ICD-10-CM/PCS 2011

Building Expert Trainers in Diagnostic and Procedure Coding

Information Provided by:

AHIMA Academy for

ICD-10-CM/PCS Trainers

www.ahima.org/icd10

ICD-10

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American Health Information
Management Association®

About Version HIPAA 5010

- To process ICD-10 claims or other transactions, providers, payers and vendors must first implement the "Version 5010" electronic health care transaction standards mandated by HIPAA.
    - The existing HIPAA "Version 4010/4010A1" transaction standards do not support the use of the ICD-10 codes.

- Everyone covered by HIPAA must install Version 5010 in their practice management or other billing systems and test with all payers and trading partners by **January 1, 2012**.

- It is important to know that although the 5010 transaction will be in use before October 1, 2013, covered entities are not to use the ICD-10 codes in production (outside of a testing environment) prior to that date.

HIPAA 5010

- CMS designated the week of Aug. 21 through Aug. 26 as National 5010 Testing Week for trading partners to test compliance efforts.

- Please note: Organizations must coordinate the Version 5010 and ICD-10 implementations to identify affected transactions and systems. For more information on Version 5010, go to the CMS website at **http://www.cms.gov/ICD10** and click on "Version 5010" on the menu on the left side of the page.

Countdown to
ICD-10

Today: Wednesday November 9th 2011

Countdown to ICD10: <u>691 Days</u>

October 1, 2013

Transition from ICD-9 to ICD-10

- There are best practice models for ICD-10 from organizations like the Workgroup for Electronic Data Interchange (WEDI) and the Centers for Medicare & Medicaid Services (CMS).

- For providers, the most comprehensive model available now is the ICD -10-CM/PCS Transition Planning and Preparation Checklist from the American Health Information Management Association (AHIMA).
  - In total, the model outlines 30 key steps. Of this total, 19 should have been completed by now.

Important Resources

- In a statement to the Department of Health and Human Services (HHS) in June 2011, WEDI noted:
  - Survey results indicated that many vendors were not planning to deliver products until 2012 or even 2013. This limits the amount of time that entities will have to install and test these products internally as well as with trading partners.

- If your vendors are not ready, you can't do your testing, and your organization will be at risk.

ICD-10monitor.com

- Published by RACMonitor, LLC
- Biweekly e-news: *icd10monitor.enews*
- 28,000 circulation
- Weekly, 30-minute, live podcast: *Talk-Ten-Tuesday*
- Produce live, 60-minute Webinars
- ICDUniversity.com Book Store

CMS

- CMS Published a Guide to help healthcare providers transition from ICD-9 to ICD-10

  – **CMS ICD-10 Implementation Guide for Small Hospitals**

- www.cms.gov/ICD10

AHIMA's ICD-10 Implementation Plan

Checklist:

