NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

MTM SERVICES

www.TheNationalCouncil.org

National Council for Behavioral Health

Preparing your Organization for ICD-10 Implementation

Presented by:
Michael D. Flora, MBA, M.A.Ed, LCPC, LSW
Senior Operations and Management Consultant
David R. Swann, MA, LCAS, CCS, LPC, NCC
Senior Healthcare Integration Consultant

Contact: Communications@TheNationalCouncil.org
202.684.7457

AGENDA

1. High Level Overview
2. Phases of Implementation
3. Readiness Assessment
4. Develop Your Plan

Learning Objectives

- **Identify the major project work areas for successful launch**
- **Identify resources available**
- **What to ask from your payers and IT Vendors**
- **Identify the top Dx and Billing codes at the agency.**
- **Assessing the magnitude of ICD-10 implementation in your agency**
- **Technical Assistance Available from MTM Services**

Diagnostic Coding

- The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) is used by most BH providers for diagnostic coding (published by the American Psychiatric Association).
- Development of the DSM-IV-TR codes was closely coordinated with the development of the ICD-10 codes (published by the World Health Organization).
- In most instances there is a direct match with DSM and ICD codes (Appendix H of the DSM-IV-TR contains the ICD-10 BH codes).
- The new ICD-10 codes must be in use by October 1, 2013.

Do we have to use ICD-10 and DSM 5?

Insurance companies must follow HIPAA, and ICD is the HIPAA-compliant code set.

DSM is not an official HIPAA code set - ICD is the official diagnostic code set for billing.

Reimbursement for your services will be dependent on your ability to adapt to the official code set - ICD.

What's the Purpose?

The ICD-10 code sets under HIPAA is to standardize the 'data elements' used in the electronic processing of behavioral health care billing.

The diagnosis is one of the required quality indicators and elements used in the process.

The clinical documentation is needed to support the diagnosis in the clinical record.

ICD-10 will be the only code permitted for billing

ICD-10 Overview

- The International Statistical Classification of Diseases and Related Health Problems (ICD-10) provides codes to classify diseases.
- Every health condition/situation can be assigned to a unique category and assigned a code.
- Used internationally to classify morbidity, and mortality data, for vital health statistics and in the United States for health insurance claim reimbursement.

ICD-10

- **ICD-10 – CM (Clinical Modification) Diagnosis Code Set**
- **The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA).**
- **ICD-10-PCS (Procedure Coding System)**
- **22 Chapters**
- **Chapter 5 – Mental/Behavioral F01-F99**

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

MTM SERVICES

Comparing the ICD-9 to the ICD-10

www.TheNationalCouncil.org

- **Upgrades the diagnosis and procedures used in clinical transactions effective October 1, 2014.**
- **Diagnosis Codes Comparison**

ICD-9	ICD-10 - CM
3-5 Digits	3-7 Digits
First Digit is Alpha or Numeric	First Digit Alpha
Digits 2-5 are Numeric	Digits 3-7 are Alpha or Numeric with a decimal after 3 characters
13,000 codes	68,000 + Codes

Comparing the ICD-9 to the ICD-10

- **Procedure Codes Comparison – Inpatient Use Only**

ICD-9	ICD-10-PCS (Inpatient Only)
3-4 Digits	7 Digits
Each Digit is Numeric	Each Digit is either Alpha or Numeric
3,000 codes	87,000 + Codes
Generic Body Part Codes	Specific Body Part Codes

Sample Cross-Walk

Format	Code	Narrative
DSM - IV - TR	296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
DSM 5	296.54	Bipolar disorder, current or most recent episode depressed with psychotic features
ICD-9	296.55	Bipolar I current depressed w psychotic features
ICD-10	F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features

Benefits of Change to ICD-10

1. Already used by other industrial countries.
2. With all countries on the same system, more accurate and consistent health records will exist.
3. Enhance Healthcare by tracking and trending diseases.
4. Incorporates much greater specificity and clinical information, which results in improved ability to measure health care services

Key Components for Readiness:

1. Front desk capture of key demographics for enrollment and services
2. Clinical documentation supporting the increase in condition specificity of ICD-10 codes
3. Information System has mapped the changes in codes
4. Back office can process and submit claims with new codes accurately
5. Coding and Billing Training and Competency
6. System Integration of all Internal and External requirements
7. Testing within 30-60 days prior to October 1, 2014, validates accuracy
8. Payer Readiness, Contract review, Payer Expectations
9. Clinical staff, business staff and consumer relations oriented staff are trained
10. Testing, Audit and Evaluation
11. Failure Mode Analysis
12. Plan for a review of all components by October1, 2014 for compliance.

