



DPH ICD-10 Implementation Team

Kick-Off Meeting

October 17, 2011



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ICD-10-AM Compliance

Introduction of Team Members - LHDs

Local Health Dept Volunteers	Name	Work Title
Craven County Health Dept (HIS Batch)	Sandra D. Cox	Computing System Administrator I
Cumberland County Health Dept	Dorothy McNeil	Administrative Officer III
Wilson County Health Dept	Kristie O'Neal	PHN Supervisor I
Jackson County Health Dept	Carla Morgan	Nursing Supervisor
Durham County Health Dept	Marcia Robinson	Public Health Administrator
Macon County Health Dept	Diane Keener	HIM Coordinator/Billing
Yadkin County Health Dept	Alice Salmons Mitchell	Billing Clerk
Albemarle Region Health Services	Donna Sawyer	Quality Assurance
Warren County Health Dept	Kaye Hall, RN	Director of Nursing
Franklin County Health Dept	Candy Tharrington	Accounting - Lead Worker IV
Franklin County Health Dept	Missy Johnson	Clinical Management Support Supervisor
Mecklenburg County Health Dept	Leatrice Hamilton, CPC	Coding Support
Gaston County Health Dept	Regina Gardin	Clerical Supervisor



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ICD-10-CM Compliance

Introduction of Team Members – DPH/CDSA

DPH Section/Branch Volunteers	Name	Work Title
Office of Administrative, Local & Community Support	Frances Q. Taylor	HIPAA Liaison to Local Public Health Departments
State Center for Health Statistics	Eleanor Howell	Manager, Data Dissemination Unit - State Center for Health Statistics
Local Technical Assistance and Training	Taryn Edwards	HIS Nurse Consultant
Office of Administrative, Local & Community Support	Bob Martin	DPH HIPAA and BCP/COOP Coordinator, Rule Making and IRB Support
Local Technical Assistance and Training	Ellen Shope	Nurse Consultant
Local Technical Assistance and Training	Gay Welsh	Nurse Consultant
Local Technical Assistance and Training	Eunice Inman	Nurse Consultant
Local Technical Assistance and Training	Pamela Serrell	Nurse Consultant
Local Technical Assistance and Training	Lynn Conner	Nurse Consultant
Local Technical Assistance and Training	Lillie Worstley	Administrative Consultant
Early Intervention Branch	Doug Busch	
Early Intervention Branch	Schatzi McCarthy	Evaluation Team Leader
Raleigh CDSA	Marcia Mandel, PhD	Director
Local Technical Assistance and Training	Joy Reed, EdD, RN, FAAN	Branch Head - Project Supervisor
Local Technical Assistance and Training	Sarah Brooks, MPA, RHIA	Project Manager

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ICD-10-CM Compliance

Background



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ICD-10-CM Compliance

- Federal Mandate
 - Compliance date of 10/1/2013 (714 days remain)
 - Compliance with 5010 Standard Transactions is Major Dependency
 - Compliance date of 1/1/2012 (88 days remain)
 - Adopts ICD-10-CM and ICD-10-PCS as a new code set under HIPAA replacing ICD-9-CM (Volumes 1, 2 and 3)
 - ICD-10-CM for diagnosis coding – all covered entities must transition to this
 - ICD-10-PCS for inpatient hospital procedure coding – based on initial assessment, DPH will not use
 - No impact on CPT or HCPCS

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ICD-10-CM Compliance

- ICD-9-CM codes will not be accepted for services provided on or after 10/1/13
- ICD-10-CM codes will not be accepted for services provided prior to 10/1/13
- Systems must accommodate both ICD-9-CM and ICD-10-CM

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Major Changes With ICD-10-CM

ICD-9-CM	ICD-10-CM
3-5 characters	3-7 characters
1 st digit numeric or alpha	1 st digit alpha (not case sensitive)
Digits 2-5 are numeric	Digits 2-3 are numeric; Digits 4,5,6,7 can be alpha (not case sensitive) or numeric
459.30 – Essential Venous Hypertension, chronic, idiopathic, unspecified	I87.309 – Essential Venous Hypertension, chronic, idiopathic, unspecified
13,000 codes	68,000 codes


