Preparing for ICD-10
WellStar Medical Group Toolkit

Please take a few minutes to learn more >
Preparing for ICD-10

On **Oct. 1, 2015**, WellStar will transition from ICD-9 to ICD-10 coding for all medical diagnoses and hospital procedures Systemwide. This conversion is required for anyone covered by the Health Insurance Portability Accountability Act (HIPAA), which includes all WellStar facilities and community physicians. ICD-10 will impact our entire System, as these codes are used for medical management, billing, reimbursement, decision support, analytics and reporting. Therefore, ensuring a smooth transition to the ICD-10 code set is critical.

**This toolkit was designed specifically for team members directly affected by ICD-10.** It is not a substitute for training, but rather a guide to assist you in preparing for and understanding the basics of the transition.

Inside, you’ll find information about the transition and its benefits, differences between ICD-9 and ICD-10, claims and dates of service, a post-transition grace period, training, resources and other important details.

We encourage you to set aside time to review this toolkit thoroughly. If you have questions after reviewing, please contact your leader.
Frequently Asked Questions

What is ICD-10?
The 10th Revision of the International Classification of Diseases (ICD), known as ICD-10, is a medical coding system implemented by the World Health Organization (WHO) in the 1990s. On Oct. 1, 2015, it will replace ICD-9 (ICD-9-CM). ICD-10 consists of two parts:

- ICD-10-CM diagnosis coding which is for use in all U.S. healthcare settings.
  Note: ICD-10-CM will replace ICD-9-CM diagnosis codes in all healthcare settings for diagnosis reporting.

- ICD-10-PCS inpatient procedure coding which is for use in U.S. hospital settings.
  Note: ICD-10-PCS will replace ICD-9-CM procedure codes.

Current Procedure Terminology (CPT) codes and DRGs will not be changing.

Why is the transition necessary?
The transition to ICD-10 is necessary because of ICD-9’s outdated platform. As you probably know, ICD-9 contains outmoded terminology and classifications that are inconsistent with modern healthcare. The structure of ICD-9 also limits the number of new codes that can be created. Above all, ICD-10 offers more detail and specificity in capturing healthcare data. The U.S. is also one of the few developed nations that have not transitioned to ICD-10.

Who has to comply with ICD-10?
ICD-10 will impact all diagnosis and hospital procedure coding Systemwide. The conversion is required for anyone covered by the Health Insurance Portability Accountability Act (HIPAA), which includes all WellStar facilities and community physicians.
**FAQs (CONTINUED)**

**What is the biggest difference between ICD-10 and ICD-9?**
There are many more ICD-10 codes (68,000 diagnosis codes; 72,000 procedural codes) than today’s ICD-9 codes (14,000 diagnosis codes; 4,000 procedural codes). The new code sets include greater detail, changes in terminology, and expanded concepts for injuries, laterality, and other related factors. Accordingly, you will notice a significant difference in the structure of ICD-10 codes, which includes expanded numbers and characters.

Lists of top diagnosis codes (ICD-9 to ICD-10 crosswalks) by specialty are available for quick reference through the WellStar Connect site.

**What are the benefits of ICD-10?**
ICD-10 will improve national healthcare initiatives such as Meaningful Use, value-based purchasing, payment reform and quality reporting. Without ICD-10 data, there will be serious gaps in the ability to extract important patient health information needed to support research and public health reporting, and move to a payment system based on quality and outcomes.

**Will ICD-10-PCS procedure codes be used for both inpatient and outpatient hospital services?**
While CMS does not require ICD-10-PCS procedure codes for any outpatient claims, commercial payers may require it. WellStar will be assigning ICD-10-PCS procedure codes for all inpatient and outpatient hospital procedures. In addition, Current Procedural Terminology (CPT) codes will continue to be used for physician and outpatient services.

