



## QUARTERS 1&2, 2014

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### About This Issue

By now our readers know of the change in the compliance date for ICD-10. The health care industry is awaiting regulatory changes from the Centers for Medicare and Medicaid Services (CMS) that will implement the delay and formally establish the new compliance date of October 1, 2015. We continue our ICD-10 journey by supporting the sharing of best practices, helpful tools, and other useful hints from the industry and our colleagues.

There was a lot of activity before the news of the delay, and we urge you to maintain the momentum in your ICD-10 preparation! The additional time will allow providers to become accustomed to the 2014 Certified EHR before the ICD-10 transition, as well as allow more time to test with payers to ensure a smooth transition.

The IHS ICD-10 web site is an excellent resource for essential information for ICD-10 preparation. The site contains links to valuable resources such as CMS and the American Health Information Management Association. The new look should enhance your search for resources in the site.

Use the articles in this newsletter to help prepare for the ICD-10 transition.

I hope your ICD-10 progress continues!

*~ Janice Chase, ICD-10 IHS Lead*

## ICD-10 Delayed

As you may have heard, the compliance date for the transition to ICD-10 was pushed back by Congress. HHS sent out a statement confirming the intention to make October 1, 2015 the new compliance date for the ICD-10 conversion.

Officially from HHS: "On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015."

The Office of Information Technology (OIT) encourages all stakeholders to continue to build a foundation for a successful ICD-10 transition by supporting efforts to improve clinical documentation, provide staff education and ensure payer readiness.



## New Look for OIT's ICD-10 Website

The Office of Information Technology (OIT) has just launched the newly revised ICD-10 website: <http://www.ihs.gov/icd10/>. The updated site contains the latest information about the progress of the transition to ICD-10 and critical information to prepare for implementation.

Highlights of the website include training resources for coders and providers, a discussion of the benefits of ICD-10 for patients and answers to frequently asked questions. Suggestions for additional topics to be included on the site can be sent to Janice Chase, OIT Federal Lead for ICD-10, at [Janice.Chase@IHS.gov](mailto:Janice.Chase@IHS.gov).



## Are the Payers Ready?

By Kathleen Keats

As part of your preparation for ICD-10, it is essential that you know the progress of your payers.

First, check their web sites for information. Payer web sites are a valuable source of information about the progress. For example, as of December 2013, Humana was conducting external testing in the 3<sup>rd</sup> and 4<sup>th</sup> quarters of 2013 and Tricare PGBA stated that the 2<sup>nd</sup> quarter of 2014 it will be testing with external trading partners. The Centers for Medicare and Medicaid Services announced that it held testing in March 2014 and has indicated interest in conducting more testing. The delay in the compliance to ICD-10 may afford more opportunity for testing with payers!

If the web site does not yield the information that you need, contact the payer. Identify a contact person with whom you can have regular communication and set up meetings, if possible.

To help you with the conversation, consider a few of these questions:

- Will there be a cut-off date for the use of ICD-9 codes?
- What is the process for receiving/returning an ICD-9 code after the ICD-10 compliance date?
- Will there be changes to policies or expected delays in payments due to the transition?
- What is your contingency plan in the event that your organization is not ready by the compliance date?
- Will we need to test with you for ICD-10 if we are currently in production with 5010?

Keeping an open dialogue with your payers will smooth the transition and mitigate risk for claim denials or delays. For additional questions for payers, please contact your Area Business Office Coordinator, Janice Chase at [Janice.Chase@ihs.gov](mailto:Janice.Chase@ihs.gov) or Kathleen Keats at [Kathleen.Keats@ihs.gov](mailto:Kathleen.Keats@ihs.gov).



## The Latest RPMS Enhancements

ICD-10 related enhancements will be released soon and continue throughout 2014. To prepare, there are many upgrades and releases for RPMS that need to be in place prior to the ICD-10 implementation. The list of ICD-10-prerequisite patch levels is below.

