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What's Inside

What's Inside	1
About This Issue.....	1
October 1, 2014 is FINAL	2
Are RPMS Patches Up-to-Date?.....	3
Clinical Documentation Improvement Pilot.....	4
Coders' Corner: ICD-10-CM Chapters 3 & 4	6

About This Issue

The ICD-10 transition work continues in the Indian health system! In this issue, you'll read about the new compliance date of October 1, 2014 for the conversion. Any adjustments necessary for the ICD-10 schedule in IHS will be made and communicated through the LISTSERV, e-mail distribution lists, ICD-10 meetings, and the ICD-10 website.

Clinical Documentation Improvement is an important component in the preparation for the transition to ICD-10. The Phoenix Area has piloted a medical record analysis project to determine the adequacy of current clinical documentation for ICD-10 and to identify recommendations for improvement. The article adapted here is part of a longer article that is available from Dr. David Civic, Phoenix Area, IHS.

RPMS patch installations are an ongoing effort for all facilities, and it is critical that RPMS is up-to-date for the ICD-10 transition. In this newsletter, we'll outline the released RPMS patches that are necessary for the transition.

In Coders Corner, we discuss Chapters 3 & 4 of ICD-10-CM. Chapter 4 is especially significant to the Indian health system as it includes diabetes mellitus.

~ Janice Chase, ICD-10 IHS Lead



October 1, 2014 is FINAL

The Department of Health and Human Services, Centers for Medicare & Medicaid Services has issued a final rule that changes the compliance date for the implementation of ICD-10. The compliance date has moved from October 1, 2013 to October 1, 2014, ending the speculation that there might be a delay of more than one year or waiting until ICD-11 is published.

The IHS National ICD-10 team is developing and preparing for testing of the RPMS modules affected by the transition and will continue to spread awareness of the ICD-10 transition to our stakeholders.

The final rule is located at this URL:

http://www.ofr.gov/OFRUpload/OFRData/2012-21238_PI.pdf



Are RPMS Patches Up-to-Date?

Although ICD-10 compliance may not be immediate, preparing and staying on track for the conversion at the site needs to start now. Keeping RPMS modules up to date is extremely important for ICD-10 and other projects. In some cases, new projects cannot deploy if RPMS is not current. Here is a list of recent patches:

PACKAGE NAME	CURRENT PATCH	DATE RELEASED
EHR	EHR v2.0 patch 10	July 2012
Adverse Reaction Tracking	GMRA v4.0 patch 5	July 2012
Vitals	GMRV v5.0 patch 1	July 2012
Reminders	PXRM v1.5 patch 8	July 2012
Radiology	RA v5.0 patch 4	July 2012
TIU	TIU v1.0 patch 9	July 2012
Third Party Billing	ABM v2.6 patch 9	July 2012
Immunization	BI v8.5 patch 2	July 2012
PCC suite	BJPC v2.0 patch 8 & 9	July 2012
PCC+	VEN v2.5 patch 5	May 2012
Outpatient Pharmacy	APSP v7.0 patch 13	May 2012
VA Health Summary	GMTS v2.7 patch 4	February 2012
IHS Health Summary	BHS v1.0 patch 6	February 2012
IHS Code Set Versioning	BCSV v1.0 patch 3	January 2012
Accounts Receivable	BAR v1.8 patch 19	December 2011
Kernel	XU v8.0 patch 17	October 2011
Laboratory	LR v5.2 patch 30	September 2011
Authorization/Subscription (TIU Business Rules)	USR v1.0 patch 3	February 2011

An updated list of RPMS patches can be found on the RPMS website:

<http://www.ihs.gov/RPMS/SRCB/patchtbl.pdf>



Clinical Documentation Improvement Pilot

Adapted from ICD-10 and Clinical Documentation by David Civic, MD, and Kyle Jahn

Improving clinical documentation is an important step in the transition from ICD-9 to ICD-10. The granularity of ICD-10 requires more detail in the documentation, such as pregnancy trimester, specific wound site and laterality. In order to ascertain whether documentation was sufficient in the Phoenix Area, a pilot was conducted to evaluate clinical documentation. The pilot centered on reviewing the use of an active problem list. The study sought to answer three questions:

1. Is the Problem List being managed actively?
2. Is the current Problem List coded accurately?
3. Does the clinical visit record contain sufficient detail for ICD-10 coding?

The Area evaluation team (provider and health information manager (HIM)/coder) partnered with a provider, a coder, and a health information manager to review electronic and paper records in a service unit. The team found significant variations among the providers' use and maintenance of the problem list. An analysis of the use of ICD-9 codes found some overuse of non-specific and V codes. The team observed that some current visit notes lacked sufficient detail to determine an appropriate ICD-10 code and in some instances even an ICD-9 code. Based on this pilot, the team determined that action to improve the active problem list was desirable.

The team recommended a model for improvement that featured the following steps:

- ◆ Form the team of qualified individuals for the process improvement team.
- ◆ Set time-specific and measurable aims.
- ◆ Use qualitative and quantitative measures to determine if a specific change leads to improvement.
- ◆ Choose changes based on insights of system users, creative thinking techniques or from successful improvement process experiences.
- ◆ Test the change in the real work setting by planning it, trying it, observing the results and acting on what is learned. The Plan-Do-Study-Act (PDSA) cycle is a method for action-oriented learning.
- ◆ Implement the change after repeated tests and refinements.
- ◆ Spread the change to other parts of the organization.

