ICD-10 Implementation
A view from the industry

Perspective for Coding

• What we hear on the streets
• Coding accuracy vs documentation issues

Perspective

• Payment systems will be reformed
  – How?
• Skills need to be applied
Coders Want to Know

1. How will my work flow be affected?
2. How do I master the new codes?

Workflow:
• Slow to start, depends on training
• Look up process
  – Encoders
  – Book
  – EMR’s

Coders Want to Know

• How do I master the new codes
  – Good effective training
  – Practice
ICD-10 COMPLIANCE CONCERNS

• Any change of this magnitude presents structural risk areas leading to non-compliance.
  – Risk due to business process failure
  – Risk due to failure of business tools (e.g. billing systems, EHR Systems)
  – Risk due to Insufficient Education
  – Risk associated with insufficient analysis and training of revised carrier documentation and payment policies in response to ICD-10 Implementation.

Limiting Compliance Risk

• Address the structural potential for non-compliance
  – Identify business processes that will impede ICD-10 implementation (e.g. how you schedule, how you document, how you relay diagnosis information from provider to billing department) – What worked with I-9 might not work with I-10.
  – Test Billing and EHR Systems “Magic Solutions” and Identify issues prior to implementation date.
    • Is system attempting to convert simply on GEM’s?
    • Computer assisted coding?
    • Automated LCD lookups updated?
  – Develop a training budget and identify all those that need trained.
    • Training must be specific to job function.
  – Identify who will analyze revised LCDs and Carrier Medical Policies to understand Revised ICD coverage issues, as well as Documentation and Payment Requirements. Who will train physician’s and staff?
IMPACTS OF NON-COMPLIANCE

• Potential FCA Liability for Erroneous Reporting of ICD-10 Codes.
  – Documentation does not support use of the code reported.
  – Code reported results in payment where correct code would not.
• Possible Underpayment or Payment Delay
• Unknown carrier reaction to use of unspecified codes
  – Potentially increased post-payment risk.

Testing in ICD-10
ICD-10 Testing Requires Expanded Scope

Organizations may have experience, resources, environments and processes that support traditional testing:

- Focus on ensuring accuracy of known internal system or process changes
- An expanded scope to include testing with your external business partners and vendors (WEDI and other industry organizations advocate that ICD-10 requires this)
- The scope and purpose for external testing of ICD-10 codes is much broader than recent HIPAA 5010 or future Operating Rules business/trading partner testing

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<thead>
<tr>
<th>HIPAA 5010 &amp; Operating Rules</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td>Testing between payers and direct EDI submitters to validate compliance with required transaction formats</td>
<td>Testing with entities in the entire value stream to identify, understand and predict potential differences in claim outcomes when ICD-10 codes are used</td>
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<tr>
<td>Automated tools and certification standards available</td>
<td>No defined certification standards available to assess accuracy of results</td>
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ICD-10 - Testing with Business Partners

ICD-10 testing requires collaboration between payers and providers to:

- Identify and mitigate potential risk areas, including:
  - Incorrect, partial, or invalid ICD-10 coding
  - Potential claim processing variations between providers and payers due to selected ICD-10 codes applied to benefit plan or medical management policies
  - Readiness and predictability of multiple vendor systems and intermediary processing through claim pathways

- Understand and prepare for potential reimbursement variations (due to DRG shifts or other factors)

External "end-to-end" testing may not be feasible, cost effective, or available to many payers, providers, vendors, and claim intermediaries.

There are other effective collaborative strategies to test for these risks.

ICD-10 External "End-to-End" Testing Challenges

- Each provider-payer processing path is unique and may branch to multiple paths based on provider or payer systems, intermediary services, product lines, etc.
- A significant number of partners and process combinations
- Not feasible for most organizations to test with all business partners in the chain (providers, payers, vendor systems, intermediaries and clearinghouses)
More ICD-10 External "End-to-End" Testing Challenges

- Testing with external partners requires multiple companies to be "ready" and have resources committed to test at the same time.
- Payers and providers will be impacted by, but may have limited control over, vendor readiness, including their test schedules and ICD-10 remediation logic.
- Procedures may be needed to conduct manual hand-offs between partners:
  - Existing production connections CANNOT be used
  - Unique procedures may be required for EACH combination of test partners
  - Substantial resource time and cost will be required to test with each partner, depending on their testing scope/approach
- Organizations may need to train staff to perform these new test processes – including research and resolution of processing constraints and claim results.

More ICD-10 External "End-to-End" Testing Challenges

- Unplanned (un-budgeted) system or test environment modifications may be needed to accommodate testing with external partners.
- Consider common data requirements:
  - Each payer may require test cases that use their existing data (benefit plans, members and provider contract provisions) in order to process claims through test systems.
  - Alternatively, providers may want to use existing/mock medical records as the source for ICD-10 test cases with one or more payers, which would require payers to find or create corresponding member data for claim system testing.
  - Test claims transferred manually may require de-identification of member information to avoid passing PHI data through non-secure channels.