PACKAGE NAME	CURRENT PATCH	DATE RELEASED
Accounts Receivable	BAR v1.8 patch 23	January 2014
Adverse Reaction Tracking	GMRA v4.0 patch 5	July 2012
Authorization/Subscription (TIU Business Rules)	USR v1.0 patch 4	February 2013
BMX.NET	BMX v4.0 patch 3	August 2013
Data Warehouse Export	BDW v1.0 patch 3	September 2012
Dental	ADE v6.0 patch 25	February 2014
Dental EDR Interface	BADE v1.0 patch 3	November 2013
Diabetes Mgmt System	BDM v2.0 patch 7	January 2014
Electronic Health Record	EHR v1.1 patch 12	December 2013
Emergency Room System	AMER v3.0 patch 4	May 2013
e-Prescribing	BEPR v1.0 patch 3	November 2013
HIV Mgmt System	BKM v2.1 patch 2	January 2012
ICD/SBC Update	AUM v.1.4 patch 2	April 2014
IHS Code Set Versioning	BCSV v1.0 patch 3	January 2012
IHS Health Summary	BHS v1.0 patch 7	February 2013
Immunization	BI v8.5 patch 7	January 2014
Kernel	XU v8.0 patch 17	October 2011
Laboratory	LR v5.2 patch 32	August 2013
Lexicon	LEX v2.0 patch 1002	July 2012
Outpatient Pharmacy	APSP v7.0 patch 16	December 2013
PCC+	VEN v2.6 patch 5	May 2012
PCC suite	BJPC v2.0 patch 8 & 9	July 2012
Pharmacy Point of Sale	ABSP v1.4 patch 6	January 2014
Radiology	RA v5.0 patch 4	July 2012
Reminders	PXRM v1.5 patch 9	June 2013
Third Party Billing	ABM v2.6 patch 13	April 2014
TIU	TIU v1.0 patch 10	February 2013
Uniform Data System	BUD v2.0 patch 4	January 2008
VA Health Summary	GMTS v2.7 patch 4	June 2011
Vitals	GMRV v5.0 patch 1	July 2012
Women's Health	BW v2.0 patch 12	May 2011

In addition, all upgrades required for the 2014 Certified Electronic Health Record are also required for ICD-10. Install these patches as they become available.

	Namespace	Version	Patch	Package Name/Other
1	AG	7.1	11	Patient Registration
2	AG	7.2	3	MPI (under Patient Registration)
3	AMER	3.0	5.0	ER Visit System
4	APLC	3.0	29	IHS PCC Reports (ILI Surveillance/Syndromic Surveillance patch)
5	APCM	1.0	4	IHS MU Performance Reports (2014)
6	APSP	7.0	1017	IHS Pharmacy Modifications
7	AUM	13.0	4	ICD Update
8	AUPN	99.1	23	IHS Dictionaries (Patient)
9	AUT	98.1	26	IHS Dictionaries (Pointers)
10	AVA	93.2	22	IHS VA Support Files
11	BCCD	1.0		CCDA (Consolidated Clinical document architecture)
12	BCQM	1.0		Clinical Quality Measures (IHS Code Mapping)
13	BEPR	2.0		e-Prescribing production
14	BGO	1.1	13	BGO Components (for HER p13)
15	BHS	1.0	8	Health Summary Components (VA)
16	BI	8.5	5	Immunization
17	BJPC	2.0	10	IHS PCC Suite
18	BMC	4.0	8	Referred Care Info System
19	BPHR	2.0	1	IHS Personal Health Record (PHR)
20	BQI	2.3	3	iCare Management System
21	BSTS	1.0		IHS Standard Terminology
22	BUSA	1.0		IHS User Security Audit
23	BXT	1.0		IHS Kernel Toolkit Extensions
24	BYIM	2.0	4	Immunization Interface to registry
25	GMRA	4.0	1007	Adverse Reaction dictionary changes
26	GMRC	3.0	1004	Consult/Request Tracking
27	GMRV	5.0	1002	Gen. Med. Rec. – Vitals
28	HIE	1.0	3,4,5	IHS HIE/NwHIN
29	LR	5.2	1033	Lab Service
30	MAG	3.0	131 & 140	
31	PXRM	2.0	1002	Clinical Reminders

32	RA	5.0	1005	Radiology/Nuclear Medicine
33	TIU	1.0	1012	Text Integration Utility
34	XWB	1.1	1018	RPC Broker (Kernel)
<b>Security Requirements</b>				
1	End User Encryption			Symantec 8.2, 7-Zip, Credant 2-go 7.3
2	Integrity			Winhasher
3	Authentication: Auto Logoff			GPO Setting
<b>Operating System and Environment</b>				
1	Windows			200 (2012 is not supported)
2	AIX			6.1 or higher
3	IIS			7.0
4	Ensemble			2012.2.5

