INDIAN HEALTH SERVICE
ICD-10 INSIDER
Pursuit of Excellence

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What's Inside

About This Issue

In this issue of the *IHS ICD-10 Insider*, you'll find articles about communication and collaboration. These are key attributes of our project environment and key to the success of this project. The ICD-10 team strives to communicate often about the implementation details, changes in the project, and how changes will affect working environments. Our Communications Management Plan outlines stakeholders and communications targeting the stakeholders. The Area ICD-10 Coordinators spread the word of the ICD-10 changes through their Areas. The article on the efforts of California is featured in this issue.

One of our most affected stakeholder groups comprises the people using the codes, such as coders, billers, and quality management specialists. We have dedicated the Coders' Corner to you and will bring you in-depth articles on the new codes.

This issue also features the Partnership Conference, which will include several ICD-10 sessions and is an important event for collaboration.

As always, if there is something you'd like to see in future articles, please feel free to contact me or any of the ICD-10 team.

~ Janice Chase
Federal Lead,
ICD-10 IHS Team

ICD-10 Compliance Delay Proposed (until October 1, 2014)

As expected—and as stated in the last issue of the *ICD-10 Insider*—the Department of Health and Human Services (HHS) has formally proposed a one-year delay—until **October 1, 2014**—of the compliance date for ICD-10 implementation.

The proposal is included in a Notice of Proposed Rule Making for administrative simplification provisions of the Affordable Care Act. Once the Proposed Rule is published in the Federal Register on April 17, the public will have 30 days to comment on the rule, including the ICD-10 compliance date.

- The CMS fact sheet on the new compliance date is located on the CMS site. Click here to access it.

- The full proposed rule is CMS-0040-P. Click here to view it.

The IHS ICD-10 National Team is evaluating the impact of the delay on our implementation schedule and will announce any changes through the ICD-10 Prep Listserv, the IHS ICD-10 Insider, the IHS ICD-10 website and in ICD-10 sub-group meetings.

Communication Is Key!

Communication is important for every facet of our work and is critical to the success of a major enterprise project like the ICD-10 transition. In order to ensure that we are communicating with all major stakeholders and managing the project effectively, the ICD-10 team is following the Enterprise Performance Life Cycle (EPLC) project management methodology developed by the Department of Health and Human Services. A major project management component of the EPLC and other effective project management methodologies is to manage communication messages and methods. The ICD-10 team has produced a Communications Management Plan that outlines all of the stakeholders and various means of communicating.

The ICD-10 Communications Management Plan identifies ten different stakeholder groups:

- **Stakeholder Group 1**: IHS Area Directors, Area Chief Information Officers, Area Chief Medical Officers
- **Stakeholder Group 2**: Tribes – healthcare directors and Tribal leaders
- **Stakeholder Group 3**: Urban Programs
- **Stakeholder Group 4**: IHS and Tribal Providers
- **Stakeholder Group 5**: Health Information Management Specialists and Coders
- **Stakeholder Group 6**: Billing and Payment Specialists
- **Stakeholder Group 7**: Software Developers, Software Quality Assurance, Data Warehouse, and Infrastructure Support, and technical advisory groups
- **Stakeholder Group 8**: Steering Committee, Sub-group members and Area Coordinators
- **Stakeholder Group 9**: OIT management, Chief Medical Officer, Division Director, Office of Resource Access and Partnerships (ORAP), Professional Advisory Groups, other headquarters personnel, other functional groups
- **Stakeholder Group 10**: All other Stakeholders and interested parties (includes patients and families)

The ICD-10 Prep Listserv, the ICD-10 Web site, and the ICD-10 Insider newsletter provide information to all stakeholder groups. There may be specific articles in the newsletter or items in the Listserv that target a specific stakeholder group. For example, the *Coders' Corner* articles, although available to all readers, are targeted to health information specialists, coders, billers and payment specialists (Stakeholder Groups 5 and 6). Our outreach tries to target each stakeholder group more than once to ensure that the message of the implementation is reaching all those affected. We present at conferences, provide updates in national meetings, and contribute articles to other publications, such as the *OIT Newsletter*. A matrix of the communication methods and venues and the Communications Management Plan can be found on the ICD-10 SharePoint site.

