Transition to ICD-10-CM
Chiropractic Specialty
HMSA
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Healthcare Coding Consultants of Hawaii, LLC

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Course Objectives

- Explore and familiarize yourself with the ICD-10-CM codes
- Examine an overview of organizational changes to ICD-10
- Identify the areas of similarities and differences between ICD-9-CM and ICD-10-CM

ICD-10 Transition: Five Phases

1. Engage and Educate Physicians and Staff
2. Assess Current Readiness and Impact
3. Create a Timeline and Transition Plan
4. Implement your Transition Plan
5. Conduct Post Transition Analysis and Reporting

Most Physician Practices are still in Phase 1
Documentation & Transition

- Documentation is the cornerstone for ICD-10 transition success
- Accurate documentation is the primary responsibility physicians and other clinical providers have in the move to ICD-10
- Providers should focus on documentation elements and not the overwhelming number of new codes
- It’s important to engage your referral sources in providing accurate clinical information to support medical necessity
ICD-10: Benefits

- Describing higher diagnostic complexity may support a higher complexity procedure or service payment
- Better data to justify payment, including pay-for-performance or diagnosis-based reimbursement
- Increased information that can justify quality and outcomes assessment
- More specific diagnoses = reduced denials

ICD-10 Background Information

- Published by WHO in 1990
- U.S. last industrialized nation to implement ICD-10
- Two parts: ICD-10-CM and ICD-10-PCS
  - ICD-10-CM - Diagnosis
    - 3–7 alpha/numeric characters
  - ICD-10-PCS – Inpatient Procedure (only)
    - 7 alpha/numeric characters for -PCS
ICD-10 Code Set Websites

NCHS
- http://www.cdc.gov/nchs/icd/icd10cm.htm#icd2014

CMS

Tabular List
Organizational Changes

<table>
<thead>
<tr>
<th>ICD – 9 – CM</th>
<th>ICD – 10 – CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 17 Chapters</td>
<td>• 21 Chapters</td>
</tr>
<tr>
<td>• V codes</td>
<td>• Z codes</td>
</tr>
<tr>
<td>• E codes</td>
<td>• V, W, X and Y codes</td>
</tr>
</tbody>
</table>
### ICD-9-CM and ICD-10-CM Differences

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes</th>
<th>ICD-10-CM diagnosis codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 numeric digits in length</td>
<td>3-7 Alpha-Numeric characters in length</td>
</tr>
<tr>
<td>First digit may be alpha (E or V) or numeric; Digits 2-5 are numeric</td>
<td>Character one is alpha Character two is numeric Characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Lacks laterality</td>
<td>Has laterality</td>
</tr>
<tr>
<td>Approximately 14,000 codes</td>
<td>Approximately 69,000 available codes</td>
</tr>
</tbody>
</table>

### Tabular List

**Organizational Changes**

- Divided into 21 chapters
  - Body or organ system
  - Etiology or Nature of Disease Process
- Disease of the Nervous System and Sense Organs is divided into 3 chapters
- External Causes (E-Codes) and Factors Influencing Health Status (V-Codes) are part of the core classification
Tabular List
Organizational Changes – Cont.

• The order of the chapters differs
• Injuries in ICD-10-CM are grouped first by specific site and then by type of injury
• Post-op complications have been moved to procedure specific body system chapters
• Includes full code titles on all codes

Overall Coding Process is the Same!

1. Capture the required encounter documentation
2. Choose the correct code
   ✓ Alphabetic Index
   ✓ Tabular List
   ✓ Read instructional notations
Nonallopathic lesions, cervical region
ICD-9  739.1

Segmental and somatic dysfunction of cervical region
ICD-10  M99.01

ICD-9 CM Code Format
- Category
- Etiology, anatomic site, manifestation

ICD-10 CM Code Format
- Category
- Etiology, anatomic site, severity
- Extension

Results (1)

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>ICD-9 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>739.1</td>
<td>Nonallogopathic lesions, cervical region</td>
</tr>
</tbody>
</table>

