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About This Issue

Less than one year to go before the compliance date of October 1, 2014. In this issue, we'll be looking at Clinical Documentation improvement more closely through an article on improvement characteristics and through actual application in the Cass Lake Service Unit.

"Who is Driving Your Implementation" is based on a presentation that I gave at this summer's Partnership Conference. The article outlines activities that you should be focusing on.

Areas continue to work hard toward a smooth transition. Some of their efforts are recorded in this edition.

A readiness survey will be coming out soon; details are in this edition.

RPMS patches and EHR tips for ICD-10 preparation can help smooth the transition with early activities.

Coders' Corner takes an in-depth look at ICD-10 CM Chapter 9, Diseases of the Circulatory System.

I hope your ICD-10 progress continues!

~ Janice Chase, ICD-10 IHS Lead

Clinical Documentation: Providing Clarity for ICD-10

By now, you've heard that ICD-10 provides a more granular way to describe diagnoses and procedures. This is a huge benefit for patient care as patient visits are coded more precisely, especially important for transitions of care.

But choosing the correct code in ICD-10 is not as easy as a translation from ICD-9 to ICD-10. ICD-10 expresses laterality, trimester, and anatomical site, which are not available in a single code in ICD-9. Therefore, it will be essential for the coders to validate the ICD-10 codes for visits and assist providers in these considerations for ICD-10 documentation.

Clinical Documentation is essential to the correct code choice in ICD-10. To prepare for the transition, an assessment should be made of clinical documentation to ensure that it has key attributes. Some examples from the CMS web site follow:

Diabetes Mellitus: Be sure to document:

- Type of diabetes
- Body system affected
- Complication or manifestation
- If Type 2 diabetes, note if long-term insulin is used

Fractures: Important to note:

- Site
- Laterality
- Type
- Location

Injuries: Document important factors:

- External cause – how the injury happened
- Place of occurrence – where was the patient when the injury occurred
- Activity code – what was the patient doing at the time of the injury
- External cause status – is the injury related to military, work, or other cause

Adding these important factors to clinical documentation now will ensure that the medical record represents details of patient care. Plus, you'll be ahead of the curve for the ICD-10 transition!

Improving Clinical Documentation at Cass Lake Service Unit

By Barbara Fairbanks and Kathleen Keats

Cass Lake Service Unit, in the Bemidji Area, is serious about clinical documentation and preparing for the ICD-10 transition. Barbara Fairbanks, RHIA, Health Information Management Director, hired a consultant in April of 2013 to conduct a thorough audit of documentation for all providers. This audit gave a picture of strengths and weaknesses and provided a baseline on current documentation quality that will be used to focus on areas where documentation needs ICD-10 clarification.

Each coder is a member of an Improving Patient Care (IPC) team consisting also of one doctor, one nurse practitioner, one registered nurse, and two licensed practical nurses. The coding staff will work one-on-one with providers and nurses on their team to improve clinical documentation now and for the ICD-10 transition.

The Service Unit has appointed a lead coder as a clinical documentation specialist to concentrate on working with coders and providers to improve documentation. The lead coder is attending clinical documentation improvement (CDI) training and plans are for this person to work with the coder/provider teams for the 6-9 months prior to October 1, 2014.

The Cass Lake Service Unit recognizes that productivity may decrease prior to ICD-10 as coders attend training and CDI working sessions and may also decrease after the implementation of ICD-10 due to the learning curve. The service unit has budgeted for a coding contract for FY2014 to support the transition and ensure that there is no coding backlog on October 1, 2014.

As the transition occurs, Ms. Fairbanks plans to have coders in the clinic with providers, at least in the short term. Space is limited and this approach has its challenges but Ms. Fairbanks believes that there is a significant benefit for both coders and providers to review documentation in as close to real time as possible for effective dialogue and outcomes.

The Cass Lake Service Unit is taking powerful steps to improve clinical documentation by obtaining the baseline of quality and involving providers and coders in improvement actions. These steps are critical to the effective ICD-10 transition. For more information on how Cass Lake is improving clinical documentation, please contact Barbara Fairbanks at Barbara.Fairbanks@ihs.gov. For more information on how you can prepare for the ICD-10 transition, contact Janice Chase, Federal ICD-10 Lead at Janice.Chase@ihs.gov or Kathleen Keats, contractor for the Office of Information Technology at Kathleen.Keats@ihs.gov.

