of the oral cavity
<b>D38.0</b>	Neoplasm of uncertain behavior of larynx
<b>D48.5</b>	Neoplasm of uncertain behavior of skin
<b>D49.0</b>	Neoplasm of unspecified behavior of digestive system
<b>D49.1</b>	Neoplasm of uncertain behavior of respiratory system
<b>D49.2</b>	Neoplasm of uncertain behavior of bone, soft tissue, and skin
<b>D49.7</b>	Neoplasm of uncertain behavior of endocrine glands and other parts of nervous system
<b>E04.1</b>	Nontoxic single thyroid nodule
<b>E04.2</b>	Nontoxic multinodular goiter
<b>E05.90</b>	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
<b>E06.9</b>	Thyroiditis, unspecified
<b>E21.0</b>	Primary hyperparathyroidism
<b>E21.1</b>	Secondary hyperparathyroidism, not elsewhere classified
<b>E21.2</b>	Other hyperparathyroidism



# Office ENT: EMR

- Determine your diagnosis frequency
- Determine EMR's transition strategy
- Trial ICD-10 ready EMR model
- Map Preference Lists and Order Sets
- Determine testing/ancillary order-associated diagnoses
- Catalogue quality metrics and associated diagnoses
- Communicate with payers (with notes)
- Mitigate Quality reporting transition



# From Problem List to Visit Dx

Place orders - Wt: 50 lb (95%) Ht: 3' 6" (59%) BMI: 19.93 kg/m<sup>2</sup> (99%) BSA: 0.82 m<sup>2</sup>

Pref List Interactions Pharmacy Providers Routing CC Results Open Orders Pend Orders Sign Orders Second Sign Financial More

New order:  Search Next Edit Multiple Phases of Care

New order defaults Not using defaults

▼ Diagnoses Associate Associate All Auto Associate Level of service:  Edit

Add Diagnosis  ↑ ↓ Edit Remove

P	Diagnosis	Code
	No encounter diagnoses present.	

→  
←

New Problem Show Resolved Edit Resolve

Link Problem	Code	Noted
Greenstick Fracture of Shaft of Humerus, Left Arm		2/18/11

Auth Prov: ABBOTT, STEVE [7641] Pharmacy No pharmacy selected No unsigned orders

# From Problem List to Visit Dx

Place orders - Wt: 50 lb (95%) Ht: 3' 6" (59%) BMI: 19.93 kg/m^2 (99%) BSA: 0.82 m^2

Pref List Interactions Pharmacy Providers Routing CC Results Open Orders Pend Orders Sign Orders Second Sign Financial More

New order:  Search Next Edit Multiple Phases of Care

New order defaults Not using defaults

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

Problem: Greenstick Fracture of Shaft of Humerus, Left Arm

Calculator **List**

Encounter:

Fracture healing:

Visit Diagnosis  
Greenstick Fracture of Shaft of Humerus, Left Arm, Subsequent Encounter for Fracture with Delayed Healing [S42.312G]

Diagnoses Associate Associate All Auto Associate Level of service:  Edit

Add Diagnosis

P	Diagnosis	Code
	No encounter diagnoses present.	

New Problem ☐ Show Resolved

Link Problem	Code	Noted
Greenstick Fracture of Shaft of Humerus, Left Arm		2/18/11

Auth Prov: ABBOTT, STEVE [7641] Pharmacy No pharmacy selected No unsigned orders

# From Problem List to Visit Dx

Place orders - Wt: 50 lb (95%) Ht: 3' 6" (59%) BMI: 19.93 kg/m^2 (99%) BSA: 0.82 m^2

Pref List Interactions Pharmacy Providers Routing CC Results Open Orders Pend Orders Sign Orders Second Sign Financial More

New order:  Search Next Edit Multiple  
Phases of Care

New order defaults Not using defaults

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

Problem: Greenstick Fracture of Shaft of Humerus, Left Arm

Calculator List

Diagnosis	
Greenstick Fracture of Shaft of Humerus, Left Arm, Initial Encounter	S42.312A
Greenstick Fracture of Shaft of Humerus, Left Arm, Sequela	S42.312S
Greenstick Fracture of Shaft of Humerus, Left Arm, Subsequent Encounter for Fracture with Delayed Healing	S42.312G
Greenstick Fracture of Shaft of Humerus, Left Arm, Subsequent Encounter for Fracture with Malunion	S42.312P
Greenstick Fracture of Shaft of Humerus, Left Arm, Subsequent Encounter for Fracture with non-union	S42.322K

X Cancel

Diagnoses Associate Associate All Auto Associate Level of service:  Edit

Add Diagnosis  ↑ ↓ Edit Remove

P	Diagnosis	Code
	No encounter diagnoses present.	

