AAPC and Coding in a Post-ICD-10-CM World

Brad Ericson, MPC, CPC, COSC
CPT Symposium

3M HIS staff outline
ICD-10-PCS development.

Said ICD-10-CM and PCS will be effective October 1, 2001.
AAPC

• Founded in Salt Lake City in 1988
• Physician-based coders
• Training
• Certification
• Networking
• Job opportunities
• Broadening resources
AAPC Mission

- Our mission is to advance the business of healthcare by providing professional training, industry-standard certifications, and comprehensive solutions to individuals and organizations across medical coding, billing, auditing, compliance, and practice management.
New Code of Ethics

Adherence to these ethical standards assists in assuring public confidence in the integrity and professionalism of AAPC members.

- Integrity
- Respect
- Commitment
- Competence
- Fairness
- Responsibility
Growth: 153,000 Members
500 Local Chapters
Role

- Coder/Coding Manager
- Biller/Billing Manager
- Auditor
- Administrator
- Practice/Office Manager
- Charge Entry
- Other Answers
Gender

- Female, 84%
- Male, 16%
Education

- Some College: 35%
- Associate’s Degree: 25%
- Bachelor’s Degree: 20%
- High School: 15%
- Master’s Degree: 10%
- Other Answers: 5%
What’s Driving Demand?

- Explosion in Chronic Illness & Unhealthy People
- Aging Population
- Accelerated Technology Adoption
- Healthcare Reform & Regulatory Burdens
What Does this Mean for Healthcare?

- Access issues are increasing
- Mundane tasks are being automated
- Healthcare will be technology-driven
- Growing complexity in regulatory requirements
- Documentation will be more crucial
- Increased cost containment pressure
What Does this Mean for Us?

- Increased demand for skilled professionals
- Growing complexity in coding/billing
- Accelerated technology adoption required
- The need for more knowledgeable and versatile employees is critical
What Does this Mean for Us?

- Coders
- Auditors
- Educators
- Risk managers
- Compliance officers
- EMR/data managers
- Practice managers
Healthcare Job Portal

America's Premier Healthcare Job Portal

Register Now

Access to over 600,000 jobs right now!
Subscribe today to start receiving relevant job alerts

Keywords City/ZIP code Within

Jobs by Location Jobs by Roles Popular Searches $50K+ jobs

You won't miss a single healthcare job

View all classifications

Administration Allied Health Healthcare IT Physician/Surgeon
Resources/Tools

E/M Utilization

Family Practice
The following analysis shows a distribution of Evaluation and Management (E&M) codes for your practice compared to national Medicare averages for your specialty. This can be used as a tool to evaluate your coding practices and identify any potential patterns that may warrant further investigation.


<table>
<thead>
<tr>
<th>New Pt Code</th>
<th>Actual</th>
<th>Medicare Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>99202</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>99203</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>99204</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>99205</td>
<td>24%</td>
<td></td>
</tr>
</tbody>
</table>

Payer Search

Note: Some health plans require a provider ID and in those cases you will be directed to the page where you can enter your ID and continue using this tool.

Step 1: Input State
Step 2 (optional): Input Payer Name (can’t find your health plan provider?)

Work RVU Calculator

<table>
<thead>
<tr>
<th>Code</th>
<th>RVUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>99203</td>
<td>75</td>
</tr>
<tr>
<td>99213</td>
<td>500</td>
</tr>
</tbody>
</table>

Total wRVUs: 591.5

FREE

Calculate →
AAPC Discussion Forums

**aeades01**

*New*

**Modifier -26 and TC**

Any advice on these two. I have had people try to explain to me but still can’t get my head wrapped around a physician who performs a test and reads the test. What would it be? Would it be no modifier since he did a test at a hospital-based so would that be the technical component and -26 for the physician reading it and performing? I am so confused.

**jennie2223**

*Contributor*

**26 and TC**

Hope this helps.

