

Indian Health Service ICD-10 Update: Staying the Course

Janice Chase, RHIT, ICD-10 Federal Lead
Catherine Moore, ICD-10 Technical Lead
CDR Susan Richards, MSN, ARNP
EHR, PCC Federal Lead
March 26, 2015

Objectives

- Describe the IHS ICD-10 Project status
- Identify recommendations for the transition
- Recognize ICD-10 software changes

ICD-10 Transition Program - Summary

- Who needs to transition to ICD-10?
 - IHS and all HIPAA-covered entities
- When do we need to comply?
 - The compliance date is set in regulation as **October 1, 2015**
 - 2/11/2015 House held ICD-10 Hearing
- What is the approach to the transition?
 - Project Planning Update
 - Present Software Changes
 - Site approach to staying the course

Why is ICD-9-CM obsolete?

- ICD-9 reports non-specific data about patients' medical conditions and hospital inpatient procedures.
 - Assigns new procedures (involving lasers, robotics) to older description of procedure; lumps new diagnoses/procedures under “other” entries
- ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice.
- The structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

Who Will Be Affected?

- ICD-10-CM will be used by *all healthcare providers in all settings* to assign and/or interpret diagnoses.
 - Principal diagnosis
 - Secondary diagnoses
- ICD-10-PCS will capture inpatient procedures for acute care hospital claims.
 - Professionals and the outpatient setting (Medicare Part B claims) will continue to use Current Procedural Terminology (CPT) codes.

ICD-9 and ICD-10-CM

Comparison of Conventions

Characteristic	ICD-9-CM	ICD-10-CM
Character Type	Numeric, only V&E used	Alphanumeric
Code Length	3-5 digits	3-7 digits
Chapters	1-17	21
Number of Codes	13,600	69,000+
Supplementary Codes	V & E Codes	None (incorporated in main code book)
Laterality	No	Yes
Trimester	No	Yes
Structure of Injuries	Wound Type: Laceration, etc	Body Part

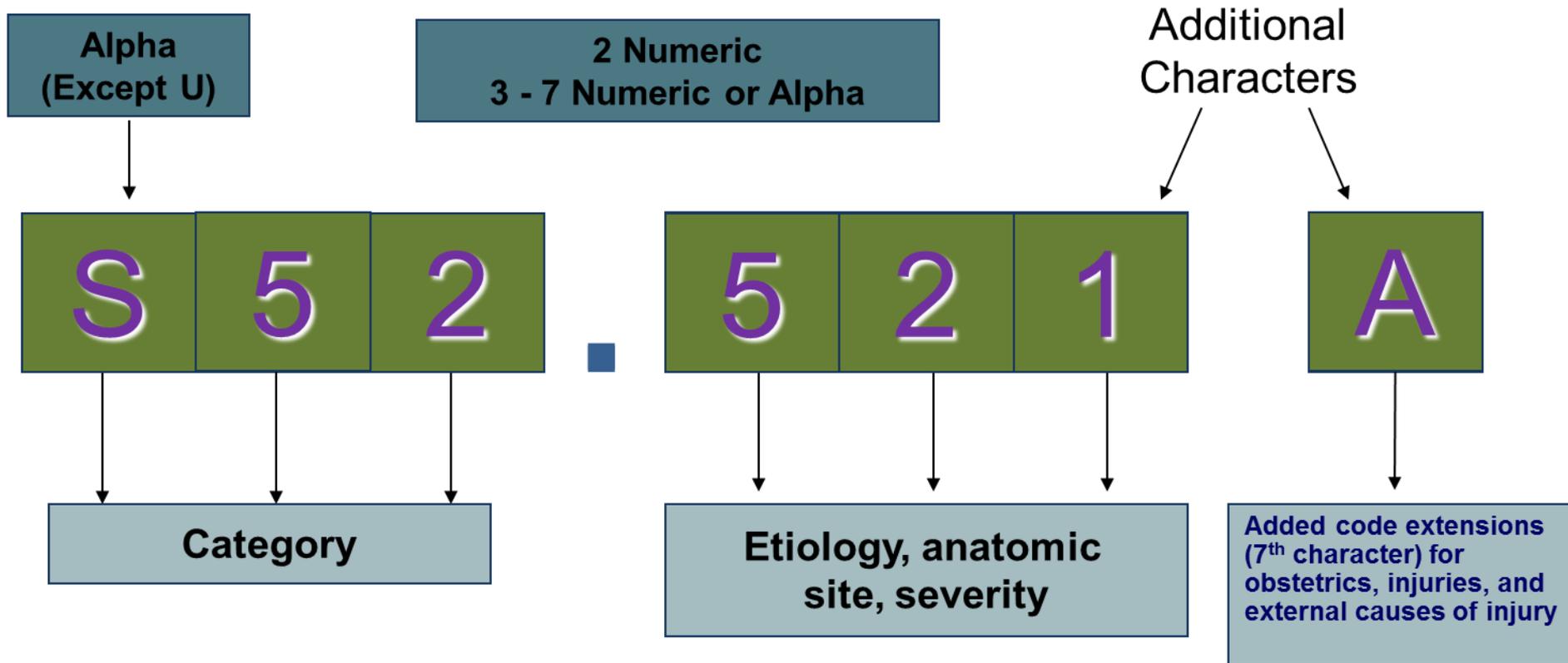
ICD Diagnosis Codes

Why So Many Diagnosis Codes?

Greater specificity and detail:

- 34,250 (50%) of all ICD-10-CM codes are related to the musculoskeletal system.
- 17,045 (25%) of all ICD-10-CM codes are related to fractures.
- 10,582 (62%) of fracture codes distinguish right from left.
- 25,000 (36%) of all ICD-10-CM codes distinguish right from left.

DX Coding and 7th Character Extensions



Valid DX Code is 3 – 7 Characters

Format of Inpatient Procedural Coding (ICD-10-PCS)

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

There are seven (7) characters in each ICD-10-PCS (Procedural Coding System) code. Each character has a slightly different meaning related to that particular section.

SNOMED CT and ICD-10 in RPMS

- Providers select SNOMED CT terms for Problem List, Purpose of Visit, Family History, etc.
- SNOMED CT will be translated to ICD-10 by mapping tools and verified by coders with support from **detailed** clinical documentation
- Since SNOMED CT is required for Meaningful Use Stage 2, **providers should be familiar with it by the time ICD-10 is implemented.** We will highlight some of the ICD-10 changes in the software.

