



## JUNE/JULY 2012

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### About This Issue

The ICD-10 team and stakeholders have been hard at work developing ICD-10 training to help you prepare for the transition. This work is featured in the first and last articles in this newsletter.

Mapping from ICD-9 to ICD-10 is essential for the transition, but choosing the equivalent codes for mapping is critical to reimbursement and accuracy in reporting. Subject-matter experts throughout the Indian health system are working to ensure that our mappings are appropriate.

The work of the Billings Area is featured in this edition, and more Areas will be featured in upcoming issues.

For those of you interested in the details of the code change, Coders' Corner takes a look at Chapters 1 and 2 of the ICD-10 CM.

As always, if you'd like specific content added to our newsletter, please let us know!



*~ Janice Chase  
Federal Lead  
ICD-10 IHS Team*

## Taxonomy Update

by Fran Kosik, RN, MPH, MSN

In the world of medical informatics, **taxonomy** means a bucket of coded data that is used to answer a specific question. For example, the Government Performance and Results Act (GPRA) requires the Indian Health Service (IHS) to report specific measures demonstrating that the health care needs of the patient population are met. The logic in these and other measures uses ICD-9 codes, and these have to be changed to reflect the transition to ICD-10.

The RPMS applications, such as PCC Data Entry (APCD) or PCC Health Summary (APCH), capture data for specific taxonomies. For example, the PCC Management Reports system captures data for 35 surveillance taxonomies from Diabetes to Tuberculosis. This ability to capture specific information makes it possible for the IHS to accurately report information electronically to the federal government and quality organizations without extensive human manual labor.

Now that you have a better understanding of the common terminology used in the ICD-10 change process, you are probably wondering how IHS will map the ICD-9 codes to equivalent ICD-10 codes and keep the reporting of measures for GPRA the same.

To accomplish this task, taxonomy owners will compare ICD-9 codes to comparable ICD-10 codes that have been vetted through mapping tools and several reviews. Taxonomy owners, which include clinicians and subject-matter experts, will review and comment on these preliminary results. Once accepted, the mappings will be presented to the ICD-10 Data Management Sub-group, co-chaired by Chris Schiano and Kirk Greenway, before they are sent for final review by the appropriate Federal Leads.

Subject-matter experts are needed to review all of the taxonomy codes used for GPRA measure reporting. If you are interested in a specific taxonomy, please contact Fran Kosik at [Fran.Kosik@ihs.gov](mailto:Fran.Kosik@ihs.gov) or Janice Chase at [Janice.Chase@ihs.gov](mailto:Janice.Chase@ihs.gov).



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## News from the Billings ICD-10 Team

The Billings Area is very active in their ICD-10 planning. Deanna Dennis, CPC, CPC-H, CPC-I, is the lead point-of-contact with shared responsibility from Leslie Racine, Area Statistician, and James Sabatinos, NP, Area Healthcare Consultant. The Billings team has established points of contact and workgroups for each facility. The team meets bi-weekly to maintain excellent communication.

Outreach and Awareness has been a primary driver for the team and many sites. Informational sessions have been provided to General Staff Meetings, Medical Staff Meetings, and Revenue Enhancement Committee Meetings. Service Unit points of contacts are providing in-services to physicians, ancillary staff, and coding staff.

The Billings Area hosted and attended the *Have No Fear, ICD-10 is Here* training in May. Coders, billing staff, and clinicians were among those staff in attendance.

The Billings Area is very fortunate to have an ICD-10 Train-the-Trainer scholarship recipient, Ms. Pamela Gone, CPC, Health Information Management Supervisor at the Ft. Belknap Hospital, Harlem, MT. Ms. Gone is one of four recipients of the scholarship funded by the IHS Office of Resource Access and Partnerships.



## Coders' Corner: ICD-10-CM, Chapters 1 & 2

In this edition of Coders' Corner, the first two chapters of the ICD-10-CM will be described. The first chapter, *Certain Infectious and Parasitic Diseases*, has code ranges from A00 - B99. The second chapter deals with Neoplasms (Tumors) with code ranges from C00 - D49.