It really boils down to two questions. Is the equipment owned by the hospital and is the physician employed by the hospital, or is the physician employed by the hospital, and the hospital is not owned by the hospital.

Hospital owned equipment + physician works as employee of hospital = 93000

Hospital owned equipment (TC) and physician in own clinic/practice (not owned by hospital) doing reads

If the physician owns the equipment and is doing the reads in his practice, clinic (not owned by hospital) =

Hope this helps.

**MikeEnos**

*Expert*

Regarding Medical Decision Making, you can pretty much use the same tools (Marshfield Clinic) we use for adults. Granted, you should keep in mind the complexity and risk that the provider is dealing with since it is a newborn who requires admission, but I don’t think there are any additional tools for MDM in newborns.

For history, it is also the same, but there is one caveat that CMS mentions for newborns. I often get the question from providers, “How can we be expected to get a complete review of systems from a newborn? Is it dishonest for me to document my positives, and pertinent negatives, then use the phrase ‘all other systems negative’?” Well according to CMS, it’s OK. They state in their E&M Services Guide:

*Quotes:*

For certain groups of patients, the recorded information may vary slightly from that described here. Specifically, the medical records of infants, children, adolescents, and pregnant women may have additional or modified information recorded in each history and examination area.

As an example, newborn records may include under the history of the present illness (HPI) the details of mother’s pregnancy and the infant’s status at birth; social history will focus on family structure; family history will focus on congenital anomalies and hereditary disorders in the family. In addition, information on growth and development and nutritional needs will be recorded. Although not specifically defined in these documentation guidelines, these patient group variations on history and examination are appropriate.
AAPC News & Blog

- 70+ articles/posts per month
- Covering coding, billing, auditing, compliance, and practice management
- Constantly updated with emerging information on hot industry topics
Member Discounts

- **Shopping**
  - Target.com
  - Kohl's
  - Barnes & Noble
  - Office Depot
  - Godiva
  - H & M
  - Sally Beauty Supply

- **Travel & Hotel**
  - Carnival
  - Budget
  - Southwest Airlines
  - Holiday Inn

- **Insurance & Services**
  - Verizon Wireless
  - Weight Watchers
  - eHealthinsurance
  - 1-800-GOT-JUNK?
  - Principal Financial Group
  - Sprint

- **Entertainment**
  - Cinemark
  - AMC Theatres
  - DirectTV
  - Netflix

(view more)

AAPC
Advancing the Business of Healthcare
Leadership Boards

Chapter Association
Board of Directors
- BOD (for short)
- 16 Members
- Governs AAPC Local Chapters
- Sustains AAPC infrastructure
- Upholds AAPC’s Higher Standard
- Betters members

National Advisory Board
- NAB (for short)
- 16 Members
- Advises AAPC leadership
- Monitors industry trends
- Supports mission of AAPC
- Betters members
Industry Representation

- AMA CPT Advisory Committee
- Workgroup for Electronic Data Interchange (WEDI)
- ICD-10 Coordination and Maintenance
  - AMA just asked that AAPC be made a Cooperating Partner, joining AHA, AHIMA, and CDC.
- Professional associations
- Professional journal editorial boards
Training & Certification

- Coding (General)
- Coding (Specialized)
- Billing/Revenue Cycle
- Regulatory Compliance
- Medical Auditing
- Practice Management
# Core Coding Certifications

<table>
<thead>
<tr>
<th></th>
<th>CPC</th>
<th>COC (CPC-H)</th>
<th>CIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification</td>
<td>Certified <strong>Professional</strong> Coder</td>
<td>Certified <strong>Outpatient</strong> Coder</td>
<td>Certified <strong>Inpatient</strong> Coder</td>
</tr>
<tr>
<td>Services</td>
<td>PROFESSIONAL services performed by physicians and non-physician practitioners</td>
<td><strong>OUTPATIENT</strong> hospital/facility services</td>
<td><strong>INPATIENT</strong> hospital/facility services (acute hospital care)</td>
</tr>
<tr>
<td>Location</td>
<td>Work in a physician office</td>
<td>Work in a hospital/facility or Ambulatory Surgical Center</td>
<td>Work in a hospital/facility</td>
</tr>
</tbody>
</table>
20+ Specialty Coding Certifications

