

Beginning the Transition to ICD-10

Audio Seminar/Webinar
September 9, 2008

Practical Tools for Seminar Learning

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Faculty

Sue Bowman, RHIA, CCS

Sue Bowman is director of Coding Policy and Compliance for the American Health Information Management Association (AHIMA). Bowman's responsibilities include leading policy initiatives related to coding practice and fraud and abuse prevention, and serving as the Association's representative to the Cooperating Parties. Sue has provided input into the development of the ICD-10-CM and ICD-10-PCS coding systems and associated resources, including the ICD-10-PCS reference manual, ICD-10-CM guidelines, and documentation and user's guides for the general equivalence mappings to ICD-9-CM. Ms Bowman is a leader in the Association's advocacy initiatives for the U.S. adoption of standard classifications and terminologies, including ICD-10-CM, ICD-10-PCS, and SNOMED-CT. She also participates in a variety of activities pertaining to the advancement of healthcare data quality and the use of healthcare data standards.

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Ann Zeisset is manager of professional practice resources at AHIMA. Ms. Zeisset provides professional expertise to AHIMA members, the media, and outside organizations on coding practice issues. She also authors and supports AHIMA online coding education programs, including "Coding Basics", and is a technical advisor for the Association on ICD-9-CM and CPT coding publications, and author of several publications. Ms. Zeisset has authored many coding related articles and has presented numerous seminars and educational sessions on coding (including ICD-10-CM and ICD-10-PCS), and other HIM related topics throughout the United States. Ms. Zeisset previously worked on a contract to determine potential impacts to CMS when converting from ICD-9-CM to ICD-10-CM/PCS coding systems. Ms. Zeisset has been an educator of coding/HIM for over 15 years.

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Lynette Czarkowski is Senior Vice President, HIM Products & Services with AHIMA. In this capacity she provides oversight and direction to the creation and delivery of products and services to meet the professional and educational needs of health information professionals. She holds a Master of Science Degree in Information Technology from The George Washington University and a Bachelor of Science Degree in Health Information Management from the University of Illinois. Ms. Czarkowski has served in various volunteer capacities with AHIMA, the District of Columbia Health Information Management Association (DCHIMA) and the Illinois Information Management Association (ILHIMA) and is a past president of DCHIMA.

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Webinar Agenda

- **Brief description of ICD-10 NPRM**
- **Relationship of ICD-10 and transaction standards NPRMs**
- **Overview of differences between ICD-9-CM and ICD-10-CM/PCS**
- **Impact of coding system change**
- **Planning and preparation for transition**
- **Questions**

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Overview of ICD-10 & Electronic Transaction Standards NPRMs

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What is an NPRM?

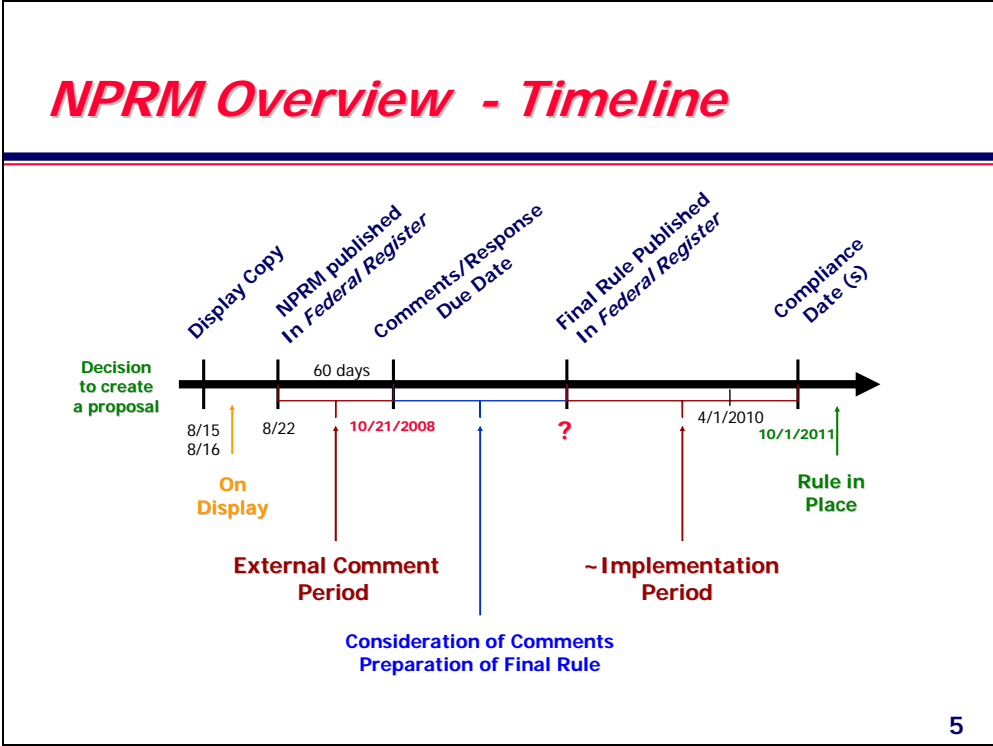
- ***Notice of Proposed Rule Making***
 - Government announcement of a new rule or the revision of an old rule
 - Provides background, comments, and impact
 - Opportunity to comment on the rule and make proposals for the final rule
 - Identifies time for comments and due dates