### *Certain Infectious and Parasitic Diseases*

This first chapter describes diseases that are communicable or transmissible, although not all of these types of diseases are in this section. [Not included in this chapter are infectious and parasitic diseases complicating pregnancy, childbirth, puerperium, the perinatal period, some localized infections, influenza and other acute respiratory infections, and carriers of infectious diseases.] The chapter has 22 sub-chapters detailing specific groupings of diseases, as listed in the table below.

CODE RANGE	DESCRIPTION	CODE RANGE	DESCRIPTION
A00 - A09	Intestinal Infectious Diseases	A15 - A19	Tuberculosis
A20 - A28	Certain Zoonotic Bacterial Diseases	A30 - A49	Other Bacterial Diseases
A50 - A64	Infections with a predominantly sexual model of transmission	A65 - A69	Other Spirochetal Diseases
A70 - A74	Other Diseases caused by Chlamydiae	A75 - A79	Rickettsioses
A80 - A89	Viral and Prion Infections of the Central Nervous System	A90 - A99	Anthropod-borne viral fevers and viral hemorrhagic fevers
B00 - B09	Viral infections characterized by skin and mucous membrane lesions	B10 - B10	Other Human Herpesviruses
B15 - B19	Viral Hepatitis	B20 - B20	Human Immunodeficiency Virus (HIV) disease
B25 - B34	Other Viral Diseases	B35 - B49	Mycoses
B50 - B64	Protozoal Diseases	B65 - B83	Helminthiasis
B85 - B89	Pediculosis, acariasis, and other infestations	B90 - B94	Sequelae of infectious and parasitic diseases
B95 - B97	Bacterial and Viral Infectious agents	B99 - B99	Other Infectious Diseases

An additional code can be added to identify resistance to antimicrobial drugs.

As of January 2012, the total number of ICD-9-CM diagnosis codes is 1270 compared to draft ICD-10-CM codes of 1292 for this chapter. Overall, this chapter has the least increase in ICD-10 diagnosis codes compared to ICD-9-CM.

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## *Coders' Corner: ICD-10-CM, Chapters 1 & 2 continued*

### **Neoplasms (Tumors)**

The second chapter, on Neoplasms, classifies tumors as to whether they are functionally active or not and where they are located. For example, code range C45 - C49 identifies malignant neoplasms of the skin.

There are 21 sub-chapters identifying types of neoplasms.

CODE RANGE	DESCRIPTION	CODE RANGE	DESCRIPTION
C00 - C14	Malignant neoplasms of lip, oral cavity, and pharynx	C15 - C26	Malignant neoplasms of digestive organs
C30 - C39	Malignant neoplasms of respiratory and intrathoracic organs	C40 - C41	Malignant neoplasms of bone and articular cartilage
C43 - C44	Melanoma and other malignant neoplasms of skin	C45 - C49	Malignant neoplasms of mesothelial and soft tissue
C50 - C50	Malignant neoplasms of breast	C51 - C58	Malignant neoplasms of female genital organs
C60 - C63	Malignant neoplasms of male genital organs	C64 - C68	Malignant neoplasms of urinary tract
C69 - C72	Malignant neoplasms of eye, brain, and other parts of central nervous system	C73 - C75	Malignant neoplasms of thyroid and other endocrine glands
C7A - C7A	Malignant neuroendocrine tumors	C7B - C7B	Secondary neuroendocrine tumors
C76 - C80	Malignant neoplasms of ill-defined, other secondary, and unspecified sites	C81 - C96	Malignant neoplasms of lymphoid, hematopoietic and related tissue
D00 - D09	In situ neoplasms	D10 - D36	Benign neoplasms, except benign neuroendocrine tumors
D3A - D3A	Benign neuroendocrine tumors	D37 - D48	Neoplasms of uncertain behavior, polycythemia vera, and myelodysplastic syndromes
D49 - D49	Neoplasms of unspecified behavior		

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## Coder's Corner: ICD-10-CM, Chapters 1 & 2 continued

As you can see from the table, there are some exceptions to the indicated classification rules, namely separating neuroendocrine tumors. If tumors overlap two or more sites that are next to each other, a sub category code can be used. If multiple tumors are in the same site but are in different areas (not next to each other), codes should be assigned individually. An example of this would be tumors in the same breast but in different quadrant.