GEMS ICD-10 Code | GEMS ICD-10 Description |
-----------------|--------------------------|
M99.01           | Segmental and somatic dysfunction of cervical region |

Additional ICD-10 Opt | Additional ICD-10 Description |
----------------------|-------------------------------|
M99.11              | Subluxation complex (vertebral) of cervical region |
M99.21              | Subluxation stenosis of neural canal of cervical region |
M99.31              | Osseous stenosis of neural canal of cervical region |
M99.41              | Connective tissue stenosis of neural canal of cervical region |
M99.51              | Intervertebral disc stenosis of neural canal of cervical region |
M99.61              | Osseous and subluxation stenosis of intervertebral foramina of cervical region |
M99.71              | Connective tissue and disc stenosis of intervertebral foramina of cervical region |
M99.81              | Other biomechanical lesions of cervical region |

Coding Tip
Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the condition.

Category M99 should not be used if the condition can be classified elsewhere.
Seventh Character

- Used in Musculoskeletal and Injury Sections
- Meanings vary
- Either alpha or numeric
- Placeholder X

Use of Seventh Character

- Episode of care for fractures, injuries and external cause
- Combination codes for poisonings and external cause (accidental, intentional self-harm, assault, undetermined)
**Placeholder Character**

- Assign for all characters less than 6 in order to meet requirement of coding when 7th character is required

*S23.9XXA* – Sprain of unspecified parts of thorax, initial encounter

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**Organizational Changes**

- The order of the chapters differs a bit
- Injuries in ICD-10-CM are grouped first by specific site and then by type of injury
- Post-op complications have been moved to procedure specific body system chapters
- Includes full code titles for all codes
Organizational Changes

• Category restructuring and code reorganization has occurred within a number of chapters, resulting in the classification of certain diseases and disorders different from what is seen in ICD-9-CM.

Unspecified Codes

• Similar to ICD-9, ICD-10 does contain “unspecified” codes.
• Coding guidelines advise use of “unspecified” in circumstances where the medical record does not contain sufficient information required to assign a more specific code.
Unspecified Codes

- **M40.00** Postural kyphosis, site unspecified
- **M40.30** Flatback syndrome, site unspecified
- **M43.9** Deforming dorsopathy, unspecified
- **M48.2** Kissing spine, site unspecified
- **S23.100A** Subluxation of unspecified thoracic vertebra, initial
- **S23.101D** Dislocation of unspecified thoracic vertebra, subsequent

Laterality

- **Right**
- **Left**
- **Bilateral**

- If **no bilateral code** is provided, code **both right and left**
- If the side is **not indicated** in the documentation, code **unspecified**
Combination codes for conditions and common symptoms or manifestations

M51.05  Intervertebral disc disorders with myelopathy, thoracolumbar region
M54.42  Lumbago with sciatica, left side
M54.31  Sciatica, right side

Sciatica

ICD-9 Category 724.3
• No specific documentation elements

ICD-10 Category M54-
• Laterality
• With Lumbago

Additional documentation required
Results (111)

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S23.100A</td>
<td>Subluxation of unspecified thoracic vertebra, subsequent encounter</td>
</tr>
<tr>
<td>S23.100S</td>
<td>Subluxation of unspecified thoracic vertebra, subsequent encounter</td>
</tr>
<tr>
<td>S23.100D</td>
<td>Subluxation of unspecified thoracic vertebra, subsequent encounter</td>
</tr>
<tr>
<td>S23.0XXA</td>
<td>Traumatic rupture of thoracic intervertebral disc, subsequent encounter</td>
</tr>
<tr>
<td>S23.0XXS</td>
<td>Traumatic rupture of thoracic intervertebral disc, subsequent encounter</td>
</tr>
<tr>
<td>S23.0XXD</td>
<td>Traumatic rupture of thoracic intervertebral disc, subsequent encounter</td>
</tr>
<tr>
<td>S23.429A</td>
<td>Unspecified sprain of sternum, initial encounter</td>
</tr>
</tbody>
</table>

