3M support to smooth ICD9-ICD10 transition
2013, September 24
Content

- 3M expertise in Medical Information Reporting
  - Coding
  - Grouping

- Coding tools & 3M DRGfinder for Web
  - Electronic ICD10-PCS coding tool
  - 3M Codefinder – expert coding tool
  - Documentation improvement feature

- On line learning
  - For coders
  - Physician learning modules
3M expertise helps develop ICD-10-CM and PCS

- **ICD-10**
  - WHO
  - Mortality

- **GEMs**
  - General equivalence Mappings
  - **3M Research tool** to create not yet available ICD-10-CM data based on existing ICD-9-CM data
    - Impact studies on financing systems ….

- **PCS**
  - Procedure coding systems developed by 3M for HCFA

- **ICD-10-BE**
  - Addition of ICD-10-CM and PCS

- **ICD-10-CM**
  - US
  - Diseases & Morbidities

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Development of ICD-10-PCS

- 1995—HCFA awarded a three-year contract to 3M Health Information Systems (HIS) to develop procedure coding replacement system.
- The new system was called ICD-10 Procedure Classification System (ICD-10-PCS).

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GEMS

- The GEMs are a tool that can be used to translate data
  - This translation dictionary converts I9 into I10 and vice versa.

- The GEMs cannot always provide an exact match between I9 and I10, and therefore cannot be used as a substitute for coding medical records.

Dual coding or translation is not an acceptable option.
Magnitude of the change

**ICD-10**
- Alpha-numeric
- Dx= 3 - 7 digits
- ~78,000 Dx codes
- Px= 7 digits
- ~72,000 Px codes (~ 3000 concepts)

**ICD-9**
- Numeric
- Dx= 3 - 5 digits
- ~14,000 Dx codes
- Px= 2 – 4 digits
- ~4,000 Px codes

It’s true: in ICD-10, there is new specificity, new terminology & new concepts.

Physicians need to know about some of it
DRG classifications

- 3M is “the” specialist in patient classifications
  - ICD-10-CM/PCS compatible groupers are ready
    - 3M APR v30 based on ICD10 - v2013
    - 3M APR v31 based on ICD10 - v2014

- What is specific to the current ICD10-compatible APR DRG?
  - APR v30 is a ‘replicated’ grouper <> ‘Native’ grouper
  - Today, APR v30/v31 do no use all specificities of ICD-10
  - Tomorrow, the grouper will evolve, using all the richness of ICD-10-CM/PCS

We do have time to built in a ‘learning curve’ before the grouper becomes more stringent.
Replicated grouper

ICD-9 Summary

APR (all versions) DRG and MDC Information

APPENDECTOMY
APR wt 1.0796 Low Trim 1 High Trim 12 ALOS 3.64 GLOS 2.94
Status: LOS Inlier

DIGESTIVE SYSTEM
2 Moderate Severity of Illness
1 Minor Risk of Mortality

Principal Diagnosis

*5401 Acute appendicitis with peritoneal abscess
*SOI=P Principal diagnosis used for SOI calculation
*ROM=P Principal diagnosis used for ROM calculation

Secondary Diagnoses

04149 Other and unspecified Escherichia coli
SOI=1 Minor
0417 Pseudomonas infection in conditions
SOI=1 Minor

Principal Procedure

*4709 Appendectomy

Secondary Diagnoses

K353 Acute appendicitis with localized peritonitis

Principal Procedure

B9629 Other Escherichia coli (E. coli) as the cause of diseases classified elsewhere
SOI=1 Minor

B965 Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
SOI=1 Minor

Principal Procedure

*0DTJ0ZZ Resection of Appendix, Open Approach
Innovating the Language of Health

3M support to smooth ICD9-ICD10 transition

CODING TOOLS
3M Coding and Grouping Software  \((3M^{TM} \text{ DRGfinder})\)

- The only ‘**Expert Coding Tool**’ on the market
- The well known & widely used DRGfinder for Windows is reborn
  - Same presentation - New features
  - ICD-10-CM / PCS ready
  - Integrating 3M Data Quality Editor
  - Integrating more support tools
    - Coding Tool
    - AHACoding Clinic / Nelly Leon-Chisen
    - Anatomy Plates
    - More Coding References could be made available, like medical dictionaries ....
- **Clinical documentation improvement feature**

http://localhost:8080/interface/regrouppkt.html
Coding tool

- The basic guideline for coding remains
  1. Search through the alphabetical index of the coding book
  2. Once the code is found, do look in the tabular part to find the coding rules that apply.

