

ICD-11 Coding Readiness & Implementation Part 2

May 19, 2023

Applying Lessons Learned from ICD-10

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision statement is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being

Webinar Logistics

- Audio muted and video off for all attendees.
- Select to populate the  to populate the chat feature on the bottom right of your screen. Please use either the chat function or raise your hand  on the bottom of your screen to ask your question live.
- Presentation slides and recordings will be posted shortly after the session at: <https://www.ohsu.edu/oregon-office-of-rural-health/resources-and-technical-assistance-cahs>.





Jackie King, MSHI, CCS, CPC, COC, CRHCP has worked in the health care field for over 30 years in both clinical and administrative positions at small rural and critical access hospitals (CAHs), RHCs and physician practices. Prior roles include Medical Imaging Technologist, Quality Management/Utilization Analyst, and Director of Health Information Management, Compliance and Clinical Informatics.

Jackie joined ArchProCoding in January 2019 and continues to serve as Director of Hospital Education and ICD-11 Expert. Her role includes providing education, sharing resources, promoting efficiency and best practice, and improving health care services for RHCs, small rural and CAHs and their rural communities across the country. Jackie has presented rural health topics nationally both in person and virtually - rural healthcare is her passion!

ICD-11 Coding Readiness & Implementation

*Applying Lessons
Learned from ICD-10*



ArchProCoding
RURAL & COMMUNITY HEALTH

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Agenda

Current ICD-10 Users

Gap Analysis/Needs Assessment

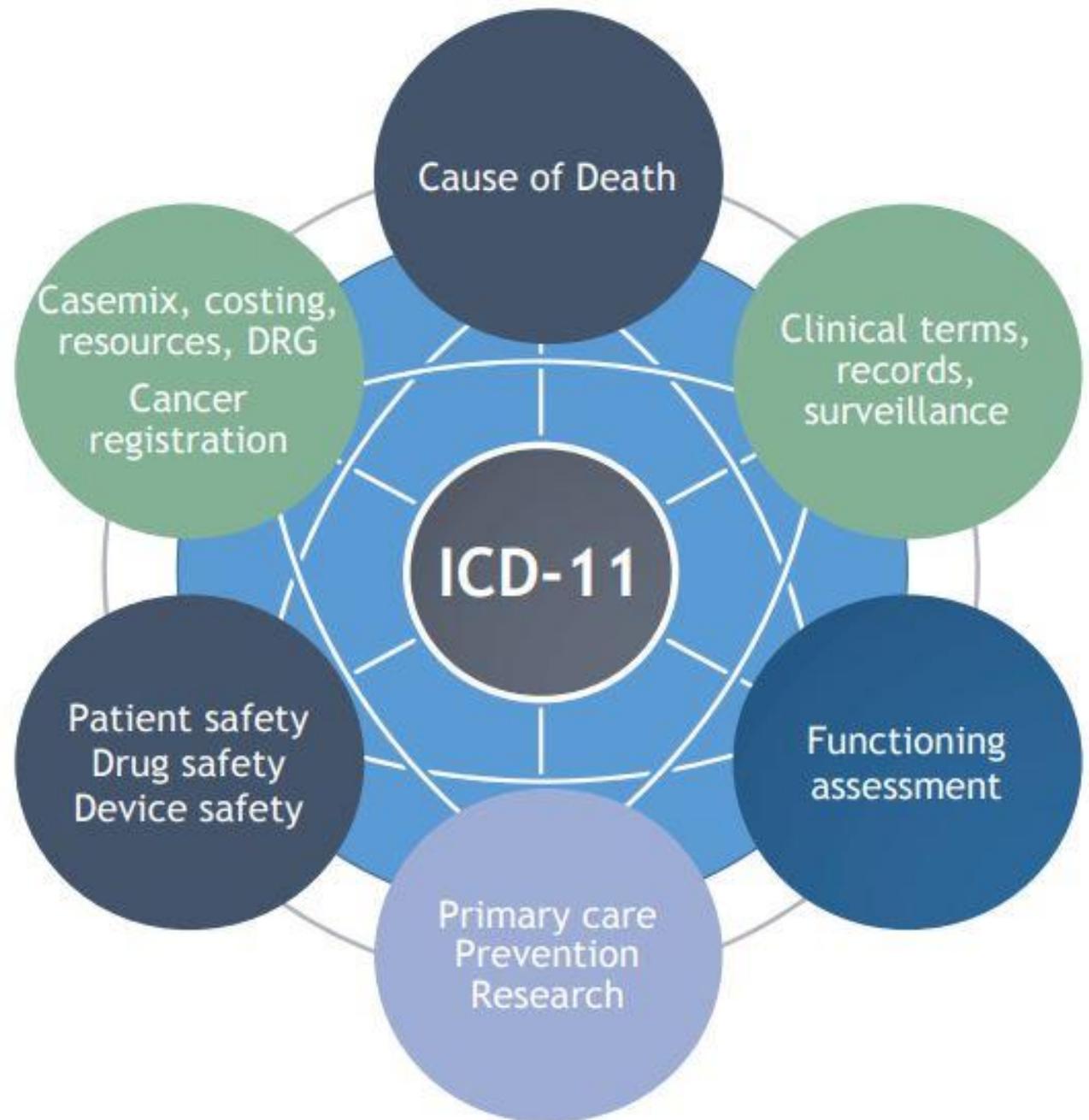
Creating Teams



What Exactly is ICD??

