ICD-10 FOR THE AMBULANCE INDUSTRY

PART 1 - IMPLEMENTATION

Presented by

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Steve Wirth is a founding partner of Page, Wolfberg & Wirth, LLC, and is one of the best known EMS attorneys and consultants in the United States. Widely regarded as the nation’s leading EMS law firm, PWW represents private, public and non-profit EMS organizations, as well as billing companies, software manufacturers and others that serve the nation’s ambulance industry. In a distinguished public safety career that spans four decades, Steve has worked in virtually every facet of EMS – as a first responder, firefighter, EMT, paramedic, flight paramedic, EMS instructor, fire officer, and EMS executive – and was one of central Pennsylvania’s first paramedics. Steve brings a pragmatic business-oriented perspective to his diverse legal practice having served for almost a decade as senior executive of a mid-sized ambulance service, helping to build the company from the ground up.

Steve is a dynamic and sought after speaker at regional, state and national conferences on a variety of EMS and public safety subjects. He has authored numerous articles and book chapters on a wide range of EMS leadership, reimbursement, risk management, corporate compliance and workplace law topics. A contributing writer for JEMS, (where he serves on the editorial board), EMS Insider and EMS World, Steve has co-authored the highly acclaimed and popular compliance manuals and video training programs produced by PWW. He enjoys teaching and is an adjunct instructor for the University of Pittsburgh EMS degree program.

Steve graduated cum laude from Duquesne University School of Law and was a member of the school’s national trial and appellate advocacy competition teams. He is admitted to all Pennsylvania state courts, all federal district courts in Pennsylvania, and the United States Court of Appeals for the Third Circuit. Steve also holds a Master of Science degree in Health Services Administration with an emphasis in organizational behavior.

Steve remains in touch with patient and field provider issues as an active EMS provider and nationally certified firefighter with Hampden Township Fire Rescue where he serves as Incident Safety Officer and Medical Officer. He is a life member of the Nippenose Valley Fire Co. near Jersey Shore, PA, where he started his public safety career as a junior firefighter and served as Deputy Fire Chief. Steve has volunteered for many charitable organizations and is currently on the board of the Pennsylvania Fire and Emergency Services Institute and the Pennsylvania EMS Providers Foundation. Steve is a Certified Ambulance Coder (CAC) and a founder of the National Academy of Ambulance Coding (NAAC). He is a past Commissioner for the Commission on Accreditation of Ambulance Services (CAAS), and served as Chair of the Panel of Commissioners. Steve was the recipient of the prestigious James O. Page Leadership Award in 2013.
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Steve began his career in the EMS industry in 1985, gaining valuable experience while serving as an EMT and later as Director of a municipal ambulance service in Minnesota. As an ambulance service manager, Steve established his expertise in areas of operations, billing and administration.

Steve also has significant EMS educational experience. He established and served as Training Coordinator and Lead Instructor for a State Certified EMS Training Institution for EMTs and First Responders.

Steve served on both the Rules Work Group and the EMS Advisory Council to the Minnesota State Department of Health.

He joined the staff of a large, national billing and software company, where he was a frequent lecturer at national events and software user group programs. For over seven years, Steve served as Director of a national ambulance billing service and was responsible for all aspects of managing this company, including reimbursement, compliance and other activities for ambulance services throughout the nation.

Steve served as founding Executive Director of the National Academy of Ambulance Coding (NAAC), overseeing all activities of the Academy, including the Certified Ambulance Coder program, the nation’s only coding certification program specifically for ambulance billers and coders.

As the Director of Reimbursement Consulting with Page, Wolfberg & Wirth, Steve is involved in all facets of the firm’s consulting practice. Steve works extensively on billing and reimbursement-related activities, performing billing audits and reviews, improving billing and collections processes, providing billing and coding training, conducting documentation training programs, and performing many other services for the firm’s clients across the United States.

Steve is also a licensed private pilot, and enjoys an active role in his church.
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ICD-10 for the Ambulance Industry
Part 1 of 3: Implementation

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ICD-10 for the Ambulance industry

Part 2
Part 3
Coding
Documentation
May 13, 2015
May 20, 2015

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Hershey, PA - Hershey Lodge

October 20-21
October 19
October 17-19
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October 17-18

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Today’s Webinar
- ICD-10 Timeline
- 5 Steps to Successful ICD-10 Implementation
- Implementation of ICD-10 For:
  - Your Own Systems
  - Business Associate Systems
  - Third Party Systems

October 1, 2015!

