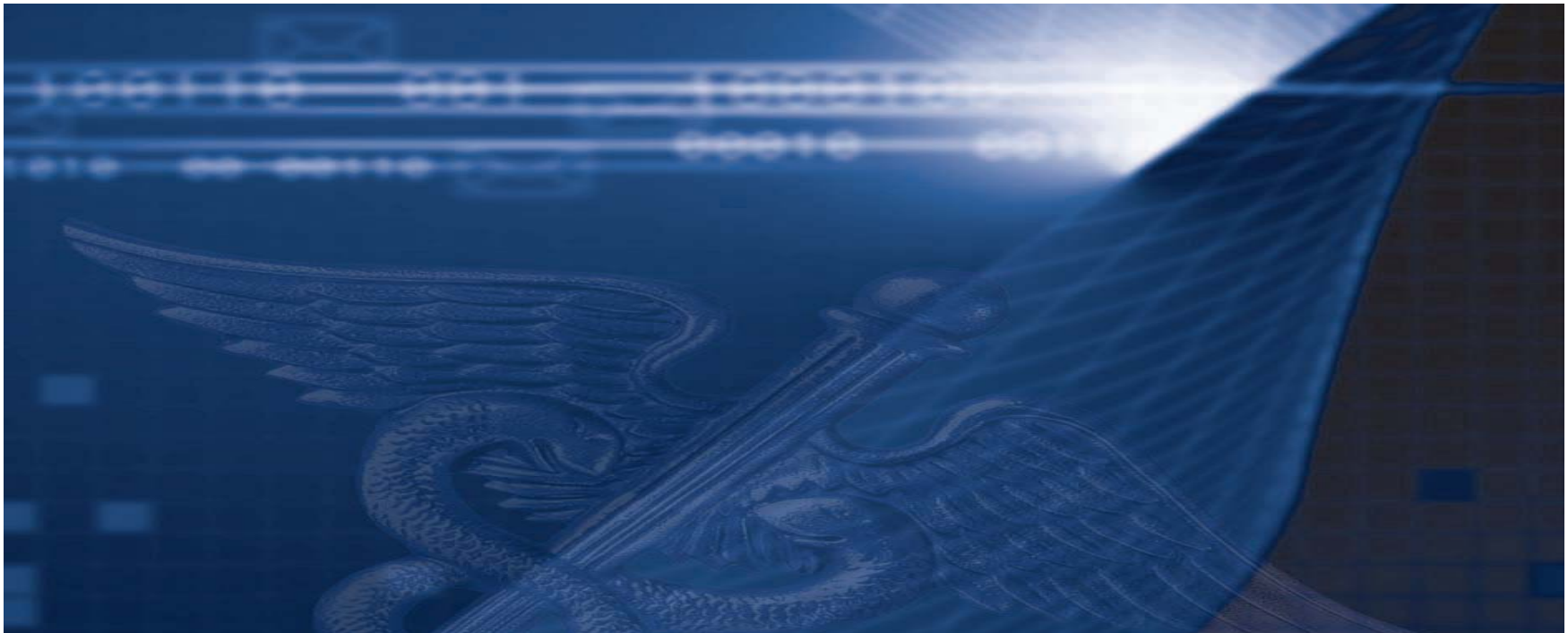


ICD-10 OVERVIEW



History of ICD-9-CM

- Pat Brooks, RHIA
- Senior Technical Advisor
- CMS, Hospital and Ambulatory Policy Group

History of ICD-9-CM

- World Health Organization (WHO) developed ICD-9 for use worldwide
- U.S. developed clinical modification (ICD-9-CM)
 - Implemented in 1979 in U.S.
 - Expanded number of diagnosis codes
 - Developed procedure coding system

ICD-9-CM Users

- ICD-9-CM Diagnoses – used by all types of providers
- ICD-9-CM Procedures – used only by inpatient hospitals
- Current Procedural Terminology (CPT) – used for all ambulatory and physician procedure reporting

What is ICD-9-CM Used For?

