



AMERICAN OSTEOPATHIC ASSOCIATION

DEPARTMENT OF
SOCIOECONOMIC AFFAIRS

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Developed by the Division of Socioeconomic Affairs, in conjunction with the General Counsels' office in September 2010.



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Responsibilities include:

- Helping to secure reimbursement for osteopathic services
- Securing the acceptance of osteopathic credentials
- Addressing Medicare issues
- HIPAA compliance
- Fraud and Abuse



Sandra Peters, MHA

Responsibilities include:

- Developing educational material on physician advocacy, managed care, quality and performance measures impacting osteopathic medicine
- Designing and managing a set of member services to enhance their managed care interactions and to promote their opportunities to participate in managed care
- Providing update to the AOA leadership on health care trends particularly in the areas of pay for performance and physician profiling



Kavin T. Williams, CPC, CCP

Responsibilities include:

- Assisting AOA members with reimbursement and health payment policies
- Overseeing and assists AOA members with coding and payment disputes with carriers
- Overseeing the AOA Coding and Reimbursement Advisory Panel
- Representing the AOA at national reimbursement policy meetings



Michele Campbell, CPC

Responsibilities include:

- Assisting AOA members with coding and billing questions
- Assisting AOA members with coding and payment disputes with carriers
- Medical record reviews in audit situations
- Coordinating AOA's responses to AMA CPT coding requests
- Providing physician education on coding and coding guidelines
- Writing monthly coding hints and participates in articles that affect the profession



Are you ready for ICD 10 and the HIPAA 5010 Data Standard?

- Objectives
 - To educate physicians on the ICD 10 and HIPAA 5010 implementation compliance dates
 - To educate physicians on the impact the new coding sets will have on their current reimbursement and coding structure
 - To understand the difference between ICD 10 and HIPAA 5010



The Transition to HIPAA 5010

- Have you heard of the HIPAA 5010 Data Standard?
- *What is testing?* Have you begun?
- Will you be ready for January 1, 2012?



Testing Begins

- National 5010 Testing Day to be held Wednesday, June 15, 2011
- National 5010 Testing Day is an opportunity for trading partners to come together and test compliance efforts that are already underway with the added benefit of real-time help desk support and direct and immediate access to MACs.
- CMS encourages all trading partners to participate in the National 5010 Testing Day. This includes:
 - Providers;
 - Clearinghouses; and
 - Vendors



Background of HIPAA 5010 Data Standard

According to Medicare/Medicaid-

“The current version of the standards (4010/4010A1) are identified as lacking certain functionality for health care needs”



Background of HIPAA 5010 Data Standard

What's the difference between ICD 10 and
HIPAA 5010?

- Version 5010 will accommodate the
ICD 10 codes



Background of HIPAA 5010 Data Standard

Lets Talk about the ICD 10 codes-

Lack data

Need data

No resources for data collection

SOLUTION FOUND!



Background of HIPAA 5010 Data Standard

Data standard refers to the handshake for data submission- remember the all too familiar AOL Dial-up squeal? Think thousands of times faster.



First Steps

- Keep eye on implementation dates
- Check with your partners
 - Billing software
 - Electronic medical record software
 - Clearing houses
 - Vessels (Medicare/Medicaid/HIP)



Mark Your Calendars

- Important dates for 5010 Implementation
 - January 1, 2011-external testing of the 5010 version for electronic claims began
 - December 31, 2011-to be at level II compliance external testing of the 5010 for electronic claims must be completed
 - ***January 1, 2012*** – All electronic claims must use Version 5010. Version 4010 claims will no longer be accepted



Getting Started

- *Now is the time....*
- Testing should be conducted both internally and externally with current business partners
- **Check with your business partners?**
- Internal testing of version 5010 should have been completed by December 31, 2010
- External should be completed by December 31, 2011



Getting Started

- Testing early will allow you to identify any potential issues, and address them in advance
- As HIPAA covered entity, CMS has to ensure that its business processes, systems , policies and those of it's contractors, providers, health plans, etc. are compliant with HIPAA



Pitfalls

- Lack of testing with your vendors, clearing houses, insurers to ensure that you can accept and send transactions is probably the top barrier to success



Pitfalls

- Cost
- Timing (deadlines)
- I have an EMR and clearinghouse, isn't this their responsibility? NO it is not



Common Mistakes

- These are some common mistakes providers make in the transition for version 5010:
- Not using a nine-digit ZIP code for billing providers
- Not updating the version in both the ISA and GS segments
- Not specifying the correct file name in ST03 transistor datasheet



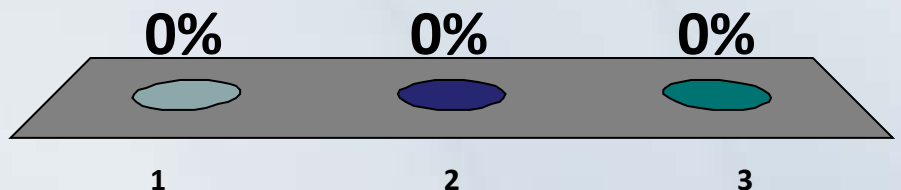
Common Mistakes cont'd

- Omitting newly required segments/fields
- Omitting the new repetition separate in ISA11
- Using codes that are no longer valid



