



" The nice thing about teamwork is that you always have others on your side.

--Margaret Carty"

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ICD-10 Task Force Update

By Sonya Burtner

The ICD-10 Task Force Team Leaders met on (date) to discuss the scope and challenges of the preparation efforts. The group agreed to the following key points which will be instrumental for a successful transition:

1. An outside consultant will be hired. This person will be entirely dedicated to this project and will be responsible to plan and develop a timeline in conjunction with the Task Force committee members, assign and monitor action items to ensure we stay on target and are ready for 10/1/2013.
2. An additional AHIMA trained coding educator will be hired. This educator will perform coder assessments, conduct coder education and will continue to monitor issues post implementation.
3. The HIM department will acquire Computer-Assisted Coding Software to improve coding accuracy with electronic records. ICD-10 will be loaded in this software by January and it will be able to run both ICD-9 and ICD-10.

The Task Force committee members are very supportive of this proposal and are ready to welcome the outside consultant and coding educator to the group once the selection is made.

If you have any questions, please contact Alyson Widmer (widmea@shands.ufl.edu) or Pam Rollins (rollip@shands.ufl.edu)

Transitioning to HIPAA Version 5010: How far along are we?

By Sean Hudson & Sonya Burtner

Background: Under HIPAA covered entities such as health plans, healthcare clearing houses and healthcare providers (such as Shands) that conduct electronic exchange of healthcare data must adhere to the HIPAA electronic standard transactions. On January 16, 2009, the United States Department of Health and Human Services (HHS) released two final rules to update the HIPAA electronic transactions standards and code sets. The 1st rule finalized the adoption of version 5010 (replacing current versions called 4010 and 4010A) and upgraded the National Council of Prescription Drug Programs (NCPDP) to

ICD-10 FACTS:

There are 69,101 ICD-10 diagnoses codes compared to 14,025 ICD-9 diagnoses codes.

There are 71,957 ICD-10 procedure codes compared to 3,824 ICD-9 procedure codes

version D.0 (replacing current version called NCPDP 5.1). Versions 5010 and D.0 will allow the industry to be better equipped for electronic transactions in an electronic health information environment and provide the necessary framework for the ICD-10 code sets. The 2nd rule designated the ICD-10 code sets to replace ICD-9 CM volume 1,2 and 3.

Key Dates: *To ensure that the infrastructure is ready for the ICD-10 code sets and allow for a smooth transition, covered entities must follow the below timeframes:*

- 1. Covered entities should complete internal testing of version 5010 by December 31, 2010.*
- 2. Covered entities are required to do external testing of version 5010 with their trading partners (i.e. vendors, payers, clearing houses, etc.) by December 31, 2011.*
- 3. All covered entities must be fully compliant by January 1, 2012.*

How far along are we at Shands:

- *Siemens released Customer Memo #Z100914A announcing the general availability of the ANSI X12 5010 837I and 837P billing formats for Invision Patient Accounting. This has been applied in the 10.J SUT and means that testing with trading partners will be able to commence in Jan 2011.*
- *UF Faculty Group Practice GE eCommerce (IDX) completed their upgrade in Oct 2010. The system is ready to begin testing transactions as soon as trading partners are ready.*
- *Jax Faculty Group Practice GE eCommerce (IDX) completed their upgrade in Sept 2010. The system is ready to begin testing transactions as soon as trading partners are ready.*

Partial Code Freeze Prior to ICD-10 Implementation

From CMS website

On September 15, 2010, the ICD-9-CM Coordination & Maintenance Committee Meeting made the decision to implement a partial freeze for both ICD-9-CM codes and ICD-10-CM and ICD-10-PCS codes prior to implementation of ICD-10 on October 1, 2013. The partial freeze will be implemented as follows:

- The last regular annual update to both ICD-9 and ICD-10 code sets will be made on October 1, 2011.
- On October 1, 2012 there will be only limited code updates to both ICD-9-CM and ICD-10 code sets to capture new technology and new diseases.
- There will be no updates to ICD-9-CM on October 1, 2013 as the system will no longer be a HIPAA standard.
- On October 1, 2014, regular updates to ICD-10 will begin.

