

Countdown to Change

DSM-5 and ICD-10

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Today's Discussion

- Differences between DSM and ICD
- Specificity of the code sets
- Financial Impacts
- Implementation Strategy FAQs



DSM-5

- Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
 - “The primary purpose of the DSM-5 is to assist trained clinicians in the diagnosis of their patients’ mental disorders as part of the care formulation assessment that leads to a fully informed treatment plan for each individual.”

DSM-IV to DSM-5

- Example Differences
- Changes in diagnostic criteria
 - Term mental retardation (IV) omitted in 5 now intellectual developmental disorder
 - Depressive Disorder
 - Schizophrenia
 - Substance-Related and Addictive Disorders
- No Axis
- No GAF scores

DSM-IV to DSM-5

- DSM-IV matches to ICD-9
- DSM-5 matches closer to ICD-10
 - One to many matches!
 - Tobacco Dependence
 - 20 ICD-10 Codes to select

DSM to ICD

- Consider them Partners
 - DSM will provides the criteria for diagnosing the mental health disorder providing a common language for clinicians.
 - ICD will provide the code assignment for reimbursement, monitoring and statistical morbidity and mortality data.



Change to ICD-10

- Most countries use some version of ICD-10
- The international version of ICD-10 = 12,500 diagnostic codes
- United States version of ICD-10 = 69,844 codes (2011)
- ICD-10-PCS codes are only used in the US for inpatient procedures
 - 71,000+ codes

Why So Important?

- Largest change to ever happen to healthcare
- Will take all health care organizations years to accomplish full implementation, quality of care
- May require significant funding
- May take years to **Recover**





