ICD-10-CM Post Implementation in the UAE: Benefits and Challenges

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Learning objectives

 To understand ICD-10-CM post implementation challenges in UAE
 To understand other regulatory/payer changes in 2017 which impacted ICD-10-CM implementation

Disclosure:
• I hereby sign and guarantee that my participation/presentation has the sole purpose of education/training and that it is not influenced by direct or indirect commercial interests of any supporters.
Introduction

- Pre implementation readiness
- Post-implementation challenges
- Other challenges
Pre Implementation Readiness
- Software and Hardware updates
- Physician training
- Coders training
- Impact study
Software and Hardware updates

- Update the HIS to accommodate ICD-10-CM code sets
- Development in HIS for more accurate documentation
- Testing and new version 3M software installation
- Additional hardware's for increased number of coders
- Edits to avoid unspecified codes
Physician training and impacts

- CDI training – HAAD & In house
- Coding training – Online program
Physician training and impacts

Why coding training for Doctors?

- Diagnoses associated with orders & for PBM
Impact study

1. **Financial** – 3 M Grouper updates & case mix
2. **Additional cost on hardware & software**
Coders training

- Coding training – Online program & In house
Post implementation Challenges
Challenges

1. Impact on productivity
2. Impact based on unspecified/Other specified codes
3. Documentation challenges
4. Severity changes in IR-DRG
5. Bugs in grouper
6. Increased Denials – Un accepted principal diagnosis
7. CPT version 2011
Impact on productivity
ICD-10-CM was impacting coder’s productivity in terms of the following:

- Lack of experience
- Complexity in codes
- Detailed Lack of specificity in documentation
- Focusing on coding quality
Productivity Impact

ICD-10 Time Studies

• “Productivity losses expected to range from 10% to 50%”
  Source: Quadramed. *Maintaining and Improving Coding Productivity in the ICD-10 Era*

• “It is reasonable to expect a serious dip in coder productivity with the ICD-10 implementation, from 25 percent to 30 percent for diagnosis coding, and much higher for the new inpatient procedure coding—up to 50 percent.”

• “Overall, on average it took, 17.72 minutes or 69% longer to code a record in ICD-10-CM/PCS”
Impact based on unspecified & Other specified codes
ICD-10-CM unspecified codes has impacts on the following situations:

- Quality monitoring by regulatory authority
- Claims denials
- Diagnosis accuracy for statistics purposes
- Improvement in reimbursements

Some of the common unspecified codes:

- Atrial Fibrillation, unspecified
- CKD stage severity, unspecified
- Ventricular Tachycardia, unspecified
- Bronchitis, unspecified
- CAD of Native or graft unspecified
- Epilepsy status unspecified
Documentation challenges
Documentation challenges in ICD-10

- ICD-10-CM contains multiple combination codes so the documentation must reflect the association between conditions.
- Laterality needs to be documented.
- ICD-10-CM features an expanded category for injuries. A seventh character extension identifies the encounter type.
- Broad classification on Musculoskeletal and pregnancy codes.
Severity changes in IR-DRG
Severity changes in IR-DRG

Many to One Mapping
**Severity changes in IR-DRG**

One to one Mapping

<table>
<thead>
<tr>
<th>ICD-9 Summary</th>
<th>ICD-10 Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UAE IR (Inpatient) DRG and MDC Information</strong></td>
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</tr>
<tr>
<td>164122 RED BLOOD CELL DISORDERS EXCEPT SICKLE CELL ANEMIA CRISIS WCC</td>
<td>164131 RED BLOOD CELL DISORDERS EXCEPT SICKLE CELL ANEMIA CRISIS</td>
</tr>
<tr>
<td>DRG wt 0.779600 ALOS 2.19 Low Trim 0.00 High Trim 6.00</td>
<td>DRG wt 0.474200 ALOS 4.44 Low Trim 0.00 High Trim 4.00</td>
</tr>
<tr>
<td>16 DISEASES &amp; DISORDERS OF BLOOD, BLOOD FORMING ORGANS, IMMUNOLOGICAL SYSTEM</td>
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</tr>
<tr>
<td>1 Moderate Severity of Illness</td>
<td>1 Minor Severity of Illness</td>
</tr>
<tr>
<td>1 Minor Risk of Mortality</td>
<td>1 Minor Risk of Mortality</td>
</tr>
</tbody>
</table>

**Principal Diagnosis**

<table>
<thead>
<tr>
<th><strong>Secondary Diagnoses</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>D51811 Other drug-induced pancytopenia</td>
</tr>
</tbody>
</table>

**Secondary Diagnoses**

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<tr>
<td>D5001 Iron deficiency anemia secondary to blood loss (chronic)</td>
</tr>
<tr>
<td>K5090 Crohn's disease, unspecified, without complications</td>
</tr>
<tr>
<td>T451X5A Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter</td>
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</table>
Severity changes in IR-DRG

Unspecified Codes

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<tr>
<td><strong>054182</strong> CAR Diagonal</td>
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</tr>
<tr>
<td>DRG wt 2.141600 ALOS 2.00 Low Trim 0.00 High Trim 6.00</td>
<td>DRG wt 0.90500 ALOS 1.57 Low Trim 0.00 High Trim 6.00</td>
</tr>
<tr>
<td><strong>05</strong> DISEASES &amp; DISORDERS OF THE CIRCULATORY SYSTEM</td>
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</tr>
<tr>
<td>Moderate Severity of Illness</td>
<td>Minor Severity of Illness</td>
</tr>
<tr>
<td>Minor Risk of Mortality</td>
<td>Minor Risk of Mortality</td>
</tr>
<tr>
<td><strong>3940</strong> Mitral stenosis</td>
<td><strong>1050</strong> Rheumatic mitral stenosis</td>
</tr>
<tr>
<td><strong>42731</strong> Atrial fibrillation</td>
<td><strong>4891</strong> Unspecified atrial fibrillation</td>
</tr>
<tr>
<td><strong>78080</strong> Fever, unspecified</td>
<td><strong>R509</strong> Fever, unspecified</td>
</tr>
</tbody>
</table>
Bugs in IR-DRG Grouper
Bugs in IR-DRG Grouper

Old Grouper with ICD 9 DRG leading to Vaginal Delivery

New Grouper with ICD 10 CM; DRG leading to Antepartum Disorder
Impacts billing and Denials
LACK OF CLINICAL KNOWLEDGE IN CODERS Impacts billing and Denials

- Combination code errors
- Coding condition with symptoms
- Coding edits errors
- Fail to query physician for any underlying relationship with any coded disorder
- Un accepted Principal diagnosis
CPT version 2011
✓ CPT codes can be multiple and ICD codes will be limited to justify the whole procedures which can lead to adjudication errors from insurance company.

✓ ICD can be available for newer invented diagnoses but with lack of latest CPT procedure code sets.
Errors due to “symptoms coding”.
Symptoms were added mainly for pharmacies as the payers Rule Engine deny medicines if the codes are missing. Removing symptoms will be affect patient care as we will not be able to dispense the medication.

- E.g.: Cough, Fever
Antibiotic denied for Helicobacter Pylori since no infection code been added. Payer Rule engine deny mainly antibiotics if infection code not in pre-approval request.
Resources

- 3M DRG grouper manual
- HAAD circulars
Questions?
Thank You!