ICD-10 Timeline
- 1993 – ICD-10 was released by the World Health Organization
- 1998 TCS Proposed Rule proposes ICD-9 as the standard
- 2000 TCS Final Rule Published
- 2009 HHS publishes a Final Rule for the adoption of ICD-10 on October 1, 2013

ICD-10 Timeline
- April 2012 HHS published NPRM to change ICD-10 compliance date from October 1, 2013 to October 1, 2014
- September 2012 HHS published Final Rule with 1 year delay to Oct. 2014
- April 2014 Congress prohibits the Secretary from implementing ICD-10 prior to October 1, 2015
- August 2014 HHS published Final Rule changing the ICD-10 compliance date from October 1, 2014 to October 1, 2015.
  - This Final Rule also requires the continued use of ICD-9 through September 30, 2015

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ICD Code Freeze

- October 1, 2011 – Last regular, annual updates to both ICD-9-CM and ICD-10-CM code sets were made
- October 1, 2012, 2013, 2014 – Only limited code updates were made
- October 1, 2015 – Limited updates to ICD-10-CM, no updates to ICD-9-CM
- October 1, 2016 – Regular updates to ICD-10-CM will begin

Five Steps to Successful ICD-10 Implementation

1. Assess Impact
2. Engage Third Parties
3. Train Your Team
4. Update and Test Your Processes
5. Implement and Monitor

Assess Impact

- Identify each area of your operation that uses or references ICD-9 codes
- Assess the impact the transition to ICD-10 codes will have on all aspects of your agency
  - Communications
  - Operations
  - Billing

ARE YOU READY?

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Communications

- Call Intake & Dispatch
  - Information received from facilities
  - Documentation of what was communicated to call intake, and passed along to dispatch
  - “Patient’s reported condition at the time of dispatch”
  - Documentation of what was communicated to the responding crews

- ICD-10 does not “change everything”
  - Clearly defined dispatch protocols are essential
  - Definition of “Emergency Response” does not change
  - ALS definitions do not change
  - BUT, if conditions reported at time of dispatch and response determinants are tied to ICD-9 codes those crosswalks need to be updated

Operations

- State Data Reporting (NEMSIS)
  - Currently a mix of NEMSIS Version 2 and Version 3 in use by various States
  - Version 2 uses ICD-9 Codes
  - Version 3 uses ICD-10 Codes
  - Different timing than ICD-10 for Billing

- Crew Documentation
  - Covered in Detail in Part 3, May 20

Billing

- Understanding key ICD-10 coding requirements for proper claim submission
  - Proper interpretation of clinical documentation
  - Appropriate ICD-10 code selection
  - Covered in detail in Part 2, May 16

Engage Your “Third Parties”

- Vendors
  - Software
  - Clearing House
  - Billing Service

- Payers
  - Referring Providers/Suppliers
    - Facility Contracts
    - Mutual Aid/Joint Billing Agreements

- Engage Third Parties

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Software Vendors

- Dispatch
- e-PCR
- Billing/Revenue Cycle Management

Software Vendors

- Where, in your various systems, are ICD-9 Codes used?
- Will updates to ICD-10 be handled automatically by the Vendor?
- Will updates to ICD-10 be handled primarily by the end user?
  - When and how do you accomplish that?

Clearinghouse

- Which aspects of the interaction with your clearinghouse will be impacted?
  - Eligibility Verification
  - Claim Files
  - Remittance Files
- Will various payers have different requirements for transactions?

Billing Service

- If billing is outsourced, have you discussed ICD-10 readiness with your billing service
  - Claim Submission Readiness
  - Direct Claim Submission
  - Clearinghouse

Billing Service

- If billing is outsourced, have you discussed ICD-10 readiness with your billing service
- What documentation will they require after October 1, 2015:
  - Dispatch records
  - e-PCR
  - Other required documentation

Payers

- Prior authorization
- Individual payer readiness
- Individual payer implementation
  - Will there be “special lists” of covered ICD-10 codes?
- Interface with clearinghouses
- Electronic transaction formats
Referring Providers/Suppliers
- Hospitals
- SNFs
- First Responders
- Facility Contracts
- Mutual Aid/Joint Billing Agreements

Train Your Team

Your job is to train your team
to do their job well.

Call Intake and Dispatch
- Sufficient caller interrogation to make appropriate resource allocation decisions
- Clear dispatch protocols and determinants to properly communicate “patient’s reported condition at the time of dispatch.”

Call Intake and Dispatch
- Appropriate use of dispatch protocols
- Clear communication of response determinants
  • Important to facilitate proper ICD-10 code selection related to patient’s reported condition, when an ALS response and assessment is necessary, etc.

Crew Documentation
- Critical documentation skills that EMS providers must master
  • Covered in detail in Part 3, May 20
  • Improving documentation specificity
  • Field crews must provide sufficiently high quality, thorough documentation to enable your billing specialists to properly and accurately code each patient encounter

CDI tops list of ICD-10 concerns

2012 Surveys

1. Improving clinical documentation 72%
2. Specialized training for physicians 57%
3. ICD-10 training and education for coding and CDI staff 56%

Source: DH Health Information Systems electronic survey conducted in August, October, and December 2012 (1,364 surveys completed)
Accurate Clinical Documentation
- Supports HCPCS and ICD-10 codes
- Enables accurate coding of patient conditions and treatment
- Minimizes claim denials
- Reduces exposure to MAC, RAC, MICs, and other payer audits
- Ensures compliance
- Improves cash flow