Episode of Care

**S23.0XXD**  Traumatic rupture of thoracic intervertebral disc, *subsequent* encounter

**S23.3XXA**  Sprain of ligaments of thoracic spine, *initial* encounter

**S23.140S**  Subluxation of T6/T7 thoracic vertebra, *Sequela*

**S23.163A**  Dislocation of T11/12 thoracic vertebra, Initial encounter
Combination codes for poisonings and external causes

T40.2x1A Poisoning by opioids (Oxycodone), accidental (unintentional), initial encounter

T48.1x5A Adverse effect of skeletal muscle relaxants, initial encounter

5th digit is a place holder
6th digit indicates external cause (poisoning, adverse effect, underdosing, assault, suicide)
7th digit indicates episode of care

Documentation

- Accurate documentation is the primary responsibility providers have in the move to ICD-10
- Focus on documentation elements and not the overwhelming number of new codes
General Coding Guidelines

• Locating a code

**MOST CRITICAL RULE:**

*Always* begin search for the correct code assignment through the Alphabetic Index.

*Never* begin searching initially in the Tabular List as this will lead to coding errors.

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Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

**CHAPTER 13**
Organization and Classification

- Almost every code in Chapter 13 of ICD-10-CM has been expanded
  - Greater specificity of sites
  - Laterality
- Many codes moved from various chapter in ICD-9-CM to Chapter 13 in ICD-10-CM
  - Gout moved from Endocrine
  - Osteomalacia moved from Endocrine

Organization and Classification

- *Recurrent and conditions related to a healed injury* are usually found in Chapter 13
- *Current, acute, new injuries* are found in Chapter 19
Site and Laterality

- Bone
- Joint
- Muscle
- Multiple
- If no “multiple” code exists, assign a code for each site

- Right
- Left
- Bilateral
- If no “bilateral” code exists, assign a code for each side

Osteoarthritis

ICD-9 Category 715-
- Osteoarthritis
  - Primary
  - Secondary
  - Generalized
  - Localized

ICD-10 Category M16-
- Primary – wear/tear
- Secondary
  - Post-traumatic
  - Resulting from hip dysplasia
  - Other – usually injury, heredity, obesity or something else.
- Laterality
  - Right
  - Left
  - Bilateral

Additional documentation required
Kyphosis

ICD-9 Category 737
• No specific documentation elements in ICD9

ICD-10 Category M40
• Type of Kyphosis
  – Postural
  – Secondary
  – Flatback
• Spinal region
  – Cervical
  – Cervicothoracic
  – Thoracic
  – Thoracolumbar

Additional documentation required

Scoliosis

ICD-9 Category 737
• Infantile
  – Resolving
  – Progressive
• Idiopathic
• Thoracogenic
• Secondary

ICD-10 Category M41
• Onset of Scoliosis
  – Infantile
  – Juvenile
  – Adolescent
• Spinal region
  – Cervical
  – Cervicothoracic
  – Thoracic
  – Thoracolumbar
  – Lumbar
  – Lumbosacral
• Secondary
  – Neuromuscular
  – Other
### Spondylolisthesis/Spondylolysis

**ICD-9 Category 738.4**
- Spondylosis included in code for spondylolisthesis

**ICD-10 Category M43.1**
- Spondylolysis
- Spondylolisthesis
- Spinal region
  - Occipito-atlanto-axial
  - Cervical
  - Cervicothoracic
  - Thoracic
  - Thoracolumbar
  - Lumbar
  - Lumbosacral
  - Sacral and sacrococcygeal
  - Multiple sites

*Additional documentation required*

### Muscle Spasm/Contracture

**ICD-9 Category 728.85**
- No specific documentation elements

**ICD-10 Category M62.4**
- Laterality
- Location/site
  - Shoulder
  - Upper Arm
  - Forearm
  - Hand
  - Thigh
  - Lower leg
  - Ankle and foot
  - Other site
  - Multiple sites

*Additional documentation required*
**Spondylosis Combination Codes**

**ICD-9 Category 721**
- Myelopathy
- Spinal Region
  - Cervical
  - Thoracic
  - Lumbar

*Additional documentation required*

**ICD-10 Category M47**
- Myelopathy
- Radiculopathy
- Spinal region
  - Occipito-atlanto-axial
  - Cervical
  - Cervicothoracic
  - Thoracic
  - Thoracolumbar
  - Lumbar
  - Lumbosacral
  - Sacral and sacrococcygeal

