

# Introduction To ICD-10-CM/PCS For Physician Specialty Group Representatives



# Discussion Topics

- Assist in crafting messages for your members regarding ICD-10 implementation and how to begin preparing for this transition
- Describe what implementation of ICD-10 will mean to physicians' offices
- Provide guidance on how ICD-10 implementation can be approached so as not to overwhelm the physician community

# Discussion Topics

- Provide information that will reassure the physician community that implementing ICD-10 will not require changes in medical practice
- Describe common myths about ICD-10 implementation and provide accurate information
- Describe coding resources that are available

# Speakers

Pat Brooks

Centers for Medicare & Medicaid Services (CMS)

- Overview of ICD-10-CM implementation requirements
- CMS' web resources

# Speakers

Donna Pickett

Centers for Disease Control and Prevention (CDC)

- Specialty group involvement in development
- ICD-10-CM code structure
- CDC's web resources

# Speakers

Dr. Lee Hilborne

UCLA Health System

RAND Corporation

- Perspectives on ICD-10 and its significance:  
fitting physicians into the equation

# Speakers

Deborah Grider

American Academy of Professional Coders (AAPC)

- Implementation issues for solo and small group practices
- AAPC's resources

# Speakers

Sue Bowman

American Health Information Management  
Association (AHIMA)

- Implementation issues for larger group practices
- How specialty groups can prepare their members
- AHIMA's resources

# Speakers

Nelly Leon-Chisen

American Hospital Association (AHA)

- Implementation issues for physicians in the inpatient setting
- AHA's resources

Pat Brooks, RHIA

Senior Technical Advisor

Hospital and Ambulatory Policy Group

CMS

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# ICD-10 Final Rule CMS-0013-F

- Published January 16, 2009
- October 1, 2013 – Compliance date for implementation of ICD-10-CM and ICD-10-PCS (no delays)
- No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes

<http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>

# ICD-10 Final Rule Issues

- Single implementation date for all users
  - Date of service for ambulatory and physician reporting
  - Date of discharge for inpatient settings
- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
- ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time

# ICD-10 Final Rule Issues

- ICD-9-CM Coordination and Maintenance (C & M) Committee discusses
  - Updates to ICD-9-CM, ICD-10-CM, and ICD-10-PCS
  - Number of total code changes with updates
- Several specialty groups regularly participate

# ICD-10 Final Rule Issues

- Agenda item for September 16 – 17, 2009

## Meeting

- Should ICD-10-CM/PCS and/or ICD-9-CM be frozen prior to implementation?
  - When should the freeze begin?
  - How soon should updating of ICD-10-CM/PCS begin after October 1, 2013?
- Agenda and registration information will be posted one month before meeting  
[http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03\\_meetings.asp](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp)

# CMS' Web Resources

- ICD-10 General Information

<http://www.cms.hhs.gov/ICD10>

- ICD-10 Educational Resources (fact sheets)

[http://www.cms.hhs.gov/ICD10/05 Educational Resources.asp](http://www.cms.hhs.gov/ICD10/05_Educational_Resources.asp)

- 2009 and 2008 ICD-10 CMS Sponsored Calls (discussion materials and transcripts)

[http://www.cms.hhs.gov/ICD10/06a 2009 CMS Sponsored Calls.asp](http://www.cms.hhs.gov/ICD10/06a_2009_CMS_Sponsored_Calls.asp)

[http://www.cms.hhs.gov/ICD10/07 Sponsored Calls.asp](http://www.cms.hhs.gov/ICD10/07_Sponsored_Calls.asp)

Donna Pickett, RHIA

Medical Systems Administrator

Classifications and Public Health Data Standards

CDC

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# ICD-10-CM Development

- Clinical Modification of World Health Organization (WHO) ICD-10
- Consultation with
  - Physician groups
  - Clinical coders
  - Other users of ICD-9-CM
- Review of previous C & M Committee recommendations that could not be incorporated into ICD-9-CM due to space limitations
- Not in use at this time