Who Is Driving Your Implementation?

By Kathleen Keats and Janice Chase

Jan Chase recently gave a presentation on "Who's Driving Your Implementation" at the Partnership Conference in Denver, CO. This article summarizes the main points of the presentation, which was well-received at the conference.

ICD-10 Creates Opportunity

ICD-10 enables Health Care Reform, Pay for Performance, and supports the American Recovery and Reinvestment Act (ARRA). The granularity of ICD-10 allows more analysis of health trends, patient and population health. ICD-10 may encourage more accurate billing and payment for the exact procedure rather than a more general unspecified code and could reduce denials if the correct, specific code is used.

What is Needed for Success?

The successful transition to ICD-10 needs several factors:

- Strong leadership at local and national levels
- Extensive system changes
- Effective training for coders/billers/quality management/providers
- Clearing up visit and billing backlogs
- Anticipating decreases in revenue
- Clarifying clinical documentation to support ICD-10
- Expertise in ICD-10 for training, software installation, testing, and analysis

A strong coordinator at the site and Area levels can drive many of the efforts needed for the transition. Sites should make an effort to clear up visit backlogs and asses documentation for the granularity needed for ICD-10.

What will Change in the Resource and Patient Management System (RPMS)?

Over 30 RPMS modules will be modified for the ICD-10 transition. Modules include: the Electronic Health Record, Third-Party Billing, and Accounts Receivable. Some ICD-10 changes will be implemented as part of the Meaningful Use Stage 2 patches and some will be separate.

SNOMED CT and ICD-10

Many have asked about the interaction of SNOMED CT (Systematized Nomenclature of Medicine, Clinical Terms) and ICD-10. SNOMED CT will be the terminology used in the EHR to describe the problem list, purpose of visit, family history, and more. SNOMED CT will be translated to ICD-10 through mapping tools and will be verified by coders with support from detailed clinical documentation. Some training on SNOMED CT is expected as part of the EHR application training but in general SNOMED CT terms are intuitive for providers because the terms use natural language.

Reducing the Impact NOW

Several steps can be taken now to reduce the impact of the ICD-10 transition. Assess documentation and identify weaknesses in the clarity of documentation. Review for:

- Anatomical location including laterality

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Who Is Driving Your Implementation continued

- Pregnancy trimester
- Episode of Care
- Acuity of condition – staging, severity, etc.
- Additional details for 5th, 6th, and 7th characters

Providers should be part of the ICD-10 implementation team as they are key for improving clinical documentation. The number of queries from coder to provider may be an increased workload in the transition. Therefore, efforts to address the query process need to be communicated early to ensure provider understanding in responding to documentation clarification. Consequently, training on documentation requirements will be essential for provider and coder.

Prepare coders/billers for the transition through effective training. The Office of Information Technology in cooperation with volunteer instructors has offered "Have No Fear, ICD-10 is Here", which is an introductory course on ICD-10. More intensive training should be obtained through Area and site efforts with training to begin 6-9 months before the compliance date (start January to April of 2014).

Contact payers to establish communication channels. Prepare for testing with these payers. Auto Insurance claims and Workers' Compensation claims are not required to use ICD-10 so prepare for using both ICD-9 and ICD-10 after October 1, 2014.

Coders and billers are crucial to the success of the ICD-10 transition. Retain experienced coders and anticipate changes in staffing by recruiting now for key positions. Prepare for the transition by clearing the backlog, outsourcing where necessary and budgeting for overtime.

Resources are Available

The ICD-10 team manages an IHS ICD-10 Web site that is available to all IHS/Tribal/Urban sites: http://www.ihs.gov/icd10. ICD-10 contacts, training and knowledge resource links, presentations, and other information are available. Joining the ICD-10 Listserv is also a way to receive up-to-date information on the IHS project: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=201. Questions can be directed to Janice Chase, ICD-10 Federal Lead, Janice.Chase@ihs.gov or any of the other contacts listed on the web site.