Code Set Comparison: Diagnosis Codes

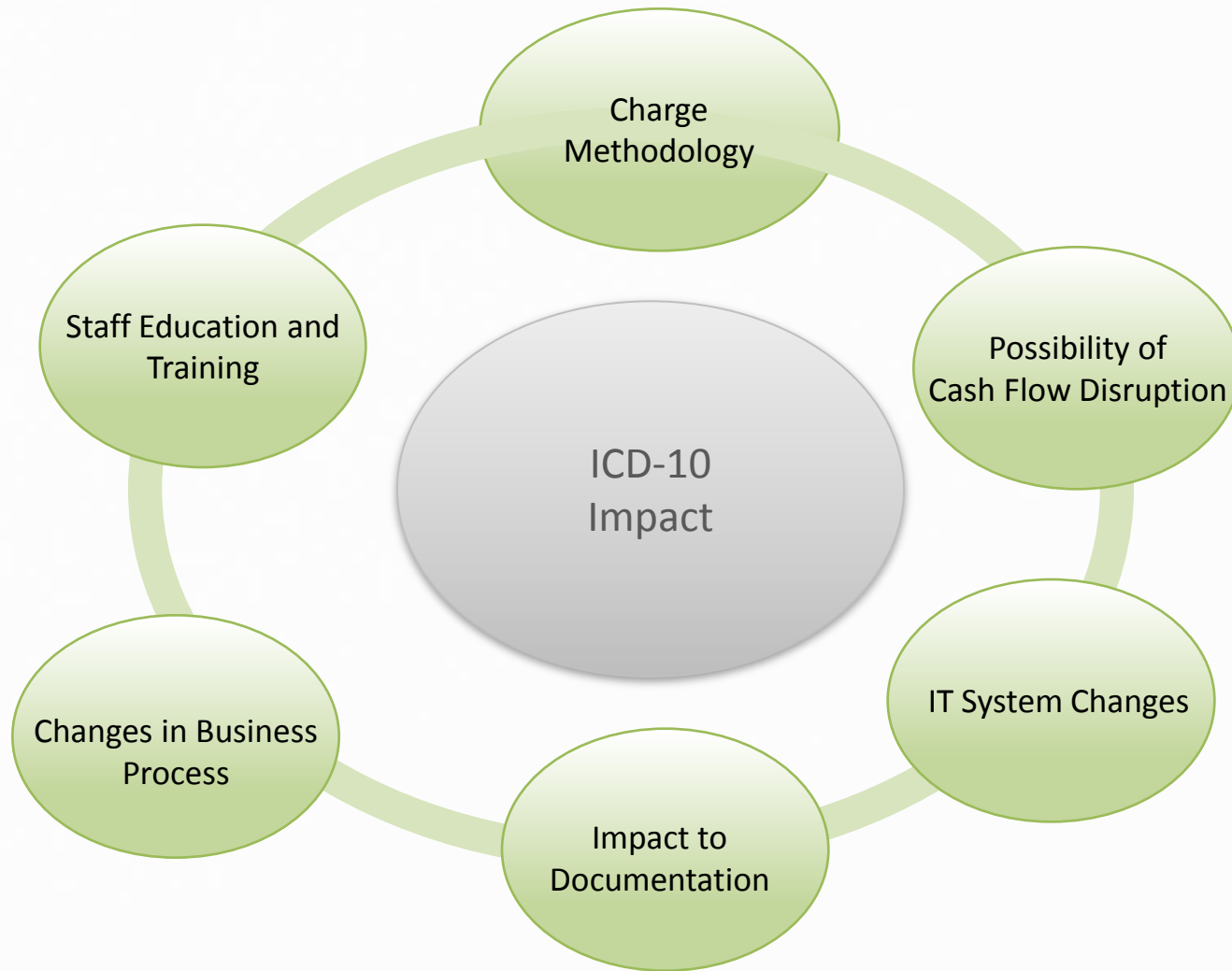
• ICD-9-CM Diagnosis Codes

- 3-5 characters in length
- Approximately 14,500 codes
- First digit may be alpha (E or V) or numeric. Digits 2-5 are numeric
- Limited space for new codes
- Lacks detail
- Lacks laterality
- Difficult to analyze data due to non-specific codes
- Codes are non-specific and do not adequately define diagnoses needed for medical research
- Does not support interoperability because it is not used in other countries

• ICD-10-CM Diagnosis Codes

- 3-7 characters in length
- Approximately 69,844 codes
- Digit 1 is alpha; digit 2 and 3 are numeric; digit 4-7 are alpha or numeric
- Very specific
- Has laterality
- Specificity improves coding accuracy and depth of data for analysis
- Detail improves the accuracy of data used in medical research
- Supports interoperability and the exchange of health care data

ICD-10 Impact to Providers



ICD-10 Impact

- Understand, anticipate and address impact on clinical and management systems and processes including:
 - Coverage determinations
 - Payment determinations
 - Medical review policies
 - Plan structures
 - Statistical reporting
 - Actuarial projections
 - Fraud and abuse monitoring
 - Quality measurements



ICD-10 Compliant Code Set Reporting

	Date of Service	Code Set
Encounters	09/30/2014	ICD-9-CM
	10/01/2014	ICD-10-CM
	Date of Discharge	Code Set
Hospital Inpatient	09/30/2014	ICD-9-CM
	10/01/2014	ICD-10-CM & ICD-10-PCS

On October 1, 2014, the usual coding rule for inpatient services will apply. Providers and insurers will use ICD-9-CM edits and payment logic for claims relating to encounters and hospital discharges occurring prior to October 1, 2014. Beginning on October 1, 2014, ICD-10 will be used for all encounters and hospital discharges. For hospital inpatient claims, the code in use on the date of discharge and NOT the date of admission will be used. The HCPCS and CPT codes will not be affected.

Other Impacts to Providers

- Patient/Provider/Plan Confusion
 - Increase in denials
 - Patient misunderstanding of changes in coverage
 - Provider questions
- Older debt versus newer services
 - Using ICD-9 codes versus ICD-10 for rebilling
- Privacy concerns
 - New codes contain significantly more detail, how much can be shared?





Exception and Challenges to ICD-10

- Workers Compensation carriers are excluded from the conversion to ICD-10
 - How will workers compensation claims be submitted?
 - How will health plans handle in subrogation?
- Remember: ICD-9 manuals will not be updated after 10/1/13
 - ICD-9 codes will become obsolete

Potential Post Compliance Challenges

- Initial Productivity Loss
- Disruptions to Claims Flow
- Increase in Claims rejection rate
- Provider-Payer Relations
- Patient Experience with provider
- Preparation and a well-developed plan is key to addressing challenges

