

# ICD-10 Project Update

March 13, 2014

**201 Days Before the Transition!**

- **CMS Says “no more delays”:** “There are no more delays and the system [ICD-10-CM/PCS] will go live on October 1,” according to Center for Medicare and Medicaid Services (CMS) Administrator Marilyn Tavenner during her keynote address at the Healthcare Information and Management Systems Society convention in Orlando, Fla. “Let’s face it guys, we’ve delayed this several times and it’s time to move on.”
- **ICD-10-CM Coding Training Registration:** There have been some issues in finalizing the registration process to be used for local agencies to register for the ICD-10-CM Coding Training sessions. The goal is to have the registration information to the LHDs and rural health by **3/21/14**. Registration information for CDSAs and DPH will be communicated in April. The 2014 schedule for coding training is posted on the DPH website at <http://publichealth.nc.gov/lhd/icd10/training.htm>
- **ICD-10-CM Code Books:** The 2015 ICD-10-CM code books will not be available until fall 2014; therefore, for the ICD-10-CM training DPH will be conducting April - September 2014, local agency staff will need to order the 2014 draft version that is currently available. However, if your agency has some 2012 and/or 2013 versions, staff could probably use those with little difficulty but you should still have some of the 2014 version books available for use. For example, if your Implementation Team is creating new encounter forms, agencies need to use the 2014 version to ensure accurate code selection.

Several questions have been received related to the number of code books an agency will need. For each training session, no more than 2-3 staff members should be sharing a code book during a training session. There will be multiple offerings of each course so agencies can spread out the number of staff to be trained in each individual session. For example, if the largest number of staff scheduled for a session is a May offering of Basic Training wherein 6 staff members are registered, then a minimum of 2-3 books should be available for use.

- **Coding Resource Materials:** The CDSA Workgroup has completed development of an ICD-10-CM Coding Resource Guide that will be used as an aide for staff when assigning ICD-10-CM codes. Having clinical (primarily physician) input in this process was critical. The guide is currently in a review process and will be shared with staff during ICD-10-CM coding training.  
As LHDs develop new encounter forms, coding aids, etc., clinical involvement in the process is highly recommended. LHDs are encouraged to send coding resource materials they develop to [sarah.brooks@dhhs.nc.gov](mailto:sarah.brooks@dhhs.nc.gov) and these will be compiled and shared with LHDs.
- **Local Health Department ICD-10 Readiness Survey Results:** Last month 69% of the local health departments completed a survey that was conducted by DPH in an effort to determine the status of local agency ICD-10 implementation. I want to thank those agencies that completed the survey. Based on the results, a minority of the health departments are progressing very well with implementation activities; however, it appears a larger number of health departments are either not progressing or the status is unknown so this is being brought to the attention of the Health Directors through the NCALHD Informatics Committee. On the attached survey results, results highlighted in

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red are the areas of concern. There are responses in blue that were added by DPH to respond to some of the comments on the survey.



survey results  
updated 3-5-14.docx

It is essential for health departments to be prepared for the ICD-10 transition. Lack of preparation could lead to a loss of revenue since claims may be rejected if appropriate ICD-10 codes are not included on claims for services after October 1, 2014. CMS has stated emphatically that there will be no more delays. Below are items each agency should have already done or be in process to ensure a smooth transition.

- Local Agency ICD-10 Implementation Team is actively engaged in implementation activities (It is recommended that a staff member be designated to lead the effort and there be a team of staff from different areas to work with the designated leader. This needs to be a coordinated effort)
- System Impact Assessment Completed and you are monitoring progress of any system remediation that is needed (DPH is monitoring the status of HIS. Agencies that do not use HIS are responsible for monitoring the status of their vendor's readiness.)
- Business Impact Assessment Completed and you are working on addressing the identified impacts (For example, will your agency continue to use encounter forms? If so, how will the new diagnosis codes be displayed?)
- Clinical Documentation Assessment completed and you are working with staff on clinical documentation improvements - by improving clinical documentation now, you will be ready to assign ICD-10-CM codes beginning October 1, 2014
- Staff who attended coding training in April/May 2013 are coding samples of active client records using ICD-10-CM (dual coding)
  - Helps to identify areas where current documentation and/or clinical content in electronic health records falls short and opportunities for documentation improvement
  - Helps maintain ICD-10-CM coding skills
  - Provides source of records that can be used for testing with payers
  - Identifies areas where there may be staff productivity issues during the transition

There are a variety of resource materials available on the DPH ICD-10 website to assist local agencies (<http://publichealth.nc.gov/lhd/icd10/>). For example, CMS has published final checklists that can be used for ICD-10 implementation activities. These are posted on the DPH website at <http://publichealth.nc.gov/lhd/icd10/resources.htm>. If you have any questions about the survey or other ICD-10 implementation questions, please contact [sarah.brooks@dhhs.nc.gov](mailto:sarah.brooks@dhhs.nc.gov)

- **Coding Aids:** There are a variety of products available that may be useful to aid staff in coding diagnoses. However, before an agency purchases these services, the following steps are recommended:
  - Determine the type of code search capabilities that may be included in practice management and/or EMR software. For HIS users, this information will be provided as soon as it is available – probably not until 2<sup>nd</sup> Quarter.

