



**Priority Management Group, Inc.
Presents**

ICD-10... What you need to know

Priority Management Group, Inc.
700 School Street
Pawtucket, RI 02860
P: 401-616-2000
F: 401-616-2001
www.chcbilling.com



Agenda

- Introduction
- Common Myths
- History of ICD... & Rapid ICD-9 Review
- ICD-10 Timeline
- Rationale for Change to ICD-10
- Transition to 5010
- Timelines
- ICD-9 versus ICD-10
- Training, training, training
- System (IT & Paper) Updates
- Budget & Preparedness
- Obstacles
- Crosswalk Examples
- Resources
- Summary

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Disclaimer:

1. The guidelines, interpretations, and recommendations set forth as part of this training session are presented as a guide only. Attendees understand and recognize that actual coding/billing decisions are the sole liability and responsibility of the provider(s) and respective billing staff. Neither NACHC nor Priority Management Group, Inc. accepts any liability or responsibility in this regard.
2. The presentation today includes discussion about a particular commercial product/service and the presenter may have a significant financial interest/relationship with the organization that provides this product/service.

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Speakers:

Ray Jorgensen, MS, CPC, CHBME

Raymond T. Jorgensen is President and CEO of Priority Management Group, Inc. (PMG). Ray is responsible for oversight of consulting operations as well as coding, reimbursement, and payer related issues for the out-sourced billing component of PMG's services (more than one million annual encounters). He has personally trained thousands of providers from over 35 states on coding, billing, and reimbursement in addition to authoring two books and dozens of articles.

Ray's health care experience and education is unique in that he was schooled by the payers. Having worked for Blue Cross and Blue Shield as well as United HealthCare Corporation, primarily in professional relations and contracting, Ray has an understanding and perspective on the payer's objectives and process unlike other medical business consultants groomed from the provider side.

- BA from The College of the Holy Cross (Worcester, MA)
- MS from Northeastern University (Boston, MA)
- CPC from the American Academy of Professional Coders (Salt Lake City, UT)
- CHBME from the Healthcare Billing & Management Association (Laguna Cliffs, CA)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Speakers:
Caroline Peucker, CPC, CPC-H, CPC-I

PMG's Vice President, *Consulting and Compliance*

Caroline has more than 25 years experience in the physician billing and coding industry. Her extensive experience includes serving as the Vice President, Coding and Compliance, Manager of coding and Billing Operations Manager for physician billing companies that serviced a wide range of specialties and practice types. She has broad experience with hospital-based physician and private practice where she was integral to coding and compliance education and training for clinical providers, practice and billing office staff members. She has performed and managed chart audits with objective of both compliance and optimizing reimbursement through correct coding and thorough documentation.

Caroline holds a Bachelor of Science degree in Health Service Administration from Providence College. She is an AAPC certified coder and PMCC instructor.

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Speakers:
Robert Skeffington, CHBME

Robert Skeffington, a founding partner and Executive VP of *Sales and Marketing* for Priority Management Group, Inc. (PMG). Responsible for PMG's overall business development strategy, Robert also works with staff to assess the impact of Health Care Reform on PMG and its hundreds of clients. Robert works diligently to enhance relationships with the National Association of Community Health Centers, state and regional CHC organizations, and individual community health sites.

In addition to his role in PMG Billing, Robert also leads marketing and sales efforts for PMG Consulting which provides CHC centric education, operational assistance, and training services around revenue cycle management, coding, and other health care finance related matters.

During his more than 17 years in health care Robert has worked with CHCs in the 48 contiguous states with an exclusive focus on revenue cycle management for the past 12 years with PMG. He is a speaker for NACHC and other regional CHC associations on a variety of health care revenue cycle related topics.