Let's Look at ICD-10-CM

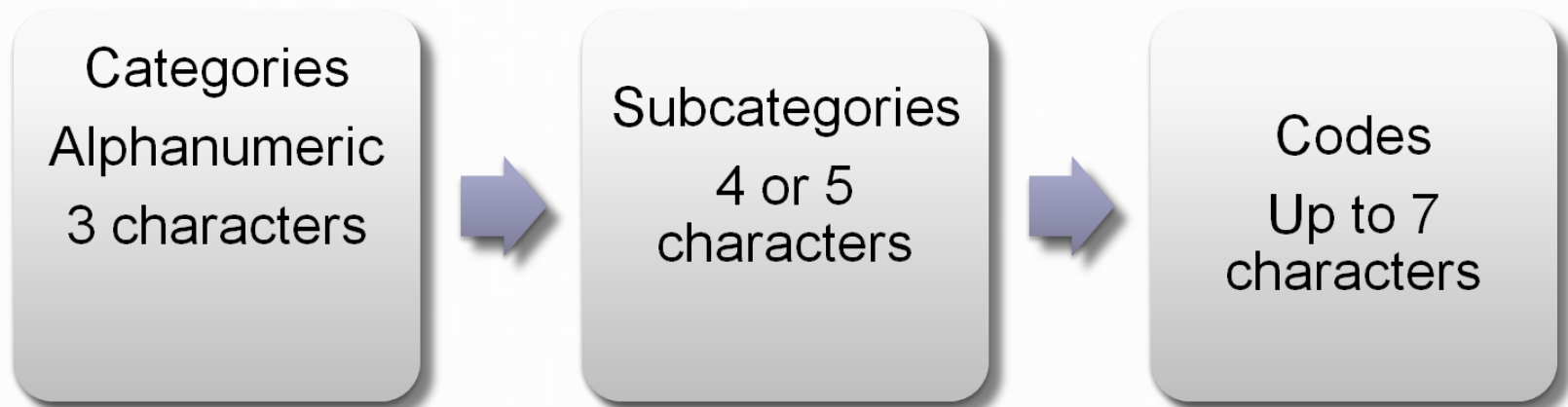


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Format and Structure

69,844 codes



Category

Etiology, Anatomical site, Severity

Extension

Let's Talk Differences

- Going from 15,400 codes to over 69,844 ICD-10 CM
 - Requires greater specificity
 - Laterality
 - Stages of healing
 - Trimesters in pregnancy
 - Expanded injury and poisoning codes
 - External causes

Tobacco Abuse/Addiction

- Tobacco abuse/addiction 6th character sub-classification
 - 20 choices in ICD-10-CM for nicotine dependence
 - Documentation must include
 - Uncomplicated
 - In remission
 - With withdrawal
 - With other nicotine induced disorders
 - Cigarettes, chewing tobacco, other tobacco products and unspecified
 - Example: F17.211 Nicotine dependence, cigarettes, in remission



Nicotine Dependence

- F17.200 Nicotine dependence, unspecified, uncomplicated
- F17.201 Nicotine dependence, unspecified, in remission
- F17.203 Nicotine dependence, unspecified, with withdrawal
- F17.208 Nicotine dependence, unspecified, with other nicotine-induced disorders
- F17.209 Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
- F17.210 Nicotine dependence, cigarettes, uncomplicated
- F17.211 Nicotine dependence, cigarettes, in remission
- F17.213 Nicotine dependence, cigarettes, with withdrawal
- F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders



Other Nicotine Dependence

- F17.220 Nicotine dependence, chewing tobacco, uncomplicated
- F17.221 Nicotine dependence, chewing tobacco, in remission
- F17.223 Nicotine dependence, chewing tobacco, with withdrawal
- F17.228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
- F17.229 Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
- F17.290 Nicotine dependence, other tobacco product, uncomplicated
- F17.291 Nicotine dependence, other tobacco product, in remission
- F17.293 Nicotine dependence, other tobacco product, with withdrawal
- F17.298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders
- F17.299 Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders

Documentation & Quality

- In the clinical area
 - Largest impact to ICD-10 implementation is documentation
- Since ICD-10-CM is more robust and has up to seven characters of specificity
 - Will documentation currently in the medical record support ICD-10 on the “Go-live” date?
 - Will the documentation be sufficient?



Documentation & Quality

- Increased code detail in ICD-10 means that required documentation will change substantially
- ICD-10-CM includes a more robust definition of:
 - Severity
 - Comorbidities
 - Manifestations
 - Complications
 - Causes
 - Sequelae
 - Other parameters characterizing the patient's condition



How Do You Solve a Documentation Problem?