Outreach

- NBOC –monthly calls
- HIM – monthly calls
- ISCC – monthly updates
- IHS ICD-10 Website
- Listserv communications – Clinical Rounds
- ICD-10 Stakeholder monthly meeting replaced Steering Committee and Area Coordinator meeting, and now includes some sub-groups
- GPRA and CAC meetings

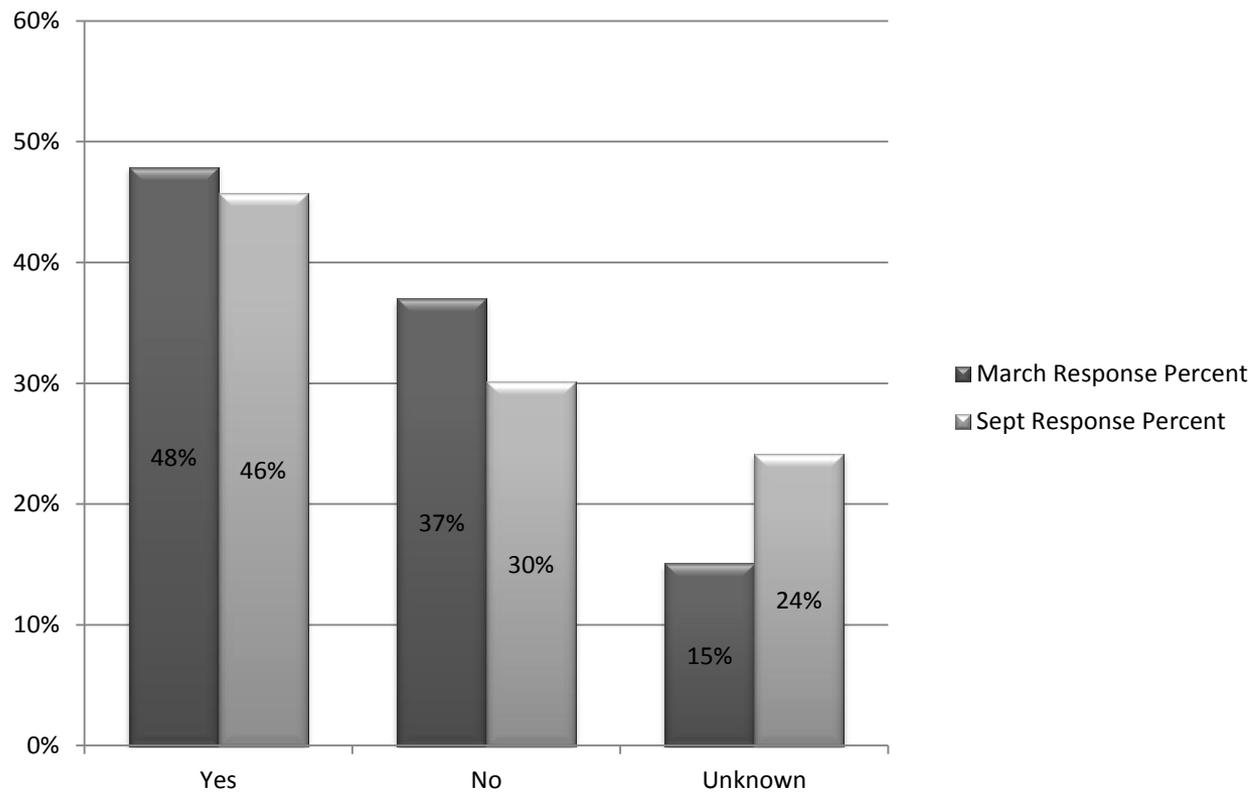
ICD-10 Stakeholder Meeting

- Third Wednesday of each month
- Steering Committee, Area ICD-10 Coordinators, Tribal rep, Urban rep, and Sub-group membership
 - Business and Revenue Cycle, Sam Brewster, Chair
 - CDI – David Civic, MD & Janice Chase Co-Chairs
 - Data Management – Kirk Greenway, Chair
 - Training – Deanna Dennis & Janice Chase Co-Chairs