- BS from Salve Regina University (Newport, RI)
- CHBME from the Healthcare Billing & Management Association (Laguna Cliffs, CA)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-10 Myths

- **My software vendor is responsible for the changes**
- **My employees are responsible for the changes**
- **It won't require many operational changes**
- **The physicians don't have to be involved**
- **We don't need to budget for ICD-10-CM**
- **We have plenty of time**
- **We are ready now**

Above Myths Credited to AHIMA; www.ahima.org/ICD10

Official ICD-10 guidelines: www.cdc.gov/nchs/data/icd9/draft_i10guideln.pdf

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-9 History & Utilization (1 of 4)




- London Bills of Mortality (1662)
- WHO Transition to "International Lists of Causes of Death" (1800s)
- WHO statistical listing of mortalities & morbidities by 1948
- National Center for Health Statistics Adopts ICD-9 in 1979
- ICD-9 is International Classification of Diseases 9th Revision
- Billable: MCCA: 1988
- ICD-9 published by AHA
- ICD Effective: Oct 1
- AHA Controls ICD Coding Conventions
- ICD-9 Sections:
 - Tabular List: Vol. 1
 - Alphabetical Index: Vol. 2
 - Procedural Codes: Vol. 3

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-9 History & Utilization (2 of 4)

Nomenclature & Acronyms

- NOS: Not Otherwise Specified
- NEC: Not Elsewhere Classified
- New: ●
- Delta:   
- Blue: Manifestation Code (secondary only)
- Yellow: Unspecified (4th digit "9" or 5th digit "0")
- Orange: Non-specific (avoid as stand alone, when able)
- Rubric/Category = First 3 characters before decimal point

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-9 History & Utilization (3 of 4) Example A

ICD Codes In Order of Provider's Perceived Acuity:

1. Abscess: 682.3
2. Acne: 706.1
3. Warts: 078.10
4. Psoriasis: 696.1

Rendered Services:

- A. 99213-25 (Level 3, established patient)
B. 17110 (Any benign lesion destruction)
C. 10060-59 (I&D, Simple)

"Linked" ICD to CPT

- 1, 2, 3, & 4
3
1

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-9 History & Utilization (4 of 4) Example B

ICD Codes In Order of Provider's Perceived Acuity:

1. Otolgia 388.70
2. Cerumen Impaction 380.4
3. Hearing Loss 389.9
4. Strep Throat 034.0

Rendered Services:

"Linked" ICD to CPT

A. 99213-25 (Level 3)	1, 2, & 3
B. 69210 (Wax removal)	2
C. 87880 (Rapid Strep)	4
D. 92557 (Audiometry)	3

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-10 Timeline (1 of 2)

- Sep 1992
 - Adopted by WHO (owns copyright)
 - ICD-10 Release in English
- Prototype of US Based ICD-10: 1994
- 1996: HIPAA originally lists ICD-9 as National Standardized Code Set
- 1997: ICD-9 CM to ICD-10 CM Crosswalk
- 1999: US using ICD-10 to report deaths
- 1999: NCVHS promoting transition

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-10 Timeline (2 of 2)

- 2002: Published in 42 languages
 - 138 countries reporting mortality
 - 99 countries also reporting morbidities
- 2003: Draft ICD-10 CM on NCHS web site
- Lobbying *for* (AHIMA/NCVHS) and *against* (most providers & associations)
- Jan 2009: Final Rule (CFR): 10/1/13
 - Original: 5010 as of 4/1/10 & ICD-10 as of 10/1/11
- October 2011: FINAL ICD-9
 - Nothing new until ICD-10 release

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Rationale for Change to ICD-10

- Outdated ICD-9 (30+ years)
- More specific and accurate capture
 - 17,000 ICD-9 (CM & PCS) codes vs. 155,000 in ICD-10
- Improved ability to measure health care services
- Enhanced ability to conduct public health surveillance
 - Comparability with other nations
- Decreased need for supporting claim documentation
- Alignment with WHO
- Health care initiatives based on faulty data
- Inability of ICD-9 to morph with new and/or changing disease
- Coding entities: Requisite certification??

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Transition to 5010 (1 of 3)

- ANSI Transaction Version 5010 (v5010) replaces v4010
 - ANSI: American National Standards Institute
 - Electronic Data Interchange (EDI) transactions
- Impacted transaction types:
 - Health Care Claims (format 837)
 - Eligibility Inquiry and Response (format 270/271)
 - Claim Status Request and Response (format 276/277)
 - Enrollment format (format 834)
 - Remittance Advance (format 835)
 - Authorizations (format 278)
 - Attachments (format 275)
- Version 5010: > 850 structural, technical, & content changes
- Renovation (v5010) versus mapping/adaptation (v4010)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Transition to 5010 (2 of 3)