HIPAA 5010 Testing Refers to

1. Making sure that your trading partners (clearinghouse, EMR, payers) will be ready for ICD-10.
2. Test to make sure that your EMR or practice management software will be able to accept ICD-10 code sets.
3. Both 1 and 2



Summarize

- Implementation date to be compliant for the 5010 HIPAA Data transaction is January 1, 2012
- If you have not begun testing the time is **NOW!!**
- Contact your vendors to inquire/schedule your internal and external testing



Vendor Model Letter

- Dear Vendor (*Clearinghouse, EMR system, Medicare, private payers*):
- My (name of practice)_____ uses your _____ product/services, version _____. As ICD-10-CM implementation approaches, we would like some information and clarification about your plans to upgrade your systems.
- Specifically, we would like to know your plans for updating software to comply with HIPAA transactions. Can you provide a timetable for the following.
- When will you be installing upgrades and will there be a charge for this data?
- Will my practice need additional hardware or support services to install the upgrade(s)?
- Thank you in advance for complying with and your prompt attention to this request.
- Sincerely,



ICD 10

- Implementation date is **October 1, 2013**
- Benefits of ICD 10
- Have you started preparation for ICD 10?
- How do I get started?
- How do I find the necessary resource information?



Benefits of ICD 10 (To whom?)

- **The Benefits of ICD-10-CM**
- ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM. Terminology and disease classification have been updated to be consistent with current clinical practice. The modern classification system will provide much better data needed for:
 - Measuring the quality, safety, and efficacy of care;
 - Reducing the need for attachments to explain the patient's condition;
 - Designing payment systems and processing claims for reimbursement;
 - Conducting research, epidemiological studies, and clinical trials;



Benefits of ICD 10

- Setting health policy;
- Operational and strategic planning;
- Designing health care delivery systems;
- Monitoring resource utilization;
- Improving clinical, financial, and administrative performance;
- Preventing and detecting health care fraud and abuse; and
- Tracking public health and risks.
- Non-specific codes still exist for use when the medical record documentation does not support a more specific code



ICD 9 vs ICD 10

- Here are some **SIMILARITIES AND DIFFERENCES BETWEEN THE TWO CODING SYSTEMS:**
- ICD-10-CM uses 3–7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM (e.g., ICD-10-CM has the same hierarchical structure as ICD-9-CM).
- The 7th character in ICD-10-CM is used in several chapters (e.g., the Obstetrics, Injury, Musculoskeletal, and External Cause chapters). It has a different meaning depending on the section where it is being used (e.g., in the Injury and External Cause sections, the 7th character classifies an initial encounter, subsequent encounter, or sequelae (late effect)).



Similarities & Differences cont'd

- Primarily, changes in ICD-10-CM are in its organization and structure, code composition and level of detail



ICD-9-CM

- 3–5 digits;
- First digit is alpha (E or V) or numeric (alpha characters are not case sensitive);
- Digits 2–5 are numeric; and
- Decimal is used after third character.
- Examples:
 - 496 – Chronic airway obstruction, not elsewhere classified (NEC);
 - 511.9 – Unspecified pleural effusion; and
 - V02.61 – Hepatitis B carrier.



ICD-10-CM

- 3–7 digits;
- Digit 1 is alpha; Digit 2 is numeric;
- Digits 3–7 are alpha or numeric (alpha characters are not case sensitive); and
- Decimal is used after third character.
- Examples:
 - A78 – Q fever;
 - A69.21 – Meningitis due to Lyme disease; and
 - S52.131A – Displaced fracture of neck of right radius, initial encounter for closed fracture.



What will change?

- Coding

- Code set will increase from 17,000 to 140,000 therefore the code books and styles will completely change (both ICD 10-Cm and ICD 10-PCS)
- Clinical knowledge-Coders may need to be reeducated on anatomy and physiology
- All staff who handle coding, from the front office staff to the practice manager



Additional Changes

- Laterality (left, right, bilateral)
- For example:
 - C50.511- Malignant neoplasm of lower-outer quadrant of right female breast
 - H16.013- Central corneal ulcer, bilateral
 - L89.012- Pressure ulcer of right elbow, stage II



Changes Cont'd

- Combination codes for certain conditions and common associated symptoms and manifestations
 - Example:
 - K57.21-Diverticulitis of large intestine with perforation and abscess with bleeding
 - E11.341- Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema



Changes Cont'd

- Combination codes for poisonings and their associated external cause
 - Example
 - T42.3x25-Poisoning by barbiturates, intentional self-harm, sequela. (The 'x' character is used as a 5th character placeholder in certain 6 character codes to allow for future expansion and to fill in other empty characters (e.g, character 5 and/or 6) when a code that is less than 6 characters in length requires a seventh character)



Changes Cont'd

- Example

- T45.1x5A-Adverse effect of calcium-channel blockers, initial encounter (**Imagine?**)
- T15.02XD-Foreign body in cornea, left eye, subsequent encounter

Inclusion of clinical concepts that do not exist currently in ICD-9-CM (e.g., underdosing, blood type, blood type, blood alcohol level)



Changes cont'd

Example

T45.526D-Underdosing of antithrombotic drugs, subsequent encounter (**Assumption of risk here?**)

Z67.40-Blood alcohol level of 120-199 mg/100mL

Expansion of codes

Example-E10.610-Type 1 diabetes mellitus with diabetic neuropathic arthropathy



Other changes in ICD 10

- Injuries are grouped by anatomical site as opposed to type of injury
- Category restructuring and code reorganization have occurred in a number of ICD-10-CM chapters resulting in the classification of certain diseases and disorders that are different from ICD -9-CM



Other changes cont'd

- Certain diseases have been reclassified to different chapters or sections in order to reflect current medical knowledge
- New code definitions
- Example-Acute Myocardial Infarction is now 4 weeks rather than 8 weeks
- ICD-9-CM V codes (factors influencing health status and contact with health services) and E codes(External Causes of Injury and Poisoning) are incorporated in the main classification as opposed to being separated into supplementary classifications as they do currently in ICD-9-CM



Documentation is the center piece

- Documentation as it is today will not be sufficient for ICD 10.
- How will this be handled in 2013?
- Are you currently reviewing the way you document today to make adjustments for ICD 10?



Productivity

- The transition to ICD 10 will decrease and impact your productivity
- Have you begun preparing for this decrease?
- Superbills/Encounter forms



With that being said...

- Coders will be vital to a successful transition
- There will need to be open communication between the coder and the physician
- Early education will be critical
- Providers will rely heavily on coders to inform them of what the requirements are for coding



Why get started now

- Due to the potential significant financial and clinical impact, ICD-10 and the changes required for transition to the information systems that are being mandated, **physicians** should be taking steps *now* to understand how to successfully prepare for ICD-10



Code Conversion Tools

- <http://www.aapc.com/icd-10/codes/>
- Search for Anacronymfinder->
 - American Academy of Professional Coders (National Organization headquartered in Salt Lake City, Utah)****
 - [AAPC](#)American Association of Pastoral Counselors****
 - [AAPC](#)Avis d'Appel Public à la Concurrence (France)****
 - [AAPC](#)American Association of Political Consultants****
 - [AAPC](#)Accounting and Auditing Policy Committee (Federal Accounting Standards Advisory Board)***
 - [AAPC](#)Association des Architectes Paysagistes du Canada (French: Canadian Landscape Architects Association; Canada)***
 - [AAPC](#)Attenuated Adenomatous Polyposis Coli***
 - [AAPC](#)Antibiotic-Associated Pseudomembranous Colitis**[A](#)
 - [APC](#)Alabama Advanced Practice Council**
 - [AAPC](#)African-American Parent Coalition**[A](#)
 - [APC](#)Australian Army Provost Corps**
 - [AAPC](#)Alabama Association for the Physically Challenged*
 - [AAPC](#)Aviation Accident Prevention Course*
 - [AAPC](#)Automatic Amplifier Power Control (Ciena)



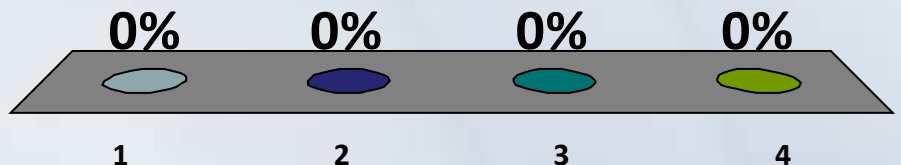
Steps to take to get started

2. Understand the potential impact this will have on physicians practice
 - Financial: How much will this transition cost a practice (training, software, etc)
 - Productivity: How significant will this be for a practices bottom line and for how long?
 - Education-what is needed and for whom is it needed (coders, billers, front office staff, lab personnel, etc)



Why Start to Educate on ICD-10 Now

1. Coding and billing systems will require updates
2. Every member of my staff will be impacted
3. My EMR cross walk may not help me find the right code
4. All of the above



Summarize

- Coding and billing systems will need to be updated to support the new code set
- Currently the code set has 3-5 digits and ICD-10 will increase to 5-7 digits
- Documentation will be impacted severely which will cause a domino effect from productivity to increased claim delays



AOA Resources

- ICD 10 online Resource Center
- CMS resources
- Practice Management Update



ICD-10 and HIPAA 5010

Will You Be Ready?

QUESTIONS?



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

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