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Clinical Documentation Improvement Pilot *continued*

The team recommended that an improvement process at the service unit could include:

- ◆ Training the providers on the management of the problem list.
- ◆ Instituting a real-time coding audit process that would enable the provider-coder teams to review the notes together.
- ◆ Including problem list management as part of the Subjective Objective Assessment Plan (SOAP) peer review and/or the Medical Records Committee review.

For information on the Phoenix Area Clinical Documentation Improvement pilot or for advice on starting your own evaluation, contact Dr. David Civic, Phoenix Area Quality Management at david.civic@ihs.gov or 602-364-5164.



Coders' Corner: ICD-10-CM Chapters 3 & 4

By Janice Chase, Rebecca Herrera, and Kathleen Keats

This edition of Coders' Corner discusses Chapters 3 & 4 of ICD-10-CM.

- ◆ Chapter 3, with codes D50 through D89, deals with diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism.
- ◆ Chapter 4, with codes E00 through E89, describes endocrine, nutritional, and metabolic diseases.

Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism

The third chapter in ICD-10-CM describes conditions of anemia and certain immune disorders. Some conditions are related but not included in this chapter, such as Human Immunodeficiency Virus (HIV), neoplasms, and complications of childbirth.

The chapter has seven sub-chapters as shown in the following table.

CODE RANGE	DESCRIPTION	CODE RANGE	DESCRIPTION
D50-D53	Nutritional Anemias	D70-D77	Other disorders of blood and blood-forming organs
D55-D59	Hemolytic Anemias	D78-D78	Inter-operative and post-procedural complications of the spleen
D60-D64	Aplastic and other anemias and other bone marrow failure syndromes	D80-D89	Certain disorders involving the immune mechanism
D65-D69	Coagulation defects, purpura and other hemorrhagic conditions		

Endocrine, Nutritional and Metabolic Diseases

The fourth chapter in ICD-10-CM outlines the conditions of endocrine, nutritional, and metabolic diseases. This chapter contains most conditions of diabetes mellitus, obesity, and malnutrition. Chapter Four contains ten sub-chapters:

CODE RANGE	DESCRIPTION	CODE RANGE	DESCRIPTION
E00-E07	Disorders of thyroid gland	E40-E46	Malnutrition
E08-E13	Diabetes mellitus	E50-E64	Other nutritional deficiencies
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion	E65-E68	Overweight, obesity, and other hyper-alimentation
E20-E35	Disorders of other endocrine glands	E70-E88	Metabolic disorders
E36-E36	Intraoperative complications of endocrine system	E89-E89	Post-procedural endocrine and metabolic complications and disorders, not elsewhere classified

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Coders' Corner: ICD-10-CM Chapters 3 & 4 continued

Many of the sub-chapters in Chapter Four have additional levels of classification. An important sub-chapter for the Indian health system is E08-D13 - diabetes mellitus. The sub-chapter has five sub-sections with multiple options. The five sub-sections are listed in the table below.

CODE	DESCRIPTION	CODE	DESCRIPTION
E08	Diabetes mellitus due to underlying condition	E11	Type 2 diabetes mellitus
E09	Drug or chemical induced diabetes mellitus	E13	Other specified diabetes mellitus
E10	Type 1 diabetes mellitus		

Sub-section E11 has a multitude of classifications. Type 2 diabetes mellitus E08 excludes gestational diabetes (O24.4), neonatal diabetes mellitus (P70.2), and other diabetes classified in other sub-sections of E08-E13. This sub-section, E11, includes further descriptions as provided in the table below.

CODE	DESCRIPTION	CODE	DESCRIPTION
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.62	Type 2 diabetes mellitus with skin complications
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	E11.621	Type 2 diabetes mellitus with skin complications with foot ulcer
E11.36	Type 2 diabetes mellitus with diabetic cataract	E11.630	Type 2 diabetes mellitus with oral complications with periodontal disease
E11.42	Type 2 diabetes mellitus with neurological complications with diabetic polyneuropathy	E11.64	Type 2 diabetes mellitus with hypoglycemia
E11.52	Type 2 diabetes mellitus with circulatory complications with diabetic peripheral angiopathy with gangrene	E11.641	Type 2 diabetes mellitus with hypoglycemia with coma

Note the codes E11.62 and E11.621 in the chart above. E11.62 is the non-specific classification of Type 2 diabetes mellitus with skin complications. E11.621 Type 2 diabetes mellitus with skin complications with foot ulcer is a code with a specific skin complication. E11.64 and E11.641 is a similar situation with a specific complication.

In the next edition of Coders' Corner, Chapter 5 & 6 of ICD-10-CM will be discussed. Chapter 5 deals with Mental, Behavioral and Neurodevelopmental disorders F01-F99 and Chapter 6 describes Diseases of the Nervous System G00-G99.

For questions or more information, please contact your Area ICD-Coordinator, Janice Chase, Janice.Chase@ihs.gov, or Kathleen Keats (contractor), Kathleen.Keats@ihs.gov.

Sources

- ◆ ICD-10Data.Com - Accessed 8/29/2012.
- ◆ Chapter 3 can be found at: <http://www.icd10data.com/ICD10CM/Codes/D50-D89>.
- ◆ Chapter 4 can be found at: <http://www.icd10data.com/ICD10CM/Codes/E00-E89>.