- Payer Leadership Essential... they run the show
 - Only they can eliminate proprietary adaption and comply with single, standardized format
- Compliance Timeline (as of 1/16/09 final rule publication):
 - Jan 2010: Level 1 testing (internal payer & provider (e.g., CHC))
 - Jan 2011: Begin Level 2 testing (external payer trading partners (e.g., clearinghouses, provider networks, etc.))
 - Jan 2012: Mandatory implementation
- Benefits:
 - Increase transaction uniformity & efficiency (single standardized method versus v4010 which allowed customized mapping)
 - Support pay-for-performance (ICD-10 specificity)
 - Lead to fewer denials (Cleaner submission = cleaner payments)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Transition to 5010 (3 of 3)

- Center for Information Technology Leadership (CITL) 2001 study
 - Aggregate of payer, hospital & physician practices on administrative overhead: \$898 per capita or *\$253 billion (18% of U.S. health care expense)*
 - Overhead defined as checking eligibility, processing claims and conducting referral and authorization requests
- “Gartner” (think tank) research estimated implementation costs against potential financial benefits of full v5010 (system wide compliance)
 - **Industry wide (payer & provider) net savings:**
 - **\$11.6 billion to \$33.8 billion**
- “HIPAA v5010: A second chance for the industry to implement transaction standards to reduce costs and increase efficiency.”
 - Healthcare Information and Management Systems Society (HIMSS), February 2009

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Timelines for Change

- Initial schedule:
 - 5010: Apr 2010
 - ICD-10: Oct 2011
- Jan 2009 Revised... Federal Register Update:
 - 5010: Jan 2012
 - ICD-10: Oct 2013
- 2010: “To Do” list for providers
 - Transition team development & needs assessment
 - Individual plan creation & Launch
- Jan 2011 Testing of 5010 by CMS
- Jan 2012 “Go Live” of 5010

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-9 versus ICD-10... Textbook

ICD-9-CM

- Code Totals: 13,500
- Chapters: 17
- Primarily Numeric
- Similarities:
 - Alphabetical Index & Tabular List
 - PCS & CM
 - Similar Nomenclature

ICD-10-CM

- Code Totals: 68,000
- Chapters: 21
- All Alpha-Numeric
- Similarities:
 - Alphabetical Index & Tabular List
 - PCS & CM
 - Similar Nomenclature

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD-9 versus ICD-10... Structure

ICD-9

- 3-5 characters/digits
- First three are rubric
- Primarily Numeric
 - Except V Codes & E Codes
- 4th & 5th digits afford additional specificity (but generalized by comparison to ICD-10)
- 810.00: Unspecified part of closed fracture of clavicle

ICD-10

- 3-7 characters/digits
 - Digit 1 is alpha (A – Z, not case sensitive)
 - Digit 2 is numeric
 - Digit 3 is alpha or numeric
 - Digits 4 – 7 are alpha or numeric
- S42.001A: Fracture of unspecified part of right clavicle, initial encounter for closed fracture

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Training, Training, Training (1 of 3)

- “Single biggest change to healthcare since the advent of the computer.”
- Dramatic impact due to ICD pervasiveness across business processes
- Who to train
 - Clinicians, clinic support staff, billing, finance, grant-writing
- Resources (Internal and External)
- Volume of training
 - AHIMA: 8-10 hours
 - AMA: 20-80+ hours dependent on role
- Timeline... not too soon but not too late

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Training, Training, Training (2 of 3)

- Situational analysis
 - Identify stakeholders
 - Assess impact
 - Assign stakeholder responsibilities to avert issues
 - Formulate strategies and identify goals
 - Create timeline with targets
 - Develop education/training plans for employees at all levels
 - Develop information and technology systems' plan that includes testing and "go live" dates
 - Plan for documentation changes

NOTE: Adopted from AHIMA's Sue Bowman's CMS presentation.

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Training, Training, Training (3 of 3)

- Cross Walk (Bi-directional)
 - Compare previous ICD-9 Data to new ICD-10
 - » Grants, UDS, Case/Risk Management, etc.
- General Equivalency Mapping (GEM)
 - Mappings will be used to
 - Convert and test systems
 - Link data in long-term clinical studies
 - Develop application-specific mappings
 - Analyze data collected during transition period and beyond

ICD-9-CM Source→	≈	ICD-10-CM Target
599.7 Hematuria	≈	R31.0 Gross hematuria
599.7 Hematuria	≈	R31.1 Benign essential microscopic hematuria
599.7 Hematuria	≈	R31.2 Other microscopic hematuria
599.7 Hematuria	≈	R31.9 Hematuria, unspecified