New Problem ☐ Show Resolved Edit Resolve

Link Problem	Code	Notes
Greenstick Fracture of Shaft of Humerus, Left Arm		2/18/11

Auth Prov: ABBOTT, STEVE [7641] Pharmacy No pharmacy selected No unsigned orders



# CC ENT department

- 3 months E&M charges
- 868 ICD-9 codes
- 69 codes account for 75% of visits
- 1-1 Exact: 22
- 1-1 Approximate: 9
- 1-Many: 38
- 202 ICD-10 codes



# CC ENT department

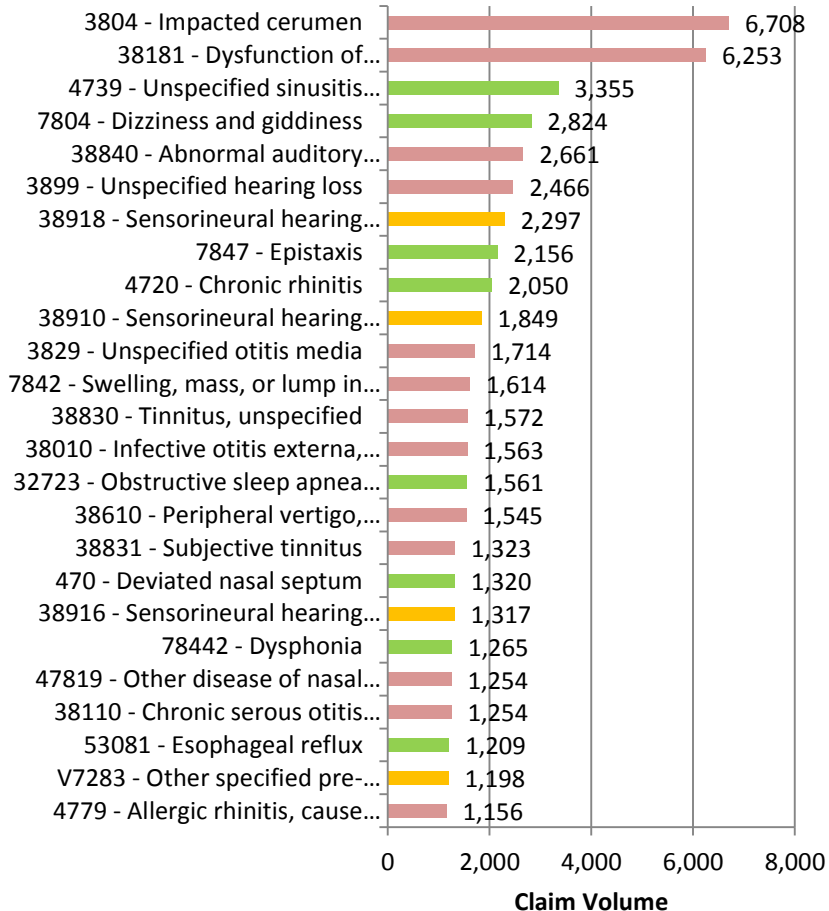
Count of DX	Description	Total	% of billed
473.9	Unspecified Sinusitis (chronic)	1740	5.3%
381.81	Dysfunction of Eustachian tube	1670	5.1%
380.4	Impacted cerumen	1482	4.5%
389.18	Sensorineural hearing loss, bilateral	1392	4.2%
389.9	Unspecified hearing loss	977	3.0%
472	Chronic Rhinitis	878	2.7%
784.7	Epistaxis	805	2.4%
530.81	Esophageal reflux	693	2.1%
478.19	Disease of nasal cavity/sinuses	630	1.9%
388.3	Tinnitus	558	1.7%
780.4	Dizziness and giddiness	550	1.7%
388.4	Other abnormal auditory perception	535	1.6%
389.16	Sensorineural hearing loss, asymmetrical	512	1.6%
382.9	Unspecified otitis media	506	1.5%
327.23	Obstructive sleep apnea (adult)(pediatric)	504	1.5%



