Introduction to ICD-10

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Outline – ICD-10 and BMC

- History and Background
- Physician Impact
- ICD-10 transition: General observations and timeline
ICD-9-CM

- In use for 30+ years
- Insufficient space to accommodate new procedures and disease processes
  - Maximum 5 digits
  - Many categories are full
- **Lack of detail or specificity**
- Two parts of ICD-10
  - Vol. 1 & 2: diagnosis codes → ICD-10-CM
  - Vol. 3: procedure codes → ICD-10-PCS
ICD-10 History

- International Classification of Diseases, 10th Revision
- 1990: endorsed by 43rd World Health Assembly
- 1994: adopted by World Health Organization States
- 1996: Health Insurance Portability and Accountability Act (HIPPA)
  - Provisions for standardization of health care information
  - Electronic claim submissions, provider identifiers, code sets
- 2009: US Department of Health and Human Services (HHS) announced implementation date of 10/1/13
- Delayed to 10/1/14 (but no further…)
- All HIPPA covered entities must comply
Joining the Industrialized World

- U.S. is the only country that utilizes ICD-10 (and -9) codes for reimbursement.
- It is the only country that has Procedure Coding System (PCS)
- Significantly greater number of codes to transition.
- **NOTE:** Continue to use CPT codes.
Rationale for ICD-10 Transition (CMS)

*Increased Specificity*

- Improved reimbursement and payment systems
- Better measurement of quality, safety, and efficacy of care
- Formulation of health policy
- Monitoring of resource utilization
- (Detecting and preventing healthcare fraud and abuse)
ICD10-CM Code Structure

- 7th digit has been added for injuries and external causes to identify the encounter: initial, subsequent, or sequela
ICD-10 CM Categories

A00-B99  Certain infectious and parasitic diseases
C00-D49  Neoplasms
D50-D89  Diseases of blood, blood-forming organs, certain disorders involving immune mechanism
E00-E89  Endocrine, nutritional and metabolic diseases
F01-F99  Mental, Behavioral and Neurodevelopmental disorders
G00-G99  Diseases of the nervous system
H00-H59  Diseases of the eye and adnexa
H60-H95  Diseases of the ear and mastoid process
I00-I99  Diseases of the circulatory system
J00-J99  Diseases of the respiratory system
K00-K95  Diseases of the digestive system
L00-L99  Diseases of the skin and subcutaneous tissue
M00-M99  Diseases of the musculoskeletal system and connective tissue
N00-N99  Diseases of the genitourinary system
O00-O9A  Pregnancy, childbirth and the puerperium
P00-P96  Certain conditions originating in the perinatal period
Q00-Q99  Congenital malformations, deformations and chromosomal abnormalities
R00-R99  Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
S00-T88  Injury, poisoning and certain other consequences of external causes
V00-Y99  External causes of morbidity
Z00-Z99  Factors influencing health status and contact with health services
ICD-10: Increased Specificity

W61.61xA
Bitten by duck, initial encounter
Increased Specificity

- Drowning and submersion due to falling or jumping from a burning watercraft V90.2
  - Merchant ship V90.20
  - Passenger ship V90.21
  - Canoe or kayak V90.25
- Jumping or diving into a swimming pool W16.5
  - Striking bottom W16.52
  - Striking wall W16.53
    - Causing drowning W16.531
- Struck or hit by a hockey stick/puck W21.2
  - Hockey Stick W21.21
    - Ice hockey stick W21.210
    - Field hockey stick W21.211
  - Puck W21.22
- Contact with nonvenomous marine animal W56
  - Contact with sea lion W56.1
    - Bitten W56.11
    - Struck W56.12
ICD-10 Code Expansion

Diagnosis Codes (CM)

ICD-9

ICD-10

 Procedure Codes (PCS)

ICD-9

ICD-10

Relevant for inpatient coding/facility charges
Reality of ICD-10

• It’s *not* a modification/revision of ICD-9

• Significant change to the health care system
  – Effect on revenue and operations
  – Administrative burden
Impact on Physicians

• Select the correct (and most specific) ICD-10 diagnosis code
  • No one will need to be an ICD-10 ‘black belt’ or be able to recite codes any more than we do now!

• Provide the appropriate, complete, and accurate supporting documentation consistent with the specific ICD-10 code
  – Justification of medical necessity
  – Necessary for coders to select the correct diagnosis and/or procedure code

• Failure to code and document correctly is likely to result in Clinical Documentation Inquiries (CDIs)
  – Reduced department revenue
Observations for adoption – general approach

• It all starts with any changes required in documentation, which are specialty specific.

• Understanding documentation requirements ‘first’ will make coding, especially in EPIC, more efficient.
  • Generation of Problem List and Diagnosis/Charge capture

• ICD-10 team undertaking documentation review for all departments to identify ‘current state’ wrt ICD-10 suitability.
‘Best Practice’ Documentation - Example

There will be guidance on ‘how we are doing’.
Areas of uncertainty

• What level of specificity will be needed in ICD-10 for diagnoses/procedures to be acceptable for reimbursement?
  – Asthma, unspecified; asthma, allergic. How many letters/digits…
  – May differ amongst service areas: both coding and documentation.

• What are third party payers thinking/planning?
  – Closer scrutiny for noncompliance → ↑denials
  – Are they ready?

• In the end – lack of preparedness will directly impact individual department’s revenue and volume of clinical documentation inquiries….
Physician Readiness and Training

- Section ICD-10 kickoff meetings
- Online modules through Precyse University – specialized MD training vendor
  - General Introduction to ICD-10
  - Specialty-specific modules on coding and documentation
  - Via Healthstream (BMC) and arranging for CME credit
- Resources
  - ICD-10 Section Leads (in DOM *typically* Clinic Director)
  - BMC ICD-10 Webpage (in development)
  - ICD-10 Program Management Organization (includes BMC MD Lead)
ICD-10 (and EPIC) Physician Readiness

### ICD-10 Training Strategy

**Phase 1**
- **What?** General awareness – what is ICD-10, how does it work, and how it impacts your practice
- **How?** Onsite lecture circuit, utilize existing Grand Rounds, dept meetings etc.

**Phase 2**
- **What?** eLearning self directed study
- **How?** Precyse online tool

**Phase 3**
- **What?** Subspecialty focused classroom training
- **How?** Classroom training by specialty conducted by a Precyse ICD-10 trained physician
- **30 minute session per specialty**

### Timeline

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<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>Sep</td>
<td>Oct</td>
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<tr>
<td>ICD-10 Physician Lead Kick-off</td>
<td>Complete MD Lead Precyse training</td>
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<tr>
<td>Physician Lead Training</td>
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<tr>
<td>CDI ICD-10 Inpatient Query release</td>
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<tr>
<td>CDI ICD-10 Outpatient Documentation Assessment</td>
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<tr>
<td>Finalize ICC Solution w/Practice Leadership</td>
<td>Participation in development of ICC Solution</td>
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<tr>
<td>Phase 1 Physician training - General Awareness (Departmental “kick-off” meeting)</td>
<td>Complete departmental kick-off meeting &amp; Training Plan</td>
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<tr>
<td>Phase 2 eLearning Precyse Training</td>
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<tr>
<td>eMERGE System Training (Inpatient)</td>
<td>~ 8 hours/MD</td>
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<tr>
<td>eMERGE &amp; ICD-10 Refresh Training</td>
<td>~ 6-8 hours/MD</td>
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<tr>
<td>Phase 3 Training &amp; ICC Implementation</td>
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<tr>
<td>eMERGE outpatient Training</td>
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*Note: eMERGE OP go live 2/2015*
Thank You