California Area Coordination Highlights

The California Area ICD-10 Coordinator, **Michelle Martinez**, has been very busy working on the ICD-10 transition in addition to her assigned duties as an Information Technology Specialist. Michelle is a certified professional coder and understands completely the importance of this transition. Michelle has moved the ICD-10 transition activities in California forward at an impressive pace.

California has been a leader in providing outreach and training activities. California recently provided ICD-10 awareness at the CMS IHS Area Outreach and Education Training and the Program Directors' Meeting. Annual Medical Billing and Coding Workshops continue with an emphasis on ICD-10. Understanding the critical role that clinical documentation plays in this transition, two clinical documentation improvement webinars were provided.

Michelle has strong support from her California Area Office Implementation Team:

- Toni Johnson, IT Specialists/Business Office/Contract Health Services
- Marilyn Freeman, Clinical Applications Coordinator
- Steve Viramontes, Clinical Applications, Telemedicine and eHealth Coordinator
- Susan Ducore, Area Nurse Consultant

California has formed a collaborative with the California Rural Indian Health Board (CRIHB). Members from CRIHB include:

- Elizabeth Bitsilly, Health Information Manager
- Edna Magel, Compliance Auditor/PMCC Instructor
- Rosario Arreola Pro, Health Systems Development Director

In addition to this strong team, Michelle has organized at least one point of contact for over 30 programs.

Please feel free to contact Michelle at Michelle.Martinez2@ihs.gov.

Coders' Corner

This newsletter is dedicated to all things ICD-10 but you might be wondering why even bother!

ICD-9 was developed in the 1970s; it is obsolete and doesn't reflect today's medical practice. ICD-9 is limited in categories without the capacity to expand to meet clinical needs. With ICD-9, pregnancy is not separated into trimesters and laterality is not specified. With the expansion of health information exchange, which is based on structured formats, it is imperative that codes be as specific as possible. Imagine sending a transfer of care on a wound but not documenting on which side of the body, how the wound was incurred, or the specific site of the wound. This information would be beneficial to the physician receiving the patient, especially if the patient is not able to provide information.

ICD-10 allows us to specify more clearly the exact conditions of a disease and/or the purpose of visit. The U.S. version of ICD-10 contains two parts:

- ICD-10 Clinical Modification (ICD-10-CM)
- ICD-10 Procedure Coding System (ICD-10-PCS)

ICD-10-CM

ICD-10-CM allows laterality (left vs. right), the trimester of pregnancy, and the body part of a wound site. There are over 69,000 alphanumeric codes in ICD-10-CM compared to the over 14,000 numeric codes in ICD-9-CM. The ICD-10 codes are longer—up to 7 characters. Characters 1-3 are the category and characters 4-6 are the etiology, anatomic site, severity, or other clinical detail. Character 7 is the extension that provides additional information. An example of the code as it is built:

- S52 = Fracture of the forearm
- S52.5 = Fracture of the lower end of the radius (anatomic site)
- S52.52 = Torus fracture of the lower end of the radius (clinical detail and anatomic site)
- S52.521 = Torus fracture of lower end of right radius (laterality)
- S52.521A = Torus fracture of lower end of right radius, initial encounter for closed fracture

The code assignment of S52.521A would require the documentation to support this more granular code. The less specific information within the visit notes, radiology reports, or other supporting documentation would result in a more general code assignment, such as a fracture of the forearm, S52.

Coders' Corner continued

ICD-10-PCS

ICD-10-PCS differs even more from its ICD-9 counterpart. ICD-10-PCS code structure consists of a seven-digit alphanumeric formula where each character has up to 34 possible values. This results in over 87,000 codes, in contrast to ICD-9's over 4,000 codes.

