

ICD-10 Project Update December 13, 2013

291 Days Before the Transition!

- **ICD-10-CM Coding Training** – Attached at the end of this section is an Excel Workbook that identifies the different types of ICD-10-CM coding training that will be offered in 2014 and the dates/times the training will be offered.
 - This information is provided now so that local agency ICD-10 Implementation teams can begin planning for their staff training.
 - There will be a formal registration process that will begin in February.
 - All training sessions will be offered as face-to-face or webinar.
 - Based on feedback received from several ICD-10 contacts, some suggested training should be conducted earlier and others wanted training closer to the transition date (October 1, 2014). Therefore, some training will begin as early as April and will continue through September.
 - After October 1, 2014, the need for any additional training will be assessed.
 - Any questions related to the training should be submitted to Sarah.Brooks@dhhs.nc.gov
 - The workbook contains 3 spreadsheets – DPH Training, CDSA Training, Local Health Department/Rural Health (LHD) training
 - DPH Training – This training will be an overview of ICD-10-CM and will highlight some of the major differences between ICD-9-CM and ICD-10-CM. Staff will be instructed in looking up simple diagnoses.
 - CDSA Training – There will be 4 types of training sessions geared specifically to the type of training needed by various types of staff members. A workgroup has been formed to develop a resource list that will contain many of the frequently used diagnostic descriptions and the workgroup will determine the most appropriate ICD-10-CM code for each description. However, it is still imperative for CDSA staff that assign diagnoses to understand how use the ICD-10-CM code book and look up codes that are not included on the resource list. The training materials will be completed after the workgroup completes their activities.
 - LHD Training – **For LHD staff, Basic training is a pre-requisite for Specialized training.**
 - Specialized training is based on different types of programs that may be offered in public health.
 - For Rural Health staff, the Basic Training and Specialized Primary Care training is recommended.
 - The Basic training is 4 hours long and will train staff in coding guidelines and teach them how to use the ICD-10-CM code book to look up simple diagnoses.
 - The Specialized training will cover those chapters in ICD-10-CM that are most relevant to different LHD programs.
 - Included in the spreadsheet is anticipated staff who should attend the various Specialized training sessions but it is the responsibility of each local agency Implementation Team to determine the appropriate staff for each type of Specialized training.
 - One of the keys to good training is good coding exercises. Please go to <http://ncpublichealth.info/lhd/icd10/training.htm> and look at **Training**

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Resources, then “Scenarios for ICD-10 Training”. Submission of additional training scenarios to Sarah.Brooks@dhhs.nc.gov are always welcome!



Proposed Training
Sessions v4.xls

- **October Test Your Coding Skills** – Thanks to the ICD-10 Contacts who submitted answers for the October coding scenario which was:
 - **Scenario:** An elderly man is seen at the health department with a severe headache. It was determined his hypertension was accelerated (215/110). The client stated he was taking only half of his prescribed medications and was substituting 2 bananas a day for the other half because he had read that the potassium in bananas works to lower blood pressure. Medications were started and his hypertension improved rapidly.
 - **Correct Answer:**
 - I10 Hypertension
 - T50.906A Underdosing of unspecified drugs, medicaments and biological substances (NOTE: code T50.996A, Underdosing of other drugs, medicaments and biological substances is not correct because the name of the medication(s) was not specified. Code T46.5x6A could have been used if the scenario had specified that the drug was an antihypertensive drug.)
 - Z91.128 Patient’s intentional underdosing of medication regimen for other reason
- **December Test Your Coding Skills** - For those that have had ICD-10-CM coding training, try to code the below scenarios and submit your answers to Sarah.Brooks@dhhs.nc.gov. The scenarios are not public health specific but they are good exercises to help hone your coding skills. You will receive a response letting let you know how you did.
 - **Scenario:** 23-year-old female who is 25 weeks pregnant with a single fetus that has critical aortic stenosis and evolving hypoplastic left heart syndrome. If left untreated, critical aortic stenosis may result in a severely damaged left ventricle in the newborn. Additionally, hypoplastic left heart syndrome may be fatal and typically requires multiple surgeries after birth.
 - **Scenario:** A Type 1 diabetic patient is seen for follow-up of a recent below knee amputation of the left leg for non-healing gangrenous ulcer on his left foot secondary to diabetic peripheral angiopathy. The operative site was healing very nicely, and there was no evidence of infection. Physician's diagnoses: status post below knee amputation, diabetes mellitus.
- To show the added complexity that providers will face when using ICD-10-CM, the Blue Cross Blue Shield Association converted a superbill (i.e., encounter form) from ICD-9-CM to ICD-10-CM. This can be viewed at <http://www.aapc.com/ICD-10/superbills.aspx>

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- Hopefully the DPH ICD-10 website provides you with the ICD-10 information agencies require for a smooth transition. However, if you're having trouble finding the information you need, take a look at CMS's new ICD-10 Resources Flyer located at http://www.cms.gov/eHealth/downloads/ICD10_ResourcesFlyer_20130913.pdf . This easy-to-read comprehensive list includes links to each resource offered by CMS, including FAQs, timelines, and recordings of webinars.
- Has your agency completed the Clinical Documentation Assessment (CDA)? If so, would your agency be willing to provide feedback related to the CDA tool and process, any Clinical Documentation Improvement strategies your agencies has adopted, any identified best practices related to clinical documentation, etc? If so, please contact Sarah.Brooks@dhhs.nc.gov.
- The transition to ICD-10 affects more than just the medical community. The CDC has posted information on how public health will be impacted by the ICD-10 Transition at http://www.cdc.gov/nchs/icd/icd10cm_pcs_impact.htm