

DPH ICD-10 Project Update November 12, 2014

Countdown: 322 days until 10/1/15 Transition

NCTracks Provider/Trading Partner End-to-End (E2E) Testing

- The timetable for the NCTracks testing has not been finalized. Testing will occur during the Spring/Summer 2015 but the official begin date is still under consideration.
- The following local health departments are designated as test sites:
 - Guilford County DHHS (McKesson/Practice Partner)
 - Buncombe County Department of Health (Mitchell & McCormick Visual Health Net)
 - Person County Health Department (Patagonia Health)
 - Iredell County Health Department (Insight)
 - Pender County Health Department (CureMD)
 - New Hanover County Health Department (HIS/Single county)
 - Rutherford-Polk-McDowell Health District (HIS/District)
- Three other HIS test sites:
 - Raleigh CDSA
 - Durham CDSA
 - State Laboratory for Public Health
- Jodi Burnett, HIS Business Tech Support Specialist, will manage the testing process for DPH
 - A kick-off meeting with the primary contacts for testing as designated by each site was held on Tuesday, October 28th to begin preparations for the testing

Dual Coding

Dual coding is proving to be an extremely effective method for providers to prepare for the ICD-10 transition. Dual coding can be accomplished in several ways:

- Code simultaneously using both ICD-9-CM and ICD-10-CM
- Have one staff member code in ICD-9-CM and another staff member code using ICD-10-CM
- Code as usual in ICD-9-CM and then later code have staff code in ICD-10-CM

There are many advantages to dual coding including:

- Allows staff to practice and gain confidence and speed
- Sharing of information among staff
- Productivity impacts at go live will be reduced
- Will help determine impacts that you need to prepare for and determine length of time you may need to mediate this risk.

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Answer to Coding Exercise from October Update

Scenario: A two-year old was brought to the Emergency Department by his parents with a chief complaint of wheezing. The parents stated that the child developed what appeared to be a cold the day before admission with symptoms of a runny nose and slight cough. On the morning of admission, the child started wheezing and appeared to have difficulty breathing. The child was examined and lab tests were performed. The patient was admitted to the Pediatric unit for respiratory support and treatment with an admitting diagnosis of bronchiolitis. Laboratory testing isolated and identified enterovirus D68 (EV-D68). The patient's respiratory symptoms stabilized then abated and patient was discharged home after four days with a diagnosis of acute bronchiolitis with bronchospasm due to EV-D68.

Answer: J21.8 Acute bronchiolitis due to other specified organism
B97.19 Other enterovirus as the cause of disease classified elsewhere

Discussion: In early September of this year, the United States notified the Pan American Health Organization/World Health Organization about a severe outbreak of respiratory illness associated with Enterovirus D68 (EV-D68) that began in mid-August and primarily affected children in twelve states. Most of us learned about the outbreak on the evening news after seeing pictures of very sick children in Intensive Care Units receiving respiratory treatments. We heard about hospitals being flooded with ill patients due to EV-D68.

Enteroviruses are found throughout the world and are transmitted from person to person. Enterovirus D68 causes respiratory illness and is likely transmitted via an infected person who coughs, sneezes or touches and contaminates common surfaces. The symptoms of EV-D68 include fever, runny nose, coughing, sneezing and muscle ache. Children with a history of asthma, wheezing or other respiratory diseases appear to be more prone to severe respiratory infection from EV-D68 and many were hospitalized due to difficulty with breathing.

The principal diagnosis in this scenario is acute bronchiolitis due to EV-D68. In the Alphabetic Index locate the main term Bronchiolitis, due to, specified organism NEC, to obtain code J21.8. An additional code from categories B95 – B97 should be assigned to indicate the infectious agent responsible for the bronchiolitis. To find this code, index Infection, enterovirus, as cause of disease classified elsewhere, specified NEC, to obtain code B97.19.

ICD-10 provides code B97.19, Other enterovirus as the cause of disease classified elsewhere, which allows for the capture and reporting of the organism causing respiratory illness. ICD-9 does not provide such a code. This is another example of ICD-10 being more specific and more effective than ICD-9 in identifying diseases that impact public health.

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ICD-10.

COMPLIANCE DATE OCTOBER 1, 2015

News Updates | November 6, 2014

The Centers for Medicare & Medicaid Services (CMS) has released three new resources to help small physician practices prepare for ICD-10. These resources also provide continuing medical education (CME) and continuing education (CE) credits to health care professionals who complete the learning modules, and anyone who takes them will earn a certificate of completion. If you are a first-time visitor to Medscape, you will need to create a free account to access these resources.

- [ICD-10: Getting From Here to There -- Navigating the Road Ahead](#) – A video lecture giving providers an overview of ICD-10 and its benefits, the differences between ICD-9 and ICD-10, and the CMS “Road to 10” Tool.
- [ICD-10 and Clinical Documentation](#) – A video discussing the role of documentation and coding in health care and examining why documentation is important for ICD-10.
- [Preparing for ICD-10: Now Is the Time](#) – An expert column exploring the effect ICD-10 will have on systems, the coding process, documentation, and quality reporting. It also provides steps to prepare for ICD-10 implementation.

Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.

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Message from Sarah Brooks, DPH ICD-10 Implementation Project Manager: I began working in this role in August 2011 looking forward to an October 2013 implementation date. Then CMS extended the compliance date to October 2014. So we kept trucking forward with our sights on October 2014 and then Congress passed a law that resulted in another delay and a major deflation of momentum. CMS then set the new deadline to October 2015. I had originally planned to 'finally' retire the end of 2013. Extending that goal another year was OK but another 1 year extension to my retirement plan is not preferable. For that reason, I will be leaving DPH on 12/4/14. It has been my pleasure to work in this role and I wish DPH and all of the local agencies the very best as you continue to prepare for the ICD-10 transition. As soon as the transition of my responsibilities is finalized, you will be notified. Keep on trucking!!