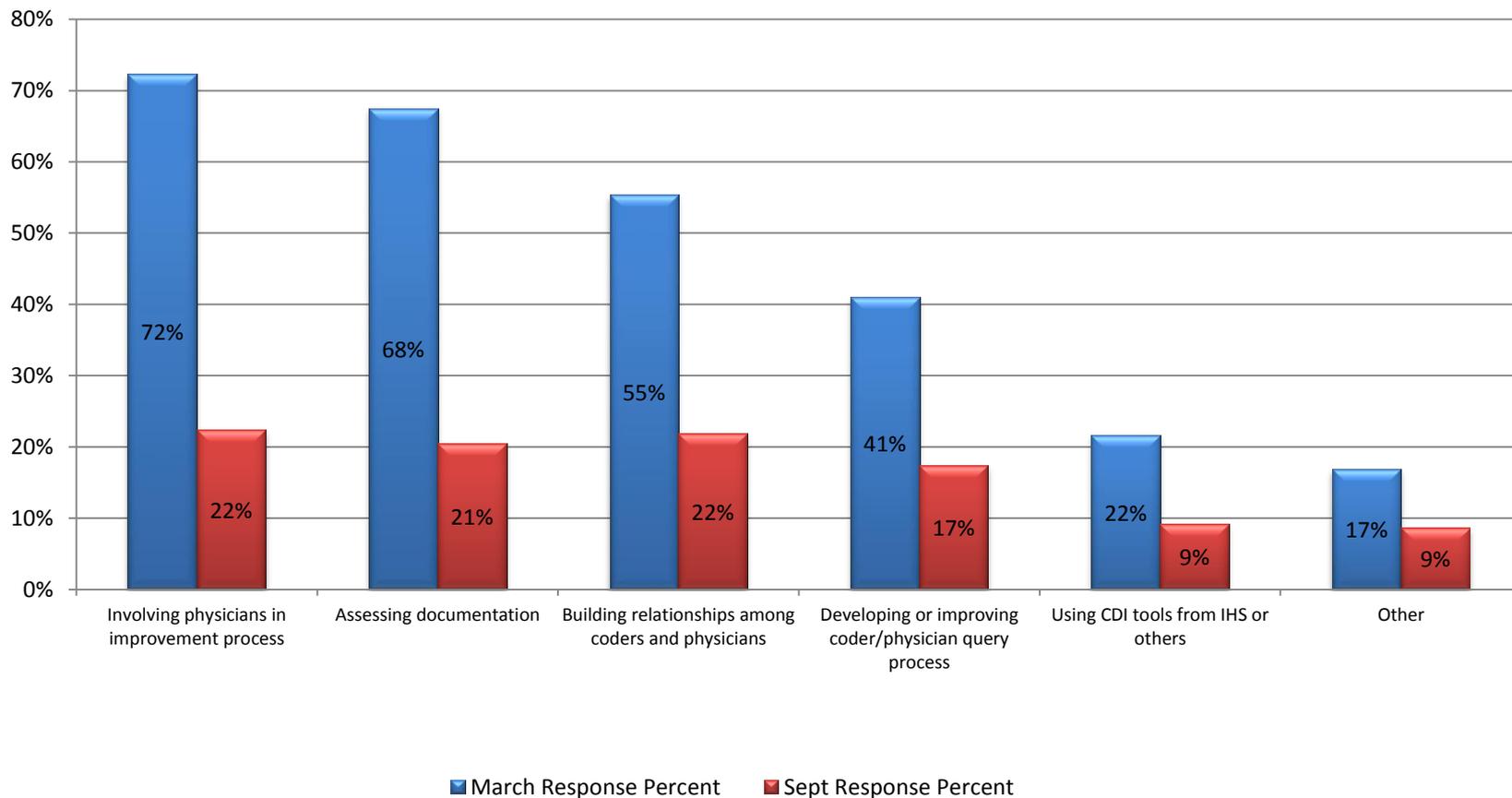
Recent and Planned Activity

- Dear Tribal Leader Letter – ICD-10 specific
- Updated IHS ICD-10 website
 - CMS Link – Provider Resources
 - Other Training resources, slides, etc.
- ICD-10 Checklist – Distributed by ORAP
- Readiness Survey – Gage Readiness
- ICD-10 Module for the IHS/ORAP On-Line Tool
 - Benchmark productivity prior to 10-1-2015
 - Expected Release April 2015

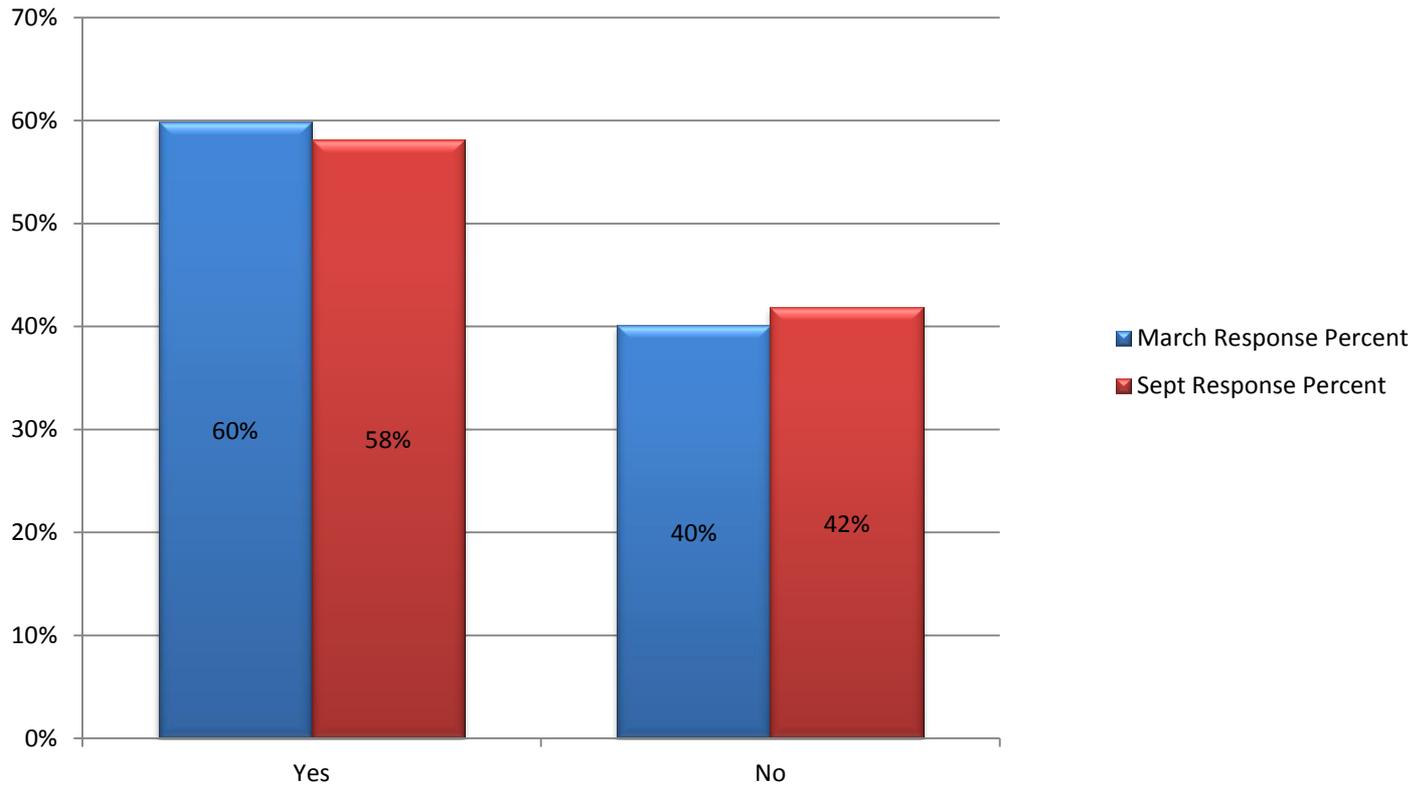
Does your organization currently have an ICD-10 Committee?



What steps are being taken to improve clinical documentation to support ICD-10?



Do you feel confident that your facility will successfully transition to ICD-10?



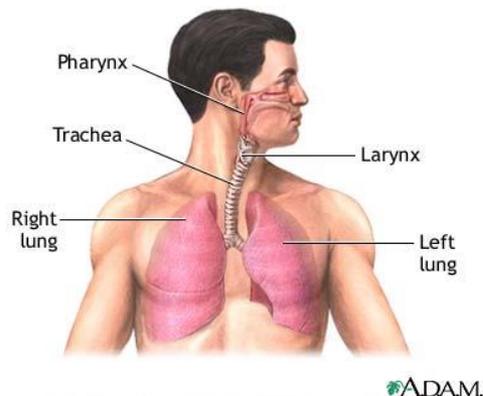
Clinical Impacts

Productivity impacts are expected

- Provider documentation may not be granular enough for ICD-10 (laterality, anatomic site, etc.)
- Increased physician queries for more information is expected
- Coders will need detailed information in the record to support ICD-10 codes
- Document consistently in same place
- Learning curve first six months predicted

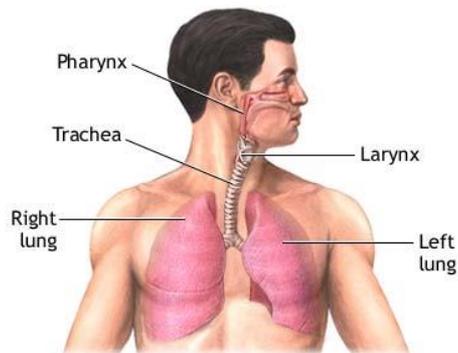
Reducing queries from coders

ICD-9	ICD-10	Where to document in EHR
Asthma - exacerbation	Asthma – severity classifications	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Asthma classification prompt on problem
Coma - duration	Coma – Glasgow Coma Scale Scores	<ol style="list-style-type: none"> 1. Chart note (inpatient) 2. POV Provider Text (ER) 3. Discharge summary
Fractures - Open or closed	Fractures (open) – Gustillo Classification	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text 3. Document progress using POV Provider Text.