http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_048737.pdf

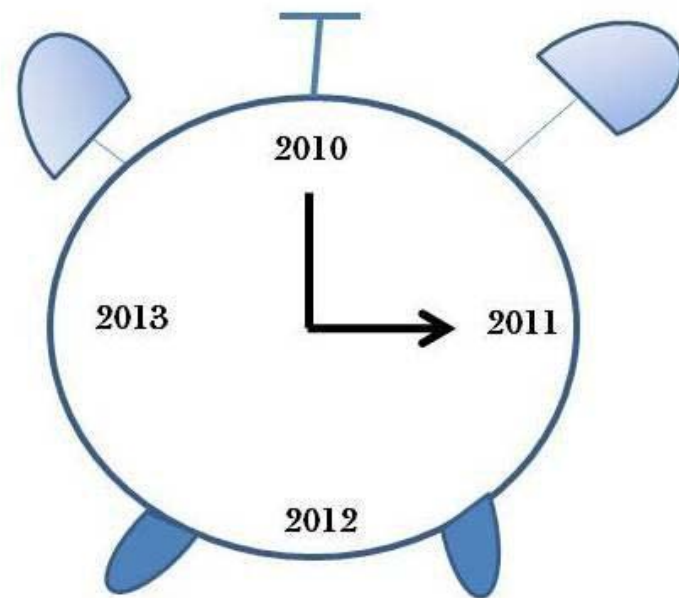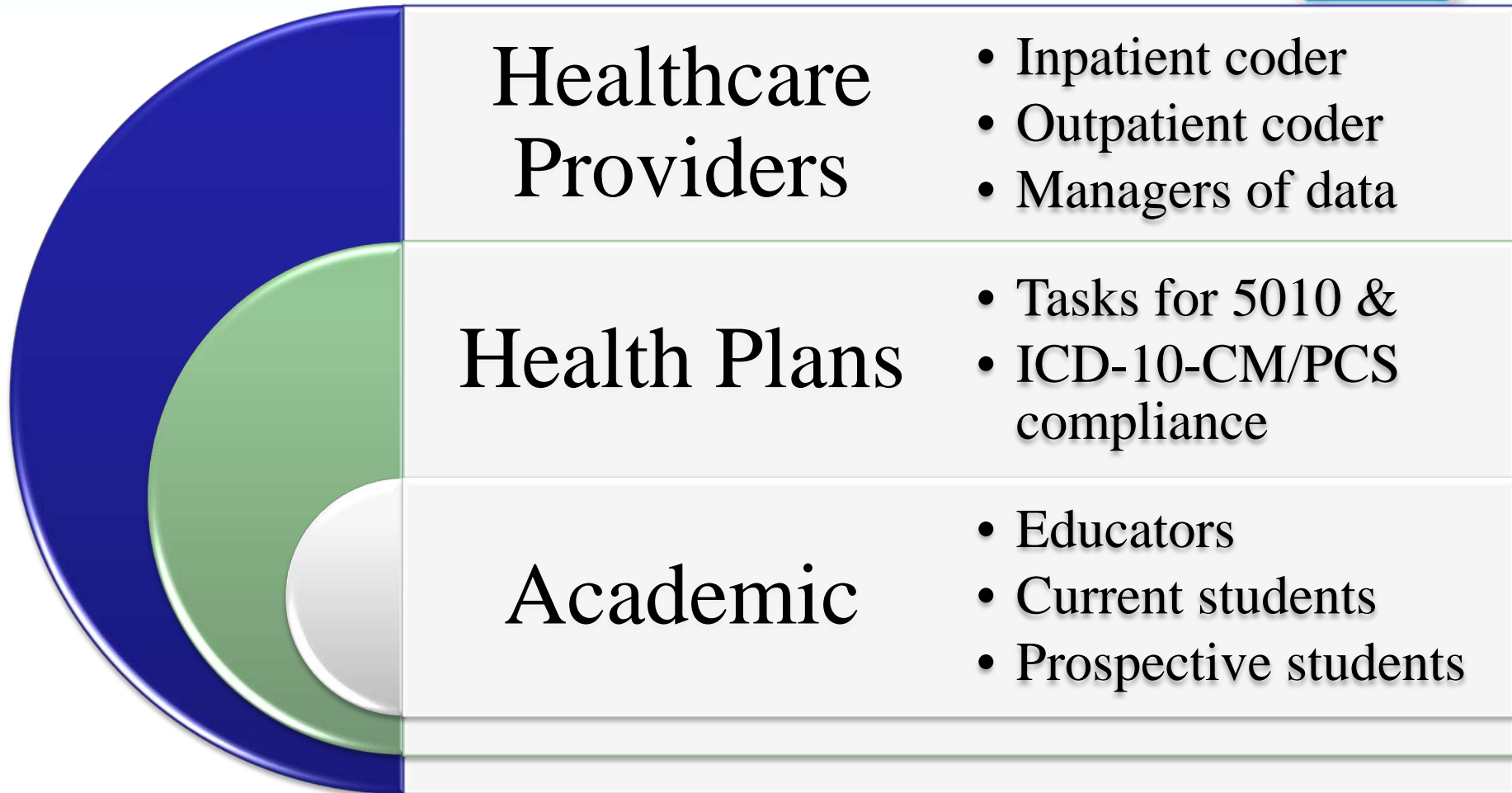| Year	2009/ 2010	2011	2012	2013
Phase I	Implementation Plan Impact Assessment			
Phase II		Implementation Preparation		
Phase III				Go Live Preparation
Phase IV				Post – Implementation Follow-Up