Ambulatory Surgical Center – CASCC™
Anesthesia and Pain Management – CANPC™
Cardiology – CCC™
Cardiovascular Thoracic Surgery – CCVTC™
Chiropractic – CCPC™
Dermatology – CPCD™
Emergency Department - CEDC™
Evaluation and Management – CEMC™
Family Practice – CFPC™
Gastroenterology – CGIC™
General Surgery – CGSC™

Hematology and Oncology – CHONC™
Internal Medicine – CIMC™
Interventional Radiology/Cardiovascular – CIRCC®
Obstetrics Gynecology – COBGC™
Orthopaedic Surgery – COSC™
Otolaryngology – CENTC™
Pediatrics – CPEDC™
Plastics and Reconstructive Surgery – CPRC™
Rheumatology – CRHC™
Surgical Foot & Ankle – CSFAC™
Urology – CUC™
CPMA Online Course

- Better align to competencies on the exam
- 2+ years of experience
- Helps experienced auditors prepare for the CPMA exam
- Licensed instructors may also teach the curriculum (required to hold the CPMA credential)
- Students have three months to complete the course
- Earn 20 CEUs if already certified
- Course syllabus
Risk Adjustment/HCC Course

• Developed due to lack of risk adjustment education
• Momentum on payment methodology
• Inclusion in ACA and health exchanges
• High emphasis on HCC
• Diagnosis coding guidelines, documentation challenges, and common conditions included in risk adjustment models
• Students have three months to complete the course and earn 20 CEUs if already certified
• Course syllabus
Coding Books

- Highest Quality
- Lowest Prices
- Extra Features
Online Code Lookup

Get Your 30-Day FREE Trial Today
Healthicity

Separate company

- Online compliance
- Online audit management solution
- Audit service
- Data files
- Online training
ICD-10 Training

Chronic Gout, due to renal impairment left shoulder, without tophus

M1A.3120

Without Tophus
ICD-10 Proficiency Assessment

- AAPC members holding CPC®, COC™, CIC™, CRC™, CPC-P®, CPC-I®, a coding specialty (excluding CIRCC®), or CPMA® must demonstrate proficiency by December 31, 2015 to maintain credential(s).
- Successful completion of one of these two options will demonstrate proficiency of ICD-10-CM format and structure, groupings and categories of codes, ICD-10-CM official guidelines, and coding concepts.

### Option 1: At Your Own Pace
- 16-hour training course with online exercises
- No time limit
- Unlimited attempts
- 150 questions
- Open book, online, unproctored

$395 - $595

### Option 2: Timed Assessment
- Online exercises only
- Time limit (3.5 Hours)
- Two attempts
- 75 questions
- Open book, online, unproctored

$60 includes two attempts
We believe that one of the largest problems to occur after 2015 will be documentation insufficient to support the specificity requirements of ICD-10.
20,000-Record Audit

<table>
<thead>
<tr>
<th>% Documentation Sufficient to Transition To ICD-10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>87%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>65%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>86%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>71%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>63%</td>
</tr>
<tr>
<td>Family Practice</td>
<td>68%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>48%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>86%</td>
</tr>
<tr>
<td>Hospital Medicine</td>
<td>73%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>78%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>58%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>64%</td>
</tr>
<tr>
<td>Neurology</td>
<td>70%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>75%</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>84%</td>
</tr>
<tr>
<td>Oncology</td>
<td>63%</td>
</tr>
</tbody>
</table>

Overall, 63% of the documented records are sufficient to transition to ICD-10.
ICD-10 Physician Training

- Documentation Training
- Specialty-specific courses
- A physician’s perspective
- 3-hour online course
- Learn structure, guidelines, requirements of ICD-10
- Review examples for top conditions (per specialty)
Advanced ICD-10 Training

• Members are asking for the following training:
  • A&P for Chronic Conditions – 14 hour course
  • Auditing for ICD-10 and E/M – 4 hour course
  • HCC and ICD-10 – 8 hour course
Now that ICD-10 is Here …

What do we see ahead?