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Format Structure Changes

ICD-9-CM					
X	X	X	•	X	X
Category				Etiology, anatomic site, manifestation	
249.5 & 362.07-Diabetic Retinopathy with Macular Edema					

ICD-10-CM							
X	X	X	•	X	X	X	X
Category				Etiology, anatomic site, severity (possibly dummy placeholder)			Extension
E11.311 – Type II Diabetes Mellitus with unspecified Diabetic Retinopathy with Macular Edema							


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What's Changing With ICD-10-CM

- Codes reflect modern medicine and updated medical terminology
- Codes are more specific
 - Many codes were expanded to reflect manifestations of diseases in one code instead of two
 - ICD-9-CM: 002.0 Typhoid Fever; 484.8 Pneumonia in other infectious diseases
 - ICD-10-CM: A01.03 Typhoid Pneumonia
- Code titles are more complete (no need to refer back to a category, subcategory, or sub-classification level to determine complete meaning of code)
 - I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- Laterality –Left Versus Right
 - C50.1 Malignant neoplasm, of central portion of breast
 - C50.111 Malignant neoplasm of central portion of right female breast
 - C50.112 Malignant neoplasm of central portion of left female breast
- Revised diabetes mellitus codes
 - ICD-9-CM: 362.07 – Diabetic Retinopathy 249.5 & with Macular Edema
 - ICD-10-CM: E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema

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What's Changing With ICD-10-CM

- Added trimesters to obstetrical codes
 - O9A.311 Physical abuse complicating pregnancy, first trimester
- Added code extensions for injuries and external causes of injuries
 - M80.08xA Fracture, pathologic, due to osteoporosis, specified cause NEC (initial encounter with closed fracture)
 - Injuries grouped by anatomical site rather than type of injury
 - ICD-9-CM
 - Fractures (800-829)
 - Dislocations (830-839)
 - Sprains and strains(840-848)
 - ICD-10-CM
 - Injuries to the head (S00-S09)
 - Injuries to the neck (S10-S19)
 - Injuries to the thorax (S20-S29)

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ICD-10-CM Similarities to ICD-9-CM

- **Format**
 - Tabular List and Index
 - Tabular List is a chronological list of codes divided into chapters based on body system or condition
 - Tabular List is presented in code number order
 - Same hierarchical structure
 - Look up diagnostic terms in Alphabetic Index; Verify code number in Tabular List
 - Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions
 - A few chapters have been restructured
 - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters

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ICD-10-CM Similarities to ICD-9-CM

- Index structured the same as ICD-9-CM
 - Alphabetic Index of Diseases and Injuries
 - Alphabetic Index of External Causes
 - Table of Neoplasms
 - Table of Drugs and Chemicals Many conventions have same meaning
- Abbreviations, punctuation, symbols, notes such as “code first” and “use additional code”
- Nonspecific codes (“unspecified” or “not otherwise specified”) are available to use when detailed documentation to support more specific code is not available

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ICD-10-CM Excludes Notes

- Excludes1 note
 - Indicates that code identified in the note and code where the note appears cannot be reported together because the 2 conditions cannot occur together
 - Example: E10 Type 1 Diabetes mellitus
 - Excludes1: diabetes mellitus due to underlying condition (E08.-)
 - drug or chemical induced diabetes mellitus (E09.-)
 - gestational diabetes (O24.4-)
 - hyperglycemia NOS (R73.9)
 - neonatal diabetes mellitus (P70.2)
 - type 2 diabetes mellitus (E11.-)