# ICD-10-CM Partial List Of Consultants/Reviewers

- **American Diabetes Association**  
Enhancement: improved codes and combination codes
- **American Psychiatric Association**  
Enhancement: terminology and concepts harmonized with DSM-IV
- **American Academy of Neurology**  
Enhancement: neurology enhancements and current terminology

# ICD-10-CM Partial List Of Consultants/Reviewers

- American Academy of Orthopedic Surgeons

Enhancement: musculoskeletal chapter enhancements

- American Academy of Pediatrics

Enhancement: perinatal chapter enhancements

- American College of Obstetricians and Gynecologists

Enhancement: addition of trimester codes in obstetrics chapter

# ICD-10-CM Major Modifications

- Expanded codes (e.g., diabetes, reasons for encounters, other factors influencing health)
- Added code extensions for injuries and external causes of injuries
- Expansions for laterality

# ICD-10-CM Major Modifications

- Combination codes for diagnosis and symptoms
- Full code titles
- Not otherwise specified (NOS) codes still included

# Ongoing Updates To ICD-10-CM

- New concepts from ICD-9-CM annual updates
- New concepts from WHO ICD-10 update process

# Structural Differences

## ICD-9-CM Diagnoses

- ICD-9-CM has 3 – 5 digits
- Chapters 1 – 17: all characters are numeric
- Supplemental chapters: first digit is alpha (E or V), remainder are numeric
  - 496 Chronic airway obstruction, not elsewhere classified (NEC)
  - 511.9 Unspecified pleural effusion
  - V02.61 Hepatitis B carrier

# Structural Differences ICD-10-CM Diagnoses

- ICD-10-CM codes have 3 – 7 digits
  - A78            Q fever
  - A69.20        Lyme disease, unspecified
  - O9A.311       Physical abuse complicating pregnancy, first trimester
  - S42.001A     Fracture of unspecified part of right clavicle, initial encounter for closed fracture

# Structural Differences ICD-10-CM Diagnoses

- ICD-10-CM has 3 – 7 digits
- Digit 1 is alpha
  - Letters A – Z, except U (not case sensitive)
- Digit 2 is numeric
- Digits 3 - 7 are alpha (not case sensitive) or numeric

# CDC's Web Resources

- General ICD-10 information

<http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm>

- ICD-10-CM files, information, and General Equivalence Mappings (GEM) between ICD-10-CM and ICD-9-CM

<http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>

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Health Services Researcher  
RAND Corporation

# Current Situation Is Not Sustainable

- ICD-9-CM is not sufficiently robust to serve health care needs of future
  - Most developed countries have already made the change
  - Number of codes is limited and structure is restrictive
- Need better data to drive changes needed in health care today

# Achieving Buy In

- Physicians are already included in specialty groups' preparation tools
  - Focus on physicians, many of whom are members of medical staffs
- Overall implementation goals apply equally to physicians
  - Impact assessment
  - Overall strategy
  - Information systems
  - Education of coding professionals
  - Education of physicians
    - Documentation

# Work Together To Achieve Success

- We're already in the same boat, most of the time
  - The decision on ICD-10 is a done deal
  - The implementation date has been set
- But we have to be paddling in the same direction
  - Synergy of goals and expectations
  - Mutual support
  - Benefiting from the changes
  - Surviving the transition!