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- Many of the coding products offer free trials so take advantage of those before a final product is selected.
- Test the product for accuracy. For example, use some of the training exercises that were used in the April/May 2013 training sessions. Do code lookups to determine if the product solution is consistent with the training solutions.
- Below is a list of some products but this list may not be complete. None of the following products are endorsed – this is for information only.
  - Optum EncoderPro.com <https://www.encoderpro.com/epr/>
  - Supercoder <http://www.supercoder.com/coding-solutions/icd-10-coder>
  - ICDlogic (Cypher) <http://www.icdlogic.com/features-and-benefits>
  - ICD Lite (for Apple and android devices) <https://itunes.apple.com/us/app/icd-lite-9-10-hcpcs-2013/id473746311?mt=8> or <https://play.google.com/store/apps/details?id=com.ipremiumapps.icd10cm.lite&hl=en>
  - AAPC Coder Lite <http://www.aapc.com/code/coder-lite.aspx>
  - StatCoder (free app) <http://statcoder.wordpress.com/2011/10/07/coming-soon-stat-icd-10-coder-free-app/>
  - AppBrain ICD-10 CM Lite (free app) <http://www.appbrain.com/app/icd-10-cm-lite/com.gmail.indigolaboratory.icdcmad>
  - ICD10Doc (free app) <http://ICD10Doc.com>
- **Claims that span pre and post 10/1/14:** The following resource provides education on the required use of the ICD-10 code sets for dates of service on and after October 1, 2014. It includes tables for providers regarding claims that span the periods where ICD-9 and ICD-10 codes may both be applicable. <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf> . For agencies that provide Home Health services, please review the following resource that provides guidance for home health claims that span the ICD-10 transition date (10/1/14) <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1410.pdf>
- **CDC ICD-10 website:** If your agency is looking for concise information to share with stakeholders related to ICD-10 implementation, check out the CDC webpage at [http://www.cdc.gov/nchs/icd/icd10cm\\_pcs\\_background.htm](http://www.cdc.gov/nchs/icd/icd10cm_pcs_background.htm) . Also on the CDC website is information on Public Health impact at website [http://www.cdc.gov/nchs/icd/icd10cm\\_pcs\\_impact.htm](http://www.cdc.gov/nchs/icd/icd10cm_pcs_impact.htm).
- **NCTracks ICD-10 Project:** Sarah Brooks is now participating in two routine meetings related to Medicaid communications for ICD-10 and status meetings for NCTracks ICD-10 transition. Below is a recent communication related to ICD-10.

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## ICD-10 Edition

### NCTracks ICD-10 Webpage

The [NCTracks ICD-10 webpage](#) on the Provider Portal is an important resource of information as we move toward implementation of ICD-10 on October 1, 2014. Providers are encouraged to check regularly for new announcements, FAQs, additional resources, and the latest edition of the RAMP UP articles.

### RAMP UP to ICD-10: Process Improvement and Training

To help organizations prepare for ICD-10 implementation, we are presenting a series of articles built around the "RAMP UP" framework. This framework is intended to assist providers in navigating the activities that need to be done in the coming months. RAMP UP stands for:

- Research
- Assessment
- Mapping
- Process Improvement and Training
- Update System(s) with Vendors
- Perform Testing

Each RAMP UP article includes background information on the topic, explanation of why it is critical to successful ICD-10 implementation, steps to be taken to complete the activity, and resources for obtaining additional information.

The RAMP UP articles began in 2013. The latest article in the [RAMP UP to ICD-10 series](#) is "RAMP UP to ICD-10: Process Improvement and Training." If you missed the previous articles, they can all be found on the NCTracks ICD-10 webpage.

Providers will have different approaches to the implementation of ICD-10, depending on the size, organization, and type of provider. The RAMP UP series is intended to heighten awareness regarding what most providers will need to do to be ready for the implementation of ICD-10 on October 1. In the case of some topics, like Training, additional information will be forthcoming. Together, we will RAMP UP to a successful ICD-10 implementation.