Reducing queries from coders (cont.)

ICD-9	ICD-10	Where to document
Sepsis, SIRS, severe sepsis, septicemia, septic shock	Same, plus if due to catheter, there is no Urosepsis code	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text 3. Discharge summary
Pregnancy – Trimesters	Pregnancy – Trimesters	<ol style="list-style-type: none"> 1. Estimated weeks gestation (measurement)
ICD-9 Respiratory Failure – Acute, Chronic or acute on chronic	Same, plus if associated with hypercapnia or hypoxia	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text 3. Discharge summary

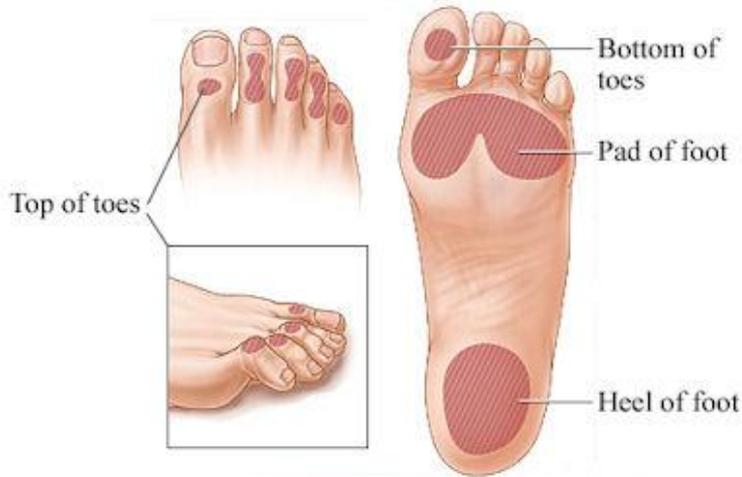


ADAM.



Reducing queries from coders (cont.)

ICD-9	ICD-10	Where to document in EHR
Diabetes – controlled or uncontrolled, complications	Diabetes – type, underlying cause, complications	<ol style="list-style-type: none"> 1. Specific SNOMED term 2. Problem provider text
Ulcers – pressure, stasis, diabetic, neuropathic, site stage	Same, plus type non-pressure chronic, site specificity, presence of gangrene	<p>Outpt: SNOMED term plus provider text for problem. Add POV provider text for each visit</p> <p>Inpt: SNOMED term plus provider text for problem. Document progression in chart note</p>



http://www.drdaavidricher.com/images/foot_ulcer.jpg

ICD Implementation Points

- Develop and Practice the “real-time” communication between coders and physicians and other providers
- When using tip sheets for the providers for ICD10 caveats, emphasize documentation requirements rather than codes, consider showing SNOMED examples that the providers may search for
- Not all diagnosis codes will require the full seven characters – code what’s documented
- Work with payers to test and communicate with them around specificity levels

Reducing the Impact

- Providers need to be a part of the ICD-10 implementation leadership – key for Clinical Documentation Improvement (CDI) & education
- Conduct documentation gap analysis (determine **unspecified codes**, top diagnoses and procedures)
- Reinforce Provider/Coder relationship:
 - Timely Feedback to Providers on CDI
 - Assess current provider query process for ICD-10
 - Create opportunities for follow up and education
- Access to ICD-10-CM and PCS Coding Resources/ Encoder

Stay on Course – Be Prepared!

ALL Site Must:

- Ensure RPMS installs are current
 - Implement 2014 Certified EHR
- Understand workflow changes from 2014 Certified EHR
- Prepare for testing with payers
 - Sign up for end-to-end Medicare testing
- Contact high volume payers
 - Find out their schedule for testing; Review their website for testing scenarios
 - Assess need to build in contingency plans in the event you cannot test with payers

Stay on Course – Be Prepared!

- Providers - Clean up the problem list
- Consider Dual Coding – best learning is by doing
- Adjust coder training as needed
 - Bio-science, specific or intensive training
- Review the Clinical Rounds recorded webinars

Potential Financial Impacts

Productivity impacts are expected and may cause revenue shifts

- Dual coding may be necessary if a payer is not able to accept ICD-10 codes
- Coder-Clinician Queries on documentation
- Denied claims – payer interpretation
- Backlogs in visit completion, coding and billing
- Unknown if coding productivity impacts may be permanent

Training – Key to Risk Reduction

OIT:

- Provide alpha/beta support
- Provide software application training train-the-trainer for ICD-10 changes
- Has provided overview coding courses – “Have No Fear, ICD-10 is Here”
- OIT has provided five Clinical Rounds

I/T/U stakeholders:

- Need to address intensive training and CDI

ICD-10 Means Updates to 32 RPMS Applications

- AICD
- Lexicon
- Taxonomy
- **Distributed Terminology System**
- **PCC**
- PCC EPI (ILI)
- **EHR**
- Health Summary
- Clinical Reminder
- Text Integration Utilities
- PIMS
- BMX.net
- **Prenatal**
- Emergency Room Dashboard and Systems
- Lab
- Radiology
- Immunization
- Pharmacy
- Behavioral Health
- Dental
- Diabetes Management
- iCare
- HIV Management
- Women's Health
- Clinical Reporting System
- **Referred Care**
- Data Warehouse Export
- **Third Party Billing**
- Point of Sale
- Accounts Receivable
- Contract Health

Overview of updates

- ICD-10 Specific changes
 - Take effect on 10/1/15 and primarily affect how the system selects codes (ICD-9 versus ICD-10)
- New components
 - Acute Myocardial Infarction (AMI Events) tool
 - Stroke tool
- Updated components
 - Appointment and Visits
 - Anticoagulation Goal
 - Chart Review/Telephone Call Visits
 - Clinical Information Reconciliation (CIR)
 - Integrated Problem List
 - Medication Counseling
 - Pick List
 - Prenatal
 - Reproductive Factors
 - Super-Bills
 - Visit Services