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NPRMs for ICD and HIPAA

- NPRMs posted in the *Federal Register* on August 22, 2008
- "HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS" [73FR49796](#)
- "Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards" [73FR49742](#)

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- ### NPRMs for ICD and HIPAA
- Comments for both NPRMs due October 21, 2008
 - Final Rule ????
 - Compliance dates proposed
 - Comments
 - Standards or standards versions to be adopted
 - Implementation process and timeline
 - Impact and alternatives
 - Recommendations
- 6

NPRM HIPAA Electronic Transaction Standards

- Current version of the standards for electronic transactions (4010/4010A) is outdated
- Version 4010/4010A cannot accommodate ICD-10-CM/PCS
- Version 5010 anticipates the eventual use of ICD-10-CM/PCS

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NPRM HIPAA Electronic Transaction Standards

- Version 5010 also:
 - Facilitates “present on admission” (POA) reporting by allowing the POA indicator to be associated with each individual diagnosis code
 - Separates diagnosis code reporting by principal diagnosis, admitting diagnosis, external cause of injury, and reason for visit

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NPRM HIPAA Electronic Transaction Standards

- **Version 5010 must be implemented before ICD-10-CM/PCS**
- **Proposed compliance date for version 5010 is April 1, 2010**

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NPRM ICD-10-CM & ICD-10-PCS Overview

73FR49796

Department of Health and Human Services

Office of the Secretary

45 CFR Parts 160 and 162

HIPAA Administrative Simplification:

Modification to Medical Data Code Set Standards

To Adopt ICD-10-CM and ICD-10-PCS

Action Proposed Rules

Summary:

Comment Date/Time

Addresses/Types for Submission of Comment

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Background 73FR49797**
 - Statutory background
 - Regulatory background
- **ICD-9-CM 73FR49798**
 - ICD-9-CM Volume 1 and 2 (*Diagnoses*)
 - ICD-9-CM Volume 3 (*Procedures*)
 - Maintaining /updating ICD-9-CM

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Limitations of ICD-9-CM 73FR49799**
 - Background and general information
 - Space limitation
 - Functionality of ICD-9-CM has been exhausted
 - Impact of workarounds on structural hierarchy
 - Hierarchical structure of procedure code set is compromised

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Limitations of ICD-9-CM 73FR49799**
 - **Lack of detail**
 - In an age of electronic health records, it doesn't make sense to use a coding system that lacks specificity
 - **Mortality and biosurveillance**
 - Until the US implements ICD-10 for morbidity reporting applications, data incomparability will continue to increase around the world

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **ICD-10 and the Development of ICD-10-CM and PCS 73FR49800**
 - **Overview**
 - ICD-10-CM/PCS provide specific diagnosis and treatment information that can improve quality measurements and patient safety, and the evaluation of medical processes and outcomes
 - **ICD-10-Diagnosis codes**
 - **ICD-10-Procedure codes**