Recommendations

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<th>Risks &amp; Findings</th>
<th>Test Approach</th>
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| Early test findings shared by WEDI member organizations identified common coding issues that impact processing and payment:  
  - Invalid ICD-10 codes (0 versus 0, partial/subcategory codes vs. full ICD-10 code, missing primary Dx code, etc.)  
  - Inconsistent application of the ICD code indicator. | Promote creation and use of standard ICD-10 coded medical scenarios:  
  - Being developed by a few national and state organizations, vendors, payers, etc.  
  - Gives providers an opportunity to practice ICD-10 coding against a validated set of results  
  - May reduce provider duplication of effort to code claims for multiple payer test efforts. |
| It is not feasible to conduct thorough testing with all of your business partners. | Collaborative testing with a few strategically selected business partners provides a view of common production/interoperability issues that may be extensible to other partners.  
  - Share test findings and other key ICD-10 remediation information with other business partners via portals and other communication methods. |
| Not all payers, providers and other claim service vendors will be able to conduct external end-to-end testing (due to partner availability, resources or other constraints). | Recommend a multiple-phase approach to cover different test objectives and ensure high-quality, predictable results. |

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A Multi-Dimensional Provider-Payer Test Approach

UnitedHealth Group recommends a multi-dimensional test approach based on collaboration with selected external business partners (including payers, providers, vendors and other claim intermediaries).

Each test phase is designed to identify and mitigate a unique dimension of ICD-10 business risk.

1. Validate Clinical
   - Providers are encouraged to practice natively coding ICD-10 claims using a standard set of medical scenarios to reduce risk of assigning incorrect, incomparable or invalid codes in production.
   - A few regional national and other organizations are establishing and validating coding for a suite of suggested ICD-10 claim scenarios.

2. DRG Comparison & Shift Analysis
   - Collaborative testing with a selection of high volume direct trading partners/EDI submitters to verify vendor system readiness, transaction compliance, and processing through clearinghouse edits, where applicable.
   - Testing between a Payer and a limited number of facilities, physicians and other providers to verify accurate, expected processing results for extreme high volume claim scenarios.
   - Compare processing results from ICD-9 adjudicated claims to those recoded by providers in ICD-10 to identify any processing result variations from benefit plans or medical management policies.

3. Trading Partner/EDI Transaction Tests
   - Similar to other payers, UnitedHealth Group is currently evaluating benefits and challenges to determine to what extent external “end-to-end” testing is required and to define scope.

4. Selected Test Claims
   - “End-to-End” Claim Processing
     - UnitedHealth Group recommends a multi-dimensional test approach based on collaboration with selected external business partners (including payers, providers, vendors and other claim intermediaries).
     - Each test phase is designed to identify and mitigate a unique dimension of ICD-10 business risk.

5. Outreach
   - UnitedHealthcare’s approach to ICD-10 information dissemination is:
     - Multi-Faceted
     - Provider Focused
     - Actionable

In executing its approach UnitedHealthcare is providing multiple opportunities to access the message and positions us to act as a trusted advisor to our delivery-side partners preparing for ICD-10.
UnitedHealthcare's ICD-10 Website

UnitedHealthcare's ICD-10 website is an important element as it allows our delivery side partners to access the information when they are ready.

UnitedHealthcare's ICD-10 website provides access to:
- Education
  - On demand education module, PowerPoint presentations
- Tools
  - FAQs, ICD-10 readiness assessment solution (RAS) tool
- Resources
  - ICD-10 focused website links
- Partnerships
  - AAPC Partnership!

Website address:
www.unitedhealthcareonline.com

Existing Communication Pathways

Ensuring that traditional and existing communication pathways are utilized in the advancement of UnitedHealthcare's ICD-10 message is critical.

Network Bulletin:
- July, 2012: HIPAA 5010 Transition Paves the Way for ICD-10
- September, 2012: ICD-10: Why 24 Months is Really 18 Months
- January, 2013: UnitedHealthcare and AAPC Partner on ICD-10
- May, 2013: ICD-10 Myths and Realities

UnitedHealthcare Administrative Guide
TriCare Provider Handbook

UnitedHealthcare's ICD-10 Outreach

ICD-10 Outreach (onsite, face-to-face education) while not the most scalable is one of the more effective education delivery models and is an important aspect of our commitment to assisting our delivery side partners with the transition.

Outreach Delivery (Selected):
- State Medical Societies (ArMA/TMA/Mass. Medical Society)
- State Medicaid Agencies (TENNCare)
- State ICD-10 Collaboratives/Associations (CA/MA/OR/MN/NY)
- UnitedHealthcare Provider Town Halls
- United Healthcare Administrative Advisory Councils
- Industry Organization Participation (WEDI/MGMA)
- ICD-10 Monitor "Talk Ten Tuesday" Webcast
- Industry Coding Events (AAPC/AHIMA)
- Specialty Societies (AAOS/APMA)
From "ICD-10??" Into "I Can Do-10!"

Turn ICD-10

Into

• ICD-10 Leadership
• ICD-10 Outreach
• ICD-10 Education
• ICD-10 Tools

• ICD-10 Resources
• ICD-10 Partnerships
• ICD-10 White Paper

• ICD-10 Communication
• ICD-10 Collaborations
• YOUR ICD-10 Partner!

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THANK YOU!!

CEU Code