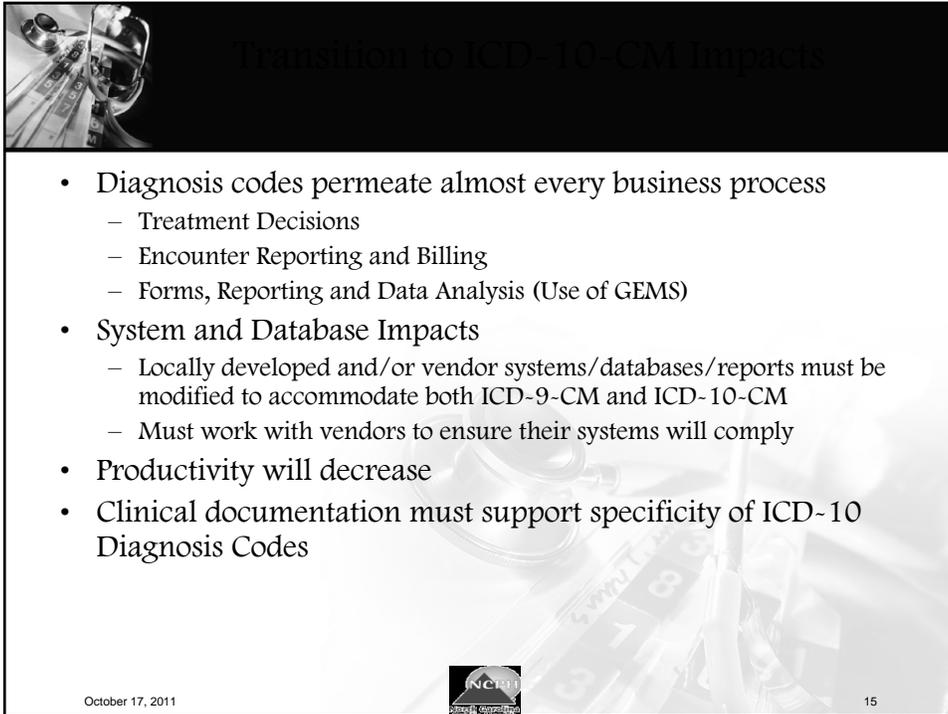

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ICD-10-CM Excludes Notes

- Excludes2 note
 - Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so both codes may be reported together if the patient has both conditions
 - Example: L89 Pressure ulcer
 - Excludes2: diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
 - non-pressure chronic ulcer of skin (L97.-)
 - skin infections (L00-L08)
 - varicose ulcer (I83.0, I83.2)