**Pain Disorders**

- **F45.41** – Pain *exclusively* related to psychological disorders
- **F45.42** – Pain disorders with related psychological factors + code from category G89
- **G89.11** - Acute pain due to trauma
- **G89.32** – Chronic pain due to trauma
Pain – Category G89

• May be used in conjunction with other codes to provide more detail
  – Acute or Chronic
  – Neoplasm-related
  – Post Procedural, Post-Thoracotomy or Post-Traumatic

• Do not use category G89 if pain is not specified as one of the above

CHAPTER 18

Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)
Organization and Classification

• General signs and symptoms follow those related specifically to a body system or other relevant grouping
• Some codes have been moved to a chapter more specific to the symptom

Repeated Falls

• **R29.6** - Use if encounter is regarding a current fall
• **Z91.81** – History of falling
Examples

- **R29.2** Abnormal posture
- **R93.7** Abnormal findings on diagnostic imaging of other parts of musculoskeletal system

Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

**CHAPTER 19**
Organization and Classification

- Encompasses 2 alpha characters
  - **S** = Injuries related to body region
  - **T** = Injuries to unspecified region, Poisonings, external causes
    - Note that codes within T section that include the external cause do not require an additional external cause code

*Use secondary code(s) from Chapter 20 to indicate cause of injury*

Organization and Classification

Injuries grouped by body part rather than category of injury

- Head  **(S00-S09)**
- Neck  **(S10-S19)**
- Thorax  **(S20-S29)**
- Lower back, pelvis, abdomen  **(S30-39)**
Injuries now Grouped by:

**Injury Type**
- Superficial Injury
- Open wound
- Fracture
- Dislocation/Sprain
- Nerve injury
- Blood vessel injury
- Muscle injury
- Traumatic amputation

**Site (examples)**
- Cervical
- Thoracic
- Lumbar
- Sacroiliac
- Sacrococcygeal

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**Definitions**

- **Initial encounter** - the patient is receiving active treatment for the condition
  - Surgical treatment
  - Emergency department encounter
  - Evaluation and continuing (ongoing) treatment by the same or different physician
  - Also assigned for a patient who delayed seeking treatment for the fracture or nonunion.
Definitions

• **Subsequent encounter** - after patient received active treatment for the condition and receiving routine care during healing or recovery phase
  - Cast change or removal
  - Removal of external or internal fixation device
  - Medication adjustment
  - Other aftercare and follow-up visits following injury treatment
  - An x-ray to check healing status of Fracture

• **Sequela** - Complications or conditions that arise as a direct result of a condition. Such as: a Scar formation after burn
  - Use both the injury code that precipitated sequela and code for sequela
  - “S” added only to injury code, not sequela code
  - “S” identifies injury responsible for sequela
  - Specific type of sequela (like scar) sequenced first, followed by injury code
### Poisoning, Adverse Effect, Underdosing

**ICD-9-CM = 960-979 & E-Codes**
- Accidental
- Therapeutic
- Suicide
- Assault

**ICD-10-CM = T Codes**
- Cause of poisoning and manifestation(s)
  - Accidental
  - Intentional Self Harm
  - Assault
  - Undetermined
- Cause of adverse effect and manifestation(s)
- Underdosing
  - Failure in dosing during medical/surgical care
  - Patient's underdosing of medication regime
- Episode of care

*Additional documentation required*

### Alcohol and Nicotine

- Alcohol and tobacco use or exposure is required to be coded with many other conditions, including but not limited to:
  - Malignant neoplasms
  - Cardiovascular conditions
  - Respiratory conditions

**Note: History of** anything (nicotine dependence, neoplasm, alcoholism, etc.) should always mean *in the past*
Remission

- Selection of codes for “in remission” for categories F10-F19 requires the provider’s clinical judgment.
  - The appropriate codes for “in remission” are assigned on the basis of provider documentation.