In the next edition, we'll highlight Chapters 3 (*Diseases of the Blood & Blood-forming Organs*) and 4 (*Endocrine, Nutritional & Metabolic Diseases*) of ICD-10-CM.



### Sources:

- ◆ US National Library of Medicine, retrieved on April 30, 2012 from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002287/>
- ◆ ICD-10 Data.com, ICD-10-CM Diagnosis Codes, Chapters 1 and 2, retrieved on April 30, 2012 from <http://www.icd10data.com/ICD10CM/Codes/A00-B99> and <http://www.icd10data.com/ICD10CM/Codes/C00-D49>

## Never Underestimate the Power of Partnership Conference

*By Janice Chase*

ICD-10 was a major topic featured at this year's "Partnership" conference held in Reno, Nevada, April 10-12, 2012. Janice Chase, Federal Lead, Office of Information Technology, provided an update on the ICD-10 initiative during the opening plenary sessions, where approximately 570 participants were in attendance.

Carl Harper, Director, Office of Resource Access and Partnerships, engaged the record number of attendees in responding to their organization affiliations: half the audience raised their hand as being federal employees and the other half tribal and urban staff from across Indian country.

Representatives from each of these stakeholder groups also presented at the 50 plus sessions that were offered.



ICD-10 Round Table Presenters (left to right):  
Pat Cerna (Pascua Yaqui Tribe); Pat Gowan (USET REC Contractor);  
Lacey Kinnart (Gerald L. Ignace Indian Health Center, Inc.); Janice  
Chase (OIT Federal Lead); Felicia Blackhoop (Wind River Service Unit);  
and Rebecca Herrera (OIT CAS Contractor)  
Not pictured: Cynthia Perez (OIT - Urban Program)

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## Partnership Conference continued

Approximately 390 people attended one of the four ICD-10 breakout sessions:

SESSION TITLE	# OF ATTENDEES	COMMENTS
Area ICD-10 Coordinator's Panel	42	<ul style="list-style-type: none"> <li>◆ Really good group presentation.</li> </ul>
ICD-10 Implementation at Cherokee Nation of OK	60	<ul style="list-style-type: none"> <li>◆ I really enjoyed this presentation to know where and how this Service Unit has come together to implement ICD-10. They struggled and I was able to pick up some ideas as well.</li> <li>◆ Great ideas to learn from.</li> <li>◆ I thought it was well put together and a lot of good information.</li> </ul>
ICD-10 An Overview and Ensuring a Smooth Transition	130	<ul style="list-style-type: none"> <li>◆ Enjoyed this presentation - very, very informative.</li> <li>◆ The information that was provided gave insight to help me with our facility on the approach to introduce ICD-10 to all staff.</li> <li>◆ Would like to have more training available to tribal sites.</li> </ul>
ICD-10 Roundtable	88	<ul style="list-style-type: none"> <li>◆ Again this was very informative and informed us of what to expect in the near future and what to prepare for.</li> <li>◆ I felt better coming from this session to know that I am not the only one that is struggling with ICD-10 implementation.</li> <li>◆ Would like to see more demonstration on coding.</li> </ul>
ICD-10: Understanding the GEM	69	<ul style="list-style-type: none"> <li>◆ For me ICD-10 is brand new and I have a lot to learn and prepare for. I do have my CPC but when it comes to the implementation of ICD-10, I'm a beginner and need A&amp;P and a lot of studying to prepare.</li> <li>◆ Gained new material.</li> </ul>

Overall, the breakout session evaluations were very positive. The ICD-10 National Team and Training Sub-group will review all of the feedback from the sessions for planning future ICD-10 training.