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- **January Test Your Coding Skills:** Below is the scenario and answers from the January communication.
  1. Scenario: The clinic physician's diagnosis was possible avian influenza with pneumonia and lung abscess.
  2. The answer is:  
J11.00 Influenza due to unidentified influenza virus with unspecified type of pneumonia  
J85.1 Abscess of lung with pneumonia  
J18.9 Pneumonia, unspecified organism
  3. Comments: According to the ICD-10-CM Guidelines for Coding and Reporting: If the provider records "suspected" or "possible" or "probable" avian influenza, or novel influenza, or other identified influenza, then the appropriate influenza code from category J11, Influenza due to unidentified influenza virus, should be assigned. A code from category J09, Influenza due to certain identified influenza viruses, should not be assigned nor should a code from category J10, Influenza due to other identified influenza virus.
  
- **March Test Your Coding Skills:** Multiple choice coding questions – answers are at the end of this communication.
  1. Which ICD-10-CM codes should be reported for a patient diagnosed with acute bronchitis due to rhinovirus?
    - a. J20.2
    - b. J20.6
    - c. J20.8
    - d. J20.9
  2. A patient is diagnosed with influenza due to H5N1 with pneumonia due to streptococcus pneumoniae. Which code should be reported first?
    - a. J09.x1
    - b. J09.x9
    - c. J13
    - d. J14
  3. Which ICD-10-CM code would be reported for a patient diagnosed with chronic frontal sinusitis?
    - a. J32.0
    - b. J32.1
    - c. J32.8
    - d. J32.9
  4. A patient has been diagnosed with acute pharyngitis due to methicillin resistant staphylococcus aureus. Which ICD-10-CM code should be reported along with J02.8?
    - a. B95.61
    - b. B95.62
    - c. B95.7
    - d. B95.8

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5. Which ICD-10-CM code would be reported for a patient diagnosed with cannabis?
- a. J66.0
  - b. J66.1
  - c. J66.2
  - d. J66.8

- **CMS Training and Resources:** CMS continues to offer training sessions and resources local agencies may be interested in attending. Much of the training is geared to physician practices rather than hospitals so it may be appropriate for public health agencies. Below are some of the CMS training offerings and other resources.

### Road to 10: ICD-10 Training Webinar Series

As the October 1, 2014, ICD-10 compliance date approaches, the Centers for Medicare & Medicaid Services (CMS) continues to work in collaboration with providers and other industry stakeholders to help prepare for the transition.

CMS is hosting a series of ICD-10 Training Webinars that will focus on ICD-10 basics, key preparation steps for a successful transition, billing, and clinical documentation concepts.

#### **ICD-10 Overview: Basics and Transition Tips**

March 13, 2014

12 – 1 PM Eastern

[Register for this webinar](#)

This training reviews ICD-10 basics, key preparation steps for a successful transition, billing, and clinical documentation concepts.

#### **ICD-10 Clinical Documentation**

March 18, 2014

12 – 1 PM Eastern

[Register for this webinar](#)

This training will discuss why good clinical documentation and coding practices are important; the effect ICD-10 will have on clinician and coder relationships; and identifying documentation essentials for specialties, clinical areas, and patient conditions.

#### **Road to 10: For Small Physician Practices**

March 19, 2014

12 – 1 PM Eastern

[Register for this webinar](#)

This training will provide an overview of the Road to 10: Small Physician Practice Tool. Learn how to develop an ICD-10 Action Plan, view common codes, review clinical scenarios and primers, and access helpful transition checklists and resources.

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## ICD-10 eHealth University Resources

CMS has launched [eHealth University](#), a new go-to resource to help providers understand, implement, and successfully participate in [CMS eHealth programs](#). eHealth University features a full curriculum of materials and information, all in one location. The education modules are organized by level, from beginner to advanced, and simplify complex information in a variety of formats, including fact sheets, guides, videos, checklists, webinar recordings, and more.

As part of eHealth University, CMS is offering several resources to help you prepare for the **October 1, 2014, ICD-10 compliance date**. These include:

- [Introduction to ICD-10](#) – This fact sheet provides an introduction to ICD-10 and explains the key steps for switching to ICD-10.
- [Transition Checklist: Large Practices](#) and [Transition Checklist: Small and Medium Practices](#) – These checklists outline tasks and estimated timeframes for important ICD-10 transition activities for small, medium, and large practices.
- [Basics for Small and Rural Practices](#) – This beginner-level fact sheet provides basics about the ICD-10 transition for small and rural practices, including background on ICD-10, important questions to answer about ICD-10 preparations, and resources to help prepare for the compliance date.
- [Introduction to ICD-10 for Providers](#) - This in-depth guide for providers explains the background behind ICD-10, why the transition is important, how providers can prepare for ICD-10, and important resources to help transition.