Use, Abuse, Dependence

When the provider documentation refers to use, abuse and dependence of the same substance, only one code should be assigned to identify the pattern of use based on the following:

Hierarchy

- Use
- Abuse
- Dependence
Nicotine Dependence

ICD-9-CM = 305.1
• Tobacco Use Disorder - Current smoker

ICD-10-CM = F17-
• Terminology change to Nicotine dependence
• Type of nicotine (cigarette, chewing tobacco, cigar, pipe, etc.)
• Remission/Withdrawal/Uncomplicated
• Use Z87.891 for History of nicotine dependence
• Use Z72.0 Tobacco Use (non-dependent)

Additional documentation required

Other Tobacco Use Codes

• Z87.891 History of Tobacco Use
• Z72.0 Tobacco Use (non-dependent)
• O99.33- Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium
Exposure to Tobacco Smoke

- **Z77.22** Contact with and exposure to environmental tobacco smoke
- **P96.81** Exposure to tobacco smoke in perinatal period
- **Z57.31** Occupational exposure to environmental tobacco smoke
Organization and Classification

- No longer a **supplemental** classification
- No one-to-one relationship exists for ICD-9-CM E-Codes to ICD-10-CM
  - “E-codes” have been disseminated to Chapters 19 (combination codes) – 20

Organization and Classification

- Most applicable to injuries, also valid for other use – i.e., infections or heart attack occurring during strenuous physical activity
- External cause code may be used with any code in range **A00.0-T88.9, Z00-Z99**, that is health condition due to external cause
**Organization and Classification**

- Encompasses alpha characters V, W, X, and Y
- Assign external cause code, with appropriate seventh character for each encounter for which injury or condition is being treated
  - Initial encounter
  - Subsequent encounter
  - Sequela

**External Cause Guidelines**

- Assign as many codes as necessary
- Never a principal (first listed) diagnosis
- Assign combination external cause codes identify sequential events corresponding to the sequence of events
- No external cause code needed for combination codes from another chapter that include cause and intent
Category Y92 – Place of Occurrence

- Use with activity code
- Only on initial encounter
- Only one Y92 code on record
- Do not use Y92.9 if place not stated

Category Y93 – Activity

- Use with Y92 and Y99
- Only on initial encounter
- Only one Y93 code on record
- Do not use Y93.9 if activity not stated
- Not applicable to poisonings, adverse effects, misadventures, or late effects
Category Y99-

- Assign Y99, External cause status, to indicate work status
  - Civilian activity done for income or pay
  - Military activity
  - An individual including a student or volunteer was involved in a non-work activity

Transport Note

- Use additional code to identify
  - Airbag injury (W22.1)
  - Type of street or road (Y92.4-)
  - Use of cellular telephone at time of transport accident (Y93.C-)
Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

CHAPTER 21

Organization and Classification

• Some categories have rephrased titles
• Some conditions no longer have the specificity they did in ICD-9-CM

• Example: In ICD-10, Code Z23, Encounter for immunization is not further classified. In ICD-9, category codes V03 through V06 are used to identify the types of immunizations.
Use of Z Codes

• Can be used in any healthcare setting
• May be used as either primary or secondary code, depending on the circumstances
• Certain Z codes may only be used as primary
• Corresponding procedure code must accompany the Z code

Z Codes Reason for Encounter

• Corresponding procedure code must accompany Z code if procedure is performed
• When person who may or may not be sick encounters health services for some specific purpose i.e. to receive limited care or service for current condition, donate an organ or tissue, receive prophylactic vaccination, discuss problem
Z Codes Reason for Encounter

• When some circumstance or problem is present which influences person’s health status but is not a current illness or injury

Aftercare

• When the initial treatment has been performed and patient requires care during the healing or recovery phase, or for the long-term consequences of the disease
• Generally, first-listed (primary) code
• Certain aftercare Z code categories need a secondary code
Physical Therapy

If Aftercare for fracture: Code to fracture with 7th character “D”

- **Z51.89** Encounter for other specified aftercare (PT)
- **Z47.1** Aftercare following joint replacement surgery (Code also to identify the joint replaced (Z96.6-))
- **Z47.89** Encounter for other orthopedic aftercare

