ICD-10-CM/PCS 101 for CDI

ICD-10-CM/PCS Basics for Clinical Documentation Improvement

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Opening Statement & Instruction

• This presentation is designed for professionals in the role of CDI to create an awareness and provide a high-level overview of the who, what, where, and why of ICD-10-CM/PCS.

• Having an ICD-10 101 information tool and accompanying documents will help promote awareness during implementation as well as promote consistency with messaging. [This slide would be deleted from the actual presentation.]
ICD-10 Introduction

- The WHO (World Health Organization) owns and publishes ICD (International Classification of Diseases), which is used world-wide for morbidity and mortality reporting.
  - The 10th revision (ICD-10) was endorsed in 1990.
  - Many countries have been using ICD-10 or a modified version of it since 1994.
  - The U.S. has been using ICD-10 for mortality reporting since 1999, but continues to use a modified version of ICD-9 referred to as ICD-9-CM for morbidity reporting and other purposes.
ICD-10 Introduction

• In January 2009, the federal government determined the U.S. would upgrade to the 10th revision of the ICD as of October 1, 2014.
  – ICD-10-CM (Clinical Modification)
    • Used to assign diagnosis codes
    • A clinical modification of ICD-10 developed by the National Center for Health Statistics (NCHS), a division of the Centers for Disease Control and Prevention (CDC)
  – ICD-10-PCS (Procedural Coding System)
    • Unique to the US and independent of ICD-10, but designed to complement the structure of ICD-10
    • Developed by the Centers for Medicare and Medicaid Services (CMS) with 3M’s health information systems division
    • Used to assign procedure codes for the inpatient setting

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WHY: Benefits to ICD-10-CM/PCS

- Reduced ambiguity
- Enhanced system flexibility for adding new codes
- Better reflection of current medical terminology and technology
- Expanded detail relevant to ambulatory and managed care encounters
- Data transparency for reimbursement and compliance efforts

- Incorporation of recommended revisions to ICD-9-CM that could not be accommodated
- HIPAA criteria for code set standards are met (5010)
- Improved collection and tracking of new diseases and technologies
- Space to accommodate future expansion
Preparation for ICD-10-CM/PCS

• The federal government is preparing the healthcare industry for ICD-10-CM/PCS implementation.
  – Replacing 4010 with 5010 for electronic claims data by January 1, 2012
  – Implementing an ICD-9-CM and ICD-10-CM code freeze
    • Last annual update October 1, 2011
    • October 1, 2014, updates to ICD-10-CM/PCS will be limited to codes capturing new diseases and/or technology
    • Annual updates to ICD-10-CM/PCS resume October 1, 2015
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-10-CM/PCS Planning & Implementation

• What is the status of ICD-10-CM/PCS implementation in your organization?

• CDI should be represented on the ICD-10-CM/PCS steering committee.
  – What is the timeline for key implementation activities?
    • When will training begin for those who assign ICD-10-CM/PCS codes?
    • Will there be a period of dual coding?
    • Will there be a validation period? Who will validate?

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# Diagnosis Coding & Data Differences

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>◆ 3–5 characters in length</td>
<td>◆ 3–7 characters in length</td>
</tr>
<tr>
<td>◆ Over 14,000 diagnosis codes</td>
<td>◆ Over 69,000 diagnosis codes</td>
</tr>
<tr>
<td>◆ Only V codes and E codes start with a letter</td>
<td>◆ ALL codes start with a letter</td>
</tr>
<tr>
<td>◆ Limited space for adding new codes</td>
<td>◆ Flexible for adding new codes</td>
</tr>
<tr>
<td>◆ Cannot identify laterality</td>
<td>◆ Many codes require laterality</td>
</tr>
</tbody>
</table>

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ICD-10-CM/PCS Growth of Codes

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ICD-10-CM Format (Diagnosis Codes)

- Category
- Etiology, Anatomical Site, Severity
- Extension

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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.
### Procedure Coding & Data Differences for Hospital Inpatient Claims

<table>
<thead>
<tr>
<th><strong>ICD-9-CM</strong></th>
<th><strong>ICD-10-PCS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✦ 3–4 digits</td>
<td>• 7 alphanumeric characters</td>
</tr>
<tr>
<td>✦ Over 3,800 procedure codes</td>
<td>• Over 71,000 procedure codes</td>
</tr>
<tr>
<td>✦ Lacks detail</td>
<td>• Very specific</td>
</tr>
<tr>
<td>✦ Limited space for adding new codes</td>
<td>• Flexible for adding new codes</td>
</tr>
<tr>
<td>✦ Generic terms for body parts</td>
<td>• Specific terms for body parts</td>
</tr>
</tbody>
</table>

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How Can You Prepare?