Once you have an understanding of the basics of ICD-10 through these beginner-level resources, check out the intermediate and advanced resources also available on the [eHealth University website](#). By using these tools, you can better prepare for October 1, 2014, and help ensure a smooth transition to ICD-10.

### Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare for the **October 1, 2014**, compliance date. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.

**Reprint of CMS Information on ICD-10 Coding and Clinical Documentation for Quality Patient Care:** Most people would agree: Good clinical documentation is part of good patient care. The ICD-10 code set, which will go into use on October 1, 2014, allows for greater specificity than the current set, ICD-9. Good documentation will be more important than ever for accurate coding. Documentation essentials can be boiled down to a three-step process:

- Complete **observation** of all facts relevant to the patient's condition
- **Documentation** of all the key clinical concepts relevant to the patient's care now and in the future

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- **Coding**, based on accurate documentation, that includes all of the key clinical concepts captured during observation and documentation and supported by the coding standard and guidelines

## ICD-10 Coding Standards: Improving Patient Care and Public Health

The October 1, 2014 transition to ICD-10 marks an important step in supporting standardized capture of clinical concepts. By using standardized codes to describe all important clinical concepts related to a patient's condition, we can improve our nation's health by both:

- Facilitating the sharing of information across the continuum of care, and
- Capturing data that can be analyzed to improve public health nationwide and worldwide

ICD-10 diagnosis codes and inpatient procedure codes must be used for healthcare services provided in the United States and territories on or after **October 1, 2014**. This mandate applies to every organization and individual classified as a "covered entity" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA covers healthcare providers, hospitals, and payers, whether or not they participate in Medicare and Medicaid programs.

## Recurring Clinical Concepts in ICD-10 Diagnosis Codes

ICD-10 allows for better capture of key clinical concepts than is possible with the current ICD-9 coding standard. The list below illustrates important concepts about the patient condition that are now captured in ICD-10 CM:

- |                              |                      |              |
|------------------------------|----------------------|--------------|
| • Initial encounter          | • Right (laterality) | • Nonunion   |
| • Subsequent encounter       | • Left (laterality)  | • (fracture) |
| • Sequela                    | • Routine healing    | • Malunion   |
| • 1st, 2nd, or 3rd trimester | • Delayed healing    | • (fracture) |
|                              | • Assault            | • Self-harm  |
|                              |                      | • Accidental |

Clinicians capture much of this detail in their documentation, but the addition of these clinical concepts in ICD-10 will better translate the details about patients' clinical conditions. The goal is to help provide better care and support more accurate billing.

***Tip:** Take a look at recent documentation for the top three to five diagnoses for your patient population. Is the documentation comprehensive and does it include all the clinical concepts needed to select an ICD-10 code?*

*If not, think about what can be changed in your patient intake, assessment, and follow-up protocols to support thorough documentation for accurate coding and optimal patient care.*

## Clinical Concept Example: ICD-10 Clinical Concepts for Diabetes Mellitus

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Let's use diabetes as an example to see how ICD-10 will help support good patient care. In the following list, concepts that are included in ICD-10, but not in ICD-9, are italicized. While current documentation should already include the details in the list below, reviewing this list can help your staff understand how ICD-10 affects coding. The concepts related to diabetes listed below are examples of the detail supported by ICD-10 codes:

- **Type of diabetes:** type 1 diabetes, type 2 diabetes, *underlying condition, drug or chemical induced, pre-existing, gestational, neonatal*
- **Diabetes in pregnancy:** *first trimester, second trimester, third trimester, childbirth, puerperium*
- **Neurological complications:** neurological complication, *neuropathy, mononeuropathy, polyneuropathy, autonomic (poly)neuropathy, amyotrophy, coma*
- **Lab findings:** ketoacidosis, hyperosmolarity, *hypoglycemia, hyperglycemia*
- **Skin complications:** *dermatitis, foot ulcer, skin complications, skin ulcer*
- **Joint complications:** *neuropathic arthropathy, arthropathy*
- **Oral complications:** *oral complications, periodontal disease*

The number of diagnosis codes for diabetes jumps from 69 in ICD-9 to 239 in ICD-10. With an understanding of the clinical concepts driving the increased number of codes for diabetes and other diagnoses, you can fine tune your processes to ensure that you have all the documentation needed for ICD-10 coding.

Visit the CMS [ICD-10 website](#) to learn how you can improve your documentation and prepare for the **October 1, 2014** compliance date. You can also sign up for [CMS ICD-10 Industry E-mail Updates](#) and follow CMS on [Twitter](#) for news and resources.

- **March Coding Question Answers:**
  1. J20.6
  2. J09.x1
  3. J32.1
  4. B95.62
  5. J66.2