- ICD-11
- Alternate payment systems
- Telehealth
- Interoperability
- HIPAA audits/breach efforts
- Medical scribes
ICD-11. Why Didn’t We Wait?

- Due from WHO in 2018 after 2012 start
- Beta now available for comment
- I-10 required to implement I-11
- Designed to be use in EMRs and HIM
- Requires a web platform
- Print versions may be available
- After release, will go through NCVHS revision
- Expect USA CM version in 2022, at very earliest
- Remember, ICD-10-CM took 17 years to implement
Alternate Payment Systems

- Value-based modifiers
- Bundled payment
- PQRS
- Demonstration periods
Value-based Modifiers

- Differential payment to provider or group under the MPFS for quality of care compared to cost during a performance period
- Based on participating in the PQRS
- 2 categories –
  - Registered for PQRS and reported one measure or have elected the PQRS claims option
  - Groups that don’t fall into the group above
- CMS has extended the deadline for review of VM calculation in 2014, and allows groups to request corrections.
Bundled Payments

- Includes episode of care
- Expected costs of care
- Discourages unnecessary care
- Doesn’t penalize providers for sicker patients
- Removes duplicate services and testing

**BUT…**

- Hard to assign costs when more than one provider
- Hard to assign fair compensation rates
- Catastrophic event might hand providers losses
PQRS Lives!

• Quality reporting program

• Allows providers to assess quality of care by gauging how well they meet a quality metric

• In the midst of major changes
Telehealth

- Federal support
  - Part B
- Commercial support
  - UHG/Aetna
- State support
  - e.g., New Mexico expanding telehealth networks
- Audio and video
Interoperability

• How do we get systems to talk to each other?

  • Foundational – Systems can send data to others who don’t know how to read it

  • Structural – Systems exchange data from one to the other with interpretation equal interpretation

  • Semantic – Systems easily exchange information and use that info. EHRs exchange PHI using same standard

As defined by HIMSS
Interoperability

• Using the cloud
• Access data anywhere
• Standardized patient information
• Utilizing Big Data for Outcome of Care (Watson)
• Securing and providing POS PHI
• Engaging and empowering patients
• Globalizing good care
Meaningful Use

- Financial incentives for “meaningful use” of EHR technology
- There are three stages
  - 2012 - Stage 1 – Data capture and sharing
  - 2014 - Stage 2 – Advance clinical processes
  - 2016 – Stage 3 – Improved outcomes for patients
- Financial incentive payments tied to satisfactory completion
- AMA and 111 other organizations ask Congress for reprieve or refocus of Stage 3 – Nov. 6.
# Meaningful Use

<table>
<thead>
<tr>
<th>Stage 1: Meaningful use criteria focus on:</th>
<th>Stage 2: Meaningful use criteria focus on:</th>
<th>Stage 3: Meaningful use criteria focus on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically capturing health information in a standardized format</td>
<td>More rigorous health information exchange (HIE)</td>
<td>Improving quality, safety, and efficiency, leading to improved health outcomes</td>
</tr>
<tr>
<td>Using that information to track key clinical conditions</td>
<td>Increased requirements for e-prescribing and incorporating lab results</td>
<td>Decision support for national high-priority conditions</td>
</tr>
<tr>
<td>Communicating that information for care coordination processes</td>
<td>Electronic transmission of patient care summaries across multiple settings</td>
<td>Patient access to self-management tools</td>
</tr>
<tr>
<td>Initiating the reporting of clinical quality measures and public health information</td>
<td>More patient-controlled data</td>
<td>Access to comprehensive patient data through patient-centered HIE</td>
</tr>
<tr>
<td>Using information to engage patients and their families in their care</td>
<td></td>
<td>Improving population health</td>
</tr>
</tbody>
</table>
• OIG/DoJ bearing down, based on ACA/HITECH
• New Targets for 2016:
  • Medical device credits for replaced devices
  • Payments during DRG payment window
  • Validation of hospital-submitted quality data
  • SNF PPS requirements
  • Orthotic braces
  • Bone-growth stimulators
  • Ventilators
  • ASC quality
  • Physician order of Medicare services
  • Anesthesia service- non-covered services
  • Physician home visits – reasonableness
  • Reasonableness of prolonged services
  • Histocompatibility labs
Case Study - Katie

