

Start Preparing NOW for ICD- 10 Coding

July 27, 2011

Welcome

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- Select Data
- 714.524.2500 X 235 or
- 949.584.6296

OBJECTIVES

- Identify the differences in number of Codes
- List differences between ICD-9 and ICD-10
- List documentation requirements and changes necessary for higher level of specificity
- Describe complexities of ICD-10

October 1, 2013

- Providers will not be able to continue reporting ICD-9-CM codes after 10/1/13
- CMS states:
 - No delays
 - No grace period
 - Be prepared



Reasons for Change

WHY ICD-10CM AND ICD-10-PCS

Why ICD-10?

- ICD-9-CM is 30 years old
- No more room to add new codes or keep pace with current classification of Medical conditions or technological advances
- Not always precise or unambiguous
- US mortality data is being reported in ICD-10 thus making comparison of mortality and morbidity difficult

Uses of Clinically Coded Data

- Benchmarking and quality measurement: to improve quality and effectiveness of patient care
- Making clinical, financial, funding, expansion, and education decisions
- Healthcare policy
- Public health tracking
- Reimbursement
- Research

Why ICD-10-CM and ICD-10-PCS?

- Bring US in alignment with worldwide coding system
- Greater coding specificity and accuracy
- Increased capability to measure healthcare quality, safety, and efficiency

Why ICD-10-CM and ICD-10-PCS?

- Lower Costs through increased efficiencies
- Synergistic effects with the Electronic Health Record (EHR)
- Clearer recognition of medical advances
- Clearer recognition of technological advances

Why ICD-10-CM and ICD-10-PCS?

- Space to accommodate future advances and expansion
- Improved ability to track and monitor international public health threats
- Greater ability to meet HIPAA electronic transaction/code set requirements
- Value increase of US investment in SNOMED-CT

SNOMED-CT

- Reference Terminology considered to be the most comprehensive clinical vocabulary available in English
- Concept oriented
- Promoting International adoption of SNOMED-CT (originally College of American Pathologists, CAP which created and maintained it for 40 years)
- The SNOMED-CT: ICD-9-CM is a map that includes tables showing general equivalence between SNOMED-CT Clinical findings (disorders and findings)

Who will use ICD-10?

- ICD-10-CM (diagnoses) to be utilized by all health care providers.
- ICD-10-PCS (procedures) to be utilized only for hospital claims for procedures.
- ICD-10-PCS will not be used by physicians even for inpatient visits

CPT and HCPCS

- New ICD-10 has NO impact on Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS)
- CPT and HCPCS to be utilized for physician and ambulatory services including physician inpatient visits

ICD-10 Implementation

- ICD-9-CM codes will not be accepted for services provided on or after 10/1/13
- ICD-10 codes will NOT be accepted for services prior to 10/1/13

ICD-10 Differences

ICD-10 Codes provide greater detail in diagnoses and procedural description

Increased number of ICD-10 codes

ICD-10 codes have up to 7 digits and more alpha characters. The first digit is alpha.

Systems will be required to accommodate ICD-10 codes

ICD-9-CM vs ICD-10

- ICD-9-CM 17 Chapters and V/E code chapters
- ICD-10-CM 21 Chapters- V/E codes in disease chapters
- ICD-9-CM 13,000 disease plus V and E codes
- ICD-10-CM 68,000 disease codes, including V and E codes

ICD-9-CM vs ICD-10

- **ICD-9-CM** 3,000 procedure codes in Vol 3
- **ICD-10-CM** 87,000 procedure codes in ICD-10-PCS

- **ICD-9-CM** 3-5 digits in disease codes
- **ICD-10-CM** 3-7 digits in disease codes

- **ICD-9-CM** First digit is numeric or alpha (V or E)
- **ICD-10-CM** First digit is alpha. All letters except “U”

ICD-9- vs ICD-10-CM

- **ICD-9-CM** Digits 2-5 are numeric
- **ICD-10-CM** Digits 2 and 3 are numeric, digits 4-7 are alpha or numeric

- **ICD-9-CM** Decimal point after 3rd digit
- **ICD-10-CM** Decimal point after 3rd digit