The built in ICD-9 book and ICD-10 book allow to exactly follow coding guidelines

- ICD-9-CM Coding book
- ICD-10-CM Coding book
- PCS-10 Coding book
Advantages of the 3M Coding Tool

- Included in the 3M DRGfinder
  - Already available in hospitals using DRGfinder for Web

- Allows the 2-Step coding, in line with coding guidelines assigned by
  - ICD-10-CM guidelines
  - Belgian gov. guidelines

- Fully integrated into DRGfinder
  - No extra programming required to integrate the tool
  - No need to retype the code, just click! → Reduce typing errors

- Integrated Coding resources
  - Coding Guidelines book
  - Medicare edits
  - AHA Coding Clinic …
  - Anatomy plates

1. Search code via index
2. Read coding rules
Clinical Documentation Improvement Feature

ICD-9 Summary

ICD-9 CM Diagnosis

49302  Extrinsic asthma, with (acute) exacerbation
       INSUFFICIENT DOCUMENTATION

49302/staging

51881  Acute respiratory failure
       INSUFFICIENT DOCUMENTATION

51881/Hypoxia-Hypercapnia

ICD-10 CM Translation Options

J4521  Mild intermittent asthma with (acute) exacerbation

J4531  Mild persistent asthma with (acute) exacerbation

J4541  Moderate persistent asthma with (acute) exacerbation

J4551  Severe persistent asthma with (acute) exacerbation

J9600  Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

J9601  Acute respiratory failure with hypoxia

J9602  Acute respiratory failure with hypercapnia

J9690  Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia

J9691  Respiratory failure, unspecified with hypoxia

J9692  Respiratory failure, unspecified with hypercapnia

Done

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3M support to smooth ICD9-ICD10 transition

3M™ ICD-10 EDUCATION PROGRAM
Susan E. Belley, M.Ed., RHIA, CPHQ
3M ICD-10 Education Coordinator

- Former Manager of Coding and Documentation Improvement for the Cleveland Clinic
- 20 years experience as an adjunct faculty member in the Department of Health Careers and Natural Sciences at Cuyahoga Community College in Cleveland, Ohio
- Responsible for teaching courses in coding, reimbursement methodologies, and medical terminology for the Health Information Management Program
Trainings for all the organization

1. Coders & CDI Specialist Modules

2. Basic & Advanced Awareness Modules

3. Physician Education Modules by Specialty
Develop a Timeline

- Will you be an early adopter of documentation improvement?
- When will you begin double coding (case mix shift analysis)?
- Will you be integrating other learning activities?
- Are you requiring some training to be done at home?

Coders: 2-3 courses per month recommended

Physicians: CDI - awareness

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Develop a Timeline (2)

Physician Training Road Map

Jan 2014 – March 2014
Introduction to ICD-10

- **Step 1**: Hold implementation training that introduces physicians to the ICD-10 system
- **Step 2**: Reinforce what physicians are documenting well
- **Step 3**: Hold training on documentation improvement

May 2014 – Dec 2014
Documentation improvement

- **Step 1**: Provide physicians training with an overview of ICD-10-CM and PCS
- **Step 2**: Identify common diagnoses and educate physicians on new documentation required to accurately reflect the conditions in ICD-10.
- **Step 3**: Begin specialty-specific training by mid-year

Sept 2014 – Jan 2015
Specialty-specific documentation training

- **Step 1**: Continue providing specialty-specific training
- **Step 2**: Facilitate education sessions between physicians and CDIS to ensure documentation meets ICD-10 requirements
On line learning