AHIMA Coder Training Strategy

- Preparation is key

- Create focused training plans

- Do something every year

- Take advantage of the full implementation timeframe

- **http://www.ahima.org/icd10 /role.aspx**

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Using the Role-Based Training Model

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Healthcare Providers	• Inpatient coder • Outpatient coder • Managers of data
Health Plans	• Tasks for 5010 & • ICD-10-CM/PCS compliance
Academic	• Educators • Current students • Prospective students

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AHIMA Coder Training Strategy ICD-10

- **Coding Manager's Challenge:**

  50 hours of training:

  - 16 hours ICD-10-CM

  - 24 hours ICD-10-PCS

  - 10 additional hours of practice

Key is to provide appropriate training to the right individuals at the right time

AHIMA Coder Training Strategy

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ASSESS TRAINING NEEDS
2009 thru first half of 2011

- Assess each coder's strengths and weaknesses
- Develop individualized plan to address weaknesses
- Develop role-based training plan: which coders need to learn which systems

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AHIMA Coder Training Strategy

RECOMMENDED ACTION STEPS
2009 thru first half of 2011

- Understand the ICD-10 final rule and implications

- Increase ICD-10-CM awareness

  – Learn about structure, organization and unique features

- Review and refresh knowledge of anatomy & physiology (A&P)

- Learn about the general equivalence mappings (GEMs) between ICD-9-CM and ICD-10-CM

- Provide training on clinical documentation improvement (CDI) strategies

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RECOMMENDED ACTION STEPS
Second Half of 2011 through 2012

- Review code structure and coding conventions

- Learn fundamentals of coding system

- Analyze and practice applying coding guidelines

- Continue to review and refresh knowledge of A&P concepts

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PART 1: CM

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**2011 ICD-10-CM is available at
http://www.cdc.gov/nchs/icd/icd10cm.htm or
http://www.cms.hhs.gov/ICD10**

- **2011 ICD-10-CM Index to Diseases and Injuries**
- **2011 ICD-10-CM Tabular List of Diseases and Injuries**
  - Instructional Notations
- 2011 Official Guidelines for Coding and Reporting
- 2011 Table of Drugs and Chemicals
- 2011 Neoplasm Table
- 2011 Index to External Causes
- 2011 Mapping "ICD-9-CM to ICD-10-CM" and "ICD-10-CM to ICD-9-CM"

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ICD-10-CM: The Complete Official Draft Code Set 2011 (Ingenix)

- Introduction
- ICD-10-CM Draft Conventions
- ICD-10-CM Official Guidelines for Coding and Reporting (Draft 2011)
- ICD-10-CM Index to Diseases and Injuries
- ICD-10-CM Neoplasm Table
- Table of Drugs and Chemicals
- ICD-10-CM Index to External Causes
- ICD-10-CM Tabular List of Diseases and Injuries

Diagnosis Code Comparison

Characteristic	ICD-9-CM (VoLS. 1 & 2)	ICD-10-CM
Field length	3-5 characters	3-7 characters
Available codes	Approximately 13,000 codes	Approximately 68,000 codes
Code composition (numeric or alpha)	Digit 1 = alpha or numeric Digits 2-5 = numeric	Digit 1 = alpha Digit 2 = numeric Digits 3-7 = alpha or numeric
Available space for new codes	Limited	Flexible
Overall detail embedded within codes	Ambiguous	Very specific
Laterality	Does not identify right versus left	Often identifies right versus left
Sample code2	813.15, Open fracture of head of radius	S52123C, Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC

Code Structure of ICD-10-CM versus ICD-9-CM

ICD-10-CM codes may consist of up to seven characters, with the seventh character extensions representing visit encounter or sequelae for injuries and external causes.
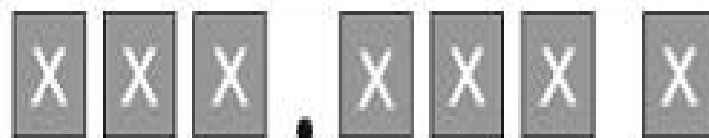
ICD-9-CM Code Format	ICD-10-CM Code Format
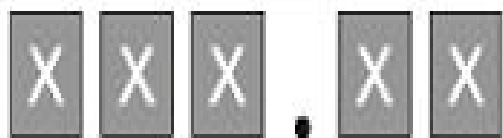
ICD-9-CM:
X X X . X X
category — etiology, anatomic site, manifestation

ICD-10-CM:
X X X . X X X — X
category — etiology, anatomic site, severity — extension

Coding and 7th Character Extensions

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Alpha (Except U)				2 Numeric 3 - 7 Numeric or Alpha			Additional Characters	

S	0	2	.	6	5	x		A

Category

Etiology, anatomic site, severity

Added code extensions (7th character) for obstetrics, injuries, and external causes of injury

3 – 7 Characters

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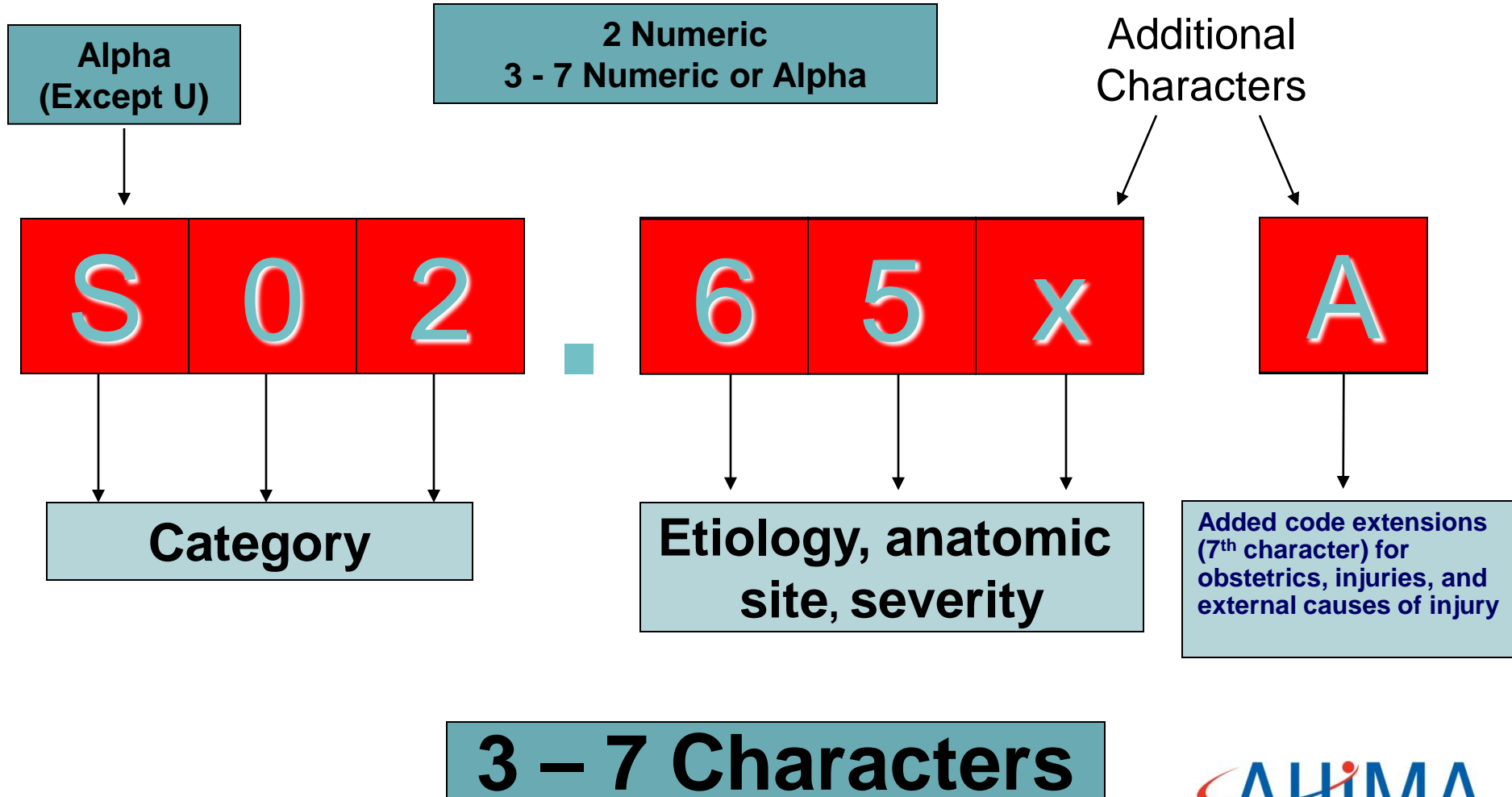
Coding and Use of 7ᵗʰ Character

