hfma south carolina chapter
healthcare financial management association

Meeting Medical Necessity with ICD-10-CM and PCS

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Agenda

- Overview of first six months of coding with ICD-10
- Patient Access – OP Registration, Physician Orders and Inpatient Admissions
- Medical Necessity – Authorizations, LOS approvals
  - Medicaid
  - Difference in professional claims (1500) and facility claims (UB-04)
- Patient Care Management – Rev Cycle inclusion?
- Documentation – "improvement" imperative
- Coding
- Billing – Rejections and Denials; "Non-covered"
- Continuing assessment, process improvement

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ICD-10 – Five Lessons Learned

Where are we?

- **Claims are processing! South Carolina is doing well!**
- **But – Revenue Cycle activities have decreased in number and are simply taking longer …**
- **Delays in outpatient registration, determination of diagnosis to meet medical necessity, and coding of inpatient records.**
- **Some physicians / providers expressing concern regarding time required for ICD-10!**
- **Informal survey = 7 out of 10 Xtend hospitals state 30% to 50% fewer claims filed in 4th Quarter 2015!**
- **Surprising – since there would be ICD-9 coded claims with dates of service prior to Oct. 1 as part of the claims to be submitted!**

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ICD-10 – Five Lessons Learned

Where are we?

- **Payors are rejecting and/or denying about the same percentage of claim submissions – we think …**
- **9 out of 10 hospitals I asked in my informal survey replied "it's still too early to clearly evaluate accepted / processed to payment claim results, or they are not comfortable evaluating claims processing results just yet." (even at May 27th!)**
  - **Affected by slower coding and billing processes**
  - **Billing edits complicate ICD-10 picture – is it coding or is it an NCCI edit or OCE edit?**
  - **May be affected by increased bill-hold days for submission or varying inpatient LOS**
  - **May be affected by Medicare 14-day payment floor**

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ICD-10 – Five Lessons Learned

Where are we?

- **Also as a response to my informal survey, 8 out of 10 facilities noted "total cash collected was less in Oct. – March."**
- **Do you know your 4th Quarter 2015 and 1st Quarter 2016 "Cash" results?**
- **Compare to previous year, but take into consideration any increases in volume that should result in increased cash!**

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ICD-10 – No. 1 Lesson

- Medicare – **Providers not required to revise physician orders written before Oct. 1, 2015**
- CMS FAQ = "not requiring the ordering provider to translate ICD-9-CM diagnosis codes to ICD-10-CM on orders written before Oct. 1 for Lab, Radiology or any other services."
- Reminder – any order written before Oct. 1 must have ICD-9 code(s).
- **"For services that will continue to be delivered and billed after Oct. 1, providers can opt to use the General Equivalence Mappings (GEMs) to translate the ICD-9 codes on the original order to ICD-10."**
- Providers are not required to update codes to ICD-10.
- Orders written on or after Oct. 1 must use ICD-10.

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ICD-10 – No. 1 Lesson

- **Caution: Do not allow negative effect on coverage / payment!**
- **Not all ICD-9 diagnoses have a one-on-one relationship to an ICD-10 diagnosis.**
- **Ensure the crosswalk from ICD-9 to ICD-10 is performed by a coder.**
- **By using the GEMs, your facility may be missing an opportunity to meet medical necessity and/or to provide a covered outpatient service.**
- **If the previous ICD-9-CM diagnosis cannot be crosswalked to an ICD-10-CM diagnosis to meet coverage requirements, consider asking the physician for a new narrative diagnosis that can be appropriately coded using ICD-10-CM.**

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ICD-10 – Five Lessons Learned

We do know . . . Some payors denying "unspecified" or "not otherwise specified" diagnoses!

- **Q: Could you explain the policy on unspecified codes and the requirements for ICD-10 effective October 1, 2015?**
- **A: NOS, or "not otherwise specified" codes will be denied as there is not enough clinical documentation to determine the diagnosis.**
- **NEC codes, or "not elsewhere classified" codes will be denied as this means there is not an appropriate or an existing ICD-10 code to support it.**
- **Clinical justification is required if providers use an NEC code.**
- **VERIFY HOW YOUR CLAIMS ARE BEING PAID!**

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ICD-10 – Five Lessons Learned

You may want to evaluate the number of "unspecified" codes that are being generated by your providers.