Major Phases to Implement ICD-10

- Planning – Develop an Implementation Task List
- Communication and Awareness
- Assessment
- Operational Implementation
- Testing
- Transition
- Monitoring the impact of the new coding system on payments and reimbursements, monitoring the functionality of systems and viewing the accuracy of the new coding procedures

Contact: Communications@TheNationalCouncil.org
202.684.7457

Developing your Plan

- Develop an Implementation Task List
- IT Vendors Develop Mapping (including DSM-5 code, ICD-10 Code, Description, ICD Group, and Manifestation) for use by the coding, billing and claims processing teams.
- Perform audit of clinical documentation – does it support the greater specificity found in the ICD-10?
- Education, Education, Education
- Estimate the cost of conversion to ICD-10 and budget.
- Review claims processing, revenue cycle process and map new processes.
- Technical Assistance Needed

Developing your Plan

- Arrange with payer to submit test files and take steps to identify impediments and make necessary corrections.
- Cash flow analysis should challenges with coding result in delayed or loss payments.
- Review payer contracts for, authorization and claim processing components for any changes related to ICD-10 conversion.
- Assure compliance and accuracy with the consumer demographic information at the point of service.

Clinical Documentation Compliance

- ICD-10 describes each condition in much greater detail.
- Identify medical record documentation improvement opportunities –ICD-10-CM does not require improvements in documentation, but high-quality documentation would increase the benefits of a new coding system and is increasingly being demanded by other initiatives.
- Will documentation policies and procedures need modification?

Clinical Documentation Audit

- Start by reviewing medical record documentation on the most frequently-coded conditions
- Documentation-evaluate the current documentation – is documentation sufficient to support the much more specific ICD-10 codes.
- Example of Code Specificity:
  - 14 Codes for Cannabis Abuse
  - 14 Codes for Cannabis Dependence
  - 13 Codes for Cannabis Use

Purpose of Visit

What is the purpose of today's visits?

Are the services ordered?

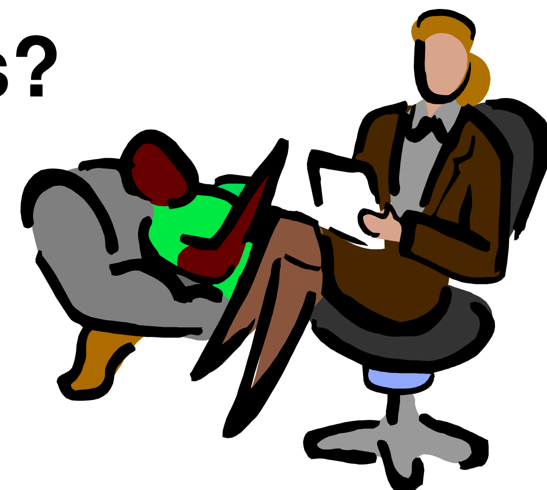
Is the Treatment plan up to date?

Is the service authorized?

Is the service medically necessary?

Is the service documented to support the code ?

Is the code accurate?



NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

MTM SERVICES

Considerations

1. **Many issues can impact coding and billing for behavioral health services:**
   - ✓ Payer
   - ✓ Type of Provider
   - ✓ Specific Services (ICD-10, CPT, HCPCS)
   - ✓ Business Relationships between providers
   - ✓ Reporting Methodology
2. **You must consider each of these areas when billing for integrated care services**

Medically Necessary Services-AMA

- **American Medical Association's (AMA) Model Managed Care Contract definition:**
- **"Health care services or procedures that a *prudent physician would provide to a patient* for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:**

Medically Necessary Services-AMA

Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is:

(a) in accordance with generally accepted standards of medical practice;

(b) clinically appropriate in terms of type, frequency, extent, site, and duration; and

(c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider."