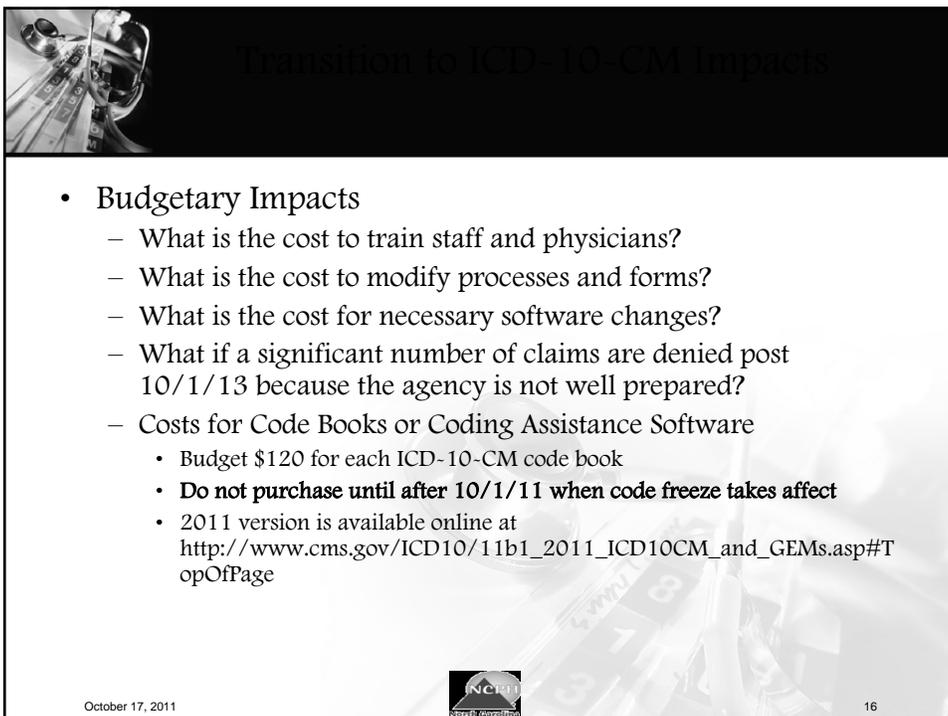

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Transition to ICD-10-CM Impacts

- Diagnosis codes permeate almost every business process
 - Treatment Decisions
 - Encounter Reporting and Billing
 - Forms, Reporting and Data Analysis (Use of GEMS)
- System and Database Impacts
 - Locally developed and/or vendor systems/databases/reports must be modified to accommodate both ICD-9-CM and ICD-10-CM
 - Must work with vendors to ensure their systems will comply
- Productivity will decrease
- Clinical documentation must support specificity of ICD-10 Diagnosis Codes


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Transition to ICD-10-CM Impacts

- Budgetary Impacts
 - What is the cost to train staff and physicians?
 - What is the cost to modify processes and forms?
 - What is the cost for necessary software changes?
 - What if a significant number of claims are denied post 10/1/13 because the agency is not well prepared?
 - Costs for Code Books or Coding Assistance Software
 - Budget \$120 for each ICD-10-CM code book
 - **Do not purchase until after 10/1/11 when code freeze takes affect**
 - 2011 version is available online at http://www.cms.gov/ICD10/11b1_2011_ICD10CM_and_GEMs.asp#TopOfPage


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DPH ICD-10 Implementation Project

- Project Charter approved
 - Danny Staley is Project Sponsor
 - Business Goal from Project Charter
 - The goal of this project is to ensure that the staff and information systems that currently utilize ICD-9-CM for classification of disease and morbidity information within the Section/Branches of the Division of Public Health and local health departments seamlessly transition to the federally mandated ICD-10 effective October 1, 2013
- Project Plan is approved
 - Purpose of document is to record the baselines to be used to measure project performance and define how the project will be managed