- Calculate payment – Medicare Severity-Diagnosis Related Groups (MS-DRGs)
- Adjudicate coverage – diagnosis codes for all settings
- Compile statistics
- Assess quality

ICD-9-CM is Outdated

- 30 years old – technology has changed
- Many categories full
- Not descriptive enough

Why Do We Need a New Coding System?

- **Reimbursement** – cannot always pay claims fairly
- **Quality** – difficult to evaluate medical processes and outcomes

What Characteristics Are Needed in a Coding System?

- **Flexible** enough to quickly incorporate emerging diagnoses and procedures
- **Exact** enough to identify diagnoses and procedures precisely

ICD-9-CM is **neither** of these

Reimbursement and Quality Problems With ICD-9-CM

- Fracture of wrist
 - Patient fractures left wrist
 - A month later, fractures right wrist
 - ICD-9-CM does not identify left versus right – **requires additional documentation**
 - ICD-10-CM describes
 - Left versus right
 - Initial encounter, subsequent encounter
 - Routine healing, delayed healing, nonunion, or malunion

Reimbursement and Quality Problems With ICD-9-CM

- Combination defibrillator pacemaker device
 - Codes for this device **are not in the cardiovascular chapter** of ICD-9-CM with other defibrillator and pacemaker devices
 - Coders and researchers have **trouble finding** these codes with this type of erratic code assignment
 - ICD-10-PCS provides distinct codes for all these types of devices, in an orderly manner that is easy to find

Benefits of Adopting the New Coding System

- Incorporates much greater specificity and clinical information, which results in
 - Improved ability to measure health care services
 - Increased sensitivity when refining grouping and reimbursement methodologies
 - Enhanced ability to conduct public health surveillance
 - Decreased need to include supporting documentation with claims

ICD-10-CM

- Donna Pickett, RHIA
- Medical Systems Administrator
- CDC, National Center for Health Statistics
- Classifications and Public Health Data Standards

ICD-10

- 1990 – Endorsed by World Health Assembly (diagnosis only)
- 1994 – Release of full ICD-10 by WHO
- 2002 (October) – ICD-10 published in 42 languages (including 6 official WHO languages)
- Implementation
 - 138 countries for mortality
 - 99 countries for morbidity
- January 1, 1999 – U.S. implemented for mortality (death certificates)

Countries Using ICD-10 For Reimbursement or Case Mix

- United Kingdom (1995)
- Nordic countries (Denmark, Finland, Iceland, Norway, Sweden) (1994 – 1997)
- France (1997)
- Australia (1998)
- Belgium (1999)
- Germany (2000)
- Canada (2001)

ICD-10-CM Development

- Consultation with
 - Physician groups
 - Clinical coders
 - Other users of ICD-9-CM
- Review of previous Coordination and Maintenance Committee recommendations that could not be incorporated into ICD-9-CM due to space limitations

ICD-10-CM

Partial List of Reviewers

- American Academy of Dermatology
- American Academy of Neurology
- American Academy of Oral and Maxillofacial Surgeons
- American Academy of Orthopedic Surgeons
- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists

ICD-10-CM

Partial List of Reviewers

- American Burn Association
- American Diabetes Association
- American Nursing Association
- American Psychiatric Association
- American Urological Association
- ANSI Z16.2 Workgroup (Workers Comp)
- National Association of Children's Hospitals and Related Institutions

ICD-10-CM

Major Modifications

- Added trimesters to obstetrical codes (5th digits from ICD-9-CM will not be used)
- Revised diabetes mellitus codes (5th digits from ICD-9-CM will not be used)
- Expanded codes (e.g., injury, diabetes)
- Added code extensions for injuries and external causes of injuries

Laterality

- C50.1 Malignant neoplasm, of central portion of breast
- C50.111 Malignant neoplasm of central portion of right female breast
- C50.112 Malignant neoplasm of central portion of left female breast

ICD-10-CM

Benefits of Enhancements

- Harmonization with Diagnostic and Statistical Manual of Mental Disorders (DSM IV)
- Harmonization with Chapter 2 (Neoplasms) and morphology codes correspond to ICD-O-2, which have been used by cancer registry programs since 1995
- Partial harmonization (90 – 95%) with nursing classification