- Access via internet, login/Password protected
Coders & CDI Specialist Modules

22 Interactive web-based modules

- 11 ICD-10-CM Courses
- 11 ICD-10-PCS Courses
- Average run-time is 90`
- Broken into smaller digestible lessons

Courses in bold are the foundational courses and should be taken before progressing to the others

ICD-10-CM

- Introduction to ICD-10-CM
- ICD-10-CM Coding Guidelines
- Circulatory Disorders in ICD-10-CM
- Respiratory Disorders & Ear Disorders in ICD-10-CM
- Musculoskeletal Disorders in ICD-10-CM
- Injuries, Poisonings, Adverse Effects, Underdosing, and Certain Other Consequences of External Cause in ICD-10-CM
- Diseases of Skin and Subcutaneous Tissue, Symptoms, Signs and Abnormal Clinical & Laboratory Findings, & External Causes of Morbidity in ICD-10-CM
- Infectious Diseases, Blood Disorders, Mental/Behavioral Disorders, and Neurological Disorders in ICD-10-CM
- Endocrine, Nutritional/Metabolic Disorders, Digestive Disorders, Diseases of the Eye, and Congenital Disorders in ICD-10-CM
- Pregnancy and Childbirth, and Newborn/Perinatal Conditions in ICD-10-CM
- Male and Female Genitourinary Diseases in ICD-10-CM

ICD-10-PCS

- Introduction to ICD-10-PCS
- ICD-10-PCS Coding Guidelines
- Overview of Med/Surg Related Sections
- Overview of Ancillary Sections and Neurological Procedures in ICD-10-PCS
- Circulatory/Vascular Procedures in ICD-10-PCS
- Digestive Procedures in ICD-10-PCS
- Musculoskeletal Procedures in ICD-10-PCS
- Skin Procedures, Breast Procedures, Lymphatic Procedures in ICD-10PCS
- Genitourinary Procedures, Hepatobiliary Procedures in ICD-10-PCS
- Obstetrical and Female Procedures in ICD-10-PCS
- Respiratory Procedures and Male Procedures in ICD-10-PCS

Students can access the system at anytime and take the courses as many times as they want

Budget twice the time to take the modules, allowing time for students to take notes, pre-tests, practice tests and post-tests.
What’s inside a module?

**Lesson Objectives**

- Review ICD-10 coding for diagnostic and procedural documentation issues related to:
  - Evaluation
  - Post-procedural
  - Comprehensive

- Review HIPAA policies

**Eponyms**

- Brain Anatomy
- Nervous System
- Spinal Cord

**Medical Abbreviation Review**

- **Abbreviation**
  - Definition
  - Usage

**Anatomy Overview**

- **Anatomy**
  - Definition
  - Usage

**Case Studies**

- **Case Study**
  - Description
  - Analysis
  - Documentation
Coders & CDI Specialist Modules

Body Part Key

Key Terms & Abbreviations

Contrast Table

Anatomy Plates

ICD-10 Codebooks

2013 Coding Guidelines

EPONYMS

Kirschner wire: A Kirschner wire, also known as K-wire, is a smooth stainless steel pin with a drill tip. The wire is available in different diameters with various tips. These wires are used for fracture fixation as well as skeletal traction. They can be placed percutaneously. The K-wire is used mainly in orthopedics and plastic surgery and is especially useful for hand surgery.

Steinmann pin: A stainless steel rod used for the internal fixation of fractures.

ABBREVIATIONS

AKA = Above Knee Amputation
ALIF = Anterior Lumbar Interbody Fusion
AXL/F = Axial Lumbar Interbody Fusion

Arteries and Veins of Heart

ICD-10 Procedure Coding System (ICD-10-PCS)

2012 Tables and Index

Table of Contents

Medical and Surgical
1. Obstructive
2. Placement
3. Administration
4. Measurement and Monitoring
5. Extracorporeal Assistance and Performance
6. Extracorporeal Therapies
7. Chirotherapy

2013 Coding Guidelines
CEs are assigned after each course and successful completion of the post test

✓ AHIMA approved
✓ AAPC approved
✓ ACDIS/Hc Pro approved
✓ Georgia Nurses Association – An accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation

Passing Score is 90%
3M ICD-10 Education Program (ICD-10 Webinar)

CERTIFICATE OF COMPLETION

This is to certify that

Chantal Licoppe

has successfully completed

3M-002 ICD-10-CM Coding Guidelines Course - Index # 29266LDR

Completed on: 8/7/2013

Accreditation

Terri G. McCubbin, RN, CPUR, CMC, CPC
Director Consulting Services

AHIMA 4.0 CE • AAPC 2.0 CE • GNA 1.5 CE • ACDIS 4.0 CE

Certificates can be printed
Basic & Advanced Awareness Modules

Pre-recorded webinar sessions

- **Basic awareness** course for administrative functions that don’t do any type of code assignment.

- **Advanced awareness** course for ancillary departments that do some sort of code assignment or interpretation of codes but don’t need to know the classification system to the same level as a coder.

### Basic Awareness
- Senior Management
- Human Resources
- IT
- Finance

### Advanced Awareness
- Pre-Registration
- Scheduling
- Patient Access
- Contract Management
- Data Analysts
- Compliance
- Billing Office
Will ICD-10 require more physician documentation? Yes!

- ICD-10 brings an increased number of codes that capture more specificity and granularity about diseases.

- There are some new coding concepts associated with I10 than physicians also need to be aware of.

If documentation lacks the needed information to assign a specific ICD-10 code, the coder will have to follow up with Dr to obtain it.

But

- Physicians use a limited number of all the codes available.
- Good documentation of medical cases is a first step to quality of care.
- 3M has developed practical features that can help define in advance documentation requirements.
Physician Education Modules by Specialty

- Physician to physician education
- 19 specialties
- 20-35 minutes per module

Focused ICD-10 Education, respectful of physicians time
Ex fracture
ICD-10-CM incorporates greater clinical details

- Note that the ICD-9-CM code is able to report only that there was a closed fracture at the end of the radius. (only 2 of the 6 ICD9 digits!
- ICD-10 does report which radius, where on the radius, and that this was an initial visit.
Physician Education Modules by Specialty

General Documentation Tips
- Use exact dates
  - For example: Myocardial infarction "10/10/2010" NOT "last month"

Samples of how documentation can be improved
- Tobacco exposure has new requirements under ICD-10
- Respiratory Failure
  - Definition: Respiratory Failure
    - Acute
    - Chronic
    - Mixed
  - Causes: Myocardial infarction, cardiogenic shock, aspiration, respiratory failure, mechanical ventilation

Samples of increased specificity required by ICD-10
- Drug Underdosing is a new concept in ICD-10 that requires documentation
  - New clinical terminology in ICD-10
  - Identifies intentionally or unintentionally taking less of a medication than prescribed
  - Document intentional versus unintentional or accidental

Highlights of what is new and what stays the same
- Tobacco Dependence and Abuse/Use
  - What’s New:
    - Separate codes for: Tobacco abuse, Tobacco dependence, Further specifically for the type of tobacco product: Cigarettes, Chewing tobacco, Other such as snuff
    - Ability to differentiate
      - History of cigarette use versus current use
      - For dependence
      - For withdrawal
      - For tobacco-related disorder
      - Ability to specify exposure to several fixed units
  - What Stays the Same:
    - Typical documentation
    - Common symptoms
    - Typical treatment

Documentation of Recent Myocardial Infarction
- Current Documentation
  - Patient presented on 10/31/2013 with acute ST-elevation of LAD, status post MI.
- Improved Documentation
  - Patient presented on 10/31/2013 with acute ST-elevation of LAD, status post MI.
  - Patient presented on 10/31/2013 with acute ST-elevation of LAD, status post MI.
  - Pulmonary Embolism (PE) and Cor Pulmonale
    - What’s New:
      - New combination code for pulmonary embolism with acute cor pulmonale
      - Document cor pulmonale and whether acute or chronic
    - What Stays the Same:
      - Document type of pulmonary embolism
      - Difference between acute or chronic versus treated or old pulmonary embolism

