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Pursuit of Excellence

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What's Inside

About This Issue

The ICD-10 work continues throughout Indian Country. In this edition you'll read about the productive work in clinical documentation improvement in the Aberdeen Area. In addition, Albuquerque Area is hosting training sessions, conducting coding audits, and improving clinical documentation.

The integrated testing required of the ICD-10 implementation has moved to the stage of engaging a site to test software throughout the lifecycle. Read about efforts at Parker Hospital.

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 7, Diseases of the eye and adnexa, and Chapter 8, Diseases of the ear and mastoid process

I hope your ICD-10 progress continues!

~ Janice Chase, ICD-10 IHS Lead

Aberdeen Area Starts CDI Pilot

The Aberdeen Area is serious about Clinical Documentation Improvement (CDI). Heather McClane, Aberdeen Area Health Information Management (HIM) Consultant, and Dr. Monica Mayer, Deputy Chief Medical Officer (CMO), have developed a CDI plan in preparation for ICD-10.

The plan starts with one coder and one provider working together to improve the provider's documentation. The coder attempts to code the provider's notes for ICD-10, which requires a great deal of specificity and may include anatomical location, laterality, trimester of pregnancy, episode of care or acuity of condition. In order to best code the visit to ICD-10, a query process between the coder and provider encourages open dialogue to enable the visit documentation to reflect the clinical picture of the patient through ICD-10's specificity. This query process also maintains ongoing ICD-10 education to the provider and coder and ensures clinical documentation improvements necessary to support the new code assignment.

Once this process has solidified, the plan calls for the provider leader to promote CDI to his/her colleagues in the Service Unit. The next step is to work with a nurse in each test site to improve nursing documentation, and the nurse leader will roll out CDI to the other nurses in the Service Unit.

In order to test the CDI initiative for ICD-10-CM and ICD-10-PCS, Aberdeen Area is testing in a clinic as well as in a hospital. Based on the test results, the plan is to reproduce this CDI process Area-wide.

Aberdeen Area's CDI Goals are as follows:

- To identify and clarify missing, conflicting, or nonspecific provider documentation related to diagnoses and procedures
- Support accurate diagnostic and procedural coding, Diagnosis Related Group (DRG) assignment, severity of illness, and expected risk of mortality, leading to appropriate reimbursement
- Promote health record completion during the patient's course of care
- Improve communication between physician and coder
- Provide education
- Improve documentation to reflect quality and outcome scores
- Improve coders' clinical knowledge

CDI is essential to the successful ICD-10 transition. What can you do to improve clinical documentation in your organization?

The Latest RPMS Patches

Although ICD-10 releases aren't out yet, 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
Adverse Reaction Tracking	GMRA	v4.0	patch 5	July 2012
Vitals	GMRV	v5.0	patch 1	July 2012
Reminders	PXRM	v1.5	patch 9	June 2013
Radiology	RA	v5.0	patch 4	July 2012
TIU	TIU	v1.0	patch 10	February 2013
Third Party Billing	ABM	v2.6	patch 10	November 2012
Immunization	BI	v8.5	patch 4	December 2012
PCC suite	BJPC	v2.0	patch 8 & 9	July 2012
PCC+	VEN	v2.6	patch 5	May 2012
Outpatient Pharmacy	APSP	v7.0	patch 14	August 2012
VA Health Summary	GMTS	v2.7	patch 4	June 2011
IHS Health Summary	BHS	v1.0	patch 7	February 2013
IHS Code Set Versioning	BCSV	v1.0	patch 3	January 2012
Accounts Receivable	BAR	v1.8	patch 22	October 2012
Kernel	XU	v8.0	patch 17	October 2011
Laboratory	LR	v5.2	patch 31	May 2013
Authorization/Subscription (TIU Business Rules)	USR	v1.0	patch 4	February 2013

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

End-to-End Testing in Colorado River Service Unit

Thorough testing for an enterprise-wide implementation such as ICD-10 is essential. Recruiting for test sites is a continual challenge. The test sites often have additional work to do for alpha or beta testing, and projects with multiple releases—such as ICD-10—are difficult to coordinate.

Many sites will be involved with beta testing for individual ICD-10 patches for specific RPMS applications. The work that the Colorado River Service Unit, Parker PHS Indian Hospital (Parker) will do is more intensive than beta testing. Parker will be testing the ICD-10 remediation from patient admission through the revenue cycle.

The kickoff for the Parker End-to-End testing was held in March and testing will begin this fall. The IHS National Team would like to thank the testing team, especially Kathleen Nelson (Parker), Kathy Ray (formerly Parker, now Navajo Area), Verna Kuka (Phoenix Area), and DaJuanna Bissonette (Phoenix Area).

If you are interested in participating in any ICD-10 testing, please contact Catherine.Holck@ihs.gov. We appreciate volunteers!

Electronic Health Record: Clean Up the Problem List!

The RPMS Electronic Health Record (EHR) will be changing significantly to accommodate Stage 2 of Meaningful Use, which includes Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT). This change affects ICD-10 in that the providers will be using SNOMED-CT and the coder and billers will be applying and verifying ICD-10 for reimbursement. There will be a mapping program available in EHR to bridge the two systems.