- **Report from coding system or from your patient accounting system on percentage of Outpatient diagnoses that are "unspecified."**
- **As noted, ensure review of 2016 payment vs. 2015 payment for the same or similar services.**

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ICD-10 – Five Lessons Learned

Inadequate Documentation	Required ICD-10 Documentation
IMPRESSION: 1. Gout. 2. Diabetes. 3. Hyperlipidemia. 4. Kidney Failure.	IMPRESSION: 1. **Chronic** gout **left elbow secondary to kidney failure**. 2. **Type II NID**DM. 3. **Mixed** hyperlipidemia. 4. **End stage** kidney failure **requiring peritoneal dialysis secondary to diabetes**.

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ICD-10 – No. 2 Lesson

- Evaluate Patient Access process for reviewing physician order (script) for ICD-10 diagnosis to meet medical necessity!
- Three hospitals in my informal survey reported this has been their biggest negative effect:
  - Electronic order entry of outpatient service or test does not promote full descriptive notation for narrative diagnosis under ICD-10.
  - Training lagged behind for registration reps in understanding new compliance checker software, or needed improved process for communication with ordering physician when script diagnosis does not meet medical necessity.
  - Patient Care Management needed improved process for determination of pre-auths or prior approvals, LOS.

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ICD-10 – Five Lessons Learned

Patient Care Management

- Realistic evaluation of CM, UR and/or DP!
- May have needed improved processes before ICD-10 for determination of pre-auths or prior approvals, and patient length-of-stay for inpatients.
- ICD-10 intensifies the "up-front" processes that must be consistently and accurately carried out!
- This is the one Revenue Cycle Department that may increase revenue (and cash collected) – not to mention quality of patient care and patient satisfaction (HCAHPS).
- New Discharge Planning requirements from CMS! (IMPACT Act, http://federalregister.gov/a/2015-27840)

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ICD-10 – Five Lessons Learned

Identified problems with ICD-10-CM codes –

Cardiology –

- **For cardiac arrhythmias, it appears to experts the model of atrial fibrillation codes in ICD-10 is inadequately categorized.**
- **First of all, there is no code available for a patient's first episode of atrial fibrillation.**
- **In ICD-10, there are categories of "paroxysmal," "persistent," and "chronic" atrial fibrillation, but when a patient first presents to the physician with the symptom, it is impossible to determine if the episode is one of these three.**

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ICD-10 – Five Lessons Learned

Cardiology –

- **According to the American Heart Association and American College of Cardiology, there are definitions of "paroxysmal," "permanent," "longstanding," and "chronic" atrial fibrillation.**
- **But for the first time a patient appears with atrial fibrillation, whether symptomatic or not, it may or may not require treatment.**
- **If it requires treatment, then it is important to know if it is caused by some acute event, such as "acute myocardial infarction" or "myocarditis" or the patient just had an aortic valve replaced.**
- **It may be a single event that never recurs or it may progress to one of the chronic groups.**

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ICD-10 – Five Lessons Learned

Cardiology

- **We need a code for that first episode because everyone starts with the first episode.**
- **And is it related to mitral valve disease or not?**
- **Because the ACC/AHA Guidelines for treatment is different for each of these subgroups, it's important to have the appropriate ICD-10-CM diagnosis codes for ongoing patient care.**

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ICD-10 – Five Lessons Learned

Cardiology

- **Finally, left heart failure is left heart failure, whether it's acute or chronic or systolic in nature (with reduced ejection fraction) or diastolic (with preserved ejection fraction).**
- **But there are no codes for right heart failure, whether acute or chronic, at all.**

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ICD-10 – Lesson No. 3

Medicare Medical Necessity

- **Denials have been higher for some specialties, and that may have negatively impacted cash flow significantly.**
- **This is predominately due to Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) error issues.**
- **Based on the information published by CMS, the assumption was that all LCD information would be translated from ICD-9 to ICD-10, with no changes coming to any of the previously approved medical necessity guidelines.**

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ICD-10 – Lesson No. 3

Medicare Medical Necessity

- This assumption has been found not to be the case when certain previously approved indications under ICD-9 were no longer included in the covered ICD-10 diagnoses.
- It appears that in some instances, codes have been excluded due to the fact that they were unspecific.
- This obvious error affected a number of LCDs related to radiological procedures and clearly presented a potentially significant financial impact on providers.

