

LEADERSHIP SKILLS

Introducing a Clinically Richer Coding System

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This is the first of a series of upcoming NAHQ e-news articles on ICD-10-CM/PCS codes by Nelly Leon-Chisen, director of coding and classification at the American Hospital Association in Chicago. These articles will feature examples highlighting differences in the clinical richness of ICD-10 versus ICD-9 codes.

On January 15, 2009, the secretary of the Department of Health and Human Services released a final rule calling for the adoption of a new edition of the International Classification of Diseases (ICD) standards, known as the 10th edition, using Clinical Modifications (CM) and the Procedure Coding System (PCS). The final rule adopts ICD-10-CM for reporting patient diagnoses and ICD-10-PCS for reporting hospital inpatient procedures—both will replace ICD-9-CM. Full compliance is expected with services provided on or after October 1, 2013, the start of federal fiscal year (FY) 2014.

This change is welcome and long overdue since ICD-9-CM is no longer able to meet the pressing requirements for increased granularity and specificity in a clinical coding system. Coding that accurately describes diagnoses and procedures is critical if we truly seek to improve healthcare quality. The work we do as quality professionals is often based on ICD-9 codes, so it is imperative that we are involved in the activities surrounding the transition to ICD-10. This is much more than just a change in the way diagnosis and procedure codes are assigned; the implications to reporting and compliance are substantial. It is our responsibility to help guide our organizations during this change.

Clear and accurate diagnosis and procedure code reporting provide valuable information about patient care. Administrative claims data are often used to make decisions, not only about reimbursement, but also for value-based purchasing to evaluate the quality of the care and to conduct bio-surveillance and public health research. ICD-9-CM simply lacks the increased level of detail required for handling these emerging needs.

Benefits of ICD-10-CM/PCS include

- improved ability to measure healthcare services, including quality and safety data
- increased sensitivity when refining grouping and reimbursement methodologies
- enhanced ability to conduct public health surveillance
- decreased need to include supporting documentation with claims
- increased ability to distinguish advances in medicine and medical technology
- more detail on socioeconomic, family relationships, ambulatory care conditions, problems related to lifestyle, and the results of screening tests
- facilitation in the use of administrative data to evaluate medical processes and outcomes, to conduct biosurveillance, and to support value-based purchasing initiatives

Comparison of ICD-9-CM vs. ICD-10-CM

(For Coding *Diagnosis* Only)

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ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
3–5 characters in length	3–7 characters in length
Approximately 13,000 codes	Approximately 68,000 available codes
First digit may be alpha (E or V) or numeric; digits 2–5 are numeric	First digit is alpha; digits 2–3 are numeric; digits 4–7 are alpha or numeric
Limited space for adding new codes	Flexible space for adding new codes
Lacks detail	Very specific
Lacks laterality	Allows laterality and bilaterality
Difficult to analyze data due to nonspecific codes	Specificity improves coding accuracy and richness of data for analysis
Codes are nonspecific and do not adequately define diagnoses needed for medical research	Detail improves the accuracy of data used for medical research
Does not support interoperability	Supports interoperability and the exchange of health data between the United States and other countries

Comparison of ICD-

9-CM vs. ICD-10-PCS
(For Coding *Procedures* Only)

ICD-9-CM Procedure Codes	ICD-10-CM Procedure Codes
3–4 numbers in length	7 alphanumeric characters in length
Approximately 3,000 codes	Approximately 72,000 available codes
Based on outdated technology	Reflects current usage of medical terminology and devices
Limited space for adding new codes	Flexible space for adding new codes
Lacks detail	Very specific
Lacks laterality	Allows laterality
Generic terms for body parts	Detailed descriptions for body parts
Lacks description of methodology and approach for procedures	Provides detailed descriptions of methodology and approach for procedures
Limits diagnosis-related group (DRG) assignment	Allows expansion of DRG definitions to recognize new technologies and devices
Lacks precision to adequately define procedures	Precisely defines procedures with detail regarding body part, approach, any device used and qualifying information

AHIMA ICD-10 Coding Summit Highlights

NAHQ Immediate Past President Cathy Munn, MPH RHIA CPHQ, and NAHQ Executive Director Stacy Sochacki, MS, attended the AHIMA ICD-10 Coding Summit, “A Strategic Approach to Challenges and Opportunities,” on April 11–12, in Washington, DC. The

conference focused on planning for the upcoming conversion to 5010 electronic transaction standards and ICD-10-CM/PCS.

“With CMS’s implementation date for ICD-10 set for October 1, 2013, everyone, from payers to providers, is beginning to prepare for the transition,” Munn said. “This falls on the heels of the healthcare reform law, which has components slated for implementation around the same time.”

To help prepare for the transition, summit presenters addressed project planning, team structures, gap analysis, budgeting, testing, implementation, and communication. Other topics included vendor responsibilities and discussions on the implications and benefits of ICD-10 for healthcare organizations and physician practices.

Munn and Sochacki noted that the role of the healthcare quality professional was not specifically addressed during discussions on forming project teams to prepare for ICD-10. However, they added, it’s clear that the benefits of ICD-10 will come from the increased specificity of coded data on quality and patient safety measures. “Many of the quality-improvement initiatives and projects that NAHQ members are working on today will be impacted by the transition from ICD-9 to ICD-10,” Sochacki said.

ICD-10 will affect NQF measures, such as the following:

NQF—*Seriously reportable events in healthcare: Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility.*

CD-9-CM

996.57 Mechanical complication due to insulin pump

ICD-10-CM

T85.614 Breakdown (mechanical) of insulin pump, or

T85.624 Displacement of insulin pump, or

T85.633 Leakage of insulin pump, or

T85.694 Other mechanical complication of insulin pump, plus

T38.3x6 Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, or

T38.3x1 Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional)

“Such increased specificity will benefit the quality and patient safety initiatives of our members,” Munn said. “We need to identify who is currently working on this and how we can share this information with those in the field.”

Future NAHQ actions on the transition include surveying membership on their knowledge and current involvement in planning for ICD-10, providing references on ICD-10 on the NAHQ Web site and Resource Center, and determining whether a leadership role on this issue exists for NAHQ.