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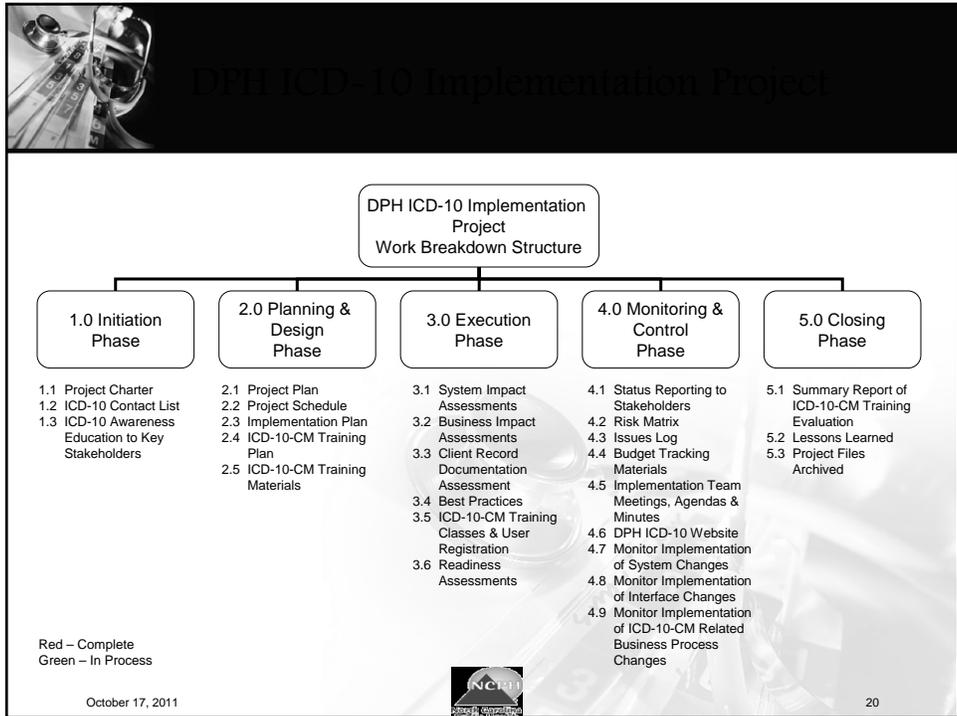
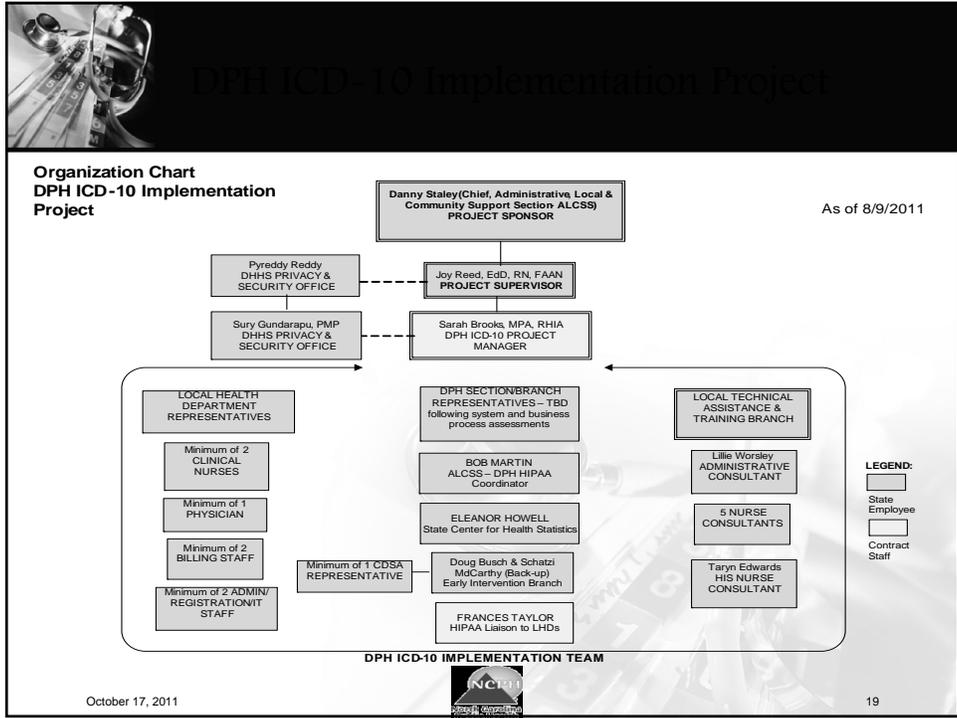


