NCHIMA 66th Annual Meeting
Assessing & Enhancing Your ICD-10 Performance

North Carolina Health Information Management Association
Annual Meeting
May 4, 2016
Agenda

- ICD-10 Coding Program Performance Management Review
- Assessment Outline
- Managing Staffing challenges
- Performance metrics and monitoring
- Taking advantage of systems
- Quality Management Through Audits and Education
- Performance Improvement
- PCS Challenges – Case Example
ICD-10 Coding Program
Performance Management Review
## Impact of ICD-10 on Coding

| Training          | • Core competency  
|                   | • ICD-10-CM/PCS    
|                   | • Audit Findings   |
| Monitoring        | • Data Analysis    
|                   | • Performance Improvement 
|                   | • DRG Shift        |
| Retention         | • Salary, Benefits, Incentives 
|                   | • Remote Flexibility 
|                   | • Education        |
| Remediation       | • People: Permanent and Outsourced 
|                   | • Process: CDI and Increased Coding Performance 
|                   | • Technology: Computer Assisted Coding & CDI |
ICD-10 Coding Program
Performance Management

• Measure Success with Key Performance Indicators (KPIs)
• Audit Coding Compliance
• Educate Coders and CDI
• Don’t forget the Physicians
• Monitor edits and denials
• Listen to coder feedback
Assessment Outline
Assessment Focus

• Baseline to know where you are and improve on
• Analyze DRG volumes (by group) I-9 vs I-10
• Establish staffing needs
• Rate performance against established metrics and best practice standards
• Review coding workflow(s) and tasks
• Evaluate coding tools, needs & issues
• Don’t forget HIM operational impact
Managing Staffing Challenges
Staffing Challenges

**SHORTAGE**
- Hire & Train
- Outsourcing

**PRODUCTIVITY**
- Realistic Standards
- Observation

**QUALITY**
- Audit
- Education
Performance Metrics and Monitoring
Performance Metrics & Monitoring

• Productivity
  – Inpatient
    • 33 minutes average
    • 43.5% ICD-9 to ICD-10 change
  – Outpatient (Ambi Surg & Observation)
    • 18 minutes average
    • 32% ICD-9 to ICD-10 change
  – Physician Clinic
    • 8 minutes average
    • 60% ICD-9 to ICD-10 change
Performance Metrics & Monitoring

• Quality
  – Maintain > 94% standard
  – Focus on ICD-10-PCS
  – Review the use of unspecified codes
  – Don’t forget CPT and E/M
  – Internal Quarterly Reviews % External Annually
  – Ongoing Training and include CDI
  – Review the physician query process
  – Identify documentation opportunities
Performance Metrics & Monitoring

• Coding Discharge Not Final Billed
  – Define DNFB
  – Coding target
    • 1.5 X Average Daily Revenue past bill hold days
  – Review coding delays and disruptions
  – Evaluate root causes with action plans
  – Monitor denials to permanently resolve
  – Billing communications should be transparent
Taking Advantage of Systems
Coding Systems

• Evaluate current systems to meet needs
• Electronic medical record documentation and access
• Online coding reference materials
• Implement an Auditing Dashboard
• Computer Assisted Coding
• Invest in tools that:
  – Promote and reinforce quality
  – Increase productivity
Quality Management Through Audits and Education
Preparing for the Audit

Coding Policies & Procedures

Coding Audit/Review Education

Overall Compliance

Multidirectional Communication
The Return

- Track coder progression
- Tailored education
  - Alternative Learning Styles
  - Cross train
- Identify team “leaders”
  - Advanced PCS Training
  - Anatomy and Physiology
- Identify documentation opportunities
  - Physician education
  - CDS education

FEEDBACK

Coders
Clinical Documentation Specialists
Clinicians
Performance Improvement
Education

“The function of education is to teach one to think intensively and to think critically.”