# “If It’s Not Broken, Why Fix It?”

- There will be some significant engagement challenges
  - From the perspective of most physicians, the system does not appear broken
  - If it’s not broken, why fix it?
- It’s about engaging physicians as successful partners in making the transition to ICD-10

# What Generates The Push Back?

- Perceptions regarding impact on practice management
  - General office staff lack sufficient expertise
  - May require certified coders and current coders may need to recertify, incurring costly training and exam fees
- Costly investment in new infrastructure
  - New information technology tools required
  - New billing and collection systems required
  - Limited resources for staff training

# What Generates The Push Back?

- Impact on reimbursement
  - Decreased short-term coding accuracy and productivity
- Physician practice changes
  - Greater medical record documentation to support more detailed codes

# We Must Make The Transition

- Rather than find reasons to oppose it
- Professional societies are already studying how to make the transition happen for physicians
- “Looking toward the future, the American Medical Association (AMA) is committed to providing you with the tools you need to prepare for this *exciting* change”

# Generalizations About Physicians

- They are smart
- They want to do the right thing
- With appropriate data, they change practice
- Changing education approaches emphasizes value of the health care team
- Recently trained physicians in particular appreciate and harness the value of information technology

# Bring Physicians On The Journey

- Provide evidence that simplifies the process
- Work with organized medicine to deliver the message
- Partner with key professions that can help facilitate training
- Leverage existing relationships between health information management (HIM) professionals and physicians

# The Task Is Not As Huge As It Appears

- Although the coding book is huge, any physician practice uses only a small subset
- Work with physicians to develop crosswalks between ICD-9 and ICD-10 codes they use
- Begin discussions now to reduce anxiety but train later
  - Actual training needs to be “just in time”
- Training should have both a general focus and then a practice-specific focus

# Working With Organized Medicine

- The AMA is already on board
  - Must be a key player
  - Owns the physician coding side (CPT)
  - Physician Consortium for Performance Improvement measures link procedures (Category I and II) to ICD diagnoses
- Specialty societies will help with specifics
  - Coding tools that are specialty specific
  - Crosswalking codes and data for analysis
  - Targeted training of members and staff

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# ICD-10-CM Facts

- Benefits of ICD-10-CM
  - Better profiling due to specificity of data collected
  - Improved clinical information for research
  - Clearer code choices
  - Clearer reimbursement guidelines
  - Ultimately fewer denials

# Solo Practitioner Or Small Group Practice Implementation Planning

- How can a solo practitioner or small private practice group plan for implementation so it is not so overwhelming?
  - Take a step-by-step approach
  - Enlist help from manager, coding, and billing staff
  - Early planning will make transition smoother
  - No anticipated delay from Department of Health and Human Services
  - Can be accomplished in 12 steps
  - Use a team approach

# Solo Practitioner Or Small Group Practice Implementation Planning

1. Organize Implementation Effort
2. Establish Communication Plan
3. Conduct Impact Analysis
4. Contact System Vendors
5. Estimate Budget
6. Implementation Planning
7. Develop Training Plan
8. Analyze Business Processes
9. Education and Training
10. Policy Change Development
11. Deployment of Code
12. Implementation Compliance

# 1. Organize Implementation Effort

- Enlist staff person (coder, biller, manager) to oversee effort who will be key point person
  - Prepare information to share with other providers and staff
  - Identify work and scope for implementation
- Should be a team effort involving all medical practice staff

# 1. Organize Implementation Effort

- Look at all areas that will impact practice and identify each one that will be affected
  - Practice management system
  - Electronic Medical Record (EMR), if applicable
  - Super bills
  - Clinical areas
- Schedule regular meeting to share information with physicians and discuss progress and barriers of implementation

## 2. Establish Communication Plan

- How will point person communicate with all staff?
  - Most small practices communicate via meetings or memos
    - No need to change method of communications
    - Develop regular schedule
      - Monthly until 6 months prior to implementation
      - Bi-weekly thereafter
    - Include information, publications, and articles

# 3. Conduct Impact Analysis

- Take this step prior to development of budget
  - In depth look at resources required for implementation
- Helps determine what costs might be involved as well as work processes
- What systems will be affected?
  - Practice management
  - Coding look up programs (if applicable)
  - EMR
  - Hardware space
- What are the potential costs involved?