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **ICD-10 and the Development of ICD-10-CM and PCS 73FR49800**
 - **Statutory requirement for adoption of ICD-10-CM and ICD-10-PCS**
 - Implementation costs would be offset by benefits within 4 years of implementation
- **Comparison of ICD-9-CM *Versus* ICD-10-CM and ICD-10-PCS 73FR49802**

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **SNOMED CT® 73FR49803**
 - **SNOMED CT ® does not qualify as standard for reporting medical diagnoses and hospital inpatient procedures for purposes of administrative transactions**
- **Alternatives to adopting ICD-10 codes sets 73FR49804**
 - **Utilize unassigned codes**
 - Does not represent long-term solution
 - Does not address all shortcomings of ICD-9-CM

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Alternatives to adopting ICD-10 code sets 73FR49804**
 - **Use CPT® for coding hospital inpatient procedures**
 - **CPT® does not meet all of the criteria for standard code sets**
 - **Government Accountability Office (GAO) report indicated that CPT® has not been shown to be acceptable or comprehensive enough to serve as a single procedure code set**

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Alternatives to adopting ICD-10 code sets 73FR49804**
 - **Wait and adopt ICD-11**
 - **No firm timeframes for completion of developmental work or testing have been identified and no firm implementation date has been designated**
 - **ICD-10-CM, not ICD-9-CM, is the pathway to ICD-11**

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Provisions of the Proposed Rules 73FR49805**
 - Use of ICD-10-CM and ICD-10-PCS by covered entities
 - **Effective dates**
 - 60 days after a final rule is published in the *Federal Register*
 - **Proposed compliance dates**
 - *Single compliance date of October 1, 2011*

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Regulatory Impact Analysis 73FR49808**
 - Overall impact
 - Anticipated effects
 - Benefits will increase each year after implementation, with 100% of the benefit realized in 5-6 years
 - After initial (6 months) productivity loss, productivity would return to previous level

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Regulatory Impact Analysis 73FR49808**
 - **Alternatives Considered**
 - Adoption of ICD-10-CM and ICD-10-PCS are the only viable alternatives that would meet the long-term coding needs of the healthcare industry
 - ICD-10 implementation will promote the use of health information technology and increase the overall value of electronic health records

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NPRM ICD-10-CM & ICD-10-PCS Overview

- **Regulatory Impact Analysis 73FR49808**
 - **Regulatory flexibility analysis**
 - Different options for implementing the transition to ICD-10 were considered but rejected as being too costly and burdensome
 - **Conclusion**
 - While adopting the ICD-10 code sets will have a major impact on the entire healthcare industry, it is a necessary transition

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Coding System Changes - ICD-10-CM

30 year-old ICD-9-CM will be replaced with:

- **ICD-10-CM (including the official coding guidelines) for coding:**
 - **diseases**
 - **injuries**
 - **impairments**
 - **other health problems and their manifestations**
 - **causes of injury, disease, impairment, or other problems**
- **For use in all healthcare settings**

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Coding System Changes - ICD-10-PCS

30 year-old ICD-9-CM will be replaced with:

- **ICD-10-PCS (including the official coding guidelines) for coding:**
 - **procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: prevention, diagnosis, treatment, and management**

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Coding System Changes

CPT® and HCPCS Level II will continue to be used for:

- **Reporting physician and other professional services**
- **Procedures performed in hospital outpatient departments and other outpatient facilities**

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Overview of ICD-10-CM & ICD-10-PCS

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What are ICD-10-CM and ICD-10-PCS?

- **ICD-10-CM**
 - US clinical modification of the World Health Organization's ICD-10
 - Diagnostic coding system (no procedure codes)
- **ICD-10-PCS**
 - Developed under contract by CMS specifically to replace the ICD-9-CM procedural coding system

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ICD-10-CM Structure



- 21 Chapters and expanded codes
- Incorporates common 4th and 5th digit sub-classification (full code titles for all codes)
- Addition of a 6th character
- Added code extensions (7th character) for obstetrics, injuries, and external causes of injury
 - Initial encounter
 - Subsequent encounter
 - Sequelae