- Martin Luther King, Jr
The Coders’ Perspective

- Commitment (evaluation begins here)
- Receive Feedback
- Make Changes/Self Study
- Collaboration
- Communication with Management
The Coders’ Perspective

Commitment (evaluation begins here) → Receive Feedback → Make Changes/Self Study → Collaboration → Communication with Management
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Commitment (evaluation begins here)
Receive Feedback
Make Changes/Self Study
Collaboration
Communication with Management
Learning Strategies

• Guidelines
• Root operations
  – Group by function (med/surge)
• “The back of the book”
• Device log
  – Request device inventory from central supply
  – Maintain a personal device reference log on a day-to-day basis to capture those frequented at your facility
• Anatomy and Physiology
• AHA Coding Clinic Review
PCS Challenges: Case Example
Drainage and Debridement of Abscess

The patient presented with a reddened boil-like area in his inguinal area which had gotten progressively worse. Of note the patient is status post inguinal hernia repair with mesh several months prior. After examination in the ED, the patient was admitted with plans for exploration, drainage and possible removal of infected mesh.
The right groin area was prepped and draped in a standard sterile fashion. The patient was noted to have a small opening with purulent drainage through it. This incision was extended both medially and laterally with the scalpel. Large abscess cavity was entered with extensive induration. Cultures were obtained and the loculations in the abscess cavity were broken down bluntly. The patient was noted to have granulation tissue in this abscess cavity. This was debrided with a curette. Further exploration of the wound did not show any exposed mesh and no other abscess cavities were identified. This was then irrigated with copious amounts of saline solution and hemostasis was obtained with cautery. This was then packed with 1 inch iodoform gauze and was covered with 4 x 4 and tape.

<table>
<thead>
<tr>
<th>Drainage Procedure</th>
<th>Debridement Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>0J9C3ZZ</td>
<td>0JDC0ZZ</td>
</tr>
<tr>
<td>Drainage of pelvic region subcu/fascia, percutaneous approach</td>
<td>Extraction of pelvic subcu tissue and fascia, open approach</td>
</tr>
<tr>
<td>0J9C0ZZ</td>
<td>0JBC0ZZ</td>
</tr>
<tr>
<td>Drainage of pelvic region subcu/fascia, open approach</td>
<td>Excision of pelvic region subcu/fascia, open approach</td>
</tr>
<tr>
<td>0Y950ZZ</td>
<td></td>
</tr>
<tr>
<td>Drainage of right inguinal region, open approach</td>
<td></td>
</tr>
</tbody>
</table>
• **Question:** A 55-year-old female presented to the emergency department with complaints of right groin pain, and was found to have a very large abscess of the right inguinal area. She was admitted to the hospital and the provider documented incision and drainage (I&D) of groin. What is the appropriate body part value for groin? How should I&D of a groin abscess be coded in ICD-10-PCS?

• **Answer:** As previously stated, for ICD-10-PCS coding groin is equivalent to inguinal unless a more specific body part is documented. Assign the following ICD-10-PCS code for the incision and drainage of the right groin abscess:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0Y950ZZ</td>
<td>Drainage of right inguinal region, open approach</td>
</tr>
</tbody>
</table>
Unexpected Challenges
Problems in Building the Code

• What happens when you are unable to locate the correct components necessary to build the PCS code?
  – Review body part key to assure accuracy of this designation
  – Review device key and/or aggregate table if applicable
  – Review the documentation
    • Did you interpret the procedure correctly?
    • What is the goal of the procedure?
    • Is there another root operation more appropriate?

• Consult with a manager (or senior colleague). The ICD-10 Procedure Coding System is still being tweaked during this first year post implementation. If after careful review of the documentation and Guidelines, you still are unable to build an accurate code, please seek guidance from an AHIMA subject matter expert and/or consult the AHA Coding Clinic.
KEEP CALM and FOLLOW THE RULES
References

• Dunn, R. Time spent coding increases for most ICD-10 record types. *HIM Briefings*, April 2016.
• Johnson, L. The DRGs: They are Shifting. *ICD-10 Monitor*, April 4, 2016.
• Optum360 ICD-10-CM/PCS News
  – Six months later: CMS advocating detailed assessment and maintenance of ICD-10 practices, April 18, 2016
  – Thousands of new ICD-10 codes coming, but it’s not as bad as it seems, April 18, 2016
References


Questions?

Thank you for your participation!

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