# 3. Conduct Impact Analysis

- Develop reasonable timeline that can be accomplished in the solo or small medical practice
  - Map out a project plan on a simple Excel spreadsheet with benchmarks and status of completion
- Managers and/or coders should get physician approval

# Sample Project Plan

| Item | Steps to Implementation   | Start          | Due           | Completed | Assigned to          |
|------|---|----------------|---------------|-----------|----------------------|
| 1.0  | <b>Organize the implementation effort-<br/>Estimated timeline 2 months</b>  | <b>1/16/09</b> | <b>7/1/09</b> |           |                      |
| 1.1  | <b>Review ICD-10 final rule</b>   | 1/16/09        | 2/1/09        | 1/31/09   | Manager              |
| 1.2  | <b>Point person/lead for ICD-10-CM<br/>implementation</b>   | 2/1/09         | 3/1/09        | 3/1/09    | Manager              |
| 1.3  | <b>Prepare briefing materials to review with<br/>physician(s) related to work and scope of<br/>work that needs to be accomplished</b> | 3/4/09         | 4/30/09       | 4/30/09   | Manager              |
| 1.4  | <b>Contact our consultant to review materials<br/>and offer assistance</b>  | 4/1/09         | 5/1/09        | 4/15/09   | Manager              |
| 1.5  | <b>Review impact of ICD-10 with all providers</b>   | 5/1/09         | 6/1/09        | 6/1/09    | Manager              |
| 1.6  | <b>Establish regular meeting schedule with<br/>provider(s) to discuss progress</b>  | 5/15/09        | 6/1/09        | 6/1/09    | Manager              |
| 1.7  | <b>Identify areas that will impact the practice</b>   | 6/1/09         | 7/1/09        |           | Manager<br>and Coder |
| 1.8  | <b>Establish who has final decision making<br/>authority</b>  | 6/1/09         | 7/1/09        |           | Physicians           |
|      |   | Start          | Due           | Completed | Assigned to          |
| 2.0  | <b>Establish communication Plan</b>   | 7/1/09         | 8/1/09        |           | Manager              |
| 2.1  | <b>Develop method of communication on ICD-<br/>10-CM</b>  |                |               |           | Manager              |
| 2.2  | <b>Develop materials for physicians and staff</b>   |                |               |           | Manager              |
| 2.3  | <b>Develop communication schedule</b>   |                |               |           | Manager              |

# 3. Conduct Impact Analysis

- Coding and documentation go hand in hand
  - Based on complete and accurate documentation
  - ICD-10 should not impact documentation as physicians are required to support medical necessity using appropriate diagnosis codes
  - Will not change the way a physician practices medicine
  - Complete and accurate documentation will continue to be important in 2013 as it is today

# 4. Contact System Vendors

- Will they be able to accommodate the need to move to ICD-10?
- Will they be ready for 5010 on January 1, 2012?
- What costs will be involved with the transition to 5010 and ICD-10?
- What plans do they have in place for implementation?
- When will they have software available for testing?
- Will we need new hardware or is current hardware sufficient?

# 5. Estimate Budget

- Budget considerations should include
  - Hardware costs
  - Software costs and licensing
  - Training

# 6. Implementation Planning

- Begin planning early in 2010
- Break down planning into stages
  - Training for a small practice does not need to begin until 6 months prior to implementation
- Review super bills and remove rarely used codes
- Crosswalk common codes from ICD-9-CM to ICD-10-CM
  - Look up codes in ICD-10-CM book and use GEMs if necessary

# Crosswalk Example

## Iron Deficiency Anemia

| ICD-9-CM                                      | ICD-10-CM  |
|---|--|
| 280 Iron deficiency anemia                    | D50 Iron deficiency anemia   |
| 280.0 Secondary to blood loss                 | D50.0 Secondary to blood Loss                                      |
| 280.1 Secondary to inadequate dietary intake  | D50.8 Other iron deficiency anemias                                |
| 280.8 Other specified iron deficiency anemias | D50.1 Sideropenic dysphagia<br>D50.8 Other iron deficiency anemias |
| 280.9 Iron deficiency anemia, unspecified     | D50.9 Iron deficiency anemia unspecified                           |