**Will I really need to use all the codes in ICD-10?**
No. You will not use all the codes in the classification system; rather you will use a subset of codes based on your practice. You will only use the ICD-10-CM code set for diagnosis coding. The ICD-10-CM code set is like a dictionary that has thousands of words; some are commonly used while other words are rarely used.
FAQs (CONTINUED)

Will ICD-10 replace CPT procedure coding?
No. The switch to ICD-10 does not affect CPT coding for outpatient procedures.

How will I report ICD-10 codes on claims where the dates of service span from before Oct. 1 to on or after Oct. 1, 2015?
Many payers are planning to require splitting claims with dates of service that span the Oct. 1 implementation date. That is, the services prior to Oct. 1, 2015, will be billed separately and utilize ICD-9 codes; services on and after Oct. 1, 2015, will then be billed separately and utilize ICD-10 codes. All WMG physicians’ offices should check specific payer guidelines for processing claims for services that span the Oct. 1 ICD-10 transition date.

Will the transition deadline be delayed? Will there be a grace period following implementation?
Though no further transition delays are expected, there will be a 12-month grace period to allow physicians additional time to adjust to the new coding system. Specifically, beginning Oct. 1, 2015, Medicare Part B claims for physician office services will not be denied or audited based on the specificity of ICD-10 diagnosis codes as long as it is a valid code from the correct family (i.e., the ICD-10 three-character category). In addition, CMS will authorize advance payments to physicians if Medicare contractors are unable to process claims due to issues with ICD-10.

Important note: This grace period only applies to Medicare and Medicaid; commercial payers currently have not granted a grace period. It also only applies to professional claims, meaning all hospital claims still must be correctly coded on Oct. 1 in order to avoid denials or incorrect reimbursement.

More details regarding the one-year grace period are available in the CMS grace period FAQs: Set 1 (General ICD-10 Guidance) Set 2 (Clarifications).

Do I need to participate in Epic testing?
The Epic testing process is vital to a successful transition. Speak with your manager to determine if you should be attending a testing session. Creating real-world test cases is also a part of the process and is equally critical. If you do attend a testing session, plan to work with your manager in developing test scenarios for Epic.

Continued >
FAQs (CONTINUED)

What will it look like in Epic when I am treating patients with injuries, poisonings or complications?

You may see one of the following reminders in the Epic diagnosis calculator. Below are examples of how to use each.

**Injuries/Poisonings/Complications**

- **Initial Encounter (‘A’):** Patient receiving active treatment for the condition.
  Examples of active treatment: surgical treatment, ED encounter, evaluation and continuing (ongoing) treatment, and active treatment of infection that may have been precipitated by prior treatment such as infection following joint prosthesis placed at previous encounter.

- **Subsequent Encounter (‘D’):** Patient receiving routine care during healing/recovery phase.
  Examples of subsequent care: cast change or removal, an X-ray to check healing status of fracture, removal of external or internal fixation device, medication adjustment, rehabilitation services, suture removal, wound check and follow-up visits after treatment of the injury or condition.

- **Sequela (‘S’):** Patient has complications or conditions as a direct result of injury/condition.
  Examples of sequela: complications or conditions that arise as a direct result of a condition such as scar formation or skin contracture after a burn.

Continued >
Key Things to Know

ICD-10 Structure and Grouping

- ICD-10-CM, like the current ICD-9-CM, is arranged by similar diseases and other conditions that are based on approved criteria.
- Diseases can be grouped in a variety of ways such as the etiology, anatomy, site and location, and type of disease. In ICD-10-CM, the axis used for most categories is anatomy.
- The hierarchical structure for ICD-10-CM has been expanded to provide for specificity. The most significant change between our current system and the new ICD-10-CM system is the specificity and granularity of the codes.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three to five characters</td>
<td>Three to seven characters</td>
</tr>
<tr>
<td>First digit is numeric but can be alpha (E or V)</td>
<td>First character is always alpha</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>All letters used except U</td>
</tr>
<tr>
<td></td>
<td>Character 2 is always numeric</td>
</tr>
<tr>
<td></td>
<td>Characters 3-7 can be alpha or numeric</td>
</tr>
<tr>
<td>Always at least three digits</td>
<td>Always at least three characters</td>
</tr>
<tr>
<td>Decimal placed after the first three characters (or with E codes, placed after the first four characters)</td>
<td>Decimal placed after the first three characters</td>
</tr>
<tr>
<td>Alpha characters are not case-sensitive</td>
<td>Alpha characters are not case-sensitive</td>
</tr>
</tbody>
</table>
KEY THINGS TO KNOW (CONTINUED)