ICD-10 Specific Changes

- Visit diagnoses are stored based on date of encounter.
 - Prior to transition date, Problems and POV's will map to ICD-9
 - After the transition date, Problems map to ICD-10
 - After the transition date, POV's store based on visit date
- Map Advice for ICD-10 Codes in EHR and PCC
 - Hovering over the ICD column for a problem will expose the SNOMED CT® to ICD-10 map advice
 - Map Advice available in PCC data Entry to assist coders
- Visit Services (Procedures)
 - Prior to transition date, user will search and select ICD-9 procedure codes
 - After the transition date, user will search and select ICD-9 procedure codes if the visit date is before 1 Oct 2015, for ICD-10 procedure codes if visit date is on or after 1 Oct 2015

ICD-10 Specific Changes

- PCC Dual Coding
 - Turning on parameter allows entry of ICD-9 codes
- Third Party Billing Insurer File
 - ICD-10 Effective Date can be set for each Insurer

How will the EHR work after 10/1/2015?

Prior to 10/1/2015, new problems will be mapped to ICD-9 codes

This screenshot shows the 'Problem List' tab in an EHR system. The interface includes a navigation bar with tabs for 'Problem List', 'Visit Diagnoses', 'Family History', 'Surgical Hx', 'Patient Goals', 'AMI', 'Anticoagulation', 'Asthma', 'Eyeglass', 'PHN Intervention', and 'Stroke'. Below the navigation bar is a filter section with checkboxes for 'Chronic', 'Episodic', 'Sub-acute', 'Social/Env', 'Inactive', and 'Current/Most recent Inpatient'. There are also buttons for 'Expand All', 'Ed', 'i', 'Get SCT', 'Pick List', 'POV', 'Add', 'Edit', and 'Delete'. The main table displays a list of problems with columns for Status, Onset Date, Priority, Provider Narrative, Comments, PHx, PIP, IP, POV, and ICD. The ICD column shows ICD-9 codes for each problem.

Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD
Chronic			Migraine with aura						346.00
Chronic			Metabolic syndrome X						277.7
Episodic			Upper respiratory infection						465.9
Social/Environmental			Total self-care deficit						.9999
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home						820.8

* Requires update to SNOMED CT

After 10/1/2015, new problems will be mapped to ICD-10 codes

This screenshot shows the 'Problem List' tab in an EHR system, similar to the previous one but with the 'Eyeglass' tab selected. The interface and filter section are identical. The main table displays a list of problems with columns for Status, Onset Date, Priority, Provider Narrative, Comments, PHx, PIP, IP, POV, and ICD. The ICD column now shows ICD-10 codes for each problem.

Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD
Chronic			Migraine with aura						G43.109
Chronic			Metabolic syndrome X						ZZZ.999
Episodic			Upper respiratory infection						J06.9
Social/Environmental			Total self-care deficit						ZZZ.999
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home						ZZZ.999

* Requires update to SNOMED CT

EHR Map Advice

- Hovering over the ICD column for a problem will expose the SNOMED CT® to ICD-10 map advice

Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD
Chronic			Migraine with aura						G43.109
Chronic			Metabolic syndrome X						ZZZ.999
Episodic			Upper respiratory infection						J06.9
Social/Environmental			Total self-care deficit						ZZZ.999
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home						ZZZ.999

* Rule #1 Target Code: S72.009?
 * ALWAYS S72.009?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #2 Target Code: S72.033?
 * IF CLOSED FRACTURE PROXIMAL FEMUR, TRANSCERVICAL CHOOSE S72.033?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #3 Target Code: S72.033?
 * IF CLOSED TRANSCERVICAL FRACTURE OF FEMUR CHOOSE S72.033?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #4 Target Code: S72.033?
 * IF CLOSED FRACTURE OF MIDCERVICAL SECTION OF FEMUR CHOOSE S72.033?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #5 Target Code: S72.023?
 * IF CLOSED FRACTURE PROXIMAL FEMUR, TRANSEPIPHYSEAL CHOOSE S72.023?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #6 Target Code: S72.019?
 * IF CLOSED FRACTURE OF INTRACAPSULAR SECTION OF FEMUR CHOOSE S72.019?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE
 *

* Rule #7 Target Code: S72.043?
 * IF CLOSED FRACTURE OF BASE OF NECK OF FEMUR CHOOSE S72.043?
 * CONSIDER LATERALITY SPECIFICATION
 * EPISODE OF CARE INFORMATION NEEDED
 * POSSIBLE REQUIREMENT FOR AN EXTERNAL CAUSE CODE

* Requires update to SNOMED CT

POV	Provider Narrative	SNOMED CT	ICD	Priority	Asthma Control	Cause	Injury Date	Injury Cause	Injury Place	Modifier	DI
RICHARDS,SUSAN P		2011 DEMO-HO.ABQ.IHS.GOV	2011 DEMO HOSPITAL				05-Mar-2015 13:25				