- **ICD-9-CM** Dummy placeholder? NO
- **ICD-10-CM** Dummy placeholder? YES

ICD-9-CM vs ICD-10-CM

- **ICD-9-CM** Codes usually do not indicate timing encounter
- **ICD-10-CM** Codes specify initial and subsequent encounters
- **ICD-9-CM** No differentiation between left/right
- **ICD-10-CM** Differentiates between right and left

ICD-9-CM vs ICD-10-CM

- **ICD-9-CM** Does not adequately define DX needed for medical research
- **ICD-10-CM** Detail improves accuracy of data used for research
- **ICD-9-CM** Does not support international interoperability
- **ICD-10-CM** Supports international interoperability and exchange of health data amongst nations

ICD-10

- Requires expertise in anatomy, physiology, and diagnostics

The Coding specificity is far greater than ICD-9-CM and the need to better understand A&P and diagnostics is vital.

Complete Versions

- Annual updates on ICD-10 website:

<http://www.cms.gov/ICD10>

ICD-9 Coordination and Maintenance
Committee Meeting

http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp

Tools to Convert Codes

- General Equivalence Mappings (GEMS) assist in converting data from ICD-9-CM to ICD-10
- Information on GEMs and their use-
- <http://www.cms.gov/ICD10>

ICD-10-CM Development

- ICD-10 developed by the World Health Organization
- WHO authorized development of the adaptation of ICD-10 for use in the US for governmental reasons

All modifications must conform to WHO conventions for the ICD-10

ICD-10-CM Major Changes

- Besides moving from 13,000 codes to 68,000 available codes
- ICD-10 allows laterality and bilaterality
- ICD-10 specificity improves coding accuracy and richness of data for analysis



The Procedures

ICD-10-PCS

ICD-10-PCS Development

- CMS awarded the contract to 3M HIS
- It is based on a 7 character, alpha-numeric code:

Digits 0-9

Letters A-H, J-N, P-Z

There is a multi-axial structure with each code character having the same meaning within the specific procedure section and across other procedure sections.

ICD-9-CM vs ICD-10-PCS

- **ICD-9-CM** 3,000 procedural codes
- **ICD-10-CM** 87,000 available codes
- **ICD-9-CM** Based on outdated terminology
- **ICD-10-CM** Based on current terminology and procedures

ICD-9-CM vs ICD-10-CM

- **ICD-9-CM** Limited space to add codes
- **ICD-10-PCS** Space/flexibility for adding new codes
- **ICD-9-CM** Lacks detail and laterality
- **ICD-10-PCS** Increased specificity and has laterality
- **ICD-9-CM** Terms for body parts generic
- **ICD-10-PCS** Detailed body part descriptors

ICD-9-CM vs ICD-10-CM

- **ICD-9-CM** Insufficient procedural methodology
- **ICD-10-PCS** Detailed methodology and approach/description for procedures
- **ICD-9-CM** Limits DRG assignment
- **ICD-10-PCS** DRGs can now recognize current technologies, procedures, and devices
- **ICD-9-CM** Insufficient procedural definition
- **ICD-10-PCS** Precise procedure definition

ICD-9-CM vs ICD-10-PCS

- **ICD-9-CM** 3-4 Digits
- **ICD-10-PCS** Each code must have 7 digits
- **ICD-9-CM** Decimal point: YES, after second digit
- **ICD-10-PCS** Decimal point: NO

- **ICD-9-CM** Codes have at least 3 characters
- **ICD-10-PCS** character is alpha or numeric:
 - numbers 0-9
 - letters A-H, J-N, P-Z
 - alpha characters NOT case-sensitive

Medical/Surgical Procedures Character Assignment

- 1. Section
- 2. Body System
- 3. Root Operation
- 4. Body part/Body Region
- 5. Approach
- 6. Device
- 7. Qualifier

Sample Differences

- **ICD-9-CM** 42.41 Partial Esophagectomy
- **ICD-10-CM 0D10ZZ** Open Resection of upper esophagus
- Note the difference in the description and specificity:

Medical/Surgical Section

GI System

Resection (root operation)

Esophagus

Open (approach)