Medically Necessary-CMS

- **The Center for Medicare and Medicaid (CMS) defines medically necessary services as those that are *"reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member"***
- **In short, services must be clinically appropriate for the patient's condition**

Coding Correctly with ICD-10

- **Proper coding is necessary to ensure appropriate reimbursement and avoid audit liability**
- **Correct coding implies the selection is the most accurate description of *"what"* services were provided and *"why"* they were provided**

Coding Correctly

- **The code selections must be supported by the documentation in the medical record!**
  - ✓ Also applies to Integrated Care, Health Homes, RHCs and FQHCs !
- **When working with commercial payers, you should not select codes based solely on the payer's coverage or payment policies**

Internal Planning

- **Develop plan to communicate with staff about ICD-10 Changes**
- **Who will need coding training?**
- **Who will need clinical documentation training?**
- **Will payers modify their coverage policies and benefit plans – inform appropriate staff.**

Preparation for Testing

- Identify the most commonly used ICD-10 codes for the services provided by the center.
- Providers should begin creating/coding test claims. Examples of ways to begin might be to dual code a few claims in both ICD-9 and ICD-10 every day.
- Request from payer(s) to allow testing sample.
- Providers should evaluate the completeness of clinical documentation to ensure that a specific ICD-10 code can be identified and supported by the documentation.
- Work with your billing staff, office management software vendor, IT staff and clearinghouse, as appropriate, to ensure readiness for testing.

Claims Processing Impacted by ICD-10

- Claims for dates of service prior to October 1, 2014, must be submitted with ICD-9 codes, regardless of the date submitted
- When the dates of service span the implementation date, for example, the discharge date and/or through date is on or after October 1, 2014, the claim should contain only ICD-10 codes.
- Providers must submit claims within the limits in their contract after the date of service.

Claims Processing Impacted by ICD-10

- Work with your IT vendors and internal IT staff to integrate the ICD-10 set of codes into all operating systems.
- Providers will need to have their IT systems retain the ICD-9 code set in their system for some time. This will allow for resubmission of unpaid claims that occurred prior to the ICD-10 transition.

Next Steps for Providers

The WHO and APA have worked closely together to mitigate some of the challenges associated with the transition to ICD-10 codes for BH.

- **•ICD-10 implementation planning activities need to include Front Office, Clinical Office and back Office team members to coordinate all needed changes.**
- **Train Clinical and Non-Clinical Staff on ICD codes in your Electronic Clinical record .**
- **Develop training for your billers, coders and QA staff.**
- **Work with your IT vendors to assure that mapping tools are validated**
- **ICD-9 parallel process for claim denials**
- **Review contracts with Payers and Benefit Plans**
- **Increase audits on Billing runs and trend edits and errors**

MTM Services Technical Assistance

Two Tier Approach based on your needs

MTM Technical Assistance

- **Three part Strategic Business Development and Technical Assistance Webinars**
- **Individualized Technical Assistance with the MTM Content Experts**

MTM Services Sample

When	What	Who	Comments
March 2014	**ICD-10 Part I : Preparing your Organization for Transition**	David Swann Michael Flora Scott Lloyd Bill Schmelter Willa Presmanes	Part I of this Three part series will focus on preparing your organization for the transition to ICD-10 and incorporating DSM-V. Provide orientation to planning and implementation readiness for Back Office implementation; Learning Objectives: 1) Clinical, leadership and back office introduction 2)Developing your 90 day work plan 3)Anticipate reimbursement changes and monitor certain claims processing and reimbursement data to establish baseline information before implementation of the new classification code set occurs.

MTM Services Technical Assistance

Tier I Technical Assistance

- **Three Part Series of Monthly Webinars** with MTM Services Content Experts

Tier II Technical Assistance

- **Three Part Series of Monthly Webinars** with MTM Services Content Experts
- **Individualized Agency Technical Assistance:** MTM Services Content Experts will provide Individualized Agency Technical Assistance , ICD-10 Readiness Assessment and Project Plan development and implementation planning.

Additional Resources

- **Understanding ICD-10-CM and DSM-5: A Quick Guide for Psychiatrists and Other Mental Health Clinicians, by the American Psychiatric Association**
- **CMS Resource page, including official resources designed for providers, and education modules for small practices**