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ICD-10-CM Structure

ICD-9-CM

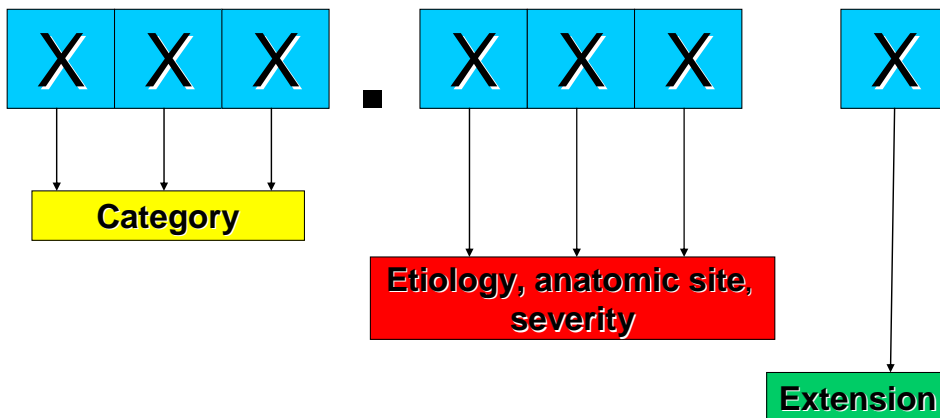
- 3-5 characters
- First character is numeric or alpha (E or V)
- Characters 2-5 are numeric
- Always at least 3 characters
- Use of decimal after 3 characters

ICD-10-CM

- 3-7 characters
- Character 1 is alpha
- All letters except U
- Characters 2-3 are numeric
- Characters 4-7 are alpha or numeric
- Use of decimal after 3 characters

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ICD-10-CM Structure -- Format



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How Does ICD-10-CM Differ From ICD-9-CM?

- **Alphanumeric (alpha characters are not case-sensitive)**
- **Some chapters have been restructured**
- **Certain diseases have been reclassified to reflect current medical knowledge**
- **New features have been added**
- **Specificity and detail have been significantly expanded**

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ICD-10-CM New Features



- **Combination codes for conditions and common symptoms or manifestations**
- **Combination codes for poisonings and external causes**
- **Added laterality**
- **Expanded codes (injury, diabetes, alcohol/substance abuse, postoperative complications)**
- **Injuries grouped by anatomical site rather than injury category**

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ICD-10-PCS – Structure

ICD-9-CM

- ICD-9-CM has 3-4 characters
- All characters are numeric
- All codes have at least 3 characters

ICD-10-PCS

- ICD-10-PCS has 7 characters
- Each can be either alpha or numeric
- Numbers 0-9; letters A-H, J-N, P-Z
- Alpha characters are not case-sensitive
- Each code **must** have 7 characters

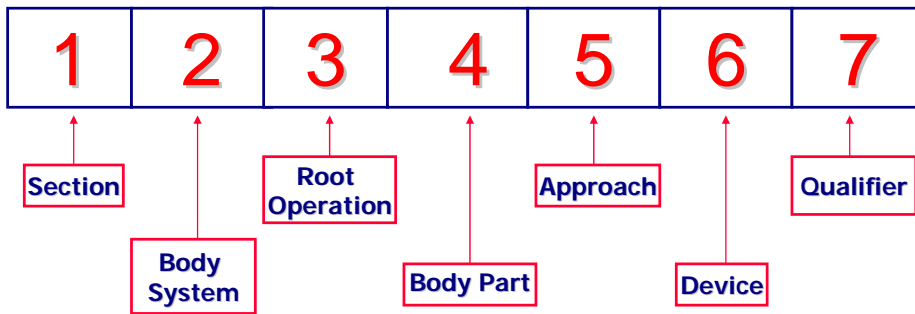
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ICD-10-PCS – Structure

- **Seven-character alphanumeric code**
- **Index**
 - Alphabetical listing by type of procedure, including common procedure names (e.g., hysterectomy; appendectomy)
- **Tabular list**
 - Grid with rows and columns to delineate valid combinations of code characters

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ICD-10-PCS Structure – Characters (Med/Surg)



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ICD-10-PCS Characters

- “Section” relates to type of procedure
- “Body system” refers to general body system
- Root operation specifies objective of procedure
- “Body part” refers to specific part of body system on which procedure is being performed
- “Approach” is the technique used to reach the site of the procedure
- “Device” specifies devices that remain after procedure is completed
- “Qualifier” provides additional information about procedure