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ICD-10 – Lesson No. 3

Medicare Medical Necessity

- This issue of **missing unspecified codes after LCD translation to ICD-10** has affected a number of other LCDs as well, such as:
- LCD L34212 – Cardiovascular Nuclear Medicine: **Myocardial Perfusion Imaging and Cardiac Blood Pool Studies,** and
- LCD L34317 – **Chest X-Rays**
- These missing indications, which previously supported radiological studies, can be significant in their impact to provider reimbursement, especially if the indication is one seen often as a regular sign or symptom of a condition.

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ICD-10 – Lesson No. 3

Medicare Medical Necessity

- In early October, the **denial of noninvasive peripheral venous study services** was noted when reported with leg / arm swelling under LCD L34229 (MAC).
- **Swelling** is often a symptom associated with deep vein thrombosis (DVT), and was previously an approved reason for diagnostic testing under the Medicare's LCD.
- Although ICD-10 directs leg / arm swelling to be coded to **M79.89 for "Other and unspecified soft tissue disorders, not elsewhere classified"**, it appears that due to M79.89 being unspecified / not elsewhere classified, the code was omitted from being covered after the LCD was translated to ICD-10.

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ICD-10 – Lesson No. 3

Radiology (Imaging) testing

- Many of the standard indications historically used when ordering a diagnostic test, such as “pain” or “cough,” in ICD-10 are coded using an unspecified code.
- It is imperative that the treating physician provide the **signs and symptoms that prompted the order,** especially in the specialty of radiology, where many times an exam will produce no definitive findings.
- Radiology was especially hard hit in one jurisdiction, with **MACs having ICD-10 code omissions that created incorrect denials for some surgical procedures, some interventional procedures, chest X-rays, and CT / MRI of the head.**

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ICD-10 – Lesson No. 3

Medicare Medical Necessity

- **Bone Density Scans**
- **On top of the LCD (local) issues, the NCD for bone density scans omitted the diagnoses for "osteopenia," which is a very common finding and reason for the test.**
- **Change Request (CR) 9252 will be updated on January 4, 2016, but**
- **Those claims will not be re-adjudicated until requested (refiled), per CMS.**
- **Three months or more is a very long time to wait for payments.**

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ICD-10 – Lesson No. 3

Medical Necessity

- **Track all previous seven (7) month's medical necessity denials by payor.**
- **Request Medicare claim re-processing after January 1, 2016, when all diagnoses should have been corrected!**
- **Request verification in writing from other payors when services are denied for medical necessity.**
    - **Request list of ICD-10 diagnoses that meet medical necessity for each CPT-4 code.**

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ICD-10 – Five Lessons Learned

Know "your" specific reimbursement under ICD-10

- *You can't attack your problematic processes and improve unless you completely understand your performance!*
- **Again – my informal survey = 8 out of 10 hospitals noted cash collections decreased in anywhere from 20% to 50%!**
- **Know your Revenue Cycle statistics – track your KPIs – goal should be maintaining benchmarks achieved under ICD-9**
  - **DNFB – not just Inpatient! (Orthopedic or Cardiac OP Surgeries)**
  - **Number of claims submitted on a daily basis**
  - **$$ amount of daily revenue**
  - **$$ amount of rejections in billing system**
  - **Cash collected**
  - **Days in AR**

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ICD-10 – Lesson No. 4

Consider the following five action steps that can help gain more visibility into and control over medical necessity denials in outpatient OR services and other departments.

1. **Set goal to perform ALL required prior authorizations –**
   - **the first safety net is employing technology to alert patient care management / registration / appointment scheduling of required prior authorizations.**
   - **This may eliminate labor intensiveness (and errancy) of manual systems such as phone calls or perusing a collage of post-it notes noting "what worked last week."**

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ICD-10 – Lesson No. 4

2. **Train Patient Access staff –**

- If prior authorization is not required, there may still be a need to increase awareness and training in the scheduling and registration areas to routinely validate the ordering diagnosis and procedure code against the payor's requirements.
- The issues we have discussed with LCDs and NCDs for example.
- Medicare Advantage Plan, Medicaid HMO, or another payor may require specific diagnosis documentation or even results of prior diagnostic testing for payment -- prior to performing the service.