# Professional Claims: Top 25 Primary Diagnosis Otolaryngology & Communicative Diseases Impact Analytics

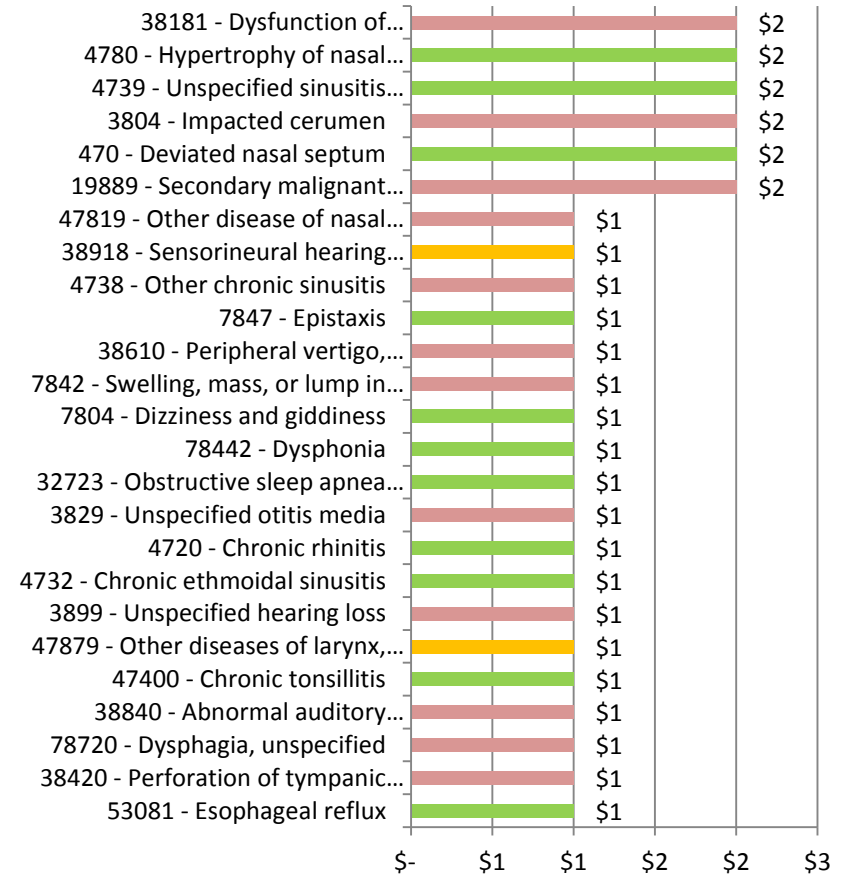
## Claim Volume

### Otolaryngology & Communicative Diseases



## Dollar

### Otolaryngology & Communicative Diseases



Very High  
Risk

No mapping in ICD-10; Many: 1  
1:Many(Single & Combination)