Without device and qualifier

Preparing for the Additional Training

- The transition to ICD-10-CM is a major change for the industry
- New Version 5010 to handle electronic claims is already in the testing phase

ICD-9-CM Coordination and Maintenance Committee proposal

- Last regular updates to ICD-9-CM and ICD-10-CM to be made 10/1/2011
- Limited updates to ICD-10-CM 10/1/2012
- Institute ICD-10-CM 10/1/2013
- Full regular updates ICD-10-CM 2014

ICD-10-PCS Final Rule

- Final rule estimates experienced coders will need 50 hours training on ICD-10-CM and ICD-10-PCS systems
- This estimate presumes the coders are already very current with latest diagnostics and very comfortable with higher specificity needed for A&P

ICD-10

- Coders will need to have increasing comfort processing fundamental knowledge of the biomedical sciences
- Coders may need a formal anatomy and physiology course at a college level per AHIMA
- Far more specificity will be required

A Sample Coding Preparation Plan

- 2011...Assess for gaps in learning as to A&P and diagnostics
- Either a college refresher course or develop a course that breaks down each body system; anatomically, physiologically with diagnostics potentially utilized
- Review Disease processes

A Sample Coding Preparation Plan: A&P

- Choose 2-3 body systems for assessment of need such as:

- Cardiovascular System

Identify the Anatomy and Physiology of the heart. Prepare pre/post tests.

Identify the Anatomy of the circulatory system and the role of each vessel type

Review categories 100-109 in ICD-10-CM Chapter 9, “Diseases of the Circulatory System.”

A Sample Coding Preparation Plan cont...

- Explain ICD-10-CM terminology related to diseases of the circulatory system
- Create scenarios and having coding team gatherings where learning can be fun
- These scenarios will allow you to assess gaps and needs

Prepare a Coding Learning Budget for ICD-10

- Consider use of webinars
- AHIMA or like courses
- Online self study may fit certain lifestyles better
- Have videos/PowerPoints of body systems available
- Look at workshops, seminars, lunch and/learn sessions