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- Obstetrics
- Injury
- External cause
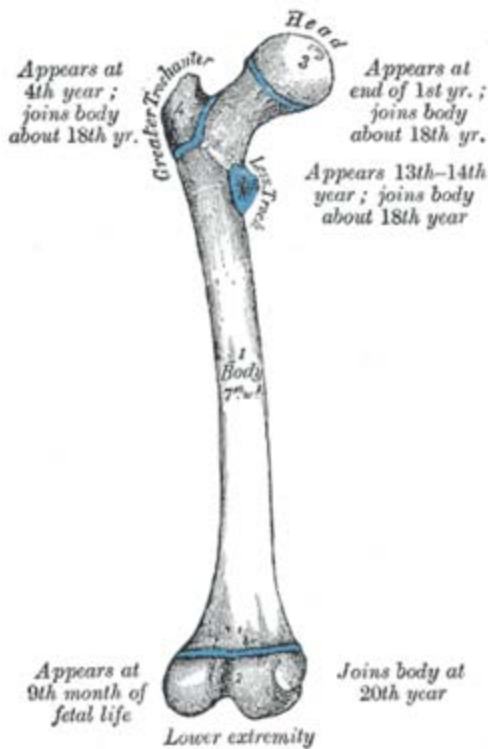
- Either alpha or numeric

- Placeholder "x"

- Meanings vary
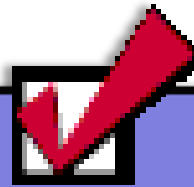
Injury and External Cause - Identifies Injury

Initial – receiving active treatment	Subsequent – receiving routine care during healing or recovery (after active treatment)	Sequela – complications or conditions arising as result of injury

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Gray's Anatomy 1918

Tip: Visual learners may benefit from seeing pictures of different types of fractures. Continue to introduce A&P concepts throughout training.

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PART 2: PCS

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RESOURCES & REFERENCES

- 2011 ICD-10-PCS available at www.cms.hhs.gov/ICD10

- **2011 Code Tables and Index**
  - ICD-10-PCS 2011 Tables
  - Definitions
  - Index

- **2011 ICD-10-PCS Reference Manual**

- *ICD-10-PCS: The Complete Official Draft Code Set* 2011 Ingenix *(referred to throughout this manual as the ICD-10-PCS 2011 Code Book)*