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ICD-10 – Lesson No. 4

3. Ensure accurate claim editing –

- **with multiple payors and multiple rules that change constantly (as often as quarterly), make sure your claim editing is as strong as it can be.**

- **An edit will alert staff to an unmet requirement prior to submitting the claim.**
- **How the edit is corrected will either allow the claim to process and pay at "optimum" reimbursement or not …**
- **This may eliminate weeks of waiting only to have the claim denied.**
- **Do not allow charges to be written off prior to review by a team lead or manager!**

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ICD-10 – Lesson No. 4

4. Determine specific cause of "the process" that caused medical necessity denials –

- **Was a required prior authorization not completed?**
- **Is a particular physician not documenting care adequately?**
- **Or is a diagnostic test routinely being missed?**

- **Determine where medical necessity denials are originating to understand which team members in the organization need to be involved and what processes need to be modified to prevent future denials.**

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ICD-10 – Lesson No. 4

5. Use the collected data and/or statistical findings to start conversations that need to happen –

- **Going into conversations with clear data that shows a particular group or person's contribution to medical necessity denials can help speed change by helping you gain buy-in to the project.**
- **The Clinical Documentation Improvement (CDI) team can be supported with data to empower recommendations to department heads, registration / scheduling staff or even clinicians to engage in refresher training to mitigate risk caused by medical necessity denials.**

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ICD-10 – Five Lessons Learned

In addition to previous metrics, continuous Revenue Cycle "performance evaluation":

Validate your specific achievements in key productivity areas related to ICD-10:

- **Productivity rates of coders**
- **Documentation delays and/or time needed for provider clarification of documentation for appropriate coding**
- **Increased / decreased need for resolution of claim edits (pre-bill edits, clearinghouse edits, payor edits)**
- **Problems with payor claims processing or specific denials (i.e., "non-specified" diagnoses), and**
- **Perhaps greater restriction of diagnoses that meet medical necessity –**
- **all of which translate into less cash that takes longer to collect!**

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ICD-10 – Five Lessons Learned

Performance – Rejections, denials and "non-covered" tracking:

- **Closely monitor denials and rejections daily.**
  - **Ask PAS / outpatient registration for specific services for which there is no diagnosis to meet medical necessity.**
  - **Ask coders for CPT-4 codes (or service code and dx) for which there is no diagnosis to meet medical necessity.**
  - **Ask billers for CPT-4 codes that reject in the billing system**
  - **Ask follow-up / collectors for CPT-4 codes that deny or entire claims that deny.**
- **Watch for denial trends. (by specialty, by service, by provider)**
  - **Track by payor, frequency and type.**
- **Implement revisions based upon denial reasons.**
- **Once you identify a trend or pattern, educate.**

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ICD-10 – Five Lessons Learned

Understanding reimbursement under ICD-10

- **Review and monitor your top ICD-10 diagnoses – not just denied claims.**
- **Evaluate whether these diagnoses are as specific as they possibly can be!**
- **Enforce ICD-10 specificity for providers before Medicare or other healthcare payors do.**
- **Review accounts receivable weekly instead of monthly.**
- **Continue to create ICD-10 "documentation" and "coding" aids for common or high volume diagnoses.**
- **Audit documentation and coding regularly, provide feedback to providers.**

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ICD-10 – Five Lessons Learned

Understanding reimbursement under ICD-10:

- **Embody "urgency" in team!**
- **Cash depends on analyzing, determining root cause, process improvement, training and resolving problems quickly.**

An ICD-10 "work" group can:

- **Review claim submissions, payments and process problems**
- **Identify patterns.**
- **Educate clinicians, documentation specialists, and coders**

Team should be comprised of:

- **CDI**
- **HIM**
- **Billing / Collections**
- **Patient Financial Services for reporting / analyzing**

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ICD-10 – Five Lessons Learned

- **Comparison of ICD-9 DRG volumes to ICD-10 DRG volumes.** Focus on those with a significant drop or increase in volume. This may be the result of a number of factors, but the ones I'd be watching for are:
- DRG shifting;
- Medical staff changes; and, of course,
- Coding accuracy.