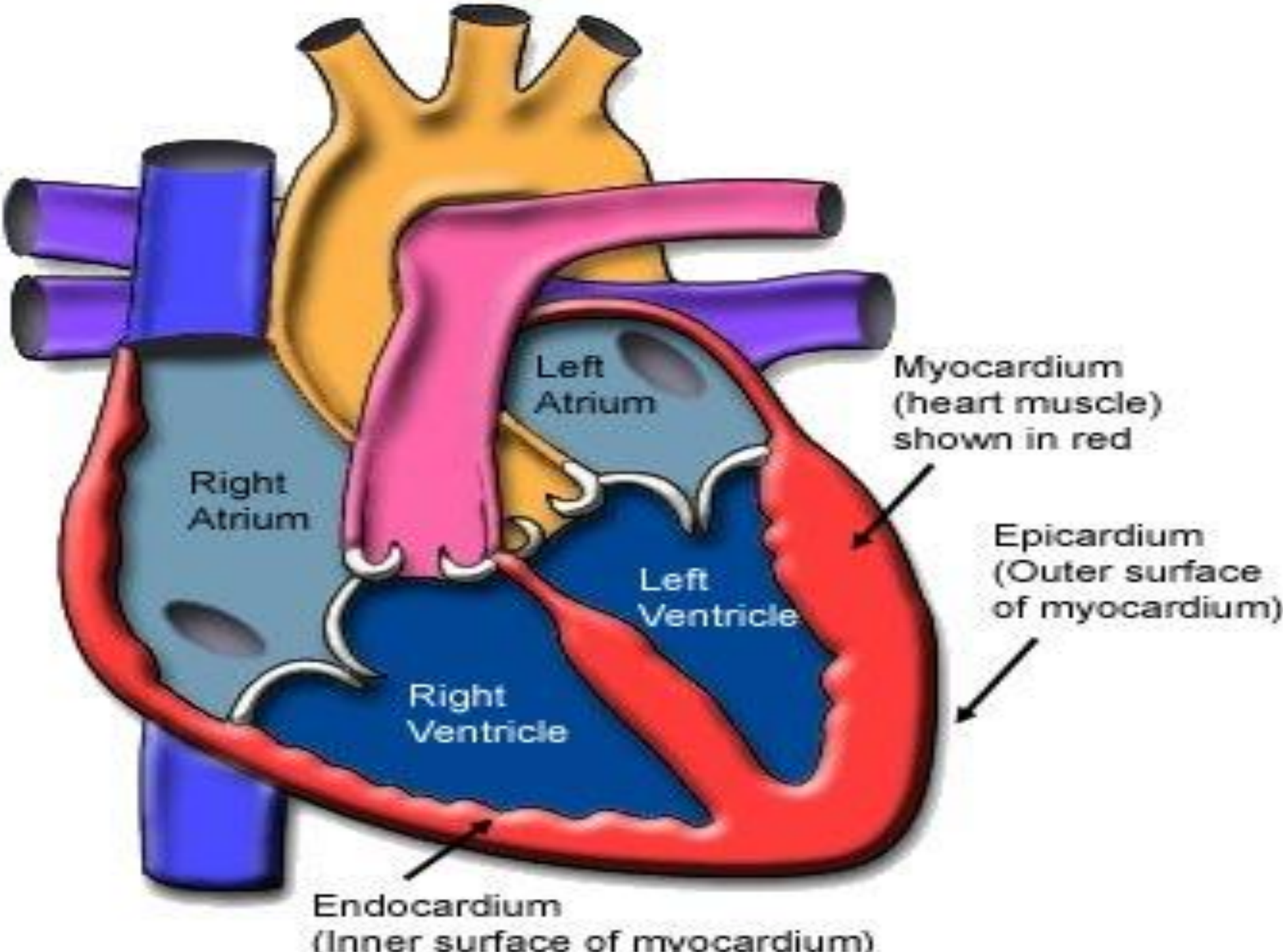


Cardiovascular System

DEVELOP REVIEWS

Cardiovascular System

- The Heart
 - Has three layers: endocardium, myocardium, and epicardium
 - Endocardium – membrane lining interior wall
 - Myocardium – thick, middle, muscular layer
 - Epicardium – thin outer layer
 - Pericardium – 3 layer sac that surrounds and protects the heart



Cardiovascular System

● The Heart

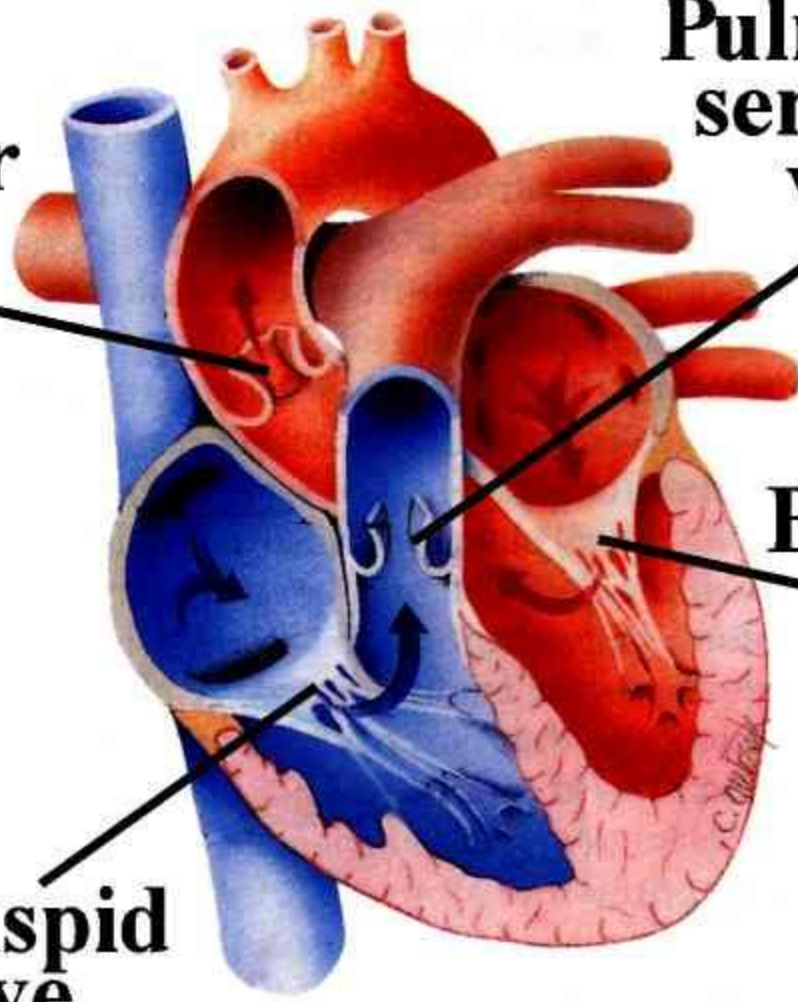
- Septum – muscular wall that divides the heart into right and left halves
- Interior of the heart is divided into 4 chambers
 - Right atria
 - Left atria
 - Right ventricle
 - Left ventricle