• Begin adding the following to physician documentation templates and queries:
  – Side of dominance
    • Left, right, or ambidextrous (defaults to right)
  – Laterality
    • All paired organs or structures
  – Ordinality
    • Is this the initial visit or a subsequent visit for the complaint?
    • Are these symptoms the sequela of the initial event?
How Can You Prepare?

• Incorporate the following scales into documentation templates or queries:
  – National Heart, Lung, and Blood Institute (NHLBI) asthma severity classification scale
    • Intermittent
    • Mild persistent
    • Moderate persistent
    • Severe persistent
How Can You Prepare?

• Incorporate into query templates:
  – Glasgow (Coma Scale)
    • Need a score from each of the three assessment areas, NOT a total score
      – Eye opening
      – Verbal response
      – Motor response
  – Gustilo Open Fracture Classification
    • I, II, III, IIIA, IIIB, or IIIC
How Can You Prepare?

• Begin adding the following to queries:
  – Differentiation between general and focal seizures
    • General seizures require type specificity
    • Identify intractable (treatment-resistant) seizures
  – Trimester of pregnancy
    • Default to the trimester when the complication occurred, not the discharge trimester when an admission crosses trimesters
  – Identification of the substance related to adverse effect, poisoning, or toxic effect
Format of ICD-10-PCS
(Inpatient Procedural Coding)

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.
Why So Many Procedure Codes?

• Seven-character alphanumeric code representing a particular section/element of the code
  – Section, body system, root operation, body part, approach, device, or qualifier

• A character is a stable, standardized code component
  – Holds a fixed place in the code
  – Retains its meaning across a range of codes

• 34 possible values for each character
  – Digits 0 – 9
  – Letters A-H, J-N, P-Z
    • “I” and “O” (letters) are never used
Inpatient Procedural Coding

• What will be the role of your CDI staff regarding inpatient procedural coding?
  – Will need general education
  – Will be coding procedures to develop a working DRG
  – Will be issuing clarification queries:
    • Approach
    • Laterality
    • Root operation
General Considerations

• Establishment of working DRGs in ICD-10-CM/PCS
  – Will CDI staff receive the same training as coding?
• Will the current physician query process work with ICD-10-CM/PCS implementation due to the expected increased volume of procedural queries?
  – Who queries for what (i.e., coding vs. CDI, when, why and how long does the bill remain on hold)?
General Considerations

• What policies and procedures will need revision?
  – ICD-10-CM/PCS will have new *Coding Clinic* advice
  – How will you address decreased productivity during the transition?

• What templates will need revision?
  – Operative reports
  – History and physicals
  – Query forms
CDI Professionals – Action Steps

• Be a part of the ICD-10-CM/PCS implementation team
• Discuss physician query revisions with your HIM leaders
• Educate your CDI staff
• Provide awareness to physicians
• Utilize tip sheets
  – See AHIMA’s “ICD-10-CM/PCS Implementation Toolkit”
References/Resources

• CMS ICD-10 Web site: http://www.cms.gov/icd10

• Medicare Fee-for-Service Provider Resources: http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp

• Association of Clinical Documentation Improvement Specialists Web site: http://www.hcpro.com/acdis/

• NHLBI’s National Asthma Education and Prevention Program: http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf

• Open Fracture: Gustilo Classification: http://www.eatonhand.com/clf/clf256.htm
Handy ICD-10 Web Sites

• CMS fact sheets: http://www.cms.hhs.gov/apps/media/fact_sheets.asp
• CMS ICD-10 Overview: http://www.cms.hhs.gov/ICD10/01_Overview.asp
• NCHS ICD-10 Web site: http://www.cdc.gov/nchs/icd/icd10cm.htm
• AHA Central Office ICD-10 Web site: http://www.ahacentraloffice.org/ICD-10