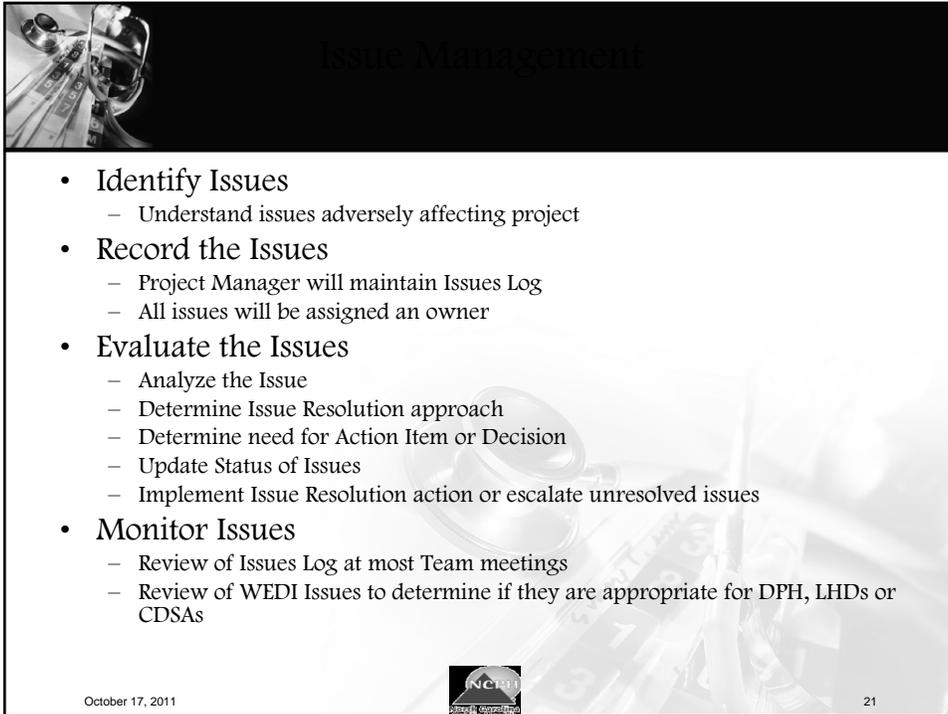
DPH ICD-10 Implementation Project

Project Execution Milestones *(dates subject to change after assessments are completed and project schedule is developed)*

- 12/31/11 – Complete DPH System and Business Impact Assessments
- 7/31/12 – Complete Client Record Documentation Assessments
- 7/31/12 – Identify budgetary requirements for DPH implementation
- 3/31/13 – Ascertain that DPH impacted systems and interfaces have passed UAT
- 6/30/13 – Complete ICD-10 training with all stakeholders
- 7/31/14 – Complete DPH readiness assessment
- 10/1/13 – DPH, CDSAs and LHDs are in compliance with the federally mandated transition from ICD-9-CM to ICD-10-CM
- 12/31/13 – Project Closeout

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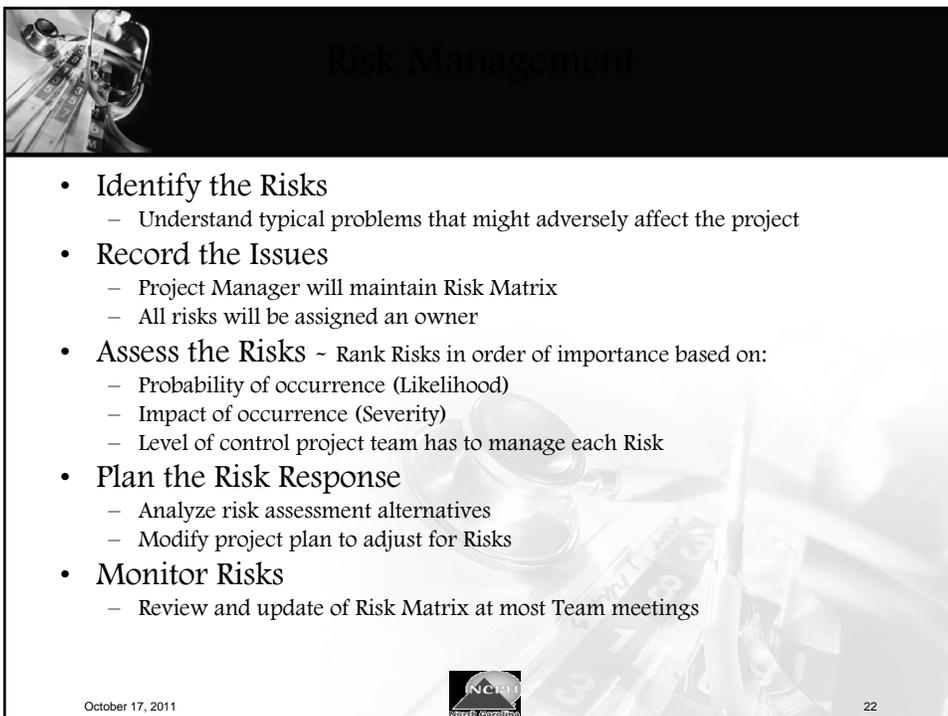




