

# Ensuring A Smooth ICD-10 Transition

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# Objectives

- ICD-10 Overview
- ICD-10 versus ICD-9
- Impacts on clinical documentation
- Efforts in the IHS ICD-10 implementation



# What is ICD-10?

- ICD-10
  - International Classification of Diseases developed by the World Health Organization (WHO)
  - Approximately 2000 disease families
- ICD-10-CM (Clinical Modification)
  - US expanded set to meet U.S. reporting needs
  - Approximately 69,000 specific codes

# Why ICD-10? Why now?

*ICD-9 code development was completed in 1973.*



The HY-KERS vettura laboratorio (experimental vehicle) is an

# Global use of ICD-10

- Argentina, Austria, Australia, Brazil, Canada, Czech Republic, China, Colombia, Costa Rica, Denmark, Finland, France, Germany, Iceland, Ireland, Japan, New Zealand, Poland, Norway, Singapore, Sweden, Switzerland, Thailand, The Netherlands, UK, & Venezuela
- Canada: “Experienced between 32-50% reduction in coder productivity the first six months”
- Australia: “We wish we would have taken advantage of the time that we had!”

# U.S. Catching up with the industrialized world:

- U.S. implementation considerations
  - Multiple payer system
  - ICD-10-PCS (Maybe expect bigger impact than Canada)
  - Some nations use ICD-10 for reporting only



# ICD-10 Is Necessary

- ICD-9 categories running out of codes to expand
- ICD-9 terminology is obsolete
- ICD-9 doesn't reflect today's practice
- ICD-9 uses outdated codes
- Not enough detail for computerized analysis\*
  - Clinically relevant subsets

# Comparison: ICD-9-CM and ICD-10-CM

Characteristic	ICD-9-CM	ICD-10-CM
Character Type	Numeric, only V & E used	Alphanumeric
Code length	5 digit max	3-7 character max
# of Codes	14,315	69,099
Supplementary codes	V & E Codes	None (incorporated in main code book)
Laterality (left v. right)	No	Yes
Trimester	No	Yes (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )
Structure of injuries	Wound Type, Laceration, etc.	Body part



# ICD-10-CM Code Structure Example

Characters 1-3 is the Category: S52 Fracture of forearm

Characters 4-6 is the Etiology, anatomic site, severity, or other clinical detail:

S52.5 Fracture of lower end of radius (**anatomic site**)

S52.52 Torus fracture of lower end of radius (**clinical detail & anatomic site**)

S52.521 Torus fracture of lower end of right radius (**laterality**)

Character 7 is the Extension which provides additional information:

S52.521A Torus fracture of lower end of right radius, **initial encounter** for closed fracture

**Requires greater specificity and supporting clinical documentation**

# Comparison of Pressure Ulcer Codes

## ICD-9-CM 9 Codes

### Pressure Ulcer Codes

- 9 location codes  
(707.00 – 707.09)
- Show broad location,  
but not depth (stage)

## ICD-10-CM 125 Codes

Show more specific location as well as depth, including

- L89.131 – Pressure ulcer of right lower back, stage I
- L89.132 – Pressure ulcer of right lower back, stage II
- L89.133 – Pressure ulcer of right lower back, stage III
- L89.134 – Pressure ulcer of right lower back, stage IV
- L89.139 – Pressure ulcer of right lower back,  
unspecified stage
- L89.141 – Pressure ulcer of left lower back, stage I
- L89.142 – Pressure ulcer of left lower back, stage II
- L89.143 – Pressure ulcer of left lower back, stage III
- L89.144 – Pressure ulcer of left lower back, stage IV
- L89.149 – Pressure ulcer of left lower back,  
unspecified stage
- L89.151 – Pressure ulcer of sacral region, stage I
- L89.152 – Pressure ulcer of sacral region, stage II

