DPH ICD-10-CM Implementation Project - Progress Report
NCALHD Technology Committee

March 14, 2012

Project Management

- The Project Schedule has been baselined and was sent to the ICD-10 Contacts across the State so local agencies will know when deliverables they need from the State should be sent to them so they can proceed with their work internally.
- The move of ICD-10 Project information to a different website continues to be assessed by DPH management. The HIS website will continue to be used until a decision is reached.

Deliverables

- An Education Matrix has been completed and sent to ICD-10 Contacts across the State. The matrix identifies staff roles that may need ICD-10 training, the type of training needed, when the training may be needed and the level of training. This resource should aid local agencies in determining the training needs of staff.
- A Business Impact Assessment Tool has been developed and the tool has been piloted within one area of DPH and at the Raleigh CDSA. **To date, have not been able to identify a LHD to pilot the tool in a clinical and administrative/business area.** The tool will aid DPH and local agencies to identify all business processes within the agency that have ICD-10 impacts and the type of impacts can be identified (e.g., reports, forms).

ICD-10 Compliance

- CMS is considering a delay of the 10/1/2013 compliance date for ICD-10 as a result of a request from the AMA House of Delegates. All covered entities have been encouraged to continue their implementation efforts and DPH is doing just that. Several national organizations are urging CMS to make an announcement soon and are recommending either no delay or no more than a one year delay.

Plans for Next Month

- Complete Business Impact Assessment Pilots and finalize the Business Impact Assessment tool so the tool can be distributed to DPH and local agencies. Based on the pilots done to date, it will take each area within an agency that performs the assessment about 90 minutes to do the first cut of the assessment. Decisions about action steps that need to be taken will hopefully be worked out by each agency's ICD-10 Implementation Team.
- Finalize Training Plan.
- Begin working on ICD-10-CM Training materials. Will be requesting assistance from LHDs to provide scenarios to be used for the training.

AMA HOD votes to Discontinue ICD-10 Implementation and Takes Their Plea to Congress

(AMA Press Release) **Stop the Implementation of ICD-10**
The AMA House of Delegates voted today to work vigorously to stop implementation of ICD-10 (The International Classification of Diseases and Related Health Problems, 10th Revision), a new code set for medical diagnoses. ICD-10 has about 69,000 codes and will replace the 14,000 ICD-9 diagnosis codes currently in use.

"The implementation of ICD-10 will create significant burdens on the practice of medicine with no direct benefit to individual patients' care," said Peter W. Carmel, M.D., AMA president. At a time when we are working to get the best value possible for our health care dollar, this massive and expensive undertaking will add administrative expense and create unnecessary workflow disruptions. The timing could not be worse as many physicians are working to implement electronic health records into their practices. We will continue working to help physicians keep their focus where it should be – on their patients."

A 2008 study found that a small three-physician practice would need to spend $83,290 to implement ICD-10, and a 10-physician practice would spend $285,195 to make the coding change.

(AHIMA Press Release) **AHIMA Warns: "Keep Moving on ICD-10 Transition"**
Providers and Health Plans that Delay May Not Meet 2013 Deadline
CHICAGO – Jan. 30, 2012 – The American Health Information Management Association (AHIMA) today urged the healthcare community to continue preparing for the transition to the ICD-10 classification system, warning that the U.S. Congress may not act on requests to stop ICD-10 implementation and let stakeholders design and adopt a new classification system to replace ICD-9-CM.

"If healthcare providers stop their ICD-10 planning and implementation now and wait to see if Congress will take action, they will not be ready in time for the compliance date," said Dan Rode, AHIMA vice president for advocacy and policy.

Currently, physician practices, healthcare delivery systems and payers use the 35-year-old ICD-9-CM classification system, but it has not been able to keep up with medical knowledge and new disease factors, limiting health data that can be used to improve patient care.

"The move to ICD-10-CM/PCS is at the foundation of healthcare information changes underway in the United States," Rode said. "Without ICD-10 data, there will be serious gaps in our ability to extract important patient health information that will give physicians and the healthcare industry measures for quality of care, provide important public health surveillance, support modern-day research, and move to a payment system based on quality and outcomes."

Stopping implementation would result in a significant financial loss to the healthcare providers, health plans, clearinghouses, technology vendors and the federal government, all who have invested in the transition and have been preparing for the last several years, said Rode.

The ICD-10-CM code set – the portion that must be used by all healthcare providers – was created by taking the international classification system ICD-10 and modifying it to meet the information needs of U.S. doctors. The Centers for Disease Control and Prevention (CDC) have been modifying the code set for more than a decade with input from stakeholders in the

healthcare community, including physicians. Physicians are not required to use ICD-10-PCS which reflects the procedures and treatment provided by the practitioner. Instead, physicians will continue to use the American Medical Association's CPT® classification system, lessening the changes doctors must make.

"The concern that physicians must use all the codes in the ICD-10-CM system is inaccurate. Like we use dictionaries to find specific words, practitioners use those codes that best fit their practice," Rode said.

He also said AHIMA coders have shown that a "super bill" – a form that many practices still use – can be assembled in less than a day for most small practices, making the transition easy for those who do not want to invest in other automated options.

Numerous websites offer assistance for the transition, including AHIMA's ICD-10 website (www.ahima.org/ICD10) and the Centers for Medicare and Medicaid Services' (CMS) website (www.cms.gov/ICD10).

About AHIMA
Representing more than 64,000 specially educated Health Information Management professionals in the United States and around the world, the American Health Information Management Association is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA's enduring goal is quality healthcare through quality information. **www.ahima.org**