Issue Management

- **Identify Issues**
 - Understand issues adversely affecting project
- **Record the Issues**
 - Project Manager will maintain Issues Log
 - All issues will be assigned an owner
- **Evaluate the Issues**
 - Analyze the Issue
 - Determine Issue Resolution approach
 - Determine need for Action Item or Decision
 - Update Status of Issues
 - Implement Issue Resolution action or escalate unresolved issues
- **Monitor Issues**
 - Review of Issues Log at most Team meetings
 - Review of WEDI Issues to determine if they are appropriate for DPH, LHDs or CDSAs


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Risk Management

- **Identify the Risks**
 - Understand typical problems that might adversely affect the project
- **Record the Issues**
 - Project Manager will maintain Risk Matrix
 - All risks will be assigned an owner
- **Assess the Risks** - Rank Risks in order of importance based on:
 - Probability of occurrence (Likelihood)
 - Impact of occurrence (Severity)
 - Level of control project team has to manage each Risk
- **Plan the Risk Response**
 - Analyze risk assessment alternatives
 - Modify project plan to adjust for Risks
- **Monitor Risks**
 - Review and update of Risk Matrix at most Team meetings


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IMPLEMENTATION ACTIVITIES

- **Implementation Plan**
 - Clearly defines the approach to the planning and execution of all DPH ICD-10 Project implementation activities throughout all Project Phases and continuing through post implementation
 - Implementation activities refer to those activities that must be completed to successfully implement ICD-10-CM within DPH and DPH stakeholders such as:
 - Impact analysis
 - Training
 - Communications
 - Post implementation activities include:
 - Analysis of reimbursement impacts
 - Staff productivity impacts
 - Focused training needs
- **Implementation Plan Review Process**



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IMPLEMENTATION ACTIVITIES

- **Training Plan**
 - Identify the work, requirements, and procedures to be carried out to achieve agreed objectives for training staff in the use of ICD-10-CM effectively
 - Include short- and long-term objectives
 - Ensure training requirements are identified
 - Identify business roles that require ICD-10-CM education (e.g., clinical staff, billing staff, medical record staff, data analysts) and the type and level of education required for the various business roles
 - Identify the method(s) for training delivery (e.g., face-to-face, web-based instruction, community colleges)
- **Process for development of Training Plan**
 - Identify small group to work on this vs. devote a meeting to this



