END-TO-END CODING ASSISTANCE FOR ICD-10 IMPLEMENTATION



CLIENT

The client is a Fort Myers, Florida, based small sized medical billing company, which specializes in 40+ specialities. Established in 2005, the client provides billing services to 20+ hospitals across the US and handled claims worth \$900,000 per month.

REQUIREMENTS

8

Although the company was experienced in medical billing, collections and revenue cycle management, they did not have adequate coding expertise and had to prepare themselves to deal with the changes to be introduced by ICD-10. The company was averse to a wait and watch approach to tackle potential problems as they may arise. Fearing productivity may plummet once ICD-10 is implemented, they approached us to help them to:

召

Code to the greatest degree of specificity post ICD-10 implementation

Guide their coders in complex surgeries like cardiac and spinal

Interpret coding guidelines correctly

CHALLENGES

Our biggest challenge was to train the client and ensure readiness within the grace period (provided by the Centers for Medicare and Medicaid Services for ICD-10 transition). This was particularly difficult because we ourselves were preparing to take on the changes and despite having a robust plan, we were not sure how it would work until we experienced it in the live ICD-10 world. The other big challenge was to inspire coders to take a more positive view on the idea of training and commit themselves for spending enough time and effort in getting themselves trained for the impending changes. At the same time, we had to ensure that learning curve is reduced so that the deadline could be meet effectively.



SOLUTION

We were confident about managing the transition from ICD-9 to ICD-10 before the live date, because we had been preparing for the ICD-10 deadline since late 2011. By the time the client approached us, all our staff were trained in both ICD-9-CM and ICD-10. While preparing, we discovered that ICD-10-CM is not overwhelmingly different from ICD-9-CM and so could be easily learnt. This, however, was not the case with ICD-10 PCS.

We formed a team of trainers who had acquired deep knowledge of ICD-10 along with years of work experience in ICD-9. The team went about identifying coders from diverse areas in the client's team, having robust knowledge of ICD-9, a learning bent of mind and willing to embrace changes. The objective was to ensure that they could personally assist or train other coders in adapting to the new coding requirements.



From the onset we were clear about one thing - make Allaying fears about ICD-10 was our foremost task and the training intensive. Keeping this in mind, we planned a time table that involved 4 hours of rigorous training and making the trainees perform several repetitive tasks every day. We convinced the client to hire contract coders while in-house coders received training. This ensured that the trainees remained focused on learning the new codes.

we developed a detailed approach to tackle it. Our first task was to focus on the more manageable changes. Next, we created a General Equivalence Mapping (GEM) that covered examples of how several ICD-9-CM codes can be mapped to only one ICD-10 code. This was followed by creation of a third GEM that included examples of how multiple ICD-9-CM codes link to one ICD-10-CM combination code. The approach proved to be helpful as trainees gradually digested the changes and realized that, overall, the changes are certainly manageable.

The training was carried out with equally intensive audit to ensure high-levels of accuracy. Having earmarked an acceptable accuracy rate, we subjected the coders to weekly audits. This helped us track issues as they arose, develop a corrective action plan, and provide education based on reviews.

RESULTS

Our solution benefited the client in the following way:

SEAMLESSLY TRANSITION TO THE NEW CODING SYSTEM AND MEET THE REQUIRED QUALITY STANDARDS THE SMOOTH TRANSITION LED TO INCREASED ACCURACY AND SUBSTANTIAL SAVINGS, WHICH TRANSLATED INTO 40% INCREASE IN REVENUES WITHIN THE FIRST 6 MONTHS OF IMPLEMENTATION

To know more about our medical coding services, get in touch with our experts now.

CODING CHANGES ASSOCIATED WITH ICD-10 CONVERSION

How ICD10-CM Codes Compare to ICD-9-CM Codes

This graphic summarizes how existing ICD-9-CM codes will map to ICD-10-CM codes, pointing out the kind of challenages to be faced.

Approximate Match:

Diagnosis has a direct 1 to 1 mapping, but the diagnosis text has changed slightly.

Match with Multiple Choices:

Diagnosis maps to a set of diagnoses, from which one should be chosen

Complex Mapping:

Diagnosis matches to multiple sets of ICD diagnoses

	49	.1%	- Ap	prox	ima	te Ma	tch
_					_		

- 24.2% Exact Match
 - 18.7% 1 Match with Multiple

Exact Match:

Diasgnosis has a direct 1 to 1 mapping, but the diasgnosis text remains the same

No Mapping:

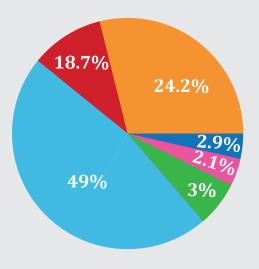
Diagnosis does not exist in the ICD code set

1To Many:

1 diagnosis code maps to 2 or more ICD codes

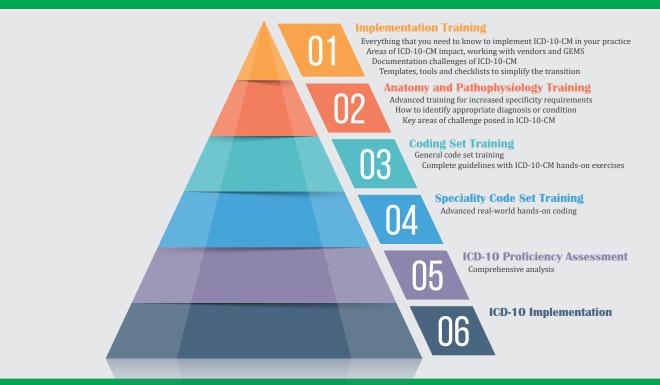






Source : Center for Medicare & Medicaid Services (CMS) General Equivalence Mapping (GEMs) Based on 2011 GEMS mapping

Our Roadmap to ICD-10 Implementation



"In the summer of 2015, we contracted with MedBillingExpers to help us with ICD-10 billing and coding transition. And to our surprise, within a very short span of time, MedBillingExpers fulfilled all of our expectations, both with regards to ICD-10 transition and other areas billing as well as coding."

"Some of the things that stood out in our engagement was their emphasis on intensive training and creation of General Equivalence Mapping (GEM). Also, their comprehensive audits need a special mention. These audits not only helped us identify areas of improvements in our current CPT coding system, but interestingly even identified wrong set of CPT codes."

> -CMO, Florida based medical billing company

www.medbillingexperts.com