High Risk

1: Many Single

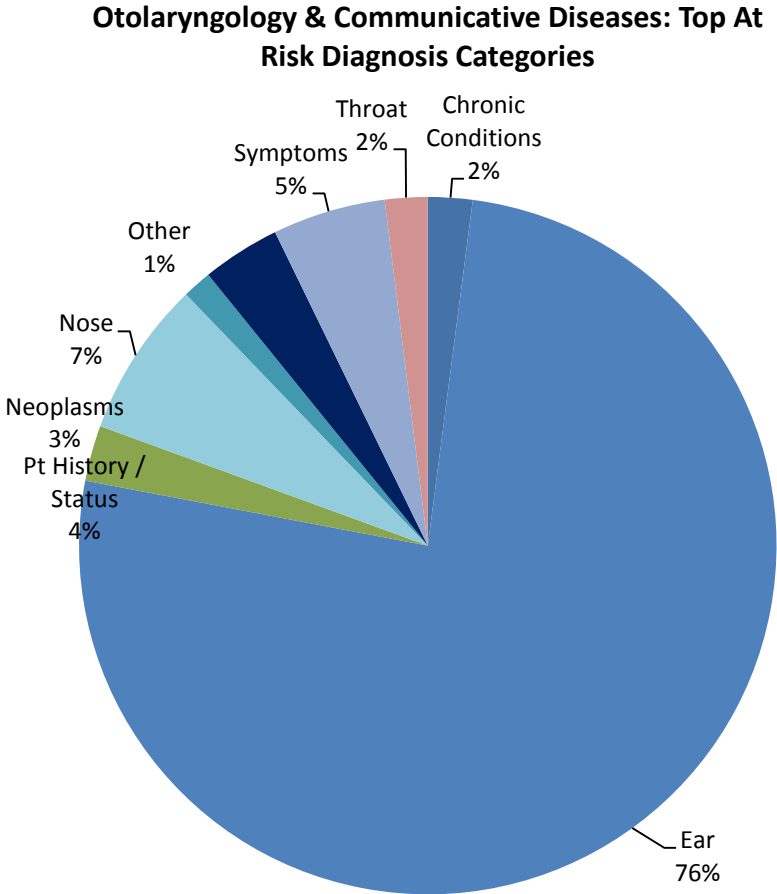
Mod Risk

1:1 Approximate

Low Risk

Exact: 1 Exact

# At Risk Diagnosis Categories: ENT



Category	Diagnosis Code
Ear	38010 - Infective otitis externa, unspecified
	3804 - Impacted cerumen
	38110 - Chronic serous otitis media, simple or unspecified
	38181 - Dysfunction of Eustachian tube
	3829 - Unspecified otitis media
	38420 - Perforation of tympanic membrane, unspecified
	38610 - Peripheral vertigo, unspecified
	38830 - Tinnitus, unspecified
	38831 - Subjective tinnitus
	38840 - Abnormal auditory perception, unspecified
	38910 - Sensorineural hearing loss, unspecified
	38916 - Sensorineural hearing loss, asymmetrical
	38918 - Sensorineural hearing loss, bilateral
	3899 - Unspecified hearing loss
Nose	4738 - Other chronic sinusitis
	4779 - Allergic rhinitis, cause unspecified
	47819 - Other disease of nasal cavity and sinuses
Symptoms	73819 - Other specified acquired deformity of head
	7842 - Swelling, mass, or lump in head and neck
	78720 - Dysphagia, unspecified
Patient History . Status	3051 - Tobacco use disorder
	V1582 - Personal history of tobacco use
	V7283 - Other specified pre-operative examination
Neoplasms	1418 - Malignant neoplasm of other sites of tongue
	19889 - Secondary malignant neoplasm of other specified sites
	2102 - Benign neoplasm of major salivary glands
	2373 - Neoplasm of uncertain behavior of paraganglia
Throat	47879 - Other diseases of larynx, not elsewhere classified
Chronic Conditions	25000 - Diabetes mellitus without mention of complication, type II
	2724 - Other and unspecified hyperlipidemia
	4019 - Unspecified essential hypertension
	41401 - Coronary atherosclerosis of native coronary artery
	42731 - Atrial fibrillation
	49390 - Asthma, unspecified type, unspecified
Other	2411 - Nontoxic multinodular goiter
	2639 - Unspecified protein-calorie malnutrition
	2752 - Disorders of magnesium metabolism
	2753 - Disorders of phosphorus metabolism
	27669 - Other fluid overload
	311 - Depressive disorder, not elsewhere classified
	5180 - Pulmonary collapse
	51852 - Other pulmonary insufficiency, not elsewhere classified, following trauma and 51909 - Other tracheostomy complications
	51919 - Other diseases of trachea and bronchus
	52689 - Other specified diseases of the jaws
	99811 - Hemorrhage complicating a procedure
	99859 - Other postoperative infection



# Hospital & Academic

- Registries
- In-patient Preference Lists
- DRG shifts: HIM partnership



# Impact Analytics- Identify & Measure DRG shifts and associated impact

Results of Analysis at a client site (Multi-Specialty Hospital)

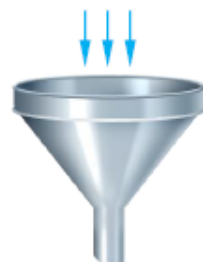
837 CLAIM

12,423

\$697 MILLION

24 SPECIALITIES

10 PAYERS



EDIFECS  
Impact Analytics

Outcome (High & Mod Risk)

## Claims at Risk

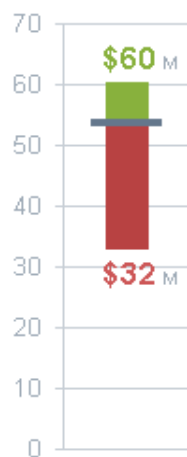
3,341 CLAIMS AT RISK



\$52M ALLOWED



## Variation



## Medical Specialties

Dollar:

Neurosurgery

Orthopedic

OB/GYN

Volume:

OB/GYN

Orthopedic

Neurosurgery

## Payers

Dollar:

Payer A

Medicare

Payer D

Volume:

Payer A

Medicare

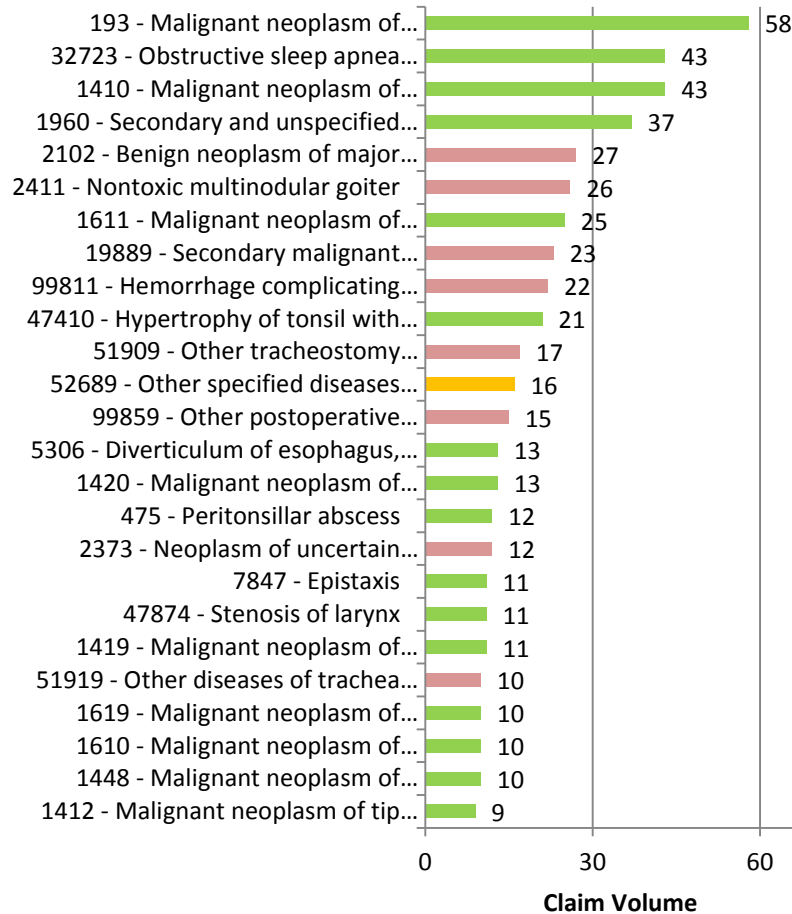
Payer D

# Inpatient Tech Claims: Top 25 Principle Diagnosis Otolaryngology & Communicative Diseases Impact Analytics

1

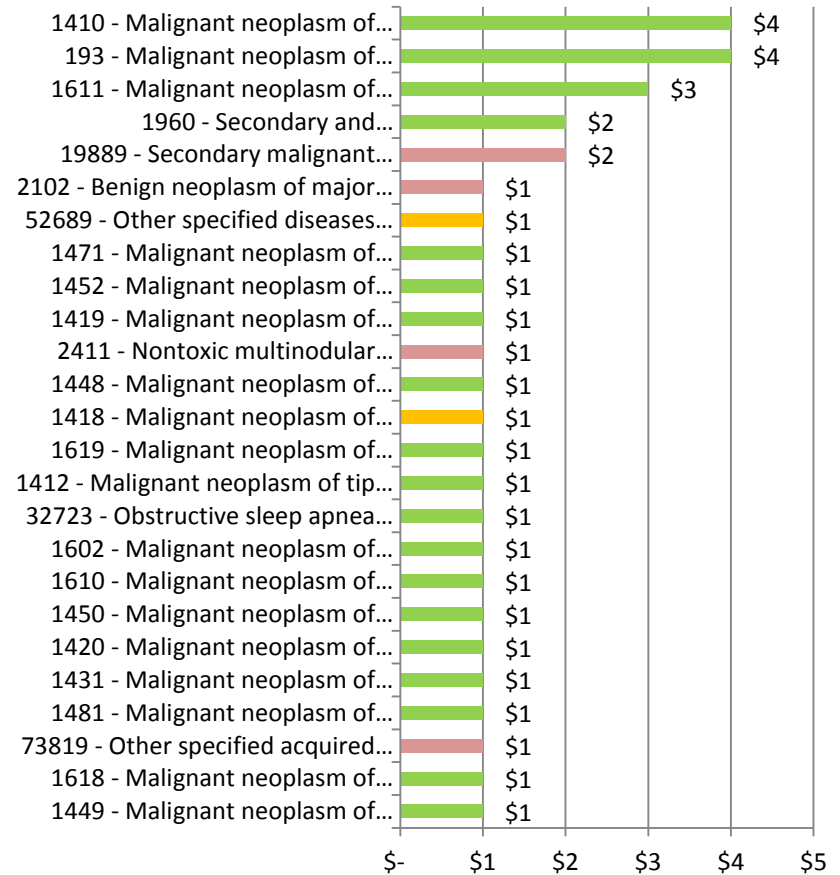
## Claim Volume

### Otolaryngology & Communicative Diseases



## Dollar

### Otolaryngology & Communicative Diseases



Very High  
Risk

No mapping in ICD-10; Many: 1  
1:Many(Single & Combination)