Structural Differences - Diagnoses

- ICD-9-CM has 3 – 5 digits
- Chapters 1 – 17: all characters are numeric
- Supplemental chapters: first digit is alpha (E or V), remainder are numeric
- Examples:
 - 496 Chronic airway obstruction not elsewhere classified (NEC)
 - 511.9 Unspecified pleural effusion
 - V02.61 Hepatitis B carrier

Structural Differences - Diagnoses

- ICD-10-CM has 3 – 7 digits
- Digit 1 is alpha (A – Z, not case sensitive)
- Digit 2 is numeric
- Digit 3 is alpha (not case sensitive) or numeric
- Digits 4 – 7 are alpha (not case sensitive) or numeric
 - A66 Yaws
 - A69.20 Lyme disease, unspecified
 - O9A.311 Physical abuse complicating pregnancy, first trimester
 - S42.001A Fracture of unspecified part of right clavicle, initial encounter for closed fracture

Full Code Titles

ICD-9-CM

143 Malignant neoplasm of gum

143.0 Upper gum

143.1 Lower gum

ICD-10-CM

C03 Malignant neoplasm of gum

C03.0 Malignant neoplasm of upper gum

C03.1 Malignant neoplasm of lower gum

CDC Web Page

- General ICD-10 information

<http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm>

- ICD-10-CM files, information and general equivalence mappings between ICD-10-CM and ICD-9-CM

<http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>

ICD-10-PCS

- Pat Brooks, RHIA
- Senior Technical Advisor
- CMS, Hospital and Ambulatory Policy Group

Development of ICD-10- Procedure Coding System (PCS)

- Replacement for ICD-9-CM, procedures
- 1998 – first version released by CMS

Structural Differences - Procedures

- ICD-9-CM has 3 – 4 digits
- All 4 digits are numeric
 - 43.5 Partial gastrectomy with anastomosis to esophagus
 - 44.42 Suture of duodenal ulcer site

Structural Differences - Procedures

- ICD-10-PCS has 7 digits
- Each can be either alpha (not case sensitive) or numeric
 - Numbers 0 – 9 are used
 - Letters O and I are not used to avoid confusion with numbers 0 and 1
- Examples
 - 0FB03ZX Excision of liver, percutaneous approach, diagnostic
 - 0DQ107Z Repair, esophagus, upper, open with autograft

ICD-9-CM Angioplasty

Code 39.50

1,170 ICD-10-PCS angioplasty codes specifying body part, approach, and device, including

- 047K04Z Dilation of right femoral artery with drug-eluting intraluminal device, open approach
- 047K0DZ Dilation of right femoral artery with intraluminal device, open approach
- 047K0ZZ Dilation of right femoral artery, open approach
- 047K24Z Dilation of right femoral artery with drug-eluting intraluminal device, open endoscopic approach
- 047K2DZ Dilation of right femoral artery with intraluminal device, open endoscopic approach

Advantages of ICD-10-PCS

- Provides detailed information on procedures
- Ample space for capturing new technology and devices
- Logical structure with clear, consistent definitions

Electronic Version Available On ICD-10 Web Page

- Complete version of ICD-10-PCS – updated annually
- User guide manual
- Mapping between ICD-10-PCS and ICD-9-CM
- PowerPoint speaker slides
- Technical paper explaining system

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

Impact on MS-DRGs

- MS-DRGs are being converted to ICD-10-CM and ICD-10-PCS
 - Beginning with digestive system
 - Presented at September 24 – 25, 2008 ICD-9-CM Coordination and Maintenance Committee Meeting
 - Will convert rest of MS-DRGs by October 1, 2009 (final version will be subject to rulemaking)
- Over time DRGs could be refined to take advantage of additional specificity

Role of AHA

- Nelly Leon-Chisen, RHIA
- Director, Central Office on ICD-9-CM
- American Hospital Association

Role of AHA

- Cooperating Party member
- Central Office on ICD-9-CM
- Publisher of *AHA Coding Clinic for ICD-9-CM*
- Publisher of Faye Brown's *ICD-9-CM Coding Handbook*
- Provide coding education
 - Audioseminar series
 - Speaker's bureau

