

# ICD-10 Implementation Team Meeting Minutes

**February 20, 2012**

11:00am - 12:30pm

DPH Computer Training Room, 5605 Six Forks Rd, Raleigh, NC (Building 3, 2nd Floor)

Conference number: 1-888-363-4734; Access Code: 2142113#  
<https://dhhs.ncgovconnect.com/icd10/>

Attendees (☑ = present; ■ = absent)

<input checked="" type="checkbox"/> Sarah Brooks (Facilitator) - DPH	<input checked="" type="checkbox"/> Joy Reed – DPH
<input type="checkbox"/> Alice Salmons Mitchell – Yadkin Co LHD	<input type="checkbox"/> Kaye Hall – Warren Co LHD
<input checked="" type="checkbox"/> Bob Martin – DPH	<input checked="" type="checkbox"/> Kristie O’Neal – Wilson Co LHD
<input checked="" type="checkbox"/> Brenda Dunn - DPH	<input checked="" type="checkbox"/> Lana Deyneka - DPH
<input type="checkbox"/> Candy Tharrington – Franklin Co LHD	<input checked="" type="checkbox"/> Lillie Worsley - DPH
<input checked="" type="checkbox"/> Carla Morgan – Jackson Co LHD	<input type="checkbox"/> Lisa Hamilton – Mecklenburg Co LHD
<input checked="" type="checkbox"/> Carol Tyson – DPH	<input checked="" type="checkbox"/> Lynn Conner – DPH
<input checked="" type="checkbox"/> Diane Keener – Macon Co LHD	<input checked="" type="checkbox"/> Marcia Mandel – Raleigh CDSA
<input type="checkbox"/> Donna Sawyer – Albemarle Region Health Services	<input checked="" type="checkbox"/> Marcia Robinson – Durham Co LHD
<input type="checkbox"/> Dorothy McNeil – Cumberland Co LHD	<input type="checkbox"/> Missy Johnson – Franklin Co LHD
<input checked="" type="checkbox"/> Doug Busch - DPH	<input checked="" type="checkbox"/> Pamela Serrell Cochran – DPH
<input type="checkbox"/> Eleanor Howell – DPH	<input type="checkbox"/> Sandra Cox – Craven Co LHD
<input type="checkbox"/> Ellen Shope – DPH	<input checked="" type="checkbox"/> Sharon Artis - DPH
<input type="checkbox"/> Eunice Inman – DPH	<input type="checkbox"/> Sylvia Gentry – Stokes Family Health Center
<input checked="" type="checkbox"/> Frances Taylor – DPH	<input type="checkbox"/> Taryn Edwards - DPH
<input type="checkbox"/> Gay Welsh – DPH	<input checked="" type="checkbox"/> Tony Ivosic - DPH
<input checked="" type="checkbox"/> Roy Gilbert – Office of Rural Health & Community Care	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Item	Agenda Items	Presenter	Decisions / Action Items	Questions / Comments
1	Addition of Office of Rural Health & Community Care (ORHCC) to Project	Sarah Brooks		With the pending consolidation in July of the Division of Public Health and the Office of Rural Health & Community Care into a single division called the Division of Prevention, Access and Public Health Services, the project scope will expand to include Rural Health. Roy Gilbert has joined the Implementation Team and was present at the meeting. ORHCC can bring training resources to the project.