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Transition Planning & Preparation

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Impact of Coding System Change

- **Coded data are more widely used than when the US transitioned to ICD-9-CM**
- **Multiple categories of users of coded data will require varying levels of training**
- **More sophisticated computer-assisted coding technologies will revolutionize the coding process**

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Impact of Coding System Change

- **Increased detail in new coding systems will allow improved coding specificity, BUT this depends on:**
 - **Coding professionals possessing a greater understanding of anatomy and physiology than is necessary for ICD-9-CM coding**
 - **High-quality medical record documentation**

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Impact of Coding System Change

- **While detailed medical record documentation would result in higher coding specificity and higher data quality, non-specific codes are still available when detailed documentation is unavailable**
- **The longer the upgrade to ICD-10-CM/PCS is delayed, the more costly it will be, due to technology advances**

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Impact – Inpatient Facilities

- **Required to use ICD-10-CM and ICD-10-PCS**
- **Potentially have the most system changes**
- **Will, however, see added detail:**
 - **to identify severity**
 - **to identify new technologies and medical procedures that currently can only be identified in a claims attachment or other post-billing communication**
- **Will not experience an immediate change to CMS payment systems**

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Impact – Other Healthcare Providers

- **Non-inpatient facilities including physician offices will only use ICD-10-CM, NOT ICD-10-PCS**
- **CPT® will continue to be used by Part B providers to describe procedures**

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What Processes will be Impacted?

- DRG conversion
- Conversion of other payment methodologies dependent on diagnosis/procedure codes
- National and local coverage determinations
- System logic and edits (e.g., medical necessity)
- Provider profiling
- Quality measurement
- Utilization management
- Disease management
- Fraud management
- Aggregate data reporting

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Implementation Issues

- Training of coding professionals and other users
 - Current coding professionals
 - Students in HIM and coding programs
 - Users other than coding professionals
- Policy/procedure revisions
- Changes to multiple information systems and applications
- Increase in system storage capacity
- Redesign of reports and forms
- Modification of patient assessment data sets

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Implementation Issues

- **Impact on productivity and accuracy**
 - Short-term (during learning curve) and long-term
 - More sophisticated computer-assisted coding technologies and advances in mapping from clinical terminologies will improve productivity and accuracy
- **Data trending challenges**
 - Maintenance of crosswalks among coding systems for longitudinal data analysis
 - Potential for faulty decisions due to distorted, inaccurate, or misinterpreted data

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Mapping between Old & New Systems

- Basic maps provide equivalent code options and serve as a tool for analyzing differences between the systems
- Maps must have specifically defined purpose – users can adapt basic maps for their own purposes
 - Reimbursement maps (e.g., CMS will map ICD-10-CM/PCS codes to existing DRGs)
 - Historical maps (used for epidemiological purposes)
- General equivalence maps between ICD-9-CM and ICD-10-CM/PCS have been developed
 - Backward and forward maps between ICD-9-CM and ICD-10-PCS are currently available on CMS web site and updated annually
 - Backward and forward maps between ICD-9-CM and ICD-10-CM are currently available on CMS and NCHS web sites
 - Payment mapping field will be added in 2009

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ICD-10 Implementation Plan



- **AHIMA's ICD-10 Preparation Checklist:** <http://www.ahima.org/icd10/ICD-10PreparationChecklist.mht>
 - **Phase 1 – Impact Assessment**
 - **Phase 2 – Preparing for Implementation**
 - **Phase 3 – Go Live Preparation**
 - **Post-implementation**

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Phase 1 – Impact Assessment

- **Develop organizational implementation strategy**
 - **Develop organization-wide implementation plan**
 - **Establish a multi-disciplinary implementation planning team and designate leader**
 - **Develop internal timeline, including resources required**



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Phase 1 – Impact Assessment

- **Educate affected individuals about impending changes**
 - Orient key personnel
 - Basic familiarity with structure, organization, and unique features of new systems
 - Understand how ICD-10-CM/PCS fits into electronic health record and nationwide health information infrastructure