# Comparison of Insect Bite Diagnosis

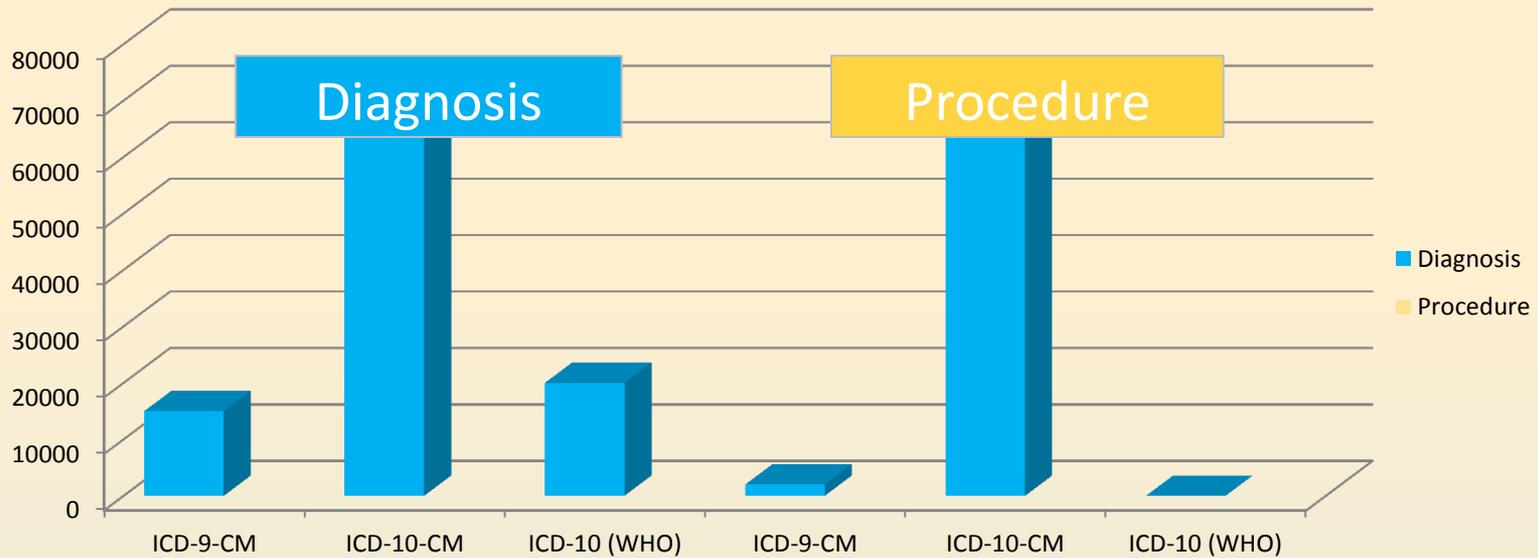
An insect bite with **ICD-9** is "919.4 Insect bite" - Using **ICD-10**:

S00.06A Insect bite of scalp; Initial encounter  
S00.06D Insect bite of scalp; Subsequent encounter  
S00.269A Insect bite of unspecified eyelid and periocular area; Initial encounter  
S00.269D Insect bite of unspecified eyelid and periocular area; Subsequent encounter  
S00.36A Insect bite of nose; Initial encounter  
S00.36D Insect bite of nose; Subsequent encounter  
S00.469A Insect bite of unspecified ear; Initial encounter  
S00.469D Insect bite of unspecified ear; Subsequent encounter  
S00.561A Insect bite of lip; Initial encounter  
S00.561D Insect bite of lip; Subsequent encounter  
S00.562A Insect bite of oral cavity; Initial encounter  
S00.562D Insect bite of oral cavity; Subsequent encounter  
S10.16A Insect bite of throat; Initial encounter  
S10.16D Insect bite of throat; Subsequent encounter  
S10.86A Insect bite of other part of neck; Initial encounter  
S10.86S Insect bite of other part of necks; subsequent encounter  
S10.96A Insect bite of unspecified part of neck; Initial encounter  
S10.96D Insect bite of unspecified part of neck; Subsequent encounter  
S20.161A Insect bite of breast, right breast; Initial encounter  
S20.161D Insect bite of breast, right breast; Subsequent encounter  
S20.162A Insect bite of breast, left breast; Initial encounter  
S20.162D Insect bite of breast, left breast; Subsequent encounter  
S20.169A Insect bite of breast, unspecified breast; Initial encounter  
S20.169D Insect bite of breast, unspecified breast; Subsequent encounter  
S20.361A Insect bite of right front wall of thorax; Initial encounter  
S20.361D Insect bite of right front wall of thorax; Subsequent encounter  
S20.361S Insect bite of right front wall of thorax; Subsequent encounter  
S20.362A Insect bite of left front wall of thorax; Initial encounter  
S20.362D Insect bite of left front wall of thorax; Subsequent encounter  
S20.369A Insect bite of unspecified front wall of thorax; Initial encounter  
S20.369D Insect bite of unspecified front wall of thorax; Subsequent encounter  
S20.461A Insect bite of right back wall of thorax; Initial encounter  
S20.461D Insect bite of right back wall of thorax; Subsequent encounter  
S20.462A Insect bite of left back wall of thorax; Initial encounter  
S20.462D Insect bite of left back wall of thorax; Subsequent encounter  
S20.469A Insect bite of unspecified back wall of thorax; Initial encounter