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



## Coders' Corner: Chapter 10 - Diseases of the Respiratory System

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

The greatest difference between ICD-9-CM and ICD-10-CM chapters on *Diseases of the Respiratory System* is the increased granularity of the code descriptions and ICD-10-CM groups conditions according to anatomical site of infection, severity, and cause. For example, *J01 Acute Sinusitis* now includes codes for acute *recurrent* sinusitis. *J20 Acute Bronchitis* provides ten new codes specifying the organism responsible for the bronchitis, from *Mycoplasma pneumonia (J20.0)* to *respiratory syncytial virus (J20.5)* to *echovirus (J20.7)*. Plus, there are still codes for *other specified organisms (J20.8)* and for *acute bronchitis, unspecified (J20.9)*. *Chronic obstructive pulmonary disease (J44)* and *Asthma (J45)* include new codes that distinguish between uncomplicated cases and those patients in acute exacerbation. An important point to remember is that acute exacerbation means a worsening of a chronic condition. An acute infection superimposed on a chronic condition is not an acute exacerbation of the chronic condition. Code *J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection* should be used in this situation with an additional code for the responsible organism.

The old terms – extrinsic and intrinsic – used to describe Asthma in ICD-9-CM are not included in ICD-10-CM. Now asthma is defined as mild, moderate or severe, further characterized by intermittent or persistent and then specified again as uncomplicated, with (acute) exacerbation, or status asthmaticus.

J96 breaks out respiratory failure into acute, chronic, acute on chronic, and respiratory failure, unspecified. Each type of failure can be further defined as unspecified whether with hypoxia or hypercapnia, with hypoxia, or with hypercapnia.

### New additions include:

*Streptococcal sore throat (034.0)* has moved from Infectious and Parasitic Diseases in ICD-9-CM to *J02.0 Streptococcal pharyngitis* in Diseases of the Respiratory System in ICD-10-CM.

*J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified* is a new category in Diseases of the Respiratory System in ICD-10. An important point to remember when coding *J95.851 ventilator associated pneumonia (VAP)*, the provider must document a relationship between the ventilator as the cause of the pneumonia and an additional code must be assigned if an organism has been identified.

A new coding guideline governs the coding of J09 Influenza due to certain identified influenza viruses. These codes are to be used only if confirmed by the provider. Confirmation does not require lab confirmation but there must be a diagnostic statement from the provider that the patient definitively has Avian or HINI influenza, for example. This is an exception to the inpatient coding rule that says that if a provider documents "probable", "suspected", "likely", "questionable", "possible", or "still to be ruled out" the condition is to be coded as if it existed. In the case of influenza this rule no longer stands. All diagnosis of influenza types must be confirmed by the provider. If the provider cannot confirm the influenza type, then it should be coded to *J11 influenza due to unidentified flu virus*.

When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomical site. For example, tracheobronchitis will not be found in the ICD-10-CM index so it should be classified under bronchitis *J40, Bronchitis, not specified as acute or chronic*.

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Throughout ICD-10-CM, but especially in Diseases of the Respiratory System, additional codes should be used to identify any exposure to environmental tobacco smoke (Z77.22), exposure to tobacco smoke in the prenatal period (P86.81), history of tobacco abuse (Z87.891), occupational exposure to environment tobacco smoke (Z57.31), tobacco dependence (F17-) and tobacco use (Z72.0)

The next newsletter will cover the major changes in ICD-10-CM that affect Chapter 11 – Diseases of the Digestive System.







## ICD-10 Requirements for Certified Coders

Some coders have taken the next step professionally in their careers and become certified coders through either the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA). These coders should update their credentials for the new ICD-10 requirements as required.

AAPC has several credentials available, including:

- Certified Professional Coder (CPC)
- Certified Professional Coder - Outpatient Hospital/Facility (CPC-H)
- Certified Professional Coder - Payer (CPC-P)
- Specialty coder credentials (see AAPC web site for details)

AAPC requires an ICD-10 proficiency assessment and provides two routes for credentialing for ICD-10, which are explained fully on their website: [AAPC FAQ Coder's Roadmap to ICD-10](#).

AHIMA certifies coders as well, with several credentials:

- Certified Coding Associate (CCA)
- Certified Coding Specialist (CCS)
- Certified Coding Specialist - Physician-based (CCS-P)

AHIMA also offers specialist coding credentials.

AHIMA requires continuing education to maintain credentials and that a certain number be ICD-10, ranging from 12 to 18 credits. Options for maintaining credentials with ICD-10 training are available on the AHIMA web site: [http://www.ahima.org/~media/AHIMA/Files/Certification/ICD10\\_CEU\\_FAQs.ashx](http://www.ahima.org/~media/AHIMA/Files/Certification/ICD10_CEU_FAQs.ashx).

Both certifying bodies offer additional information about certification and ICD-10 on their web sites. If you are a coder and not certified yet, the transition to ICD-10 may be an excellent opportunity to learn the new material and to certify.