The ICD-9 Coordination & Maintenance Committee will continue to meet twice a year during the freeze. The public will be allowed to comment on whether or

*HCP Pro June 2010
Survey Results:*

*91% of HIM
Directors in
hospitals across
the country
answered that
their organization
is aware of the
changes to ICD-
10 however,*

*70% have not
taken any action
yet.*

Shands ICD-10
Website can be
found at the
following link:

<http://icd10.my.shands.org/>

not requests for new diagnosis and procedure codes should be created based on the need to capture new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on or after October 1, 2014, once the partial freeze is ended.

Hills to Climb for ICD-10-CM/PCS

By Carol Bosworth

The transition from ICD-9-CM to ICD-10-CM/PCS presents a challenge for everyone including physicians, coders, and financial experts; and it will require good documentation in the record to capture details. But think back—we have all weathered many challenges in the past including code and guideline changes, frequent revenue adjustments, creation of documentation improvement teams, and the implementation of MS-DRGs. While ICD-10 seems like a steep uphill slope at the moment, it presents an opportunity to use a system that lends itself to better data gathering. By way of design, it contains options for adding new codes as technology and medical practice changes and more accurate payment for those new practices and technologies. Since we're the only developed country in the world that has not yet implemented this code structure, ICD-10—once up and running—will provide a means to compare “apples to apples” for more accurate world-wide healthcare comparison reporting.

From a coder's perspective, ICD-10-PCS presents the biggest change and the greatest challenge. All procedure codes consist of seven characters, with each character representing an aspect of the procedure. Check out the procedure code comparison from ICD-9-CM to ICD-10-PCS below:

Mitral valve replacement with porcine tissue

ICD-9-CM

35.23, replacement of mitral valve with tissue graft

ICD-10-PCS

02RG08Z, see code definition below

(1) Section	(2) Body System	(3) Root Operation	(4) Body Part	(5) Approach	(6) Device	(7) Qualifier
0	2	R	G	0	8	Z
Medical & Surgical	Heart & Great Vessels	Replacement	Mitral Valve	Open	Zooplastic Tissue	No Qualifier

The code itself looks like a foreign language for now, but notice how ICD-10 captures the open approach of the procedure and the non-human type of graft while the ICD-9 code does not offer either piece of information.

Yes, we have hills to climb—but we can do this!

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Test your Knowledge in Anatomy

Answers to last edition's quiz

Below are the answers to the quiz we sent out in our last edition of ICD-10 News:

1. The parietal bone is part of the skull.
2. The sinoatrial node is included in the cardiovascular system.
3. Arthrotomy is a surgical incision into a joint.
4. Achilles is the name of a tendon.

Preparing for ICD-10 includes more than just codes!

Article from ICD-10 Connect – 10/13/ 2010 -Reprinted with AAPC approval

With ICD-10, coders may need to probe deeper into the patient's medical record and/or query the physician more often to obtain the level of specificity required by the ICD-10-CM codes. As a result, coders will need to fully understand anatomy and physiology (not only the structure and location of organs and body parts, but also how they function), medical terminology, disease process, surgical procedures, and drugs and pharmaceuticals.

ICD-10-CM includes many combination codes that require the underlying condition, as well as one or more manifestations, complications, or associated conditions. Often one will need to first identify the diseases and disorders in the medical record documentation, and then find the ICD-10-CM code that best represents the patient's documented condition.

For example, ICD-10-CM defines a 'minor contusion of the kidney' (S37.01-) as being less than 2 centimeters. A different category will be used if the contusion is more than 2 centimeters and therefore considered a 'major contusion of the kidney' (S37.02-). Physician documentation must include this information, and the coder should be able to differentiate between the clinical conditions to assign the proper code

ICD-10 Implementation Steering Team Members

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