**Aortic
semilunar
valve**

**Pulmonary
semilunar
valve**

**Bicuspid
valve**

**Tricuspid
valve**



Cardiovascular Review

- Route of Blood Flow Through the Heart
 - Blood enters the right atrium from the inferior and superior vena cavas (veins)
 - Blood leaves the right atrium to the right ventricle through the tricuspid valve
 - Blood leaves the right ventricle through the pulmonary semilunar valve to the pulmonary artery to the lungs
 - Unoxygenated blood

Cardiovascular Review

- Route of Blood Flow Through the Heart
 - Blood leaves the lungs via the pulmonary veins to the left atrium
 - Oxygenated blood
 - Blood leaves the left atrium through the mitral valve to the left ventricle
 - Blood leaves the left ventricle through the aortic semilunar valve out to the body

Cardiovascular Review

- A series of 20-30 slides could be developed to review the Cardiovascular System
- These types of reviews could be excellent resources also for specific component answers such as Cardiac conduction

Cardiovascular Review

- Route of Blood Flow Through the Heart
 - Blood leaves the lungs via the pulmonary veins to the left atrium
 - Oxygenated blood
 - Blood leaves the left atrium through the mitral valve to the left ventricle
 - Blood leaves the left ventricle through the aortic semilunar valve out to the body

Cardiovascular review

- Cardiac Conduction

- Sinoatrial node (SA node, called the pacemaker of the heart) → Atrioventricular node (AV node) → Bundle of His → right and left bundle branches → Purkinje fibers
- SA node (pacemaker) is located in the upper part of the right atrium below opening of the superior vena cava

Cardiovascular review

- Discuss disease processes such as:

CAD

CHF

Heart Failure

Use specific terms and processes in the discussions

Preparation for ICD-10

- Throughout 2011 and 2012:
 - Identify Gaps in A&P learning
 - Identify Gaps in learning in current diagnostics
 - Prepare to code with the new ICD-10 systems

Preparing to Code with ICD-10

- Review the code structure and coding conventions for ICD-10
- Consider reading Faye Brown's bonus chapter on ICD-10
- Learn the fundamentals of the ICD-10-Cm and ICD-10-PCS systems

Preparing for ICD-10-CM 2011-2012

- Practice applying the ICD-10 Coding guidelines
- The goal is to reduce anxiety and increase comfort
- Continue to study ICD-10-PCS definitions

Establish a Monthly Schedule

- Have teams participate in establishing education plan after gaps have been identified
- Make certain some kind of training takes place each month, even if it is only a memo about a specific aspect of ICD-10
- Keep ICD-10 in front of everyone

Preparing to Code with ICD-10

- Practice applying ICD-10-CM coding guidelines to coding scenarios
- Identify key disease symptomatology for each body system such as.....

Cardiovascular System

- Differentiate between diastolic and systolic CHF
- List common symptoms
- Recognize the characteristics of the codes
- Review the most common drugs associated with the disease process
- Create a scenario and apply ICD-10-CM coding guidelines for CHF

Education

- Once the rough education plan is in place, refine it quarterly
- Get many people to participate
- Webinars can be cost effective and there will be many available
- Be prudent with your dollars
- Can information be shared amongst members of regional and state associations

Thank you

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