S30.860A Insect bite of lower back and pelvis; Initial encounter  
S30.860D Insect bite of lower back and pelvis; Subsequent encounter  
S30.861A Insect bite of abdominal wall; Initial encounter  
S30.861D Insect bite of abdominal wall; Subsequent encounter  
S30.867A Insect bite of anus; Initial encounter  
S30.867D Insect bite of anus; Subsequent encounter  
S40.269A Insect bite of unspecified shoulder; Initial encounter  
S40.269D Insect bite of unspecified shoulder; Subsequent encounter  
S40.869A Insect bite of unspecified upper arm; Initial encounter  
S40.869D Insect bite of unspecified upper arm; Subsequent encounter  
S50.369A Insect bite of unspecified elbow; Initial encounter  
S50.369D Insect bite of unspecified elbow; Subsequent encounter  
S50.869A Insect bite of unspecified forearm; Initial encounter  
S50.869D Insect bite of unspecified forearm; Subsequent encounter  
S60.369A Insect bite of unspecified thumb; Initial encounter  
S60.369D Insect bite of unspecified thumb; Subsequent encounter  
S60.468A Insect bite of other finger; Initial encounter  
S60.468D Insect bite of other finger; Subsequent encounter  
S60.469A Insect bite of unspecified finger; Initial encounter  
S60.469D Insect bite of unspecified finger; Subsequent encounter  
S60.569A Insect bite of unspecified hand; Initial encounter  
S60.569D Insect bite of unspecified hand; Subsequent encounter  
S60.869A Insect bite of unspecified wrist; Initial encounter  
S60.869D Insect bite of unspecified wrist; Subsequent encounter  
S70.269A Insect bite, unspecified hip; Initial encounter  
S70.269D Insect bite, unspecified hip; Subsequent encounter  
S70.369A Insect bite, unspecified thigh; Initial encounter  
S70.369D Insect bite, unspecified thigh; Subsequent encounter  
S80.269A Insect bite, unspecified knee; Initial encounter  
S80.269D Insect bite, unspecified knee; Subsequent encounter  
S90.463A Insect bite, unspecified great toe; Initial encounter  
S90.463D Insect bite, unspecified great toe; Subsequent encounter  
S90.466A Insect bite, unspecified lesser toe(s); Initial encounter  
S90.466D Insect bite, unspecified lesser toe(s); Subsequent encounter  
S90.569A Insect bite, unspecified ankle; Initial encounter  
S90.569D Insect bite, unspecified ankle; Subsequent encounter  
S90.869A Insect bite, unspecified foot; Initial encounter  
S90.869D Insect bite, unspecified foot; Subsequent encounter  
And others .... (not all choices included)

# AAPC - ICD-10 Quick Facts

## 155,000 codes



\* Source: AAPC Presentation; ICD-10 will Change Everything; Deborah Grider, President & CEO AAPC