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ICD-10 – Lesson No. 5

Reimbursement of Medicare Inpatient services under ICD-10

- **Per CMS – "the change in coding practices will have minimal impact on MS-DRG assignment because the ICD-10 MS-DRGs are a replication of the ICD-9 MS-DRGs, and do not take advantage of the increased specificity of ICD-10."**
- ***For 2015, ICD-10 MS-DRGs will function at the same level of specificity as the ICD-9 MS-DRGs.***
- **"When the MS-DRGs are optimized to take advantage of the detail in ICD-10, there may be a substantial impact on payments."**

http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html

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ICD-10 – Lesson No. 5

- **Per CMS, "however, the ICD-10 optimization of MS-DRGs cannot occur until there is sufficient ICD-10 data available to allow MS-DRG payment weights corresponding to the ICD-10 optimized MS-DRGs to be computed."**
- **"Realistically, the earliest an ICD-10 optimized version of MS-DRGs can be implemented is FY 2018."**
- **Per CMS, this means that there will be two years of ICD-10 coded data available before an ICD-10 optimized version of the MS-DRGs is implemented.**
- **This CMS information gives us "time" (two years – FY 2016 and FY 2017) for documentation and process improvement to positively affect inpatient payment utilizing ICD-10-CM!**

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ICD-10 – Five Lessons Learned

- **Continue to conduct medical record documentation assessments**
  - **Evaluate records to determine adequacy of documentation to support the required level of detail in ICD-10**
  - **Remember South Carolina Medicaid and "unspecified" – other payors?**
- **Implement a documentation improvement program to address deficiencies identified during the review process**
  - **Educate providers about documentation requirements for the new coding system through specific examples**
  - **Emphasize the value of more concise data capture for optimal results and better data quality**
  - **Concurrent review of Inpatient documentation is best practice!**

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ICD-10 – Five Lessons Learned

Implementation and Operational Steps to Assess

My informal survey = varying issues depending on "systems"

- **Technology – system and program upgrades / installations**
- **Payor Readiness (and claims processing knowledge)**
- **Operational processes / work flow analysis and written procedures**
- **On-going Training – not just coders!**
  - **Physicians, other clinical staff members**
  - **Revenue Cycle staff members**
- **Continued need for structured tasks for next 90 days (and beyond)!**

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ICD-10 – Five Lessons Learned

Implementation and Operational Steps to Assess

- **Consider "Problem Resolution Team" available for staff member questions / issues – continuing for as long as needed.**
- **Knowledgeable team members:**
  - **Information Systems**
  - **Patient Access leader**
  - **Patient Care Manager**
  - **Coder**
  - **PFS leader**
- **Identify a "ICD-10 Hotline" Number for questions / issues**
- **Record questions and send e-mail blast to all staff members**
- **Needed on evening shifts and week-ends particularly**

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ICD-10 – Alert for FY 2017

Coming for 2017 (October 1, 2016)

- **The ICD-10 code freeze is scheduled to end on Oct. 1, 2016, after which we will see a generous volume of new codes for both diagnosis and inpatient procedure coding.**
- **The final outcome and approval of all ICD-10-CM/PCS code changes has not taken place just yet, but the discussion following the recent CMS meeting focused on 3,651 new procedure codes (ICD-10-PCS) and 487 code revisions and 1,928 new diagnosis codes (ICD-10-CM) for the 2017 fiscal year.**
- **It was learned that the majority of changes will be implemented in October 2017.**
- **Final outcome from the public dialogue will come later!**

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Basic Education Sites

- **NCHS – Basic ICD-10-CM Information**
  http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm
- **CMS – ICD-10-PCS Information**
  http://www.cms.hhs.gov/ICD10/02_ICD-10-PCS.asp
- **AHIMA - ICD-10 Education**
  http://www.ahima.org/icd10/index.asp
- **AMA – ICD-10-CM Physician (specialty) Education**
- **http://ama-assn.org**
- **WEDI – ICD-10 Implementation**
  www.wedi.org

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ICD-10 – Five Lessons Learned

- **Questions? . . .**

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