Area Activities

By Kathleen Keats

The IHS Area Offices and healthcare facilities are preparing for the ICD-10 transition with regular activities and a commitment to meet the transition date. Clinical documentation and training are high on the list as shown by recent activities:

Billings Area

The Billings Area federal facilities will have access to 3M ICD-10 Educational Modules to assist providers, coders, billers and ancillary staff with the conversion of ICD-9 to ICD-10. All federal IHS hospitals and clinics agreed to purchase this module as a group instead of each healthcare facility purchasing their own access. The Billings Area staff will manage access to the learning modules.

Phoenix Area

Phoenix Area coders and some billers have completed or are working on the online Anatomy & Physiology training from Barry Libman, Inc. There were a total of 104 individuals registered for this training.

Health Information Management and Quality Management are working together to help sites with tools for Clinical Documentation Improvement (CDI). The first focus is cleaning up the Problem List.

Beginning in January 2014, the coders will begin receiving more comprehensive and in-depth training for ICD-10-CM and PCS. This training will be provided by DaJuanna Bissonette, Phoenix Area HIM Consultant and an AHIMA Approved ICD-10 Trainer.

Tucson Area

The Tucson Area is working on clinical documentation changes through a new initiative. The Clinical Documentation Precision Initiative consists of multiple phases over the next several months. Each phase will focus on a condition that is common to service units or to an ICD-10 section. Flyers to providers summarize the new ICD-10 documentation requirements such as laterality and stages. A coding audit follows and will concentrate on the specific subject introduced in the flyer. The Tucson Area expects that this ongoing practice of new information introduced over a period of time will improve coder-provider relationships and prepare the sites for the transition.

The Latest RPMS Patches

ICD-10 patches will be released soon and continue through 2014. To prepare, there are several patches and releases for RPMS that need to be in place prior to the ICD-10 implementation. The list of ICD-10-prerequisite patches is below.

Package Name	Current Patch			Date Released
EHR	EHR	v1.1	patch 11	July 2013
ICD/SBC Update	AUM	v.1.3	patch 4	September 2013
Pharmacy Point of Sale	ABSP	v1.4	patch 5	July 2013
Reminders	PXRM	v1.5	patch 9	June 2013
Laboratory	LR	v5.2	patch 32	August 2013
Authorization/Subscription (TIU Business Rules)	USR	v1.0	patch 4	February 2013
IHS Health Summary	BHS	v1.0	patch 7	February 2013
TIU	TIU	v1.0	patch 10	February 2013
Immunization	BI	v8.5	patch 6	October 2013
Third Party Billing	ABM	v2.6	patch 11	September 2013
Accounts Receivable	BAR	v1.8	patch 22	October 2012
Outpatient Pharmacy	APSP	v7.0	patch 14	August 2012
Adverse Reaction Tracking	GMRA	v4.0	patch 5	July 2012
PCC suite	BJPC	v2.0	patch 8 & 9	July 2012
Radiology	RA	v5.0	patch 4	July 2012
Vitals	GMRV	v5.0	patch 1	July 2012
PCC+	VEN	v2.6	patch 5	May 2012
IHS Code Set Versioning	BCSV	v1.0	patch 3	January 2012
Kernel	XU	v8.0	patch 17	October 2011
VA Health Summary	GMTS	v2.7	patch 4	June 2011

An updated list of all RPMS patches can be found on the RPMS Web site:
http://www.ihs.gov/RPMS/SRCB/patchtbl.pdf

Readiness Survey Coming

In the past, the ICD-10 team has surveyed the I/T/U stakeholders to assess the state of ICD-10 readiness. The results led to improvements in communication and were indicators of the need for the "Have No Fear, ICD-10 is Here" training sessions.

A new survey will be released soon and will focus on readiness in this last year of preparation. Questions will be more targeted to activities rather than general status.

A follow-up survey is planned for 6 months after release of the first survey. The comparison of the results from both surveys will inform the ICD-10 team and Area Coordinators on success of initiatives and problem areas on which to focus.

If you are in the distribution to receive the link to the survey, please take a few minutes to fill out the short survey (17 questions). The responses are confidential and only identified by Area.