AHA Central Office on ICD-9-CM

- Established in 1963 by Memorandum of Understanding
- Housed within the AHA
- Clearinghouse for issues related to the use of ICD-9-CM
- Maintains integrity of classification system

AHA Central Office on ICD-9-CM

- Recommends revisions and modifications to current and future revisions of ICD
- Develops educational material and programs on ICD-9-CM
- Publishes *AHA Coding Clinic for ICD-9-CM*

Coding Clinic for ICD-9-CM

- Published since 1984
- Quarterly newsletter
 - Ask the Editor Section – FAQs
 - Educational articles
 - Fourth Quarter Issue – yearly code updates
 - Present on Admission Section
- Supported by Cooperating Parties and Editorial Advisory Board

Coding Clinic for ICD-9-CM

Major Functions

- Provide official ICD-9-CM coding advice and official guidelines
- Answer questions on code assignment and sequencing of codes
- Serve as a current reference on regulatory and other requirements for reporting diagnostic and procedural information from medical records

Coding Clinic for ICD-9-CM

Major Functions

- Present topics and articles that provide practical information
- Improve technical coding skills
- Address issues facing ICD-9-CM users on data reporting requirements, data edits, record documentation, and other ICD-9-CM related matters

Faye Brown's *ICD-9-CM Coding Handbook*

- First coding training book published in the U.S.
- First edition developed by the founder of AHA Central Office
- Textbook in coding and Health Information Management (HIM) programs
- Revised annually by AHA Central Office on ICD-9-CM

AHA's Role in ICD-10

Past and Current

- Participated in testing and development of ICD-10
- AHA/AHIMA ICD-10-CM field testing
- Planning for ICD-10 implementation for years
- ICD-10 articles, slide presentations, speaker at conferences

AHA's Role in ICD-10

Past and Current

- Faye Brown's *ICD-9-CM Coding Handbook* – since 2004 edition
 - Preview chapters on ICD-10-CM and ICD-10-PCS
 - Preparing for ICD-10 implementation (HIM/coding staff and institutions)
 - Implementation issues to consider

AHA's Future Plans for ICD-10

- Central Office on ICD-10
- Coding Clinic for ICD-10
- Train the Trainer
- Education and outreach for hospitals

Central Office on ICD-10

- Continue support of clearinghouse function
- Direct responses to individual coding questions
- Cooperating Parties

AHA Coding Clinic for ICD-10

- Continue major functions – similar to *AHA Coding Clinic for ICD-9-CM*
- Continue same format
 - Subscription
 - Electronic
 - Via encoder products

AHA Implementation Planning

- Member advisories
- Chief executive officer resources – “Binder”
 - Overview
 - Preparation
 - Step-by-step for individual hospital departments

AHA Implementation Planning

- HIM/coding professionals resources
 - Coding Clinic
 - Audioseminars, webinars, articles, and conferences
 - Speaker's bureau
 - Faye Brown's *ICD-10 Coding Handbook*

AHA ICD-10 Education Plans

- Train the Trainer
- Collaboration with State hospital associations
- Training and education
 - Overview versus in-depth training, depending on individual role and timing
 - Prudent purchase of educational resources
 - Trusted source
 - In-depth training of coders 3 – 6 months prior to implementation

Hospital Implementation Issues

- Budgeting
- Personnel training
- Working with medical staff to ensure appropriate documentation available to reap the benefits of greater specificity
- Hardware and software changes
- Data conversion

Team Approach to Implementation

- Cross-functional team membership
 - Collaboration among departments necessary to identify information systems affected
 - Members across clinical, financial, and information systems areas
 - Get support from administration
 - Involve HIM department leaders as well as coders

Cross-Functional Team Activities

- Conduct systems inventory to determine
 - Where databases exist
 - What software is available
 - Commercial vendor or a homegrown or proprietary program unique to provider facility
- Plan future expansions

Timing

- Start preparations before implementation date is set
- Get estimated time frames for making changes for software change
- Short-list cross-functional teams
- Prudent purchase of educational materials