The effectiveness of either system will be dependent on the accuracy of the patient's problem list. Look for resolved problems, redundant entries and duplicate ICD-9 codes for the same provider. Different providers may use the same ICD-9 code in their narratives. The new SNOMED-based problem list will not have redundancies. To prepare for the transition, code problems when possible, working with the coding team as needed. A report in the Patient Care Component (PCC) might help with the code review:

PRB Fix Uncoded PROBLEM File Diagnosis [APCDFIXPROBLEM]

Sites are encouraged to take the time NOW to clean up the problem list for Meaningful Use Stage 2 and well before the ICD-10 October 1, 2014 compliance date!

Activity in Albuquerque!

The Albuquerque Area is hard at work for the ICD-10 transition. Jacque Candelaria, Area ICD-10 Coordinator, and her team have made impressive strides, especially in training.

Jacque, an Approved American Health Information Management Association (AHIMA) ICD-10-CM/PCS trainer, has joined the IHS team of trainers providing "Have No Fear, ICD-10 is Here." This training will continue in 2014. You may sign up for this training on the RPMS Training site.

The Albuquerque Area hosts monthly ICD-10-CM and ICD-10-PCS training. The training began in March of 2013 and will continue through September 2014. The courses are two to three hours in length and cover one or two chapters of the coding books. In addition to Jacque, Wil Darwin, the Area Clinical Applications Coordinator/Pharmacy Consultant, and Karen Romancito, Area Laboratory Consultant, will provide their expertise in their specialties. The physician champion, Dr. Raphael Graulau-Ortiz, provides an anatomy and physiology session during the training and covers the topics that are in those chapters.

In addition to training, the Albuquerque Area hosts monthly ICD-10 planning calls and plans to publish an Area newsletter. Outreach to sites has included presentations for Federal, Tribal, and Urban facilities.

Understanding that satisfactory clinical documentation is critical for the transition, the Albuquerque Area has conducted a coding audit and a documentation review to understand any gaps in clinical documentation and associated coding. Additional audits will take place later in 2013 and continue into 2014.

If you are in the Albuquerque Area and interested in learning more about ICD-10, please contact Jacque Candelaria at Jacque.Candelaria@ihs.gov or 505-248-4773.

Business and Revenue Cycle Subgroup Reconvenes

The ICD-10 subgroup created to focus on the business and revenue cycle needs is transitioning to the leadership of Janice Chase, ICD-10 Federal Lead, Office of Information Technology, and John Rael, Management Analyst, Division of Business Office Enhancement, Office of Resource Access and Partnerships. Jan and John held the initial meeting in May and will continue with meetings on the 4th Wednesday of every month at 3:30 ET.

Initially, the Business and Revenue Cycle Subgroup focused on the requirements necessary for changes to the Resource and Patient Management System (RPMS). Now, the group will turn its attention to payer readiness, including communication, testing, and revenue impacts.

If you are interested in joining the subgroup, please contact Jan Chase at Janice.Chase@ihs.gov or Kathleen Keats at Kathleen.Keats@ihs.gov.

Coders' Corner: ICD-10-CM Chapters 7 & 8

In this edition of the Coders' Corner, we'll explore more of ICD-10-CM with Chapters 7 and 8:

♦ Chapter 7 deals with the Diseases of the eye and adnexa (H00-H59)
♦ Chapter 8 deals with the Diseases of the ear and mastoid process (H60-H95)

Chapter 7

Chapter 7 describes the disorders of the eye and its parts and the surrounding parts, such as the eyelid. The Chapter excludes several conditions including those originating in the perinatal period, from infectious diseases, from diabetes mellitus, from childbirth, from injury, and others (see complete list: http://www.icd10data.com/ICD10CM/Codes/H00-H59).

As with the previous chapters that have been described, Chapter 7 includes several layers. The highest layer has 12 levels outlining codes for the various disorders in this chapter.

CODE RANGE	DESCRIPTION
H00-H05	Disorders of eyelid, lacrimal system and orbit
H10-H11	Disorders of conjunctiva
H15-H22	Disorders of sclera, cornea, iris, and ciliary body
H25-H28	Disorders of lens
H30-H36	Disorders of choroid and retina
H40-H42	Glaucoma
H43-H44	Disorders of vitreous body and globe
H46-H47	Disorders of optic nerve and visual pathways
H49-H52	Disorders of ocular muscles, binocular movement, accommodation, and refraction
H53-H54	Visual disturbances of eye and adnexa
H59-H59	Intraoperative and post-procedural complications and disorders of eye and adnexa, not elsewhere classified

Coders' Corner: ICD-10-CM Chapters 7 & 8 *continued*

For this session of Coders' Corner, we'll explore H40 – H42 Glaucoma, which has two sub-categories: H40 Glaucoma and H42 Glaucoma in diseases classified elsewhere.

By diving deeper into the H40 Glaucoma code, we find the incredible detail available with ICD-10. There are some exclusions such as congenital glaucoma and traumatic glaucoma due to birth injury. We can select laterality, the stage of the disease, and whether the glaucoma is secondary to eye inflammation or other conditions. An example of laterality will be provided only in the first breakdown of the code for the sake of brevity. An example of the stages of the diseases will also only be presented once.