High Risk

1: Many Single

Mod Risk

1:1 Approximate

Low Risk

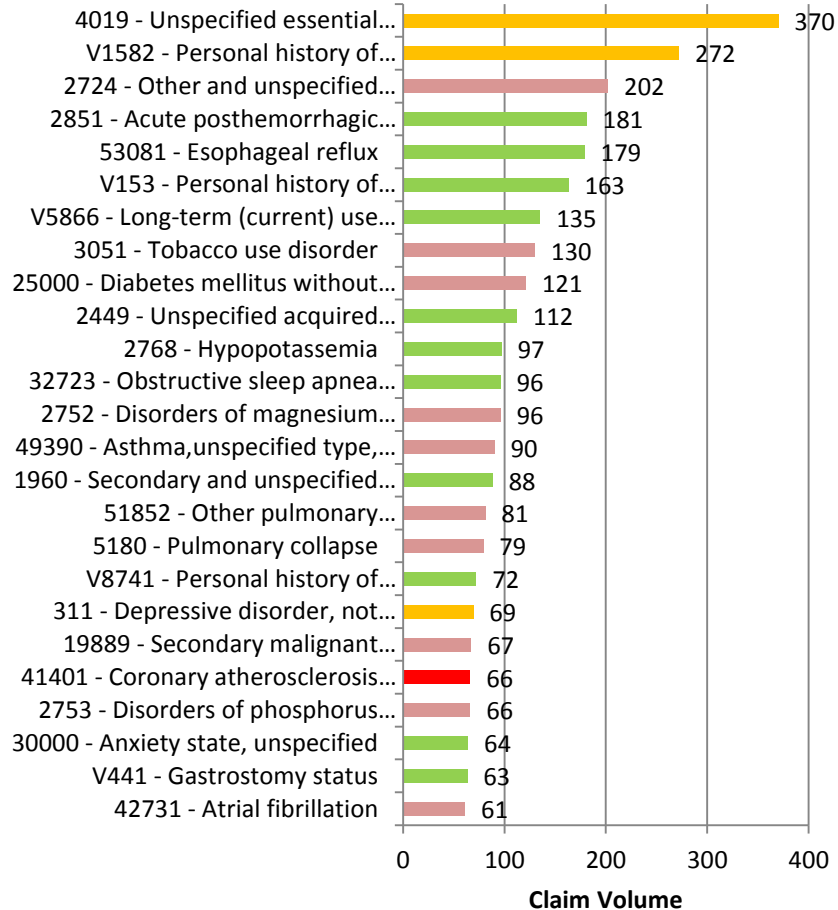
1: 1 Exact

# Inpatient Tech Claims: Top 25 Secondary Diagnosis Otolaryngology & Communicative Diseases Impact Analytics

1

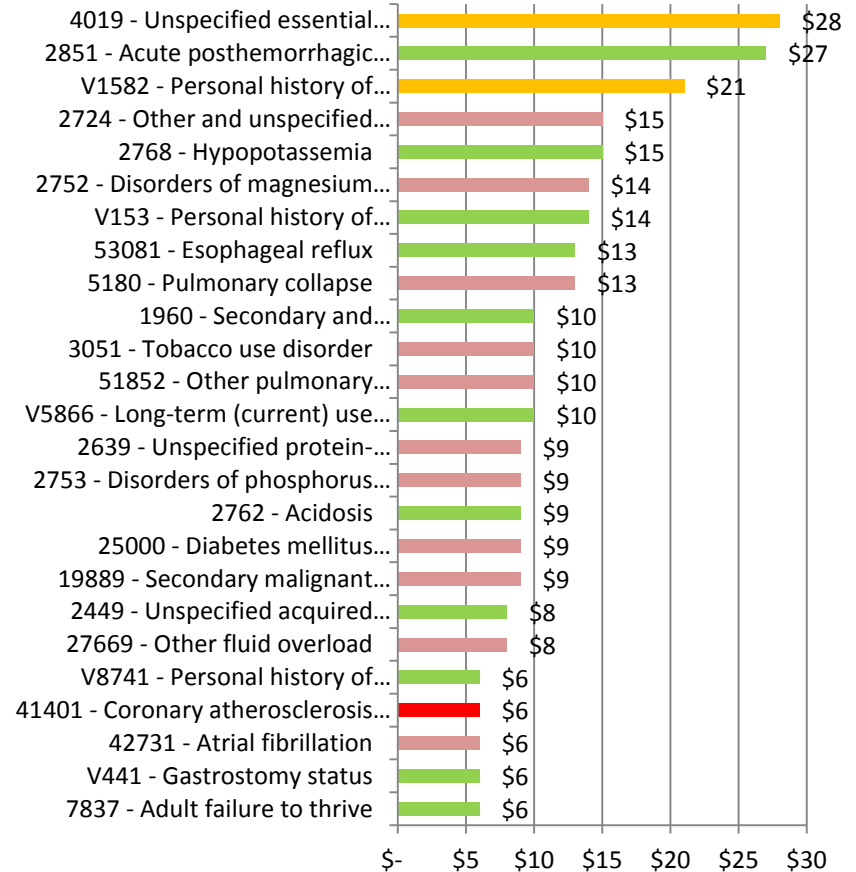
## Claim Volume

### Otolaryngology & Communicative Diseases



## Dollar

### Otolaryngology & Communicative Diseases



Very High  
Risk

No mapping in ICD-10; Many: 1  
1:Many(Single & Combination)