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



System Updates

- IT & Medical Department Lead up to task?
- EMR/EHR
 - A&P of SOAP
 - If not electronic, elevated written/dictated note
 - Obstacles: Doc training/motivation/compliance
 - Vendor expeditiousness/access/expense
- Practice Management Software
 - EDI data exchange
 - Export for UDS
 - Export for Grant Writing
 - Encounter Form/Super Bill... AAFP: 1 page now 9 with ICD-10
 - Not realistic... move to handheld?
 - MedAptus or PatientKeeper

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Budget

- Software and licensing (Practice Management & Clearinghouse)
- Hardware procurement (System upgrade requirement)
- Implementation Deployment (Internal or external)
- Potential EMR/EHR upgrades (inevitable)
- Training (consulting rates)
- Overtime costs (hourly staff)
- Super Bill/Encounter Form Update
 - One page Encounter Form becomes 9!!
- Work flow process change expense
 - Lost Production
 - Overtime to train hourly staff
- Testing & Audit of new ICD systems (e.g., ICD Record Review)
- Certified Coders/Billers (Necessary?)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Preparedness... Key Steps

1. Organize project team & resources for project completion
2. Conduct preliminary impact analysis (*Mission critical issues*)
3. Create implementation timeline (*Need vs. nice to have*)
4. Develop ICD-10 Implementation Budget (*Plan more, not less*)
5. Analyze documentation needs (*EMR, dictation, hand-written*)
6. Develop communication plan (*Special news letter, staff meetings, special sessions, etc.*)
7. Develop training plan (*Targeted AND integrated training*)
8. Complete information systems design & development
9. Conduct business process analysis (*Optimal not Perfect*)
10. Conduct needs assessment (*Missed anything?*)
11. Complete deployment of system changes (*Test, test, final*)

Note: Based on AMA's "Implementation of ICD-10..." Chapter 4, page 45

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Budget & Preparedness... CMS Example (1 of 2)

- Engaged AHIMA to evaluate CMS departments & processes
- ICD-10 impact: 26 departments/areas & 19 business processes
- Ranking Levels (by expense)
 - High: Greater than \$10M (7 areas)
 - Medium: Between \$1M and \$10M (4 areas)
 - Modest: Between \$100,000 and \$1M (6 areas)
 - Minor: Less than \$100,000 (2 areas)
- High Impact Areas:
 - Claims Processing (Part A, B, and DME)
 - CMS System Repositories (Claim Data/History, storage/management)
 - Payment Policy Development & Implementation
 - Quality Measures and Payment Initiatives
 - Assessment Tool Utilization and Development
 - Quality Improvement Activities (Disease (ICD) driven)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Budget & Preparedness... CMS Example (2 of 2)

- Lessons Learned
 - High impact areas localized; Of 19 business processes, 9 deemed high, 4 medium, and 6 modest.
 - Policy changes require no resources but systems, databases and repositories require additional resources with ICD-10 syntax
 - System updates necessary to accept expanded field size of ICD-10.
 - Electronic mapping highly desirable to streamline conversion/tasks.
 - FIs/Carriers/MACs currently update manually. Electronic version would mitigate errors.
 - Evaluate need to convert historical ICD-9 data once transition complete.
- Recommendations
 - Centralized monitoring and control of transition.
 - Internal communication regarding transition needs to be extensive.
 - Detailed assessment of impact on [CMS], business associates, and contractors.
 - Additional assessments of state systems (Medicare & Medicaid) to evaluate costs and ensure compatibility of data.