PCC Map Advice

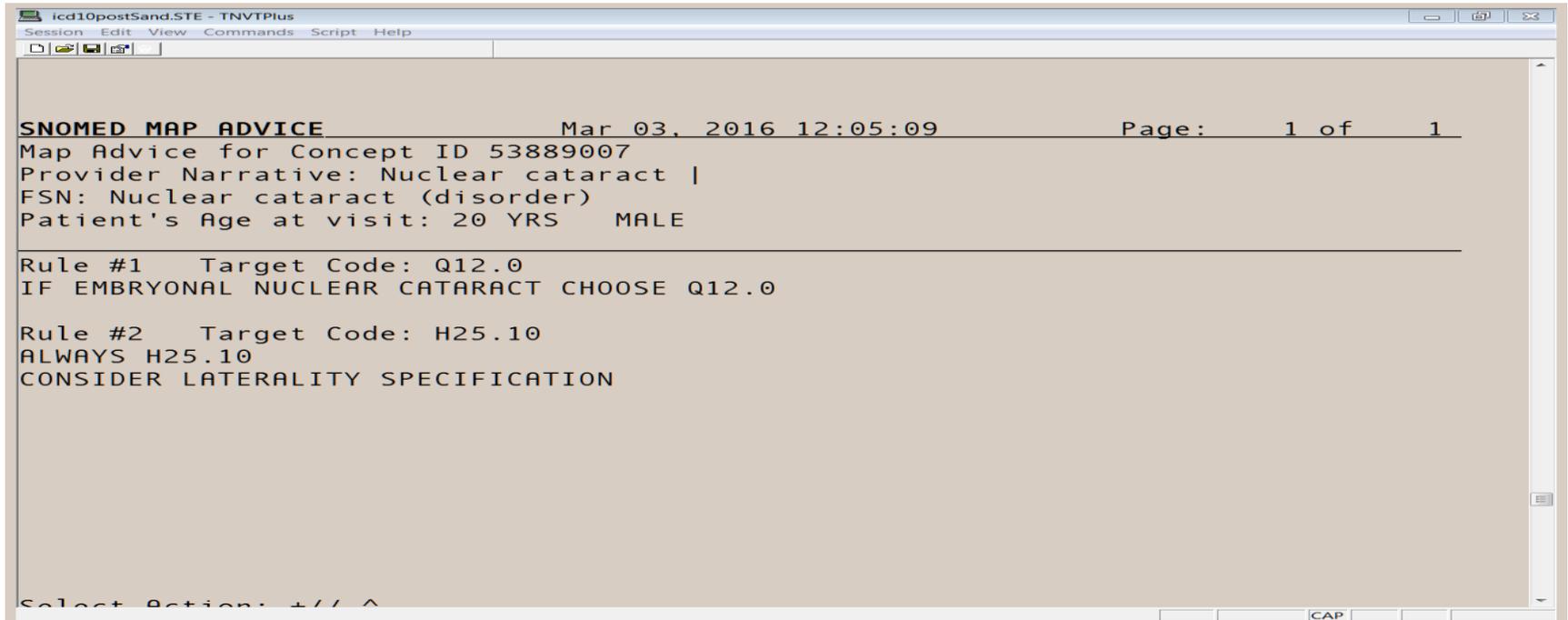
MNEMONIC: PV Purpose of Visit ALLOWED VISIT RELATED ONLY

1 ZZZ.999 TEST,CHAUCER BEOWULF FEB 06, 2016@11:57

Prov Narrative: Nuclear cataract |

SNOMED CT: 53889007

**This POV has been SNOMED coded and there is map advice available.
Do you wish to see the Map Advice? N// Y**



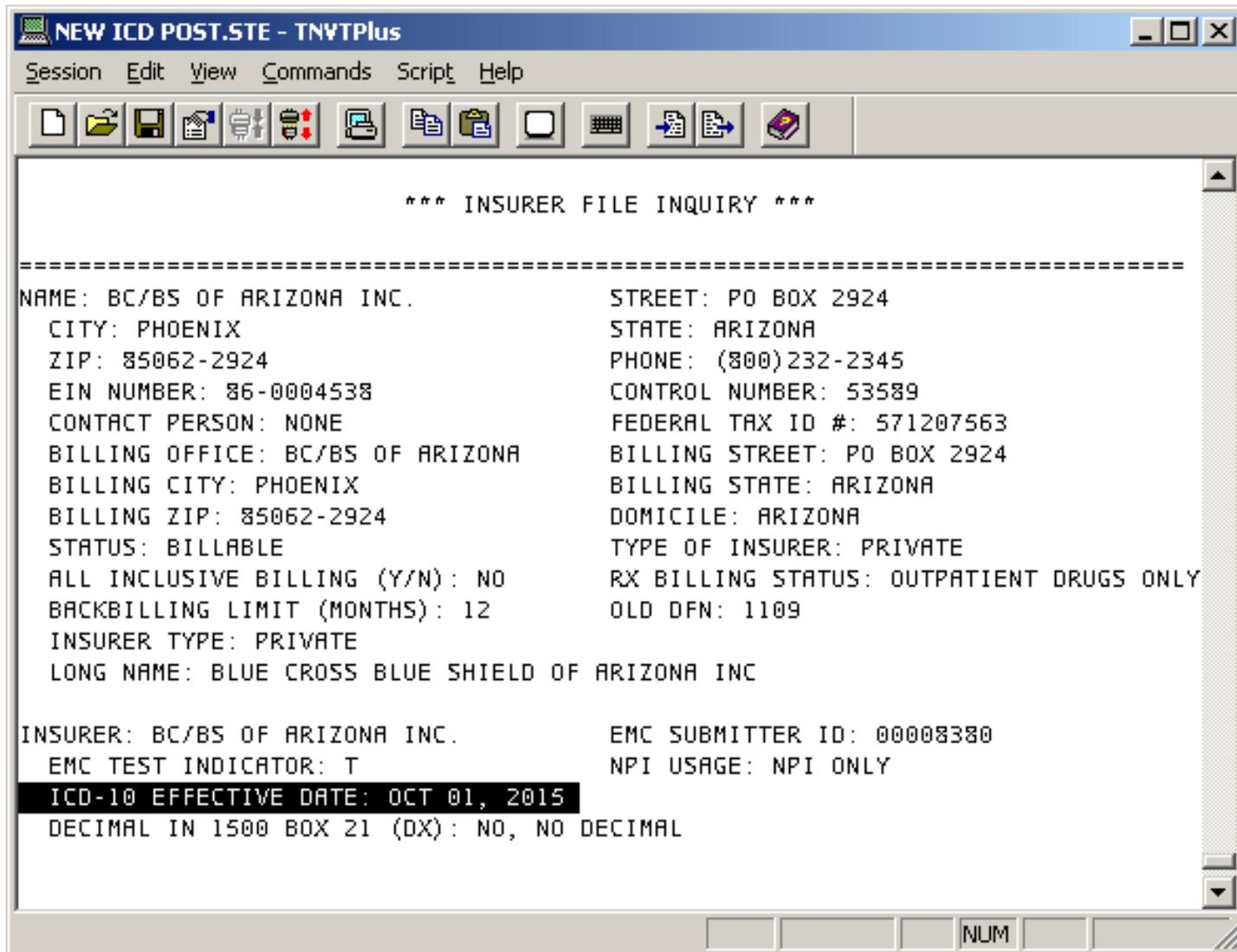
PCC Dual Coding

Dual Coding for Diagnoses and Procedures

- Allows a coder to assign an ICD-9 code to the visit after 10/1/2015
- New PCC site parameter activates dual coding (ESP)
 - Turn on ICD-9 coding: Y/N
- Used during ADD or MOD options
- ICD-9 Code will display on the billing claim and can be used for payers that may not convert to ICD-10 by 10-1-15 or ICD-10 not required (Workers Compensation claim exempt).