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Clinical Documentation

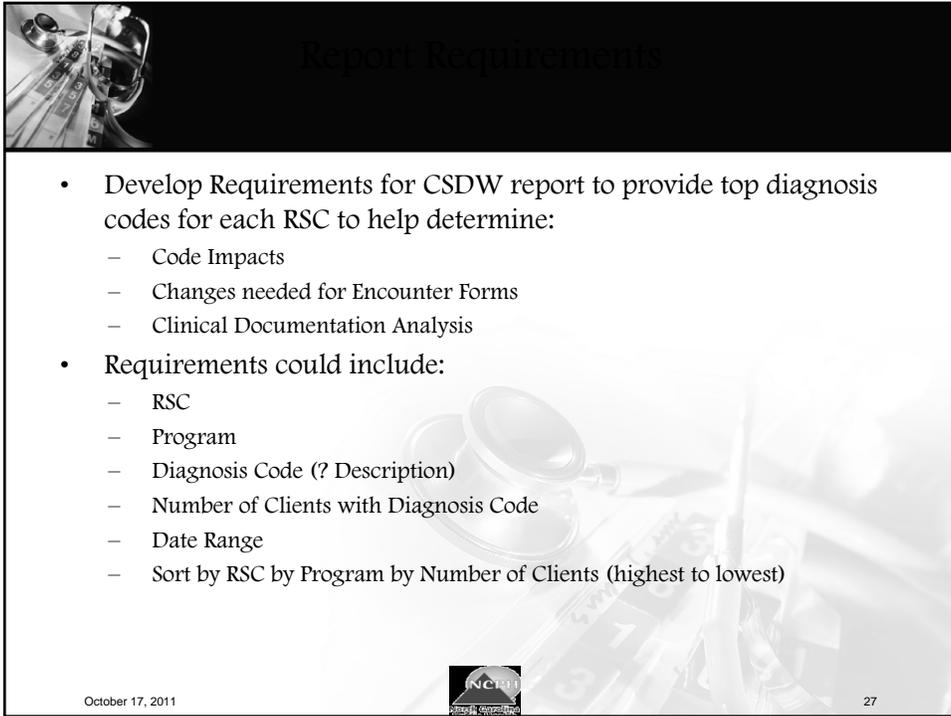
- **Clinical Documentation Assessment**
 - Determine adequacy of documentation to support the required level of detail required with ICD-10
 - Identify documentation deficiencies
 - Develop a priority list of diagnoses requiring more granularity or other changes in data capture and recording
- **Mechanism to collect random sample of various types of clinical documentation for Clinical Documentation Assessment**
- **Process for Conducting Clinical Documentation Assessment**
 - ICD-10-CM Training is a pre-requisite


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- **Business Impact Assessment - Identify all business processes within DPH and DPH stakeholders that currently utilize ICD-9-CM and ascertain business impacts for the ICD-10-CM transition**
 - Data comparability issues
 - Impact on longitudinal data analysis
 - For example, CSDW has requested the following information:
 - The HIS Cache schema deltas from the current version of Avatar to the new 5010/ICD-10-CM version(s) (provided by Net Smart)
 - How does DPH want HIS historical data to appear? (This is the monthly snapshot of data captured each month since February 2011)
 - » Should there be a conversion of the data captured since February 2011 to the new format?
 - » Should the old format be retained for history? (Do we have an old ICD code table and new ICD code table? Do we use some type of combined table with effective and expiration dates on the codes with old codes being expired?)
 - Evaluation of current data and work flows
 - Operational processes and forms/reports in various business environments
 - Changes required in DPH Administrative Code, internal policies and procedures, etc.


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Report Requirements

- Develop Requirements for CSDW report to provide top diagnosis codes for each RSC to help determine:
 - Code Impacts
 - Changes needed for Encounter Forms
 - Clinical Documentation Analysis
- Requirements could include:
 - RSC
 - Program
 - Diagnosis Code (? Description)
 - Number of Clients with Diagnosis Code
 - Date Range
 - Sort by RSC by Program by Number of Clients (highest to lowest)

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Next Meeting Date

- Establish standing meeting dates
 - Monthly or Two times a month?
 - Cancel if not needed
 - Mondays or Wednesdays?
 - AM or PM?
- May need ad hoc meetings

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Resources

- <http://his.dhhs.state.nc.us> (left side of page, choose “ICD-10-CM”
 - Sarah.Brooks@dhhs.nc.gov
 - 919-707-5067
- <http://www.cms.gov/ICD10/>
 - Provider Resources (for all providers)
http://www.cms.gov/ICD10/05a_ProviderResources.asp
 - Provider Resources for Medicare Fee-for-Service Providers
[http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.a
sp#TopOfPage](http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp#TopOfPage)
- <http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>
- <http://www.nchica.org/HIPAAResources/icd10.htm>
- <http://my.ncahec.net/education.php?d=a>
- <http://www.ahima.org/ICD10/default.aspx>
- <http://www.aapc.com/ICD-10/> (Note: Free Code Translator using General Equivalency Mappings - GEMS)
- http://www.himss.org/ASP/topics_FocusDynamic.asp?faid=220