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



AMA Budget Sample

Information Systems		Estimated	Actual
PM		\$ 8,000.00	\$ -
EMR		\$ 6,000.00	\$ -
Coding Software		\$ 2,000.00	\$ -
	Category Total:	\$ 16,000.00	\$ -
Auditing/Review/Mapping			
Consulting Year1		\$ 10,000.00	\$ -
Consulting Year2		\$ 10,000.00	\$ -
Training/Consulting		\$ 6,000.00	\$ -
Process Review		\$ 4,000.00	\$ -
Mapping to ICD-10		\$ 6,000.00	\$ -
	Category Total:	\$ 36,000.00	\$ -
Training	(Each Staff)		
Physicians (10)	20 hrs @ \$1K	\$ 10,000.00	\$ -
Coders/Billers (4)	60 hrs @ \$3K	\$ 12,000.00	\$ -
Managers (1)	20 hrs @ \$1K	\$ 1,000.00	\$ -
Nurses (8)	10 hrs @ \$500	\$ 4,000.00	\$ -
Ancillary Staff (3)	10 hrs @ \$500	\$ 1,500.00	\$ -
	Category Total:	\$ 28,500.00	\$ -
Overtime			
Coders/Billers (4)	60 hrs, pre & post	\$ 9,500.00	\$ -
Ancillary Staff (3)	10 hrs, pre & post	\$ 3,000.00	\$ -
	Category Total:	\$ 12,500.00	\$ -
	Total:	\$ 93,000.00	\$ -

NOTE: \$9,300 per doctor

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



MGMA Budget Sample

Cost Breakdown- 3 doctor practice	
Education (Minimal Training)	\$ 2,500.00
Process Analysis (Consultant/Additional Staff Hours)	\$ 7,000.00
Changes to Superbills (Consultant/Reprinting)	\$ 3,000.00
IT Costs (Upgrades/New Technology)	\$ 7,500.00
Increased Documentation (Dictation/New Technology (e.g., Dragon))	\$ 44,000.00
Cash Flow Disruption (Lost Production)	\$ 20,000.00
Total	\$ 84,000.00

NOTE: \$28,000 per doctor

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Obstacles

Managing Reluctance to Change

- Provider (& other) apathy
 - Flat salary, no incentive
 - Employed vs. owner
- Coding reluctance *before* ICD-10
- Already burdened (perception vs. reality)
 - Too few doctors
 - Too many demands
- Provider Shortages (your staff know this)

Allocation of Scarce Resources

- Capital/Money
- Time
- Human Capital
- Rearranged Priorities
- Provider Shortages
- Too few coders (nationally... never mind affordability)
- Revenue loss if production truly inhibited

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD Crosswalk Example... V70.0 (Adult)

- Z00.0 Encounter for general adult medical examination
 - Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations
 - Excludes1: encounter for examination of sign or symptom-code to sign or symptom general health check-up of infant or child (Z00.12.-)
 - Z00.00 Encounter for general adult medical examination without abnormal findings
 - Encounter for adult health check-up NOS
- Z00.01 Encounter for general adult medical examination with abnormal findings
 - Use additional code to identify abnormal findings

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD Crosswalk Example... V20.2 (Pedi) CPE (1 of 3)

- Z00.1 Encounter for newborn, infant and child health examinations
 - Z00.11- Newborn health examination
 - Health check for child under 29 days old
 - Use additional code to identify any abnormal findings
 - Excludes1: health check for child over 28 days old (Z00.12-)
 - Z00.110 Health examination for newborn under 8 days old
 - Health check for newborn under 8 days old
 - Z00.111 Health examination for newborn 8 to 28 days old
 - Health check for newborn 8 to 28 days old; Newborn weight check
 - Z00.12- Encounter for routine child health examination
 - Encounter for development testing of infant or child
 - Health check (routine) for child over 28 days old
 - Excludes1: health check for child under 29 days old (Z0.11-) health supervision of foundling or other healthy infant or child (Z76.1-Z76.2) newborn health examination (Z00.11-)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD Crosswalk Example... V20.2 (Pedi) CPE (2 of 3)

- Z00.121 Encounter for routine child health examination with abnormal findings
 - Use additional code to identify abnormal findings
- Z00.129 Encounter for routine child health examination without abnormal findings
 - Encounter for routine child health examination NOS
- Z00.2 Encounter for examination for period of rapid growth in childhood
- Z00.3 Encounter for examination for adolescent development state
- Encounter for puberty development state
- Z00.5 Encounter for examination of potential donor of organ and tissue
- Z00.6 Encounter for examination for normal comparison and control in clinical research program
- Z00.7- Encounter for examination for period of delayed growth in childhood

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD Crosswalk Example... V20.2 (Pedi) CPE (3 of 3)

- Z00.70 Encounter for examination for period of delayed growth in childhood without abnormal findings
- Z00.71 Encounter for examination for period of delayed growth in childhood with abnormal findings
 - Use additional code to identify abnormal findings
- Z00.8 Encounter for other general examination
 - Encounter for health examination in population surveys

NOTE: Excludes1

A type 1 Excludes note is a pure excludes. It means "NOT CODED HERE!" An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.