AHA Resources

- Central Office on ICD-9-CM

<http://www.ahacentraloffice.org>

- AHA Central Office ICD-10 Resource Center

<http://www.ahacentraloffice.org/ICD-10>

AHIMA Role

- Sue Bowman, RHIA, CCS
- Director, Coding Policy and Compliance
- American Health Information Management Association

AHIMA Academic Preparation

- HIM curriculum at all academic levels currently have ICD-10 as a required knowledge cluster
- As implementation plan is realized, will expand content of educational preparation for the learning domain: **Clinical Classification Systems**
 - Expand training requirement that already exists in all model curricula

AHIMA Academic Preparation

- AHIMA Education Strategy Committee will develop transition and implementation strategy to pull ICD-10 coding, reimbursement, and change management knowledge clusters into associate and baccalaureate model curriculums
- Master's level programs will also be updated to reflect changes in managerial and organizational skills

AHIMA Academic Preparation

- The Approval Committee for Certificate Programs will develop an impact plan for approved coding programs including comprehensive training on ICD-10 in the Coding Model Curriculum
- AHIMA Virtual Lab will have ICD-10 available through our coding vendor
 - HIM students conduct skill labs using the encoder
 - Software and lesson plans will be available for skills training

AHIMA Academic Preparation

- Will call upon educational relationships through AHIMA International Education Workgroup of educators, who have converted to ICD-10 and are experienced with conversion strategies, to help us
- Newly launched (July 2008) AHIMA CourseShare, national clearinghouse for HIM educators to share learning packets
 - Web destination can be a conduit to quickly distribute ICD-10 public information to all HIM educational programs

AHIMA Educational Plan

- Targeted educational model for defined ICD-10 audience segments
 - HIM and executive level leadership
 - Educators and current students
 - Experienced coders
 - Managers of data
 - Care providers, etc.
- Tailored to address varying needs over time leading up to implementation date
 - General, Expert, and Maintenance level training needs

AHIMA ICD-10 Resources

- ICD-10 Online Courses
 - ICD-10-CM Overview: Deciphering the Code
 - ICD-10-PCS Overview: Deciphering the Code
- ICD-10 Preview Book
- ICD-10-CM Proficiency Assessment
- Coming soon: ICD-10-PCS Proficiency Assessment
- Implementation Preparation Checklist
- Audio seminars
- Conferences
 - Coding Regional Meetings
 - National Convention
- Journal articles

<http://www.ahima.org/icd10>

AHIMA Transition Resources

- Implementation guidance
 - Health care facilities – moving to ICD-10
 - Certified coders – maintaining credentials
 - Educational institutions – shifting curriculum
- Practical change management tools
 - Toolkits and checklists
 - Talking points
 - Lessons learned

AHA/AHIMA ICD-10-CM Field Testing

- 6,177 medical records coded by credentialed coding professionals in a variety of health care settings
- Participants received only 2 hours of non-interactive training and felt
 - ICD-10-CM a significant improvement over ICD-9-CM
 - ICD-10-CM is much more applicable to non-hospital health care settings

AHA/AHIMA ICD-10-CM Field Testing

- Codes can be applied to today's medical records in a variety of health care settings, without having to change documentation practices
- “It wasn't as hard as we thought it would be”
- Training should occur 3 – 6 months prior to implementation (87.6%)
- 2 – 3 days of training adequate (84.1%) for ICD-10-CM training

ICD-10-PCS Testing

- Formal testing undertaken by CMS contractors
- 2 days of training, medical/surgical section
1 day of training on other sections
- Coded 5,000 records
 - Offered feedback on issues found
 - Suggested improvements
- Additional comparison test of 100 records
- Additional testing on ambulatory records
- Informal testing also conducted by AHIMA and AHA volunteers

ICD-10-PCS Testing Results

- After initial learning curve, participants able to use ICD-10-PCS easily, with a few challenges
 - Occasionally necessary to reference medical dictionary or anatomy textbook
 - Greater understanding of anatomy and surgical terms required
- Initial procedure code training time will likely be greater than diagnosis training since ICD-10-PCS differs significantly from ICD-9-CM
 - Having all terms defined makes it easier to teach
- As familiarity with ICD-10-PCS increases, reliance on index decreases