- Educate by showing the comparison between both clinical/coding systems
- Encourage the practitioner to begin documenting more specifically for ICD-10-CM
- Keep results each week and comprise a monthly summary
 - This summary should identify the percentage of correct documentation for both ICD-9-CM and ICD-10-CM with recommendation for improving documentation.

Documentation Improvement

- Implement a documentation improvement program within the organization and monitor the documentation on an on-going basis to ensure improvement, and identify areas that are deficient and needs more assistance
 - These types of audits should be conducted periodically to validate compliance for ICD-10-CM. As with any type of audit, a report summary should be submitted to senior management.



The Impact of ICD-10-CM

- Everywhere in the system that ICD-9-CM currently exists will need to be accommodated for ICD-10-CM changes would include:
 - Field size expansion which includes the field length format on the screens
 - Change to alphanumeric composition
 - Use of decimals
 - Complete redefinition of code values and their interpretation
 - Longer code descriptions
 - Edit and logic changes for applications that interrogate the content of the codes
 - Modifications of table structures that hold codes will need to be restructured
 - Report formats and layouts will need modification
 - Expansion of flat files containing diagnosis codes
 - Both coding systems ICD-9-CM and ICD-10-CM will need to be supported for a period of time which will add to user expense with more storage required
 - Systems interfaces



Implementation Milestones and Tasks

- Awareness
- Planning
- Communication
- Assessment
- Operational Implementation
- Training
 - Who needs training
 - How much
 - What type
- Testing
- Transition
- Post Implementation Challenges



Software Changes

- Change to alphanumeric structure
- Longer code descriptors
- Field size expansion
- Edit and logic changes
- Use of decimals
- Table structure modification
- System interfaces
- Expansion of flat files that contain diagnosis codes
- Redefinition of code values and their interpretation



Other Software Changes

- The electronic medical/health record (EMR)
- Billing systems
- Clinical systems
- Code look-up software
- Encoding software
- Computer-assisted coding applications
- Medical record abstraction systems
- Scheduling and registration systems
- Accounting systems
- Quality management and utilization systems
- Clinical protocols
- Test ordering systems
- Script writing systems
- Clinical reminder systems

Clinical issues to Consider

- Documentation issues
- New code sets to learn
- Changes in health plan coverage's
- Orders
 - Lab; x-ray; other testing

Finance

- Reimbursement is tied to procedural and diagnosis coding
 - This area will be greatly impacted
- Areas that will be impacted are reports that are tied to diagnosis codes such as:
 - Accounts receivable analysis
 - Pending claims reports
 - Analysis by provider type
 - Collection reports, etc.

Administrative Issues to Consider

- Budgets
 - Vendor upgrades or new systems
 - Policies and procedures
 - Delays in reimbursement (cash crunch)
 - Changes in reporting
 - Training

Billing and Coding Issues to Consider

- New code sets
- Coding from two systems
- Productivity issues
- Claim follow through and resubmissions
- Policies and procedures
- Contracting changes
- Denials management

Cost of Implementation

- The cost can be broken down into four categories:
 1. Information Systems which includes software and hardware upgrades/updates
 - Includes hardware and software
 - Implementation and Deployment
 - Potential upgrade to an electronic medical record
 2. Auditing and Monitoring documentation related to ICD-10 implementation
 3. Education and Training
 4. Staffing and Overtime costs
 - Staff Training
 - Overtime Costs
 - Workflow Processes

Productivity Impact

- Productivity will be affected
 - Prior to and after implementation
 - Staff when training
 - More documentation will be required to support new coding system
 - It will take more time for the provider to document encounters
 - It will take longer to code claims until learning curve has been realized

Productivity

- Losses due to slower productivity
 - Consider how a change in software may impact workflow
 - Will running of dual systems reduce work efforts
 - Will payer policy changes effect implementations
 - Consider how unpaid claims from prior to October 1, 2014 will be resubmitted

Next Steps to Consider

- DSM Clinical is tied to ICD-10
 - DSM July 2014 – State Reporting
 - ICD-10 October 2014 – Reimbursement
- Software Systems to include options for:
 - DSM-IV, DSM-5, ICD-9, ICD-10
- Discussion to tie both DSM-5 and ICD-10 at the same time in October 2014.

Questions