Any questions on the survey can be directed to Janice Chase, ICD-10 Federal Lead, at Janice.Chase@ihs.gov or Kathleen Keats, ICD-10 contractor, at Kathleen.Keats@ihs.gov.

Coders' Corner: Chapter 9 – Diseases of the Circulatory System

By Fran Kosik, RN, MSN, AHIMA Approved ICD-10 Trainer

In this edition of the Coders' Corner, we will look closely at three major changes that ICD-10 has made in the chapter on Diseases of the Circulatory System.

1. Hypertension Coding (I10 – I15)

The good or bad news, depending on your look-up preference, is that there is no longer a hypertension table in ICD-10. Hypertension is a major heading in the alphabetical index and the attributes of benign, malignant, or unspecified hypertension are no longer used. The ICD-10 code, *Essential (primary) hypertension,* includes arterial, benign, essential, malignant, primary, and systemic hypertension in one code. The ICD-10 diagnosis code doesn't include hypertensive disease in pregnancy, childbirth, or the puerperium. You can find those codes in O10-O11 and O13-O16 from Chapter 15.

Here's an example of the difference in coding the same condition in ICD-9 and ICD-10:

ICD-9 Codes:

Malignant hypertension with hypertensive heart disease and congestive heart failure is coded as:

402.01 *Hypertensive heart disease, malignant, with heart failure*

428.0 *Congestive Heart Failure, unspecified*

ICD-10-CM Codes:

I11.0 *Hypertensive heart disease with heart failure*

I50.9 *Heart Failure, Unspecified*

Path to find the code in ICD-10:

1. Go to the Alphabetic Index and find the main term **Hypertension.**
2. Find the first mention of the word "heart." The directions tell you to: *See Hypertension, heart.*
3. Go to the column on the page and find *heart with heart failure* (congestive) I11.0.
4. Go to I11.0 *Hypertensive heart disease with heart failure*. In red ink, you are directed to use an additional code to identify the type of heart failure under **I50-Heart Failure**. In this situation, we cannot further classify the congestive heart failure as left ventricular failure, systolic, diastolic, or combined systolic and diastolic heart failure, therefore the code to choose is *Heart Failure, Unspecified*, I50.9. This is an example of additional information that is needed from the provider to better record the patient's health condition.

2. Combination Codes

ICD-10 uses combination codes extensively throughout the Circulatory chapter. Take, for example, I25.110, *Atherosclerotic heart disease of native coronary artery with unstable angina pectoris.*

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In ICD-9, this information would require two codes:

414.01 *Coronary atherosclerosis of native coronary artery*

411.1 *Intermediate coronary syndrome (unstable angina)*

A separate code for unstable angina is not required in ICD-10 if a combination is assigned.

3. Initial and Subsequent Myocardial Infarctions

The code for the initial MI is found in *I21 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction*. Included in this section are myocardial infarctions specified as acute or with a stated duration of four weeks (28 days) or less. This is similar to the organization of *410 Myocardial Infarction* in ICD-9, but instead of adding an additional digit 2 for subsequent episode of care within eight weeks of the initial MI, a whole new category has been added in ICD-10-CM: I22 *Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction.* This code is to be used in conjunction with I21 and should be sequenced first if a new MI occurs within four weeks or 28 days of the initial MI and it is the reason for the encounter. I22 always requires an I21 code; it is never used alone. If the second or subsequent MI occurs during the admission for the initial MI, I22 should be sequenced after I21.

So assume a patient came in last week with a STEMI involving the right coronary artery. He is treated and discharged home. Ten days later, he is readmitted through the emergency room with another STEMI of the inferior wall and is readmitted. The coding for the second admission will look like this:

I22.1 *Subsequent STEMI of inferior wall*

I21.11 *STEMI involving right coronary artery.*

If your site uses the 3M Coding and Reimbursement System product, you might find the decision tree for coding Myocardial Infarctions to be helpful. It is located in the 3M Coding Reference Plus section on the reference page of the 3M ICD-10-CM and ICD-10-PCS Coding Handbook. The chapter is Coding of Circulatory System Diseases and Neoplastic Diseases, Diseases of the Circulatory System.

The next newsletter will cover the major changes in ICD-10 that affect Chapter 10: Diseases of the Respiratory System.