Avulsion fracture of the 5th metatarsal, right foot.

**ICD-9-CM**

825.25   Fracture of other tarsal and metatarsal bones, closed

E888.9   Unspecified fall

**ICD-10-CM**

S92.354A   Nondisplaced fracture of fifth metatarsal bone, right foot, initial encounter for closed fracture

W00.0xA   Fall on same level due to ice and snow

Y92.214   College as the place of occurrence of the external cause

Y93.01    Activities, walking, marching and hiking

Y99.0     Civilian activity done for income or pay
Medical Scribes

• Trained, credentialed scribes will contribute

• Solution for two problems:
  • Physicians tied to EMR systems during visits
  • Career path for medical transcriptionists

• Career path for coders
• Allows coders to assure proper documentation
• Joint Commission regulations are tight
Accountable Care Organizations (ACOs)

Medicare offers several ACO programs:

- Medicare Shared Savings Program—a program that helps Medicare fee-for-service program providers become an ACO.

- Advance Payment ACO Model—a supplementary incentive program for selected participants in the Shared Savings Program.

- Pioneer ACO Model—a program designed for early adopters of coordinated care. No longer accepting applications.
Accountable Care Organizations (ACOs)

- Initial successes, especially in Colorado
- 64/243 earned bonuses or reduced spending
- Some not meeting agreed benchmarks
- Many have sicker risk pools than expected
- Some corporate and facility owners not making the changes need to succeed
Clinical Documentation Improvement (CDI)

- Documentation is core to all future initiatives and payment systems
- Working with physicians is extremely important, especially with implementation of ICD-10
- I-10 delay lowered interest, but we can’t wait any longer.
Recovery Audit Contractors (RACs)

- Under fire for amount of cases overturned on appeal-quality of reviews
- New auditors are being hired
- Way they are being paid has changed
  - They now have to wait until the second level of appeal to obtain their contingency payment
  - 30 day response on reviews rather than 60
  - Consideration of whether new/existing providers in depth of audit
  - ADRs are by department rather than whole group/facility
Physician Fee Schedule

• Death of the Sustainable Growth Rate (SGR)
• 0.5 percent increase across the board
• Physician Compare displays PQRS performance
• Review of mis-valued codes, including:
  • Moderate sedation and full anesthesia
  • Radx
  • Lower GI endoscopy
• Clarification of incident-to rules
• PQRS and Value-based Modifiers
Case Study – Utah Funeral Potatoes

T28.0xxA  Burn of mouth and pharynx, initial encounter

X10.1xxA  Contact with hot food, initial encounter

Y92.011   Dining Room of single-family (private) house as the place of occurrence of the external cause
Case Study – Lindsey Vonn

S83.522A
S83.512A
S82.102A
S83.252A
V00321A
V00.322A
Y92.828
Y93.23
AAPC’s Members in 10 Years?

• Greater role in revenue cycle management
  • Provider
  • Facility
  • Payer
• Increased respect and participation in policy-making
  • Nationally
  • Locally
• Key to implementation of I-11 and other initiatives
And Where Will AAPC Be?

• With you
• Guiding you
• Training you
• Supporting you
• Advocating you in the marketplace
CEUs: What You Came Here For… Right?

SDWW150856
Questions?