High Risk

1: Many Single

Mod Risk

1:1 Approximate

Low Risk

1: 1 Exact



# Testing “end-to-end”

- Authorization – Claim Submission – Adjudication
- Beneficiary Neutrality
- Medicare, Medicaid, commercial



# Summary

- Not just about you, ENT, or \$'s
- Ancillaries, Hospital, Quality Metrics
- Communicate, Connect, Collaborate



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## **Annie Boynton BS, RHIT, CCS, CPC, CCS-P, CPC-H, CPC-P, CPC-I, and CPhT**

- Served in the health information management field for 15 years in provider, payer and educational capacities
- Principal at Boynton Healthcare Management Solutions, LLC. Focusing on practice management, compliance, technology, and regulatory preparedness for the evolution of healthcare business.
- Former Director of 5010/ICD-10 Communication/Adoption and Training at UnitedHealth Group
- Adjunct faculty member at Massachusetts Bay Community College, Fisher College and Assumption College where she develops curriculum and teaches medical coding, billing, administrative procedures and medical law and ethics
- Member of the ICD-10 curriculum development team for AAPC where she helped develop the curriculum that payers will use to facilitate successful 5010 and ICD-10 implementation



# ICD-10 in Otolaryngology

**Annie Boynton,**  
**BS, RHIT, CPC, CCS, CPC-H, CCS-P, CPC-P, CPC-I, CPhT**  
**Principal,**  
**Boynton Healthcare Management Solutions, LLC**



# Disclosures

No conflicts of interest to disclose

Member WEDI ICD-10 Workgroup

Curriculum Developer AAPC ICD-10 Training

Member American Podiatric Medical Association Coding Line

Member Massachusetts Health Data Consortium ICD-10

Executive Workgroup





## *What are some benefits of (another) year long delay to ICD-10 in Oct. 2015?*

- Gives organizations a chance to be strategic in:
  - Planning
  - Implementation process
  - Ability to evaluate where strengths/weaknesses lie.
  - Provides an opportunity to look at ICD-9 coding
    - Deficiencies lie
    - Dual Coding
    - Cost effective training
  - Opportunity for increased focus on documentation improvement
  - Vendor/Payer Communications
  - Ideally all business partners are ready at the same time

*Providers have an opportunity to correct issues now so that going forward, they won't just carry over the same problems into an ICD-10 world.*



## *What are some of the ramifications of the delay?*

- Significant cost to industry
  - Between \$4-6.8 Billion additional expenditures expected
- Loss of momentum
- Reassessment/Revitalization of training plans
- Loss of funding/executive support
- Loss of provider support/buy-in
- Not taking implementation seriously
- Backing off payer/vendor communication efforts
  - Loss of relationships



## *Now that some resources should be in place, how do small practice physicians go about using them for implementation?*

- Know your resources – free and paid
  - CMS videos, CMS Code-a-thons, Vendor Demos, Payer Outreach, Specialty Associations, Medical associations
  - Create and inventory of useable resources
- Frequency/Utilization reports
  - The best tool for ICD-10 practice preparedness, targets:
    - Documentation Improvement
    - Revenue
    - Payment Policy Issues – Review policies now
    - Aged Accounts/AR accounting issues
    - Unspecified code utilization
- Get everyone involved - many areas will need focus, use any available resource to assist with:
  - People (training, communications, etc)
  - Business Process (productivity, documentation, etc)
  - Workflow (policy changes, testing issues, etc)
  - Technology (vendor management, testing issues, etc)
  - Revenue (resource planning and post implementation contingency planning!)