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2	ICD-10-CM Implementation Planning Training	Sarah Brooks	When LHDs do their Business Impact Assessment, they should include all areas in the assessment (including Dental). For those areas where no impacts are identified, those areas do not need to be included in subsequent implementation activities (e.g., clinical documentation assessment, training).	<p>Slides and recorded training sessions are posted to the HIS website for the LHD and DPH Training sessions. CDSA training will be recorded and posted after the 2/22 session. The slides for all 3 sessions are posted to the HIS website.</p> <p>Question from LHD Training – need to verify our response. Will Dental Clinics need to use ICD-10? Dental Clinics report “D” codes (CPT). According to John Bryant, Dental claim forms do not require an ICD-9-CM diagnosis currently. Please verify the information is correct. If so, then I recommend Dental Clinics still do the Business Impact Assessment but if no impacts are identified, there may be nothing else for them to do related to ICD-10.</p> <p>Joy Reed questioned if ICD-10 contains dental diagnoses. Sarah noted that there are dental codes included but, to her knowledge, these are used in the inpatient settings when patients are admitted for extensive oral surgery. Joy confirmed that CDT codes are used by the Dental clinics.</p>
3	Education Matrix	Sarah Brooks	<ol style="list-style-type: none"> <li>1. Review of Education Matrix by Implementation Team Members - <b><u>feedback should be sent to Sarah by 2/29/11.</u></b> <ol style="list-style-type: none"> <li>a. Carol Tyson and Pamela Serrell Cochran will review DPH (blue columns). <b>NOTE:</b> Distinction is now included between types of Nurse Consultants.</li> <li>b. Roy Gilbert will complete a new section for Rural Health identifying the roles and type(s) of training needed. <b>NOTE:</b> Rural Health has been added in pink ('Other' was removed since none were identified by the Team)</li> <li>c. <b>There were no volunteers to review the Local Health Department section (green columns). Sarah needs at least 2 volunteers to review the LHD matrix to ensure that the roles are correctly identified and the type and level of training is appropriate. Contact Sarah if willing to perform review.</b></li> </ol> </li> <li>2. Sarah will add a category under DPH for Program Nurse Consultants. Joy and Carol Tyson agreed that the Local Technical Assistance and Training Branch consultants will need to complete the Comprehensive training but the Program Nurse Consultants need Specialized training. <b>Done – new category for Program Nurse Consultants has been added.</b></li> </ol>	<p><b>An updated version of the Education Matrix is attached that reflects changes recommended during the meeting.</b></p> <p>Thanks to Doug and Marcia for completing the CDSA portion; Eleanor Howell for completing the DPH portion; Karen Sanderson and Tony Ivosic for completing State Lab (and further input from Taryn Edwards and Frances Taylor). Sarah took a stab at LHDs and DIRM. Awaiting input from DIRM.</p> <div style="text-align: center;">  <p>Education Matrix v11.xls</p> </div>

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4	Project Schedule	Sarah Brooks	<ol style="list-style-type: none"> <li>1. 3.2-1 (Line 188) will be extended to give Sections/Branches more time to complete their assessments.</li> <li>2. A pilot of the tool by Implementation Team member volunteers will be added to the schedule prior to sending the tool out to ICD-10 contacts.</li> <li>3. Sarah will expand the description of line 209 in the schedule to read “Develop Clinical Documentation Assessment Tool and Clinical Documentation Assessment Process Document (including LHDs, CDSAs, DPH areas with CD impacts identified in the Business Impact Assessments)”.</li> <li>4. All Implementation Team members will go through the training prior to the Clinical Documentation Work Group members ‘pilot’ of the Clinical Documentation Assessment tool (Line 119). Training will be geared to the individual team members (e.g., Specialized for Tony Ivosic in State Lab, Sharon from OME, Doug and Marcia for CDSAs; Comprehensive for Clinical Documentation Work Group members, LTAT Nurse Consultants)</li> <li>5. Sarah will make the requested changes to the schedule and send out a final version to the Implementation Team.</li> </ol>	<p>Schedule sent to Team members on 2/7/12 is attached here</p>  <p>ICD-10 Project Schedule by Tasks v2</p> <p>Eleanor recommends that 3.2-1 (Line 188) be extended to end of March. No problems identified if extended. Eleanor also questions Clinical Documentation Assessment (3.3-2): “Is this group just for LHD clinical practices, or also CDSA clinical practices? They have very different clinical systems, so it may be appropriate to separate these out. If it’s just LHD, then this task is also needed for CDSAs. How about the State Lab and OCME? I looked at some of the deliverables, but I still don’t have a good handle on this portion of the process.”</p>
5	Business Impact Assessment	Sarah Brooks	<ol style="list-style-type: none"> <li>1. Implementation Team members to review Business Impact Assessment and provide feedback to Sarah <b>by 2/28/11</b>.</li> <li>2. Sarah to update the tool to add in the columns from the WEDI tool related to Dependent Business Processes and to break out Data Management and Reporting into 2 categories. <b>DONE – most recent is attached</b></li> <li>3. The following volunteered to pilot the tool before it is sent out to all ICD-10 contacts: Marcia Mandel for CDSA assessment (Sarah and Bob Martin will participate); Brenda Dunn for DPH Branch assessment (Sarah and Bob Martin will participate). <b>Need one volunteer from a local health department to pilot the tool in an administrative and clinical area within the agency. Sarah will participate in the pilot. Please contact Sarah if you are willing to pilot the tool. (Prefer to limit travel so Franklin or Wilson is preferred).</b></li> <li>4. Bob will send Sarah a sample of the Business Information Flow Assessment (BIFA) used during DHHS HIPAA implementation since it may contain some additional criteria that may prove useful for the Business Impact Assessment tool. <b>DONE – attached contains some additional information based on items in BIFA</b></li> </ol>	<p>Business Impact Assessment Template is based on template developed by WEDI. On the third tab, highlighted in yellow are column descriptions that were removed from the spreadsheet. Does Implementation Team think the columns should remain?</p>  <p>DPH Business Impact Assessment Tool v2. &gt;</p>