Guidelines

- The ICD-10-PCS Draft Coding Guidelines (2011) appear in the *ICD-10-PCS 2011 Code Book*
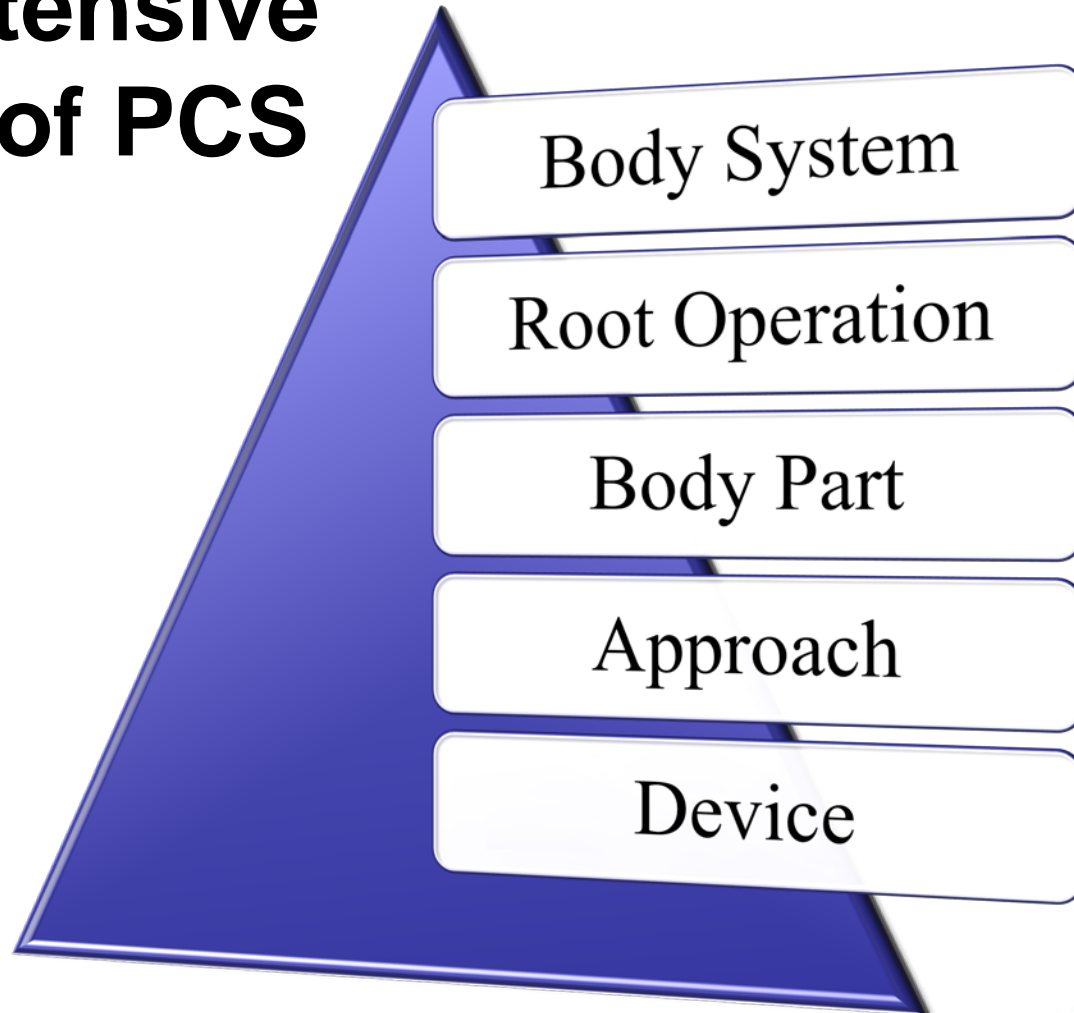
Three sections of Guidelines		
A. Conventions	B. Med/Surg Section (0)	C. Obstetrics Section (1)

Section B (Med/Surg) Most Extensive Section of PCS

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Body System

Root Operation

Body Part

Approach

Device

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Guideline A. 11.

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- Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear.

- *Example*: When the physician documents "partial resection," the coder can independently correlate "partial resection" to the root operation Excision without querying the physician for clarification.