NOTE: Excludes2

A type 2 excludes note represents "Not included here." An *Excludes2* note indicates that the condition excluded is not part of the condition it is excluded from but a patient may have both conditions at the same time.

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD Crosswalk Example... 599.0: UTI, site unspecified

- N39 Other disorders of urinary system
 - Excludes2: hematuria NOS (R31-)
recurrent or persistent hematuria (N02.-)
recurrent or persistent hematuria with specified morphological lesion (N02.-)
proteinuria NOS (R80.-)
- N39.0 Urinary tract infection, site not specified
 - Use additional code (B95-B97), to identify infectious agent.
 - Excludes1: candidiasis of urinary tract (B37.4-)
neonatal urinary tract infection (P39.3)
urinary tract infection of specified site, such as:
cystitis (N30.-)
urethritis (N34.-)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



ICD Crosswalk Example... 250.00 (DM, Unspecified)

- E08 through E13 is Diabetes Mellitus
- E13.9 Other specified diabetes mellitus without complications... closest match to 250.00
- Sample from ICD-10 Series:
- E13.62- Other specified diabetes mellitus with skin complications
 - E13.620 Other specified diabetes mellitus with diabetic dermatitis
 - Other specified diabetes mellitus with diabetic necrobiosis lipoidica
 - E13.621 Other specified diabetes mellitus with foot ulcer
 - Use additional code to identify site of ulcer (L97.4-, L97.5-)
 - E13.622 Other specified diabetes mellitus with other skin ulcer
 - Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)
 - E13.628 Other specified diabetes mellitus with other skin complications

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Resources for ICD-10

- CDC ICD Update with GEM & Source data for ICD-10
 - <http://www.cdc.gov/nchs/icd.htm>
- AHA ICD-10 Info
 - <http://www.ahacentraloffice.com/ahacentraloffice/shtml/ICD10overview.shtml>
- AHIMA ICD-10 Info
 - <http://www.ahima.org/icd10>
- CMS Overview of ICD-10
 - <http://www.cms.hhs.gov/ICD10>
- Transaction & Code Set Proposed Rules from CMS
 - http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionandCodeSetsRegulations.asp
- Medicare Learning Network (MLN) General Info
 - <http://www.cms.hhs.gov/MLNGenInfo>

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Summary

- Identify Internal and External Resources
- Define impacted areas/staff
- Create defined multi-year plan
- Allocate BUDGET for plan
- Work the plan
- Train, train, train (All resources)
- Test, test, test (IT, EDI, staff)
- Commit to Educate (Top down)

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Resources for Presentation

- “Preparing for ICD-10: Make the Transition Manageable” by Deborah Girder (AMA; 2010)
- “CMS ICD-10 Planning” by CMS/AHIMA (MLN)
 - http://www.cms.gov/ICD10/Downloads/ICD10_Initial_Findings_Report.pdf
- “ICD-10 Overview” by CMS (MLN)
 - http://www.cms.hhs.gov/ICD10/Downloads/ICD10_Coops_Sept_16.pdf
- Ingenix Consulting Services web site
 - <http://www.ingenixconsulting.com/HealthCareInsights/InsightICD10HIPAA5010>
- “ICD-10-CM General Equivalence Mappings (GEMs)” presentation at CMS Coordination & Maintenance Committee Meeting; 9/28/07
 - http://www.cdc.gov/nchs/ppt/icd9/att9_Butler_Sep07.ppt
- “Preparing for ANSI v5010 Health plan strategies for achieving high performance;” Accenture (Consulting) Innovation Center for Health
- “ICD-10 Deadline Causing Worry;” amednews.com
 - <http://www.ama-assn.org/amednews/2010/01/04/gvsc0104.htm>

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com



Contact Information

Priority Management Group, Inc. (PMG)
700 School Street; Pawtucket, RI 02860
P: 401-616-2000; F: 401-616-2001
www.chcbilling.com

- Raymond Jorgensen, *President & CEO*
Rjorgensen@gopmg.com
- Robert Skeffington, *Exec VP Sales & Marketing*
Rskeffington@gopmg.com
- Caroline Peucker, *VP, Consulting and Compliance*
Cpeucker@gopmg.com

PMG Consulting Inc. Copyright 1998 - 2011 www.chcbilling.com