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Phase 1 – Impact Assessment

- **Change management strategies**
 - Minimize “fear of change” factor
 - Communication is key
 - Facility-wide



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Phase 1 – Impact Assessment

- **Assess organizational readiness for data standard changes**
 - **Affected staff**
 - **Information systems**
 - **Documentation process and work flow**
 - **Data availability and use**
 - **Organizational capacity**



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Phase 1 – Impact Assessment

- **Education for HIM and Coding**
 - **Education on benefits**
 - **Regulatory process for adoption**
 - **Overall electronic health record**
 - **Structure, organization and unique features**
 - **Monitor AHIMA ICD-10 web site**
 - **Reading articles**
 - **News/announcements**

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Phase 1 – Impact Assessment

- **Develop budget**
 - **Departmental budget responsible for costs**
 - **Systems, hardware, software, education**
 - **Increased staffing?**
 - **Consulting services**
 - Backlogs
 - Monitoring coding accuracy
 - Other support
- **Allocation over several year timeframe**

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Phase 1 – Impact Assessment

- **Assess educational needs and develop budget plan**
 - **Who will need education?**
 - **What type and level of education will they need?**
 - **How will the education be delivered?**

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Phase 1 – Impact Assessment – Training

- Multiple categories of users of coded data will require varying levels of training
- Different categories of coders will require varying levels of training
 - Coders working in settings that will not be using ICD-10-PCS will only require ICD-10-CM training
 - Training for physician practice coders working in a medical specialty area can be focused on particular code categories

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Phase 1 – Impact Assessment

Who Requires Education Within Your Organization?

- Coders
- Other HIM
- Clinicians
- Senior management
- Information systems
- Quality management
- Utilization management
- Accounting
- Business Office
- Auditors and consultants
- Patient access and registration
- Clinical department managers
- Ancillary departments
- Data analysts
- Researchers
- Epidemiologists
- Software vendors
- Performance improvement
- Compliance
- Data quality management
- Data security
- Data analysts

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Phase 1 – Impact Assessment – Information Systems



- Orient IS personnel on specifications of code sets
- Perform comprehensive systems audit
 - Inventory databases and systems
 - Map electronic data flow to inventory all reports containing ICD-9
 - Detailed analysis of system changes needed

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Phase 1 – Impact Assessment

Determine required software changes

- Field size expansion
- Alphanumeric composition
- Use of decimals
- Redefinition of code values
- Longer code descriptions
- Edit and logic changes
- Modification of table structures
- Expansion of flat files containing diagnosis codes
- Systems interfaces

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Phase 1 – Impact Assessment

Which Computer Systems and Applications Might Be Affected?

- Encoding software
- Case mix systems
- Medical record abstracting
- Billing systems
- DRG grouper
- Registration and scheduling systems
- Advance Beneficiary software
- Financial systems
- Claim submission systems
- Decision support systems
- Clinical systems
- Utilization management
- Quality management
- Pharmacy systems
- Case Management
- Clinical protocols
- Test ordering systems
- Clinical reminder systems
- Performance measurement systems
- Medical necessity software
- Disease management systems
- Provider profiling systems
- Compliance checking systems
- Aggregate data reporting
- Registries
- State reporting systems
- Patient assessment data sets (e.g., MDS, PAI, OASIS)
- Managed care reporting system (HEDIS)

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Phase 1 – Impact Assessment – Information Systems



- Determine length of time for legacy and new coding systems
- Determine which reports require modification
- Forms redesign
- Budgetary implications hardware/software
- Vendor readiness and timelines
- Build flexibility for future upgrades

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Phase 1 – Impact Assessment Coding Education/Documentation

- **Conduct gap analysis of coding and documentation practices**
 - **Assess adequacy of staff knowledge**
 - **Measure coding professionals' baseline knowledge of anatomy, physiology, pharmacology, and medical terminology**
 - **Identify areas of weakness and provide targeted education if necessary**
 - **Assess adequacy of medical record documentation to support level of detail in new coding systems – implement documentation improvement strategies as needed**

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Education Planning

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Education Planning

- Who?
 - What?
 - When?
 - How?
- The right education
at the right time!**

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Education Planning

- Who?
 - What?
 - When?
 - How?
- HIM Leadership
 - Experienced Coding Personnel
 - Educators
 - Students
 - Industry & C-Level
 - Data Managers & Users
 - Providers