Third Party Billing

ICD-10 Effective Date can be set for each Insurer



New Components

AMI TOOL
STROKE TOOL

AMI Tool and Stroke Tool

- Capture events surrounding evolving AMI or Stroke
- Driven by CQM, vetted by inpatient field Docs
- Sections may be entered by >1 user

Fields	Notes
Arrival date/time	
Symptom onset date/time	Symptoms in SNOMED CT®
EKG done date/time	May be done prior to arrival in field
EKG interpretation	Finding in SNOMED CT® mapped to ICD Date/time and by whom
Protocols initiated	Site populated for choices Date/time and by whom
Fibrinolytic therapy	Initiated or not initiated IF not initiated, captures reason (in SNOMED CT®) and stores in Patient Refusal of Services/NMI file

Fields	Notes
Arrival date/time	
Symptom onset date/time	Symptoms in SNOMED CT® Witnessed and witnessed by (if not witnessed, stores baseline state)
Protocols initiated	Site populated for choices Date/time and by whom
Fibrinolytic therapy	Initiated or not initiated IF not initiated, captures reason (in SNOMED CT®) and stores in Patient Refusal of Services/NMI file
Stroke score	Stores in V Stroke and V Measurements Graphs

AMI Tool

AMI: Chest Pain/AMI Symptoms							Add	Edit	Delete
Arrival Date/Time	Onset Date/Time	Symptoms	EKG Done Time	EKG Findings SNOMED	Fibrinolytic Therapy	Fibrinolytic Therapy Time			
07/24/2013 04:00	07/24/2013 03:00	Dyspnea, Dyspnea at rest, Orthopnea	7/24/2013 3:00:00 AM	Acute ST segment elevation myocardial infarction	Yes	07/24/2013 04:15			
Details									

Stroke Tool

IPL | Family Hx | Surgical Hx | Pt Goals | Anticoag | Eyeglass | AMI | **Stroke**

 **Stroke Tool** Add Edit Delete

Arrival Date/Time	Event Date/Time	Symptoms	Fibrinolytic Therapy	Fibrinolytic Therapy Time
07/24/2013 04:00	07/24/2013 03:00	Dizziness	Yes	07/24/2013 04:00

 **Details**

Updated Components

- Appointment and Visits
- Anticoagulation Goal
- Chart Review/Telephone Call Visits
- Clinical Information Reconciliation (CIR)
- **Integrated Problem List**
- Medication Counseling
- **Pick List**
- **Prenatal**
- Reproductive Factors
- Super-Bill Redesign
- **Visit Diagnosis (POV)**
- **Visit Services**

IPL Display updates

- **Priority** is added back to the display
- **POV column added** which is checked when problem is used as POV for current encounter
- **PIP column** will now be checked when a problem is used on active Pregnancy Issues and Problems list (requires BJPNv2.0)
- **IP Column** is be checked when a Problem is added to an Inpatient Visit

Problem List										
Visit Diagnoses										
Family History										
Surgical Hx										
Patient Goals										
AMI										
Anticoagulation										
Asthma										
Eyeglass										
PHN Intervention										
Stroke										
Integrated Problem List <input type="button" value="Expand All"/> <input checked="" type="checkbox"/> Chronic <input checked="" type="checkbox"/> Episodic <input checked="" type="checkbox"/> Sub-acute <input checked="" type="checkbox"/> Social/Env <input type="checkbox"/> Inactive <input type="checkbox"/> Current/Most recent Inpatient <input type="button" value="Ed"/> <input type="button" value="i"/> <input type="button" value="Get SCT"/> <input type="button" value="Pick List"/> <input type="button" value="POV"/> <input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>										
Status	Onset Date	Priority	Provider Narrative	Comments	PHx	PIP	IP	POV	ICD	
+ Episodic			A/N care categorized by gravida number			✓		✓	.9999	
Social/Environmental			Total self-care deficit					✓	.9999	
Episodic			Upper respiratory infection					✓	465.9	
Sub-acute	03/01/2015		Closed fracture of neck of femur left, slipped in bathroom at home					✓	820.8	
Chronic			Migraine with aura						346.00	
Chronic			Metabolic syndrome X						277.7	

* Requires update to SNOMED CT

IPL Pick List updates

- Pick Lists now honor settings to display pick lists for specific locations, providers or disciplines
- Pick List no longer limits selection of terms. If a term is selected that is already on the pick list, it edits the entry (does not enter duplicate).
- May now store POV from pick list (requires CAC configuration)

Store as POV from pick list option
Pick lists accessed from Main IPL screen may now be configured to “Save as problem” or “Save as Problem and POV” by checking the “May store selections as POV’s” box on the Edit pick list dialog

Edit PickList

PickList Name: MEDICINE - URGENT CARE

Hosp. Location: ...

Clinic: ...

Provider: ...

Prov. Class: ...

SNOMED Subfile: PICK Medicine - Urgent Care

May store selections as POVs

Prenatal PickList

Managers: MOORE,CATHERINE A

Add

Delete

Save

Cancel

Pick List – Save as Problem and POV

When you click “Save as Problem and POV” any new problems are added to the problem list and all selections are presented in the POV dialog

Tip: If you cancel out of the POV dialog, the problem has already been added. Users will need to delete if they did not intend to add the problem

ID	Status	Prov. Narrative	POV	Episodicity	Alternate POV Provider Text	Goal Notes	Care Plans	Visit Instructions	Pt Ed	Tx/Regimen/FU	Tx/Regimen/FU display only
4947	Chronic	Dyslipidemia low HDL	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity	low HDL				<input type="checkbox"/> DP <input type="checkbox"/> N <input type="checkbox"/> EX <input type="checkbox"/> LA <input type="checkbox"/> M <input type="checkbox"/> P	Treatment/Regimen	
4948	Sub-acute	Goiter	<input checked="" type="checkbox"/>	<input type="radio"/> First episode <input type="radio"/> New episode <input type="radio"/> Old episode <input type="radio"/> Ongoing episode <input type="radio"/> Undefined episodicity					<input type="checkbox"/> DP <input type="checkbox"/> N <input type="checkbox"/> EX <input type="checkbox"/> LA <input type="checkbox"/> M <input type="checkbox"/> P	Treatment/Regimen	

Primary POV
Goiter

E&M New Established

Selected	History & Exam	Complexity	Approx Time	CPT Code
<input type="checkbox"/>	Brief	Nurse Visit	5 min	99211
<input type="checkbox"/>	Problem Focused	Straightforward	10 min	99212
<input type="checkbox"/>	Expanded	Low	15 min	99213
<input type="checkbox"/>	Detailed	Moderate	25 min	99214
<input type="checkbox"/>	Comprehensive	High	40 min	99215

Save Cancel

Why can't all my pick lists "save as POV"?