- The **International Classification of Diseases** and Related Health Problems (**ICD**) is the international standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data. The 11th revision is called ICD-11. The US is currently using version 10 (ICD-10).
- ICD-11 covers a broad range of uses including, clinical recording, the collection and study of mortality and morbidity statistics, epidemiological research, case mix studies, quality and safety interventions and planning, primary care and more.

ICD Purpose and Uses



Current ICD-10 Users

Where, why, by whom and how is it being used?



Scheduling/Precertification Staff

- ❖ Enter diagnosis codes on insurance/payer websites or other software platforms to determine need for medical necessity review or precertification
- ❖ Request ICD-10 coding assistance from coders or providers for medical necessity or precertification as required

Registration/Patient Access Staff

- ❖ Input provided diagnosis codes on insurance/payer websites or other software platforms to determine need for medical necessity review or ABNs
- ❖ Request assistance from coders and providers for medical necessity as required

Current ICD-10 Users



Where, why, by whom and how is it being used?

Coders

- ❖ Assign diagnosis codes from medical record documentation
- ❖ Support billing and other revenue cycle staff with insurance and payer pre-certs/claims edits/denials/appeals
- ❖ Query providers for incomplete, ambiguous or conflicting medical record documentation
- ❖ Educate clinical staff on opportunities for documentation improvement to achieve highest level of specificity

Billers

- ❖ Review and submit claims to insurance/payers for reimbursement purposes
- ❖ Investigate rejections and denials
- ❖ Send appeals and redetermination requests
- ❖ Work with coding to obtain additional information as applicable

Current ICD-10 Users



Where, why, by whom and how is it being used?

Clinical Support Staff

- ❖ Enter diagnoses on orders for diagnostic or therapeutic services using ICD-10 codes as required by software or organizational policy
- ❖ Respond to precertification or registration staff inquiries for medical necessity review or need for ABN

Physicians/Providers

- ❖ Document in the medical record for all patient encounters
- ❖ Enter diagnosis codes for orders and/or assessments using ICD-10 codes as required by software or organizational policy
- ❖ Respond to coding queries to clarify documentation that is incomplete, ambiguous, or conflicting
- ❖ Respond to precertification or registration staff inquiries for medical necessity review

Current ICD-10 Users



What is working/Opportunities for Improvement

Coding workflows

- ❖ Encoder software
 - ❖ Integration onto claims
 - ❖ Vendor updates/customer service

- ❖ Response to billing inquiry process

- ❖ Provider query process

- ❖ Clinical documentation improvement (CDI) process

Current ICD-10 Users



What is working/Opportunities for Improvement

Billing workflows

- ❖ Claim scrubber/clearinghouse edit process
- ❖ Coding query process

Scheduling/Precertification Process

- ❖ Obtaining ICD-10 coding assistance from coders or providers for medical necessity or precertification as required

Registration/Patient Access Process

- ❖ Is there a process to Input provided diagnosis codes on insurance/payer websites or other software platforms to determine need for medical necessity review or ABNs
- ❖ Obtaining assistance from coders and providers for medical necessity

Current ICD-10 Users



What is working/Opportunities for Improvement

Clinical Support Staff Processes

- ❖ Ability to appropriately assign ICD-10 codes as required by software or organizational policy
- ❖ Response to precertification or registration staff inquiries for medical necessity review or need for ABN

❖ Physicians/Providers

- ❖ Capturing the entire story of the patient for each encounter
- ❖ Ability to appropriately assign diagnosis codes for orders and/or assessments using ICD-10 codes
- ❖ Response to coding, precertification or registration staff inquiries

Gap Analysis/Needs Assessment

Take inventory of existing policies

- ❖ Review internal processes
- ❖ Which policies may be impacted
- ❖ Don't wait until the last minute to update documents



Gap Analysis/Needs Assessment

Clean up backlogs

- ❖ Coding
- ❖ Billing
- ❖ Secure additional help to resolve past claims prior to implementation date



Gap Analysis/Needs Assessment

Prepare for potential financial disruption

- ❖ Transitioning to ICD-11 will not be as intense but revenue cycle delays are possible
- ❖ Create contingency plans



Gap Analysis/Needs Assessment

Make coder and provider education a priority

- ❖ Timing considerations
 - ❖ Current codes in use vs new codes and conventions
 - ❖ Coders should familiarize themselves with ICD-11 structure and guidelines
- ❖ Provider documentation improvement is an ongoing process regardless of the version of ICD





Creating Teams

Strategic planning

- Administration
- Coding Manager
- Billing Manager
- Patient Access Manager
- Medical Staff Representative(s)



Creating Teams

Project Management

- Administrative Lead
- Project Manager
- Subject Matter Experts
 - ✓ Coders
 - ✓ Billers
 - ✓ Information Technology
 - ✓ Informatics
 - ✓ Ancillary Department Managers
(Lab, Imaging, Precertification)



ICD-11 Reference Links

- [ICD-11 WHO Main Menu](#)
- [ICD-11 Implementation and Transition Guide](#)
- [ICD-11 Coding Tool MMS 2-2022](#)
- [ICD-11 Training Package](#)



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ORH Announcements

- **FY23 SHIP Program starts June 1**
- **May 24 at 12 p.m. | SHIP 2023 Wintergreen Capstone + FY23 Wintergreen SHIP Program Options | [Join here](#)**

Thank you!

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