For WMG physicians who also practice at a WellStar hospital

Be sure to remember to include the following information in your notes for each diagnosis to avoid follow-up queries:

1. Stage or Grade of Disease
2. Severity: Mild, Moderate, Severe
3. Acuity: Acute, Chronic, Acute on Chronic
4. Episode of Care: Initial (active treatment), Subsequent (after active treatment completed)
5. Laterality: Right, Left, Bilateral
6. Specific Anatomic Location

You will also need to continue documenting the following (when applicable): Linking “due to,” “secondary to,” “with” and “Present on Admission: Yes or No.”
Epic Diagnosis Calculator Preview

The diagnosis calculator is used by WMG physicians in their offices to add diagnoses to the chart. It is also used by WMG physicians in the hospital to attach rounding diagnoses to the chart.

The “ICD-10 Codes” column shows which new code corresponds to the ICD-9 code you previously used.

The “Calculator” tab must be selected in order to choose a specific diagnosis. This is not a default tab view. If you see a list of extended diagnoses, click the “Calculator” tab to bring you back to this view.

The “Visit Diagnosis” area will turn green and display an ICD code (9 or 10, depending on the active code set) after sufficient information has been entered, therefore allowing the calculator to produce a diagnosis specific enough for billing. Click the “Accept” button to add the diagnosis to the chart.
Training and Resources

Training is crucial to WellStar’s successful transition to ICD-10.

For WMG physicians, a brief step-by-step user guide titled “ICD-10 Visit Diagnosis Calculator” is now available online through SuccessFactors. The module is designed to help physicians understand the outpatient and inpatient workflows that employ the use of the ICD-10 diagnosis calculator. Please note that user tip sheets regarding these workflows are located under the “Resources” tab within the module.

Physicians and advanced practice professionals may choose from numerous “EduCode” ICD-10 training courses in SuccessFactors. The curriculum includes a variety of highly specialized modules. To view the entire Elsevier course listing, type “EduCode” in the SuccessFactors catalog search.

Two “Introduction to ICD-10” training modules have also been developed: one specifically for WMG, and one for all other team members. The online modules are an excellent option for those who have not been through coding certification or were not registered for the American Academy of Professional Coders (AAPC) ICD-10 training. (The AAPC training is intended for certified coders and select job categories.) Each course takes approximately 15 minutes to complete and is now available through SuccessFactors. Please note that either the ICD-10 project team or department leaders will determine whether the training should be mandatory or optional for specific team members. Ask your manager if you have questions.

**Internal Resources**
- Online: **WellStar Connect** (information includes ICD-10 crosswalks, FAQs, training, resources, the Epic diagnosis Calculator, etc.)
- ICD-10 Hotline: **470-793-4018**
- ICD-10 Mailbox: **ICD10@wellstar.org**

**External Resources**
- Online: **CMS “Road to 10” website**
- Online: CMS grace period FAQs: **Set 1 (General ICD-10 Guidance); Set 2 (Clarifications).**
- Online: **AAPC (ICD-10 webpage)**
Important Dates

ICD-10 101 Training Available
Through SuccessFactors: Aug. 1

Implementation date: Oct. 1

Exceptions to Oct. 1, 2015, Go-Live Use of Codes

Although the implementation date is Oct. 1, 2015, there are some exceptions:

BEFORE Oct. 1, 2015
- Precertification
- Scheduling appointments
- Recurring appointments
- Concurrent billing
- Interim billing

AFTER Oct. 1, 2015
- Outstanding accounts for Sept. 30 and before with:
  - Uncoded diagnosis
  - Missing documentation
  - Edits
  - Rebills