Some diagnoses and conditions really need to be added to the problem list before adding as POV so that relevant information is added to the problem

- Injuries
- Conditions that have laterality or anatomic locations that need to be documented in provider text such as osteoarthritis

Pregnancy issues and Problem List version 2.0

Priority	PIP Status	Scope	Modified	IPL Status	Provider Narrative	Last Goal	Last Care Plan	Last Visit Instruction	POV	ICD
	Active	Current Pregnancy	12/23/2013	Episodic	Normal pregnancy		Test care plan for normal pregnancy	Test visit instruction for normal pregnancy	Y	ZZZ.999
	Active	Current Pregnancy	12/23/2013	Episodic	Antenatal care, primigravida				Y	ZZZ.999
	Active	Current Pregnancy	12/23/2013	Episodic	Constipation			Test care visit instruction for constipation	Y	K59.00
	Active	Current Pregnancy	12/23/2013	Episodic	Fatigue			Test care plan for fatigue	Y	ZZZ.999
	Active	Current Pregnancy	12/23/2013	Episodic	Nausea testing provider text			Test care plan for nausea	Y	R11.0

Updated to be compatible with new Integrated Problem List (IPL)

- Shares Goals, Care Plan and Visit Instruction storage/display
- POV selection dialog look and feel same as IPL
- Marks the PIP column in IPL when problems added to PIP
- Old “care plan” data migrated to “visit instructions” for archive purposes

Visit Diagnosis: POV – New Business Rules

When problems are selected as POV, the applications passes the ICD code based on the Visit Date

Example: It is Oct 2, 2015. You are entering late documentation on a visit from Sept 29, 2015. When you select the problem and store as POV, the system checks the visit date and retrieves the ICD-9 mapped codes from the RPMS Cache to store as POV

Visit Diagnosis in ICD-10 Transition

Visit diagnoses are stored based on date of encounter.

- Prior to transition date, Problems and POV's will map to ICD-9
- After the transition date, Problems map to ICD-10
- After the transition date, POV's store based on visit date

Ways to store POV

- Select problem and set as POV
- Store as problem and POV from pick list (if enabled)
- Select Chart Review or Telephone type visit
- Select POV from Pharm Ed
- Select superbill with Diagnosis Superbill association

Visit Services

The Visit Services component allows a user to select a CPT or ICD procedure code. There were no changes to CPT but the following change to ICD:

- Prior to transition date, user will search and select ICD-9 procedure codes
- After the transition date, user will search and select ICD-9 procedure codes if the **discharge** date is **before** 1 Oct 2015, for ICD-10 procedure codes if **discharge** date is on or after 1 Oct 2015.

Alpha and Beta Testing

- OIT provided on-site assistance for alpha testing preparation
 - Technical assistance with software installation
 - Overview of software functional changes
 - Alpha testing expertise
- OIT monitors testing phases/planning with sites on a weekly basis
- 100% Alpha Script testing complete
- Controlled production releases will be scheduled after successful beta test completion (Target: June)

Site	Alpha	Beta
Claremore	12/01/14 – 2/27/15	3/30/2015 – 5/29/15
Mescalero	12/15/14 – 2/27/15	3/30/2015 – 5/29/15
Micmac	12/4/14 – 2/27/15	3/30/2015 – 5/29/15
Santa Fe	12/8/14 – 2/27/15	3/30/2015 – 5/29/15

Testing Specifics –

- 65 Test Scripts covered 21 different projects
- Site tested with Medicare in December 2014 during the open testing week
- Currently working with the 4 test sites to continue 3rd Party testing
 - Claremore – submitted claims to Oklahoma Medicaid and planning to also test with BCBS of Oklahoma; Confirmed to test with Novitas, IHS Medicare Fiscal Intermediary, for submitting claims to CMS
 - Santa Fe & Mescalero –Third Party Billing working weekly to create submissions to New Mexico Medicaid
 - Micmac – currently working to identify additional resource as Resources have been shifted in 2015 and testing is limited to ePrescribing.

ICD-10 Transition Program

Alpha testing

- During March fixes on known errors and retesting done to further stabilize code before transition to Beta
- Beta builds targeted to be delivered to sites the week of 3/16/15
- Concurrent preparation for a 3/30/15 Beta start
- Controlled release of Beta builds for Area test servers only.

Software Implementation Training

- Training dates set for Beta site Providers and other stakeholders
 - Record the training sessions for staff that are not available on the training dates
 - RPMS/EHR change overviews - concentration of the software changes in RPMS and the subsequent work flow changes
- June (target date)
 - Implementation training
 - Train the trainer format with recorded sessions
 - Virtual trainings to demonstrate specific changes and functions for “go live” on compliance date
 - Virtual – On hand technical support during implementation
 - Schedule with each Area and subsequent Sites and identified key site resources

ICD-10 Transition Program: 2015 Training

1. ICD-10 Supported Office hours monthly (Various topics) i.e.
 - EHR changes
 - Third Party Billing- Claims
 - PCC
2. Technical (Prerequisites & Installation)
 - Session #1 – mid June
 - Session #2 – late June
3. RPMS ICD-10 Release training
 - Session #1 Recorded Adobe connect session (Areas) -June
 - Session #2 Recorded Adobe connect session (Areas) - July
 - Session #3 Recorded Adobe connect session (Areas) - August

(These sessions will be focused on a Train the Trainer format)

Area ICD-10 Coordinators	Area Office
Glifort, Kenneth (IHS/AKA)	Alaska
Sidell, Karen (IHS/AKA) Tribal	Alaska
Candelaria, Jacque (IHS/ALB)	Albuquerque
Talamasy, Phillip (IHS/BEM)	Bemidji
Dennis, Deanna (IHS/BIL)	Billings
Martinez, Michelle (IHS/CAL)	California
McClane, Heather (IHS/ABR/AAO)	Great Plains
Rogers, Kristina (IHS/NAS)	Nashville
Becenti, Beverly (IHS/NAV)	Navajo
Farris, Jennifer (IHS/OKC)	Oklahoma
Bissonette, DaJuanna (IHS/PHX)	Phoenix
Strom, Maria (IHS/PHX)	Phoenix
Ollgaard, Peggy (IHS/POR)	Portland
TBD (IHS/TUC)	Tucson



Thank You - Questions

Janice Chase, RHIT, ICD-10 Federal Lead
Janice.Chase@ihs.gov; 505-274-4854

Catherine Moore, ICD-10 Technical Lead
Catherine.Moore@ihs.gov; 505-366-7079

CDR Susan Richards, EHR, PCC Federal Lead
Susan.Richards@ihs.gov; 505-999-8987