# ICD-10 & ICD-9 Facts

- Both ICD-9 and ICD-10 will have to be maintained/used for a period of time
  - Non-covered entities
  - Coding and billing backlogs, CMS eligibility changes
  - Reporting, trending, comparison



# SNOMED-CT and ICD-10 in RPMS

- Providers will select SNOMED-CT terms for Problem List, Purpose of Visit, Family History (and more)
- SNOMED-CT will be translated to ICD-10 by mapping tools (and/or coders) for billing and export to the data warehouse
- Clinical documentation will still need to be detailed enough to facilitate ICD-10 coding
- Some training on SNOMED-CT will be required, but SNOMED codes are generally intuitive for providers

# EHR components with ICD codes

- Problem List – SNOMED required
- Family History – SNOMED required
- Visit Diagnosis
- Historical Diagnosis
- CPT (associated diagnosis)
- Pick lists
- Superbill (associations)
- Clinical indications (labs, meds, consults, radiology in the future)
- Clinical Reminders (taxonomies, finding items, reminder dialogs)
- Immunizations
- Patient Education
- Reports
- Group notes (in development)
- Flowsheets (in development)
- Prenatal care module (in development)

# Clinical and Financial Impact

- Productivity impacts may be expected – coding and clinical
- Coders are looking for more information in the record
- Learning curve for at least first six months
- Unknown if productivity impacts may be permanent (based on experience in Canada)



# Sample Canada Coding Productivity

Pre and Post ICD-10 Implementation (Charts Completed Per Hour – percent of baseline)			
Service	ICD-9 April 2002	Start ICD-10 July 2002	ICD-10 April 2003
Inpatient	4.62	2.15 (47%)	3.75 (81%)
Day Surgery	10.68	3.82 (36%)	8.53 (80%)
Emergency	10.37	6.49 (63%)	8.83 (85%)

*Source: HIMSS, Data taken from Humber River Regional Hospital; Ontario, Canada*

Investment in training to minimize the impact  
Invest in Coding Staff Retention and Recruitment

# Staff Development

- Subject Matter Experts (ICD-10) are essential in the migration to ICD – 10
  - Critical to an accurate conversion
  - Industry wide demand for ICD-10 resources
  - IHS is gaining *some* I-10 expertise
    - Efficient use of ICD-10 SME
    - Training, Gap Analysis, CDI initiatives, local implementation



# Training Plan Development

## Outreach & Awareness

- National/Area Presentations
- Web site
- Meetings – NCC, Partnership, etc.
- Status Reports and Briefings
- Webinars – quarterly
- Listserv – Regular Posts
- ICD-10 Newsletter

## I-10 Training Certification

- Funding by ORAP
- Over 20 qualified applicants
- 4 awardees
- Will be subject-matter experts for OIT development, testing, and implementation



# Have No Fear, ICD-10 Is Here!

- 3-day training, May 22-24,2012
- First day – Overview and ICD-10 CM
- Second day – Best practices in clinical and business processes: physician queries, documentation, coding queue, implementation strategies, etc.
- Third day – Overview of ICD-10-PCS
- Modeled on the EHR deployment training – Host with hub sites



# Clinical Document Improvement Discussions

Improving relationship among providers and coders

- Providers want feedback from coding
- What are we improving – Documentation gap analysis
- Need for ICD-10 Expertise
- Support and engage in regular communication at the point of care, through queries, and meetings (notifications don't work, mostly)
- Audit documentation and rejected claims
- Constructive feedback



# Five Key Steps to Improving Clinical Documentation

- Assess documentation for ICD-10 readiness
- Analyze the impact on claims
- Implement early clinician education
- Establish a concurrent documentation review program
- Streamline clinical documentation workflow

*Source: Caroline Piselli, RN, MBA, FACHE, is global program manager of ICD-10 and pay for performance at 3M Health Information Systems*



# Goal: Minimize the risk of ...atrophy

CODING

*Illustration by  
David Harbaugh*



*"Doctor, may I suggest you document to a much greater degree of specificity? My coding skill is beginning to atrophy."*

# Questions?

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