Coding and Billing
- Covered in detail in Part 2, May 13
  - Properly interpreting clinical documentation
  - Making appropriate inquiries to field providers when additional documentation or clarification is needed
  - Understanding key ICD-10 coding requirements for proper claim submission

Update and Test Your Processes

Internal Processes
- Independent Patient Mobility Reports
- Call Intake
- PCS
- ePCR
- Pre-Billing / Coding
- Claim Processing
- Internal Audits

Two Types of Testing With MAC
- **Acknowledgement Testing**
  - Submitting claims with ICD-10 codes and receiving electronic acknowledgements confirming that the claims were accepted
- **End-to-End Testing**
  - Focused process to measure operational predictability and readiness in an environment which mirrors actual production as closely as possible

March 2015 Acknowledgement Testing
- 775 submitters participated
- Nearly 9,000 claims submitted
- CMS accepted 91.8% of submitted claims
- Excluded were 8.2% of claims because testers used future dates
  - MLN Connects Provider e-News 4/9/15

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The Results Are In!

- Rejects found were unrelated to ICD-10 coding
  - Invalid NPI or NPI that was not on the crosswalk
  - Invalid HCPCS codes and invalid zip codes
  - Future dating – should not be a factor after October 1st

CMS is READY!

"Testing demonstrated that CMS is ready for ICD-10 and shows the tremendous progress of health care professionals to be ready for the transition."

"Providers are welcome to submit acknowledgement test claims anytime up to the October 1 implementation date."

Acknowledgement Testing

- Upcoming ICD-10 Acknowledgement Testing week: June 1 – June 5, 2015
- Uses “current dates of service”
- Will receive a 999 Acknowledgement
- Will not confirm payment or produce a remittance advice
- Contact MAC for more information

End-to-End Testing

- Limited number of selected volunteers
- Uses “FUTURE dates of service”
- Will produce an electronic remittance advice
- Contact MAC for more information

End-to-End Testing

WARNING! – Check with your software vendors before considering changing your “System Clock” for any “future date testing”
Software and Interfaces

- Are all of your various systems that interface with each other, “speaking the same language?”
  - Dispatch/EPCR
  - Dispatch/Billing
  - EPCR/Billing
  - Billing/Clearinghouse
    - Inbound and outbound transactions

Implement and Monitor

Based on Date of Service

- Systems will need to properly process claims with both ICD-9 and ICD-10 for at least a year
  - Timely filing deadline
  - Appeals
  - External audits
  - Secondary payers

Claim Submission Reports

- Closely monitor electronic claim submission reports upon implementation
- Consider a carefully controlled claim submission approach to test, especially high volume payers, upon implementation

Payments

- Closely monitor Remittance Advices/EOBs upon implementation
- REMEMBER: Time of payment posting is usually your last great opportunity to review your claims to ensure they were properly processed and adjudicated!

Impact on The Revenue Cycle
The Revenue Cycle

1. Call Received
2. Request Documented and Preliminary Paperwork Completed
3. Crew Dispatch Documented
4. Comprehensive Documentation of the Patient Encounter

5. Accurate documentation interpretation and appropriate coding
6. Compliant billing decisions and claim processing
7. Adequate, efficient follow-up
8. Regular internal and external audits

Monitor ICD-10 Impact

- At each step of the Revenue Cycle
  - Prior to implementation
  - Risk analysis
  - Action Plan
  - Continuously, going forward
    - Anticipated outcomes vs. reality
    - Continued risk mitigation
    - Continuous Quality Improvement

Resources on CMS Website

- “Road to 10” online tool for small providers transitioning to ICD-10
  - Action plans
  - Common codes used
  - Primer for documentation
- Sign up for CMS ICD-10 email updates regarding testing opportunities

www.cms.gov/ICD10

ICD-10

New ICD-10 Compliance Date: October 1, 2015
About ICD-10

The transition to ICD-10 is regulated by the Health Insurance Portability and Accountability Act (HIPAA). Please note, the change to ICD-10 does not affect CPT coding for acceptable procedures and physician services.

Road to ICD-10 Online Tool for Small Practices

Road to ICD-10 is an online resource built with the help of providers in small practices, to make available. This tool is designed to help small medical practices prepare for the ICD-10 transition.

Road to ICD-10 includes specialty references and helps providers build ICD-10 action plans tailored to their practice needs.

CMS Resources

- Access current new Medicare Education resources that provide guidance around the transition to ICD-10
- Continuing medical education (CME) and training continuing education (CE) credits are available to those who participate in the CMS CMS Learning Center.
- To access the Learning Center, you must register by creating a free account. If you are a frontline provider to Medicare, you will need to create a free account to access these resources.

- Visit ICD-10 Getting From Here To There - Accessing the Road Ahead

New Features:
- Ambulance ICD-10 Codes
- Common EMS abbreviations
- Medicare appeals info
- Revalidation tips
- MAC-specific info

And all ambulance codes, modifiers, definitions and billing tips!
Questions

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I hereby certify that I have completed the continuing education training as represented on this certificate.

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