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Coding Notes:
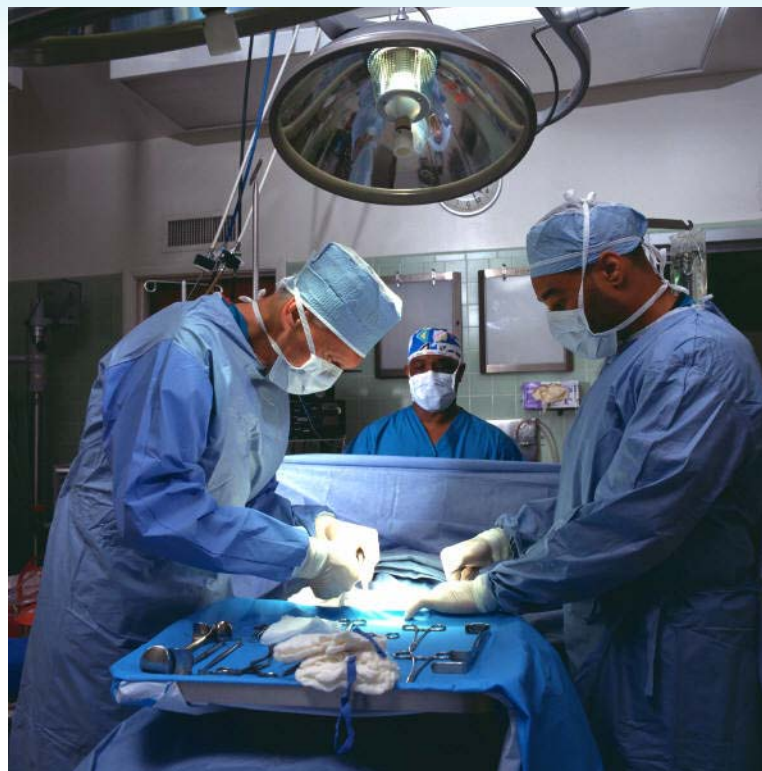
Index	Tables

• Main index term is a root operation, root procedure type, or common procedure name. Examples are:
 	
   – Resection (root operation)
 	
   – Fluoroscopy (root type)
 	
   – Prostatectomy (common procedure name)
	• When reviewing tables, sometimes there are multiple tables for the first three characters and they may cover multiple pages in the code book.

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Section 0

DISCUSSION OF ICD-10-PCS

MEDICAL AND SURGICAL SECTION

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ICD-10-PCS Section

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

- All codes in PCS are seven characters
- Letters O and I are not used in PCS
  - Numbers 0 and 1 are used
- Each character has a meaning
- Meanings change by sections
- Section provides first character value

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ICD-10-PCS Body System

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

- Second character

- Body system, general physiological system or anatomical region involved

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ICD-10-PCS Root Operations

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

- **Objective of procedure**
- 31 Root operations
- Arranged by similar attributes
- Multiple codes
- List out Root Operations

Examples of Root operations:

- Bypass
- Drainage
- Reattachment
- Resection
- Inspection

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ICD-10-PCS Body Part

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

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- Fourth character
- Anatomical site for procedure
- 34 possible values per body system

Examples of Body Parts:

- Liver
- Kidney
- Thalamus
- Ascending Colon
- Optic Nerve
- Tonsil

ICD-10-PCS Approaches

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

- Fifth character – approach or technique used to reach procedure

- Seven different approach values

- Approach may be
  - Through skin or mucous membrane
  - Through orifice
  - External

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ICD-10-PCS Device

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

Sixth character

Device must be left in place

Review definitions of categories

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ICD-10-PCS Qualifier

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

- Seventh character

- Provides additional information

- May have narrow application

- There are no specific guidelines for qualifiers

Engaging Providers – Improving Clinical Documentation

- **Poor quality documentation is bad for Payers, Providers, and Patients**

- **Billing Accuracy**

- **Quality Measures**

- **Population management**

- **Risk management**

- **Healthcare analytics**

- **Patient History**

Going beyond the Mandate

- It's not enough to implement ICD-10; organizations need to leverage it.

- This is the opportune time to seek efficiencies and improvements.

- The organization's shared goal should be to perform better using ICD-10 than it did using ICD-9.

Questions?

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