Preparing for ICD-10: Is Your Practice Ready?
Objectives

- Understand ICD-10 basics and how it will impact your practice
- Examine the role of the facilities and referring physicians in the radiologists’ documentation
- Identify common diagnoses that will be at risk for denial with ICD-10
- Determine next steps for your practice to be ready by October 1, 2015.
- Understand ADVOCATE’S role and readiness for ICD-10
Sources

- American Hospital Association
- CMS
- American College of Radiology
Disclaimer

The information presented is based on the experience and interpretation of the presenters. Though all of the information has been carefully researched and checked for accuracy and completeness, ADVOCATE does not accept any responsibility or liability with regard to errors, omissions, misuse or misinterpretation.
Understanding Code Systems

- ICD-9/ICD-10
  - American Hospital Association
- CPT-HCPCS Level I
  - American Medical Association
- HCPCS Level II
  - CMS
What is ICD-10?

International Classification of Disease, 10th Edition, Clinical Modification

- ICD-10-CM is the classification system for diagnosis coding. It was developed by the Centers for Disease Control and Prevention for use in all U.S. health care settings.
- Designed for the classification of morbidity (sickness) and mortality (death) information for statistical purposes.
Why Now?

• ICD-9 is outdated:
  • Has been used in the US since 1978
  • Does not accurately reflect new diagnoses and medical advancements
  • Does not allow for appropriate addition of new codes
• First draft of ICD-10 was in 1995-20 years of development and delays
• US is one of the last countries to adopt ICD-10, preventing the WHO from accurately tracking public health outcomes
• The specificity of ICD-10 will provide better information:
  • Trending, Public Health Needs, Epidemic Outbreaks
• More precise codes also have the potential benefit for fewer rejected claims, enhanced benchmarking of data, better quality, improved care management, and advanced public health reporting.
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How Might ICD-10 Impact Revenue?

- Payer Delays/Noncompliance
- Lack of specificity in documentation may create risk for increased medical necessity denials
  - CMS-Local Coverage Decisions (LCD’s)
  - Private Payers
- Productivity Considerations

**ADVOCATE recommends that the group secure a line of credit (LOC) to provide some security for when your practice is impacted.**
Risks to Radiology

• Poor Clinical Indications
• Lack of face to face time with the patient
• System Constraints/Limited Data Available on PACS
• Reliance on other entities for the integrity of the clinical history
Where is the Documentation Coming From?

- Radiologist
- Referring Physician
- Scheduling
- Technologists
What Clinical Data is Available to the Radiologist?

- Clinical Findings from Images
- RIS/PACS Data:
  - Pertinent Clinical History
- Questions to Consider:
  - What other fields/screens are available on PACS?
  - Who is populating these fields/screens?
The Challenge to Radiology: CLINICAL HISTORY

- When an exam is normal, the coder will refer to the clinical history/reason for the exam. If the clinical history is missing, incomplete, nonspecific, or vague, there is an increased risk of denial/nonpayment due to lack of supporting documentation for medical necessity of the exam.

- RESOLUTION-Demand Better Data! Get the Specifics!
  - Communication
  - Education
Tips for Increased Specificity

- For all signs, symptoms, and conditions, consider:
  - Location
  - Context & Severity
  - Concurrent Signs/Symptoms and Conditions
- Example:

  **Chest Pain**

  **LOCATION**
  Chest Wall, Precordial, Intercostal, Etc.

  **CONTEXT/SEVERITY**
  Sudden, Stabbing, Associated with Breathing, etc.

  **CONCURRENT CONDITIONS**
  Injury, Neoplasm, COPD, Tachycardia, Etc.
Common Diagnoses at Risk in Radiology

- Pain (Chest, Head, Limb, Abdomen, Back, etc.)
- Injury/Trauma (Fracture, Sprain, etc.)
- “Fall” or “MVA”
- “Rule Out” Diagnoses
PAIN

Report Format:
Indication: __________
Report Title: __________
Technique: __________
Findings: __________
Impression: __________

SAMPLE INDICATION

Chest Pain:
Document specific site of pain (chest wall, intercostal, precordial, rt/lt sided, substernal, etc.)
Document context of pain (sudden, stabbing, with breathing, etc.)
Document severity of pain (pain scale)
Document duration of pain
Document any injury or related possible cause of pain
Document any related signs or symptoms (chest tightness, SOB, arm pain, etc.)
Document any associated disease/condition (COPD, cancer, etc.)

Abdominal Pain:
Document specific site of pain (quadrant, periumbilical, etc.)
Document context of pain (sudden, chronic, stabbing, colicky, after eating, etc.)
Document severity of pain (pain scale)
Document duration of pain
Document any injury or related possible cause of pain
Document any related signs or symptoms (GI/GU symptoms, rigidity, rebound, etc.)
Document any associated disease/condition (GI/GU condition, cancer, etc.)

Limb Pain:
Document specific site of pain (RT/LT, upper/lower, site specific on arm/leg, etc.)
Document context of pain (sudden, at rest/exercise, radiating, etc.)
Document severity of pain (pain scale)
Document duration of pain
Document any injury or related possible cause of pain
Document any related signs or symptoms (numbness, cyanosis, tingling, etc.)
Document any associated disease/condition (arthritis, pathologic fractures, cancer, etc.)

Headache:
Document specific site of pain (frontal, temporal, facial, etc.)
Document context of pain (sudden, tension, cluster, migraine, throbbing, chronic, etc.)
Document severity of pain (pain scale)
Document duration of pain
Document any injury or related possible cause of pain
Document any related signs or symptoms (vision changes, mental status changes, sinusitis, etc.)
Document any associated disease/condition (neurologic condition, sinus disease, cancer, etc.)
What Can Your Practice Do NOW?

- Radiologist Documentation Improvement
  - Findings
  - Laterality
- Identify key contacts at individual facilities
- Clinical Documentation/ICD-10 Committees
- Determine high risk diagnoses common for your practice
What Can Your Practice Do NOW?

### SAMPLE CLIENT

#### Top 50 Diagnosis Codes

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Total Distinct Count: 7,757, 7,266
What Can Your Practice Do NOW?

• Evaluate PACS/RIS screens and determine the clinical information available to radiologist at time of interpretation
  • Is the data comprehensive?
  • Which department/individual inputs this data?
• Evaluate order systems and forms
• Communicate with referring physicians
• Educate department staff (scheduling, techs, etc.)

COMMUNICATION IS KEY TO IMPROVED DOCUMENTATION!
How to Engage Your Referring Physicians

- Identify Key Referring Physicians
- Outreach
  - Request additional specificity for common diagnoses
  - Phone Calls to front office staff
- Update order forms
- Indication Sheets
How to Engage Your Facility

- Identify points of input for patient history
  - Scheduling
  - Order system
  - Technologists
- Provide tools for better data capture of patient history
  - Questionnaires
  - Patient Forms
- Communicate with IT/Health Information if additional fields/screens need to be made available to the radiologist
- Participate in ICD-10 forums & educational opportunities
Is ADVOCATE prepared for ICD-10?

- Coding
- Accounts Receivable
- Data Processing
- Charges/Payments
- Client Management
ADVOCATE is Here to Help

• ICD-10 Implementation Guide
  • Questionnaires
  • Decision Trees
  • Sample Referring Physician Letter

• Diagnosis Code Analysis

• Indication Sheets

• Order form review

• ADVOCATE Team
Thank you!