ICD-10-PCS Testing Results

- More complete than ICD-9-CM, greater specificity
- Precision of ICD-10-PCS resulted in greater detail about nature of procedure
- Easy to expand the system
- Multiaxial structure makes it easier to analyze
- Standardized terminology makes it easier to use once the coder has initial training

Implementation Planning Recommendations

- Situational analysis
 - Identify stakeholders
 - Assess impact
 - Formulate strategies and identify goals
 - Develop education/training plans for employees at all levels
 - Develop information systems/technology systems change implementation plan that includes testing and "go live" dates
 - Plan for documentation changes

Implementation Planning Recommendations

- Strategic Implementation/Organizing
 - Acquire resources to implement the plan
 - Evaluate financial impact on organization
 - Planning for Strategic Control
 - Develop objectives
 - Plan measurement tools
 - Plan evaluation strategies
 - Plan action steps for implementation

AHIMA's Implementation Preparation Checklist

- Phase 1 – Impact assessment
- Phase 2 – Preparing for implementation
- Phase 3 – Go live preparation
- Post-implementation

Phase 1 – Impact Assessment

- Establish interdisciplinary steering committee to oversee implementation
- Educate affected departments and individuals about the change in code sets and what it means for their area of responsibility (both in terms of preparation planning and benefits)
- Assess organizational readiness for the change to the ICD-10 code set
- Assess impact of change on organizational operations
- Assess staff education needs
- Identify reports and forms requiring modification (e.g., physician practice superbill)

Phase 1 – Impact Assessment

- Assess extent of changes to systems, processes, policies/procedures
- Use code set change as opportunity to improve data flow, work flows, and processes
- Perform comprehensive systems audit for ICD-10 compatibility
- Determine vendor readiness and timeline for upgrading software to new code sets
- Assess quality of medical record documentation and implement documentation improvement program if necessary
- Develop implementation budget

Which Systems and Applications May Be Affected?

Encoding software

Case mix systems

Medical record abstracting

Billing systems

Registration and scheduling
systems

Accounting systems

Decision support systems

Clinical systems

Utilization management

Quality management

Case management

Clinical protocols

Test ordering systems

Clinical reminder systems

Performance measurement
systems

Medical necessity software

Disease management
systems

Provider profiling systems

Aggregate data reporting

SUPERBILL

To access complete view of
AHIMA's superbill, visit <http://www.ahima.org/icd10>

PLEASE RETURN THIS FORM TO RECEPTIONIST

Pt Name: _____ Date: _____
Bill #: _____ [] Care [] Priv.
[] MC [] Medicaid [] Cash
Time In: _____ Time Out: _____

SYMPTOMS/ DIAGNOSIS

R10.9 Abdom. Pain
R63.4 Abn. Weight Loss
T78.4 Allergic Reaction
G30.9 Alzheimers
D64.9 Anemia
D51.0 Anemia, Pernicious
I20.9 Angina

F41.9 Anxiety
R06.81 Apnea
I49.9 Arrhythmia, Cardiac
I70.0 Atherosclerosis - Aorta
J45.909 Asthma
I48.0 Atrial Fib.
I48.1 Atrial Flutter
I47.1 Atrial Tach.
E53.8 B-12 Defic.
M54.9 Back Pain
K92.1 Blood - Stool
N40.0_ BPH
R00.1 Bradycardia
I49.5 Brady/Sick Sinus
J42 Bronchitis, Chronic
J20._ Bronchitis, Acute

This sample superbill was converted to ICD-10-CM by the American Health Information Management Association (AHIMA) solely as an exercise in demonstrating the process of transitioning to a new coding system. It does not represent an endorsement by AHIMA of the use of superbills or this particular superbill format.

Web Resources

- General ICD-10 Information

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

- ICD-10 Notice of Proposed Rulemaking

http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp

- ICD-10-PCS Coding System and Training Manual

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08_ICD10.asp

Web Resources

- ICD-10-PCS Files

http://www.cms.hhs.gov/ICD10/02_ICD-10-PCS.asp#

- ICD-10-CM Coding System

<http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>

http://www.cms.hhs.gov/ICD10/03_ICD_10_CM.asp#

ICD-9 Notice

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.