## *How will Electronic Health Records make the transition process easier?*

- Increased support for diagnosis code selection
- Documentation customization
  - Clickable templates/Matrices
- Updates to all relevant rules (e.g., billing, coding, utilization)
- Dual-submission workflow during the migration
- New billing workflows to support coding staff
- Vendor lead testing with payers and vendors on ICD-10 (as available)
- Tips and reporting tools to minimize productivity loss during transition



## *What was the outcome for past testing efforts with CMS?*

- National Testing (Acknowledgement) Week March 3-7, 2014 representing 5% of submitters
  - 2,600 participating:
    - Providers
    - Suppliers
    - Billing companies
    - Clearinghouses (50% of submitters)
  - 127,000 Medicare FFS Claims tested
- National average showed CMS accepted 89 percent of the test claims (region dependent)
- Stressed the importance of the version indicator claims without were rejected.
- Test was not truly end-to-end; acceptance only
- The majority of claims made it to the CMS system and through the MACs and clearinghouses
- Additional Acknowledgement/Acceptance testing will be offered through October 1, 2015
  - Verify with MACs to ensure their compliance
  - Testing will not confirm claim payment or produce a remittance advice



## *How many volunteers will be selected for testing next year?*

- CMS plans to offer providers and other Medicare submitters the opportunity to participate in end-to-end testing with MACs and the **Common Electronic Data Interchange** (CEDI) contractor in January, April, and July of 2015.
  - Approximately 2,550 volunteer submitters will have the opportunity to participate over the course of three testing periods.
- The goals of this testing are to demonstrate that:
  - Providers and submitters are able to successfully submit claims containing ICD-10 codes to the Medicare FFS claims systems
  - CMS software changes made to support ICD-10 result in appropriately adjudicated claims
  - Accurate Remittance Advices are produced



## *What is the application process for volunteering for CMS testing?*

- Limited participation will be allowed to volunteer (roughly 2500) hand selected by MACs/CEDI
- Selection processes are currently underway
- Significant IT requirements
- ***Not everyone will be able to test directly with CMS***
- Alternatives:
  - MAC billing software – free from MACs
  - Vendor Surveys – vendors/clearinghouses will be among the largest group selected – VENDOR COMMUNICATION!!
  - NCDs and LCDs converted from ICD-9 to ICD-10 are currently available and located on the CMS website at:

<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>



## *When should providers be ready to submit test ICD-10 claims by and what dates will testing occur and with what contractors?*

- Contact MACs, Medicaid, Commercial payers before simply submitting test claims
  - Determine if they have capacity for direct testing with your organization
  - Do not count on the ability to directly test with ANY payer
- Many, Many payer organizations are hand selecting testing participants
- Requirements vary based on type of payer, and transaction
  - Expect all types of payers to have VERY specific requirements for participation
- External “end-to-end” testing may not be feasible, cost effective, or available to many payers, providers, vendors, and claim intermediaries
- Focus on vendor/clearinghouse relationships
  - Communications
  - Internal/External testing progress/results





## Sample Vendor/Payer Survey:

1. Is your organization still moving forward with ICD-10 despite the announcement of October 1, 2015 proposed delay?
2. Does our license with you include ICD-10 regulatory updates on a moving forward basis after the ICD-10 go live?
3. Who are the ICD-10 contact people and their contact information?
4. What modifications to my EHR must be made in order to accommodate ICD-10?
5. Will there be any additional fees charged as a result of the ICD-10 upgrade?
6. When will system upgrades for ICD-10 go into effect?
7. Will there be any additional training provided as a result of the ICD-10 upgrade?
8. Is there a charge associated with any additional training that is required?
9. Besides system upgrades, what additional documentation and forms changes will you provide? (Matrices, Clickable templates, etc)
10. When can we see updated policy/edit/prior authorization changes for ICD-10?
11. Will system upgrades for ICD-10 require additional hardware to support the software modifications?
12. How will your products and services accommodate both ICD-9 and ICD-10 as we work with claims for services provided both before and after the transition deadline for code sets.
13. What does testing mean to your organization and when will we be able to test ICD-10 claims/transactions?
14. What are your post-implementation contingency plans to ensure accurate provider reimbursement?



Thank you

Annie Boynton

[annieboynton@gmail.com](mailto:annieboynton@gmail.com)



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

### Interactive

## AAO-HNS Resources:





# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

1) Are you prepared for the ICD-10 Transition?

**YES**

**NO**



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

2) Have your personnel been trained?

**YES**

**NO**



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

3) Have you contacted office manager or financial support personnel to ask for a risk assessment to your particular practice?

**YES**

**NO**



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

4) Have you determined how much additional documentation will be required for use of the more granular codes?

**YES**

**NO**



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

5) Have you created preference lists that can be updated ahead of time to mitigate the disruption to your practice?

**YES**

**NO**





# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

6) Have you contacted **payers** and asked them what type of infrastructure they are creating to assist with the conversion?

**YES**

**NO**



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

7) Have you contacted **vendors** and asked them what type of infrastructure they are creating to assist with the conversion?

**YES**

**NO**



# ICD-10 Delayed but Not Eliminated: AAO-HNS Urges Continued Preparation

## Questions and Answers

8) Have you created a pilot of dual coding to test the systems you put into place?

**YES**

**NO**