CODE	DESCRIPTION
H40.0	Glaucoma suspect
H40.00	Pre-glaucoma, unspecified
H40.001	Right eye
H40.002	Left eye
H40.003	Bilateral
H40.009	Unspecified eye
H40.01	Open angle with borderline findings, low risk
H40.02	Open angle with borderline findings, high risk
H40.03	Anatomical narrow angle
H40.04	Steroid responder
H40.05	Ocular hypertension
H40.05	Primary angle closure without glaucoma damage
H40.1	Open-angle glaucoma
H40.10	Unspecified open-angle glaucoma
H40.11	Primary open-angle glaucoma
H40.12	Low-tension glaucoma
H40.121	Low-tension glaucoma, right eye
H43.1210	Stage unspecified
H40.1211	Mild stage
H40.1212	Moderate stage
H40.1213	Severe stage
H40.1214	Indeterminate stage
H40.122	Low-tension glaucoma, left eye
H40.123	Low-tension glaucoma, bilateral eye
H40.129	Low-tension glaucoma, unspecified eye

Coders' Corner: ICD-10-CM Chapters 7 & 8 *continued*

CODE	DESCRIPTION
H40.13	Pigmentary glaucoma
H40.131-139	Right, left, bilateral, unspecified with stages
H40.14	Capsular glaucoma with pseudoexfoliation of lens
H40.141-149	Right, left, bilateral, unspecified with stages
H40.15	Residual stage of open glaucoma
H40.2	Primary angle-closure glaucoma (*with additional level)
H40.3	Glaucoma secondary to eye trauma (*with additional level)
H40.4	Glaucoma secondary to eye inflammation (*with additional level)
H40.5	Glaucoma secondary to other eye disorders (*with additional level)
H40.6	Glaucoma secondary to drugs (*with additional level)
H40.8	Other glaucoma (*with additional level)

The level of granularity associated with H40.2 through H40.8 (marked as *with additional level) is similar to the previously outlined codes and was abbreviated for brevity.

Chapter 8

Chapter 8 describes the diseases of the ear and mastoid process (H60 – H95) and has several exclusions including pregnancy and childbirth, injury, infectious diseases, metabolic diseases, and neoplasms.

The first layer of Chapter 8 contains five sections dealing with various parts of the ear and mastoid:

CODE RANGE	DESCRIPTION
H60-H62	Diseases of external ear
H65-H75	Diseases of middle ear and mastoid
H80-H83	Diseases of inner ear
H90-H94	Other disorders of ear
H95-H95	Intraoperative and post-procedural complications and disorders of ear and mastoid process, not elsewhere classified

Coders' Corner: ICD-10-CM Chapters 7 & 8 *continued*

If we select H65 – H75 (Diseases of middle ear and mastoid), many layers of detail are available:

CODE	DESCRIPTION
H65	Nonsuppurative otitis media
H66	Suppurative and unspecified otitis media
H67	Otitis media in diseases classified elsewhere
H68	Eustachian salpingitis and obstruction
H69	Other and unspecified disorders of Eustachian tube
H70	Mastoiditis and related conditions
H71	Cholesteatoma of middle ear
H72	Perforation of tympanic membrane
H73	Other disorders of tympanic membrane
H74	Other disorders of middle ear mastoid
H75	Other disorders of middle ear and mastoid in diseases classified elsewhere

A closer look at H72, perforation of tympanic membrane shows additional layers, inclusions, and exclusions. This code includes persistent post-traumatic perforation of ear drum and post-inflammatory rupture of ear drum. This code does not include acute suppurative otitis media with rupture of the tympanic membrane and traumatic rupture of ear drum. Code any associated otitis media first.

CODE	DESCRIPTION
H72.0	Central perforation of tympanic membrane
H72.00	Unspecified ear
H72.01	Right ear
H72.02	Left ear
H72.03	Bilateral
H72.1	Attic perforation of tympanic membrane
H72.10-H72.30	Unspecified, right, left ear and bilateral
H72.2	Other marginal perforations of tympanic membrane
H72.2X	Other marginal perforations of tympanic membrane
H72.2X1-H72.2X9	Right, left, bilateral, and unspecified ear
H72.8	Other perforations of tympanic membrane
H72.81	Multiple perforations of tympanic membrane
H72.811-H72.819	Right, left, bilateral, and unspecified ear

Coders' Corner: ICD-10-CM Chapters 7 & 8 *continued*

CODE	DESCRIPTION
H72.82	Total perforations of tympanic membrane
H72.821-H72.829	Right, left, bilateral, and unspecified ear
H72.9	Unspecified perforation of tympanic membrane
H72.90-H72.92	Unspecified, right, left ear

For both diseases of the eye and the ear, an external cause code that identifies the cause of the condition, if applicable, should follow the code for the eye or ear condition. All information in this article was obtained from http://www.icd10data.com/.

Up Next

The next edition of the Coders' Corner will cover Chapter 9: Diseases of the Circulatory System and Chapter 10: Diseases of the Respiratory System.