Tobacco Dependence and Abuse/Use
- What’s New:
  - New clinical terminology in ICD-10
  - Identifies intentionally or unintentionally taking less of a medication than prescribed
  - Document intentional versus unintentional or accidental
    - Intentional
      - For example, due to financial hardship
    - Unintentional or accidental
      - For example, due to disability or age-related
      - Age-related dementia
      - Rheumatoid arthritis of hands
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>1) Document severity and type:</td>
</tr>
<tr>
<td></td>
<td>- Mild intermittent</td>
</tr>
<tr>
<td></td>
<td>- Mild persistent</td>
</tr>
<tr>
<td></td>
<td>- Moderate persistent</td>
</tr>
<tr>
<td></td>
<td>- Severe persistent</td>
</tr>
<tr>
<td></td>
<td>2) Document status:</td>
</tr>
<tr>
<td></td>
<td>- Uncomplicated</td>
</tr>
<tr>
<td></td>
<td>- w/ acute exacerbation</td>
</tr>
<tr>
<td></td>
<td>- w/ status asthmaticus</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>1) Document severity:</td>
</tr>
<tr>
<td></td>
<td>- Acute</td>
</tr>
<tr>
<td></td>
<td>- Chronic</td>
</tr>
<tr>
<td>CHF</td>
<td>1) Document severity:</td>
</tr>
<tr>
<td></td>
<td>- Acute</td>
</tr>
<tr>
<td></td>
<td>- Chronic</td>
</tr>
<tr>
<td></td>
<td>- Acute on chronic</td>
</tr>
<tr>
<td></td>
<td>2) Document type:</td>
</tr>
<tr>
<td></td>
<td>- Systolic</td>
</tr>
<tr>
<td></td>
<td>- Diastolic</td>
</tr>
<tr>
<td></td>
<td>- Combined systolic and diastolic</td>
</tr>
<tr>
<td>COPD</td>
<td>1) Document if with acute lower respiratory tract infection + causal organism when known, such as: - Pseudomonas pneumonia</td>
</tr>
<tr>
<td>Emphysema</td>
<td>1) Document type:</td>
</tr>
<tr>
<td></td>
<td>- Unilateral</td>
</tr>
<tr>
<td></td>
<td>- Panlobular</td>
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<tr>
<td></td>
<td>- Centrilobular</td>
</tr>
<tr>
<td></td>
<td>- Other type</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>1) Document type such as:</td>
</tr>
<tr>
<td></td>
<td>- Protein calorie</td>
</tr>
<tr>
<td></td>
<td>- Protein energy</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>1) Document site and laterality such as: - Main bronchus</td>
</tr>
<tr>
<td></td>
<td>- Left lower lobe of lung</td>
</tr>
<tr>
<td></td>
<td>2) Differentiate between primary and secondary (metastatic) site</td>
</tr>
<tr>
<td></td>
<td>3) For secondary sites:</td>
</tr>
<tr>
<td></td>
<td>- Document primary site and if it is still present</td>
</tr>
<tr>
<td></td>
<td>3) If chronic, document:</td>
</tr>
<tr>
<td></td>
<td>- Simple</td>
</tr>
<tr>
<td></td>
<td>- Mucopurulent or -both</td>
</tr>
<tr>
<td>CHF</td>
<td>3) Specify etiology, if known, such as due to: - Dilated cardiomyopathy</td>
</tr>
<tr>
<td>COPD</td>
<td>3) Document if with respiratory failure and severity: - Acute respiratory failure</td>
</tr>
<tr>
<td>Emphysema</td>
<td>4) Document if oxygen dependent</td>
</tr>
</tbody>
</table>
#1 Can I put the modules on my Learning Management System?

1. Coders & CDI Specialist Modules
   - No

2. Basic & Advanced Awareness Modules
   - Yes

3. Physician Education Modules by Specialty
   - Yes

4. Advanced Practice Modules for Coders
   - No

Instructions will be provided by June 1
3M support to smooth ICD9-ICD10 transition

24 September 2013

I wish you a successful ICD-10-BE implementation

Training needs? Coding support tools? Ask us

Thank you for your attention.