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Targeted Educational Model

Educators

Trainers

HIM Leadership

Industry

Students

Data Managers & Users

Coding Personnel

Providers

Year 1/2009

Year 2/2010

Year 3/2011

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Targeted Educational Model

Educators

Trainers

Academic Education:

- Curriculum transition
- Instructional design
- 'How to' code at expert level

Professional Trainers:

- "How to" code at expert level, but modular
- Student training & assessment

Year 1/2009

Year 2/2010

Year 3/2011

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Targeted Educational Model

HIM Leadership

Industry

HIM Leadership & Industry:

- Awareness
- Early & ongoing planning at all levels
 - Financial & systems implications
 - Staff preparation
 - Transition strategies
- Establish momentum

Year 1/2009

Year 2/2010

Year 3/2011

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Targeted Educational Model

Students

Data Managers & Users

Students:

- 'How to' code
- Data use & management of all types

Data Managers & Users:

- Differences in the code sets
- Impact & use of legacy data
- Trend analysis, longitudinal data

Year 1/2009

Year 2/2010

Year 3/2011

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Targeted Educational Model

Coding Personnel

Providers

Coding Personnel:

- 'How to' code
- Broad understanding of implications

Providers:

- Understanding of implications
- Documentation & code capture

Year 1/2009

Year 2/2010

Year 3/2011

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AHIMA Educational Resources Available Now or Coming Soon

- **Online Courses**
 - ICD-10-CM Overview: Deciphering the Code
 - ICD-10-PCS Overview: Deciphering the Code
- **Proficiency Assessments**
- **Publications**
 - ICD-10 Preview, 2nd Edition
 - ICD-10 exercises at various levels of detail
- **Conferences**
 - Coding Regional Meetings
 - Convention

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***AHIMA Educational Resources
Available Now or Coming Soon***

- www.AHIMA.org/icd10
 - ICD-10 Preparation Checklist
 - Compilation of Journal articles
 - Resources, resources, resources
 - FAQs
- Questions? Email to ICD10Questions@ahima.org

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Final Note: Certification

**Will I need to take another exam?
How will my credentials indicate
knowledge of ICD-10?**

- **AHIMA's Council on Certification is evaluating options & will announce its plans in the first half of 2009**

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Conclusion

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Consequences of Inadequate Preparation

- **Decreased coding productivity**
- **Decreased coding accuracy**
- **Increased claims rejections and denials**
- **Increased delays in processing authorizations and reimbursement claims**
- **Improper claims payment**
- **Compliance issues**
- **Decisions based on bad data**

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“Lessons Learned” from Other Countries

- **Begin now – Don’t wait!**
- **Adequate planning and preparation are very important**
- **Six-month learning curve**
- **Vendor readiness is extremely important**
- **Communication is critical**
- **Appropriate education targeted at the various stakeholder groups is also critical to success**
- **Recognize that there will be significant ICD-9/ICD-10 comparability issues due to fundamental differences in the coding schemes**

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Next Steps

- **Read the rules**
- **Prepare your comments**
- **Send your comments to arrive by 5:00 pm EST October 21, 2008**
- **Begin preparing for the transition to ICD-10-CM/PCS and new HIPAA electronic transactions standards **NOW!****
- **Watch for more information from **AHIMA****

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Resource/Reference List

- **National Center for Health Statistics – CDC
ICD-10-CM**
www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
- **Centers for Medicare and Medicaid Services
ICD-10-PCS**
www.cms.hhs.gov/ICD10
- **ICD-10 and HIPAA *Federal Register* Notices**
www.access.gpo.gov/su_docs/fedreg/a080822c.html

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Resource/Reference List

- **CMS HIPAA Website**
www.cms.hhs.gov/HIPAAGenInfo
- **AHIMA**
www.ahima.org/icd10

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Questions?



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CE Certificate Instructions	

Appendix

Resource/Reference List

www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

www.access.gpo.gov/su_docs/fedreg/a080822c.html

www.cms.hhs.gov/HIPAAGenInfo

www.ahima.org/icd10

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