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6	Training Scenarios	Sarah Brooks	Each member of the Implementation Team will develop at least 5 scenarios appropriate for their area (e.g., State Lab, <b>LHDs</b> , CDSAs, Rural Health, OME) and submit to Sarah <b>no later than April 9, 2012</b> . These will be incorporated into the training materials for coding practice exercises.	A task that can begin NOW is the development of scenarios for training. <b>See examples below.</b> We need LOTS of scenarios that provide a realistic representation of clients seen in the LHDs, CDSAs and Rural Health Clinics. Also need scenarios for State Lab and Medical Examiner's Office. Others??  Joy noted that the examples below are appropriate for primary care but not the majority of LHDs.
7	Issues Log	Sarah Brooks	Issue 29 will be closed. <b>DONE – Updated log attached</b>	Propose Closure of Issue 29  ICD-10 Implementation Proje
8	2012 Code Books	Sarah Brooks	Implementation Team members that plan to attend the Comprehensive ICD-10-CM training in July should purchase a 2012 ICD-10-CM code book. DPH has purchased books for the Project Manager and LTAT Nurse Consultants through <a href="http://www.shoppingenix.com/Category/100091/100276/">http://www.shoppingenix.com/Category/100091/100276/</a> .	The code books are now available for ordering.
9	Other	All	DPH will continue to move forward with ICD-10 implementation as planned.	At the onset of the meeting, Sarah announced that HHS intends to delay the ICD-10 compliance date "for certain health care entities. At this point it is not known what the date may be, what is meant by certain health care entities, or how long the process would take since the change would have to go through a formal process.
10	Adjourn	All		Adjourned at 12:15pm
<b>Next Meeting Date: Monday, March 19, 2012, 11:00am – 12:30pm; Computer Training Room (Bldg 3, 2<sup>nd</sup> Floor) and Webinar Access</b>				

### Training Scenario Examples

Example 1: A 35 year old woman at 22 weeks of pregnancy underwent a 1 hour glucose screening test that was found to be abnormal, with a blood sugar level reported to be over 200 mg/dL. The patient was sent to the hospital laboratory for a 3 hour glucose tolerance test. The final diagnosis was gestational diabetes, diet control.

Answer: O24.410 Gestational Diabetes, pregnancy, diet control

Example 2: 2cm laceration of the left heel with foreign body, current injury

Answer: S91.322A Laceration, heel – See Laceration, foot (except toe(s) alone), left, with foreign body. Review the Tabular for correct seventh character extension. In ICD-10-CM, the Index identifies both the laterality and the presence of the foreign body with the laceration code. The seventh character extension of "A" is used to indicate the initial encounter.

Example 3: Medical examination of 4yo child for admission to preschool

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Answer: Z20.0 Examination (for) (following) (general) (of) (routine), medical (adult) (for) (of) preschool children, for admission to school; ICD-10-CM provides much more specificity for administrative examinations

Example 4: A 9-month old girl is seen in the health department. The mother reports the child has been crying inconsolably and tugging at her right ear. On exam, the tympanic membrane of the right ear is noted to be red and inflamed with suppuration behind the tympanic membrane. She has a recurring history of suppurative otitis media.

Example 5: A 45-year old man is seen at the health department with a temperature of 102. Blood cultures returned positive. The physician documentation included the patient had pneumonia due to staphylococcal aureus and acute renal failure. The physician also documented the patient was tachycardiac and hypotensive. EMS was called and the patient was sent to the hospital

Example 6: A 30-year old female is in the 36<sup>th</sup> week of pregnancy and comes to the clinic reporting bleeding. Upon examination it is determined that the patient is hemorrhaging due to placenta previa. EMS is called and the patient is sent to the hospital for an emergency C-Section.

Example 7: A 51-year old male walks into the clinic complaining of chest pain. The physician examines the client and documents a diagnosis of acute coronary insufficiency with a possible impending myocardial infarction. The patient is sent to the hospital emergency room for further evaluation.

Example 8: A 65-year old female patient with Type 2 diabetes mellitus, controlled on oral medication, is seen for a routine health check. During examination, the physician documents that the patient has a diabetic cataract, left eye. The patient is referred to an Ophthalmologist.

Example 9: A 50-year old female is diagnosed with endometrial carcinoma, primary site. She is referred to a Gynecologist for further evaluation and surgery.

Example 10: A 69-year old female with chronic asthma presents with difficulty breathing. The physician documents that she has acute respiratory failure due to acute exacerbation of extrinsic asthma. She is sent to the hospital via EMS.

Example 11: A 55-year old male is seen for a health check visit with current comorbidities of hypertension, irregular heart beat and gout, treated with medications.