The Health Care Industry Has Not Stopped Preparing for ICD-10, Have You?

In February, CMS announced that it was delaying ICD-10 implementation, which had been scheduled for Oct. 1, 2013, for an additional year. The new proposed date, Oct. 1, 2014, has yet to become final. However, despite the delay, ICD-10 will still be one of the biggest changes, if not the biggest change, for practices in the last 20 years.

For this reason, the OMA has continued to offer ICD-10 programs despite the uncertainty of the implementation deadline.

On Sept. 6, national ICD-10 and HIT expert Stanley Nachimson will present a timely webinar on the latest industry trends regarding ICD-10 and how they will impact your practice. Stanley Nachimson authored a nationally-renowned report analyzing the estimated impact of ICD-10 implementation on different size practices, and he brings that level of expertise to this educational offering. He leads ICD-10 workgroups for organizations such as WEDI and HIMSS and has provided leadership to the health care industry on a variety of topics.

During this webinar, titled “ICD-10: What's the Big Deal? What You Need to Know and Do Now,” Nachimson will review how health plans are preparing for ICD-10 and what to expect in terms of changes to medical review guidelines, policies and contracts. He will also talk about what to look for with vendors and what you can do now to ensure that you are on track for the transition to the new code set.

Webinar topics include:

- How insurers are preparing for ICD-10
- How ICD-10 will impact physician practices and revenue
- The impact on EHR, practice management vendors, and patients
- Crucial steps to take now
- How much time this will take and how much it will cost

This is an opportunity you cannot miss. Sign up now and join us at 10:00 am on Sept. 6. Come prepared with questions.

Register for this webinar at http://bit.ly/OxFhMN.

One primary change that ICD-10 will bring is the level of code specificity. Practically speaking, this means that a greater knowledge of Anatomy and Physiology will be required in order to determine what the appropriate ICD-10 code is.
New and Improved Anatomy and Physiology Workshop

The OMA is offering a new and improved “Anatomy and Physiology for Coders” workshop from 9:00 am to 4:00 pm on Sept. 13. This workshop features a new presenter, revised curriculum and relevant materials that will ensure coders leave the session prepared to handle the increased level of detail ICD-10 will present.

Workshop topics include:

- Anatomy for coders
- Physiology for coders
- Coding information by organ system
- Common procedures by organ system
- Conditions by organ system
- Coding-specific chart note examples
- Medical terminology


ICD-10-CM Coding Quick Tip

In ICD-9-CM, some coding circumstances are handled by reporting combination codes. For example, diabetes with peripheral neuropathy in a Type II controlled diabetic is reported with two codes:

- 250.60 Diabetes, Type II, not stated as uncontrolled, with neurologic manifestations
- 357.2 Polyneuropathy in diabetes

In ICD-10-CM, only a single code is required to identify the same circumstance. However, in order to pick the right code, the choice is now dependent on knowing the type of neuropathy. Here are the code options:

- E11.40 Type II Diabetes with diabetic neuropathy, unspecified
- E11.41 Type II Diabetes with diabetic mononeuropathy
- E11.42 Type II Diabetes with diabetic polyneuropathy
- E11.43 Type II Diabetes with diabetic autonomic (poly)neuropathy
- E11.44 Type II Diabetes with diabetic amyotrophy
- E11.49 Type II Diabetes with other diabetic neurologic complication

This is an example of how the code choices are less complicated in ICD-10 from the standpoint that only one code is required rather than two. However, in order to pick the correct single code, the documentation may need to be more specific.

Hands-on Coding Exercise

Begin looking at the combination codes used in your practice to see how the documentation specificity requirements may change when coding using ICD-10-CM.

Examples are:

- Diabetes and diabetes complication codes
- Pressure ulcers and pressure ulcer stages
- Other manifestation codes
Chief Complaint:
Patient returns for follow-up of diabetes, hypertension

Subjective:
Jennifer is monitoring her blood sugars daily. Usually around 100 in the am fasting. She is watching her diet more closely - has cut a lot of red meat out of her diet to help with her cholesterol. Has not experienced any hypoglycemia. Is also monitoring her blood pressure - usually about once a week and it runs consistently 120/80. She is taking all medications as prescribed and has missed no doses. She has begun a weekly exercise program.

Denies any chest pain, shortness of breath, vision problems or headaches, skin problems. Does foot exams regularly.

Objective:
BP 120/80 Pulse: regular Temp: normal
NAD
PERRLA, EOMI
Neck supple
Lungs CTA
RRR
No edema, no cuts on feet, nails normal, clipped straight, normal sensation to feet

Labs:
Hgba1C: 6.4

Assessment/Plan
Hypertension - stable on meds
Diabetes, Type II: stable on meds

Continue current meds - return for re-check in six months

ICD-9-CM code: 401.1 Essential Hypertension, Benign
250.00 Diabetes, Type II, Controlled

ICD-10-CM code: I10 Essential Primary Hypertension
E11.9 Type II Diabetes without complications