Tools for Success
Tools for Success: GEMs Translation

GEMs = General Equivalence Mapping:

- A mapping tool that attempts to include all valid relationships between the codes in ICD-9-CM and ICD-10-CM
- An excellent training tool to be used to familiarize differences between ICD 9 and ICD-10 and may also be used to select the correct ICD-10 code.
- The mapping identifies one-to-one and one-to-many code relationships

Selecting an ICD-10 GEMs Transition Software

- You’ll want to search by code and description
- It should be bi-directional: ICD-9 to ICD-10 and vice versa
- Look for the ability to perform code searches and store frequently used codes (“Cheat Sheet”)
- Have a print function so you can create training tools
- May be a stand alone or integrated product
How Will You Use a Crosswalk?

• Quick lookup for commonly used codes
• Performance Measure reporting
• Administrative purposes: Evaluating insurance contracts, pre-authorizations, surgery scheduling; updating referral slips
• Clinical documentation improvement

<table>
<thead>
<tr>
<th>GEMS ICD-10</th>
<th>GEMS ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M79.09</td>
<td>Other specified soft tissue disorders</td>
</tr>
<tr>
<td>Approximate</td>
<td>Yes</td>
</tr>
<tr>
<td>No Map</td>
<td>No</td>
</tr>
<tr>
<td>Combination</td>
<td>No</td>
</tr>
<tr>
<td>Scenario</td>
<td>0</td>
</tr>
<tr>
<td>Choice List</td>
<td>0</td>
</tr>
</tbody>
</table>

Add'l ICD-10 | Add'l ICD-10 Description |
-------------|--------------------------|
M79.1        | Myalgia                  |
M79.601      | Pain in right arm        |
M79.602      | Pain in left arm         |
M79.603      | Pain in arm, unspecified |
M79.604      | Pain in right leg        |
M79.605      | Pain in left leg         |
M79.606      | Pain in leg, unspecified |
M79.621      | Pain in right upper arm  |
M79.622      | Pain in left upper arm   |
M79.629      | Pain in unspecified upper arm |
M79.631      | Pain in right forearm    |
M79.632      | Pain in left forearm     |
M79.639      | Pain in unspecified forearm |
M79.641      | Pain in right hand       |
M79.642      | Pain in left hand        |
M79.643      | Pain in unspecified hand |
M79.644      | Pain in right finger(s)  |
M79.646      | Pain in left finger(s)    |
ICD-10: Billing Staff - Productivity

- Up to 40% increase in keystrokes - full keyboard
- Code lookups – books and EHR may have completely different wording for some codes
- GEMS should not be your sole resource – may pose a compliance risk if documentation does not support assigned codes
- An unspecified ICD-9 code will crosswalk to unspecified ICD-10; documentation must support the use of a more specified code
ICD-10: Worker’s Comp and Auto

- Workers Comp and Auto insurance are HIPAA exempt, therefore may not change to ICD-10
- Claim submitted to WC or auto payer -- benefit limit may be reached or TPL is changed;
  - Charges will need to be resubmitted to private insurance with ICD-10; reverse may be true for private insurance identified as WC or auto
  - Difficult to crosswalk due to specificity of ICD-10
  - Revenue cycle is slowed due to decreased efficiency

Documentation: The KEY to Success

- It’s recommended that you conduct a chart review to determine if current documentation is sufficient for assigning ICD-10 codes
  - Identify your top 20 billed ICD-9 codes
  - Compare your current documentation with the increased specificity of ICD-10
  - Is there sufficient documentation for the assignment of an equivalent ICD-10 code (manual or electronic)?
Financial Impact

• Expect expenditures related to billing, coding, and claim submission to increase, at least temporarily
  – additional FTEs to assist during phase in and while running dual systems
  – migration of clinical data from ICD-9 to ICD-10
  – IT labor for system testing, training on software
• Medical billers and coders will continue to need training
• Vendors will offer (require) upgraded systems

Countdown

65 Days
Mahalo!

(808) 947-CODE (947-2633)
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