The first character in the code indicates a section, and there are 16 sections to choose:

- 0: Medical and Surgical
- 1: Obstetrics
- 2: Placement
- 3: Administration
- 4: Measurement and Monitoring
- 5: Extracorporeal Assistance and Performance
- 6: Extracorporeal Therapies
- 7: Osteopathic
- 8: Other Procedures
- 9: Chiropractic
- B: Imaging
- C: Nuclear Medicine
- D: Radiation Oncology
- F: Physical Rehabilitation and Diagnostic Audiology
- G: Mental Health
- H: Substance Abuse Treatment

Characters 2-7 have a standard meaning within each section, but may differ in meaning depending upon the section. The table below illustrates the use of the seven characters in ICD-10-PCS.

What is the procedure code **ODFE3ZZ** using the characters 1-7 in the PCS table?

Section	0	Medical and Surgical		
Body System	D	Gastrointestinal System		
Operation	F	Fragmentation: Breaking solid matter in a body part into pieces		

Body Part	Approach	Device	Qualifier
5 Esophagus 6 Stomach 8 Small Intestine 9 Duodenum A Jejunum **E Large Intestine** F Large Intestine, Right G Large Intestine, Left H Cecum J Appendix K Ascending Colon L Transverse Colon *Etc.*	0 Open **3 Percutaneous** 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic X External	**Z No Device**	**Z No Qualifier**

Coders' Corner continued

The ICD-10-PCS codes are for use only on hospital claims for inpatient procedures. The numbers 0-9 are used (letters O and I are not used to avoid confusion with numbers 0 and 1), and they do not contain decimals. [1]

Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear. [2]

> *Example*: When the physician documents "partial resection," the coder can independently correlate "partial resection" with the root operation **Excision** without querying the physician for clarification. [2]

In future articles of the *Coders' Corner*, we'll explore ICD-10-CM and ICD-10-PCS in more detail.

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[1] CMS 2011 ICD-10-PCS Code Tables and Indexes
[2] ICD-10-PCS coding guidelines: http://www.cms.gov/ICD10/Downloads/PCS2011guidelines.pdf

ICD-10 and Partnership

ICD-10 will be an integral part of the upcoming Partnership Conference that will be held in Reno, Nevada, April 10-12, 2012. The Partnership Conference, which is sponsored by the Office of Resource Access and Partnerships in conjunction with the Health Information Management discipline, showcases sessions for third party reimbursement, finance, health records, and management. This year's theme, "Never Underestimate the Power of Partnership," embodies the spirit of the ICD-10 team, which has concentrated on fostering collaborative relationships with stakeholders. Several sessions at this year's conference will focus on ICD-10. A few are outlined below.

ICD-10 Coordinators: Panel Discussion

The Area ICD-10 Coordinator panel will feature Area Coordinators discussing their activities in preparation for the ICD-10 transition. They will discuss what is working, what barriers exist, and what is left to accomplish for the transition. The Coordinators may also be discussing the ICD-10 Action Plan that the Coordinators are following.

ICD-10 Overview: Ensuring a Smooth Transition to ICD-10

This session will provide an overview of ICD-10 history and implementation in the United States vs. other countries, will highlight the differences between ICD-9 and ICD-10 and benefits of ICD-10 in translating the patient visit to coded data, and will provide an understanding of the key implementation activities of the national ICD-10 initiative with clinical documentation improvement and training.

ICD-10: Understanding the GEM

The General Equivalence Mappings (GEMs) were developed as a tool to assist with the conversion of the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) to International Classification of Diseases, 10 Edition, ICD-10. The GEMs are forward and backward mappings between the ICD-9-CM and ICD-10 coding systems. This session will provide an overview of the General Equivalence Mappings, code mapping efforts underway for the RPMS, and practical application of the GEM for coding professionals.

The Events Calendar off the IHS main Web page will have the latest information on the conference sessions.