# Crosswalk Example

## Hypertension

| ICD-9-CM                        | ICD-10-CM   |
|---------------------------------|---|
| 401 Essential hypertension      | I10 Essential (primary) hypertension includes: high blood pressure, hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic) |
| 401.0 Malignant hypertension    | I10 Essential (primary) hypertension  |
| 401.1 Benign hypertension       | I10 Essential (primary) hypertension  |
| 401.9 Hypertension, unspecified | I10 Essential (primary) hypertension  |

# 7. Develop Training Plan

- Who needs training?
  - Physicians
  - Coders
  - Billing staff
  - Administrative staff
  - Clinical Staff
- Required number of hours depends on their role
- What resources are available?

# 7. Develop Training Plan

- Many organizations will have several mechanisms for training
  - Distance learning
  - Workshops
  - Conferences
  - Audio Conferences
  - Webinars
  - Books
- Establish training schedule

# 7. Develop Training Plan

- Determine if temporary staff or overtime will be necessary during training period
- What materials will the office need for ongoing support after training?
  - Books
  - Software (code look up programs)
  - Other

# 8. Analyze Business Processes

- Identify all systems and processes that currently use ICD-9-CM
- Review existing medical policies related to ICD-9-CM
- Which contracts tied to reimbursement are tied to a particular diagnosis?
- Modify any contract agreements with health plans

# 9. Education and Training

- Education should begin approximately 6 months prior to implementation
- Large practices may need to begin earlier to accommodate all staff who need training
- Use various methods of training
- Training time depends on their role
- Physicians and coders/billers will need more training time than administrative staff

# 10. Policy Change Development

- After health plans complete and change medical policy for procedures and services a specialty provides
  - Review new payment policies
  - Identify opportunities to improve coding processes
  - Communicate policy changes to applicable staff

# 11. Deployment of Code

- Vendor delivers software update with ICD-10-CM
- Vendors should
  - Test system
  - Integrate software into your systems
  - Make internal customizations
  - Test systems with clearinghouses, payers, electronic claims transmission (end to end)
  - Ensure that the vendor will maintain updates to code during transition period

# 12. Implementation Compliance

- Compliance date for implementation – October 1, 2013
- Monitor compliance activities to identify any problems

# AAPC's Education and Outreach Resources

- Audio seminar series
- Webinars
- Distance learning
- 15-minute webinars for physicians
- Train the trainer
- Seminars and conferences
- Provider curriculum

<http://www.aapc.com>

# AAPC's Plan For Certified Coders

- ICD-10-CM proficiency testing begins October 1, 2012 and ends September 30, 2014
  - Must take and pass a proficiency exam to maintain AAPC certification
    - Online, timed, 75 questions, open book
    - May use any resource available to complete
    - \$60 exam – includes ability to take exam twice

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# Benefits of ICD-10-CM For Physician Practices

- Updated medical terminology and classification of diseases to be consistent with current clinical practice
- Improved efficiencies and lowered administrative costs
- Reduction in requests for additional documentation to support claims
- Better support of medical necessity of services provided

# ICD-10-CM Implementation Planning

1. Develop Strategy
2. Communicate
3. Assess Readiness
4. Inventory Process/System Impact
5. Plan Training
6. Documentation Improvement
7. Develop Budget

# 1. Develop Strategy

- Establish planning team, leader, and physician champion
- Develop internal timeline and implementation plan

## 2. Communicate

- Build awareness
- Develop ongoing communication channel (e.g., newsletter, intranet) regarding implementation plan and progress

# 3. Assess Readiness

- Affected staff
- Information systems
- Documentation process and work flow  
*(where is ICD-9-CM?)*

# 4. Inventory Process/System Impact

- Billing/Financial
  - National and local coverage determinations
  - System logic and edits
  - Billing systems
  - Financial systems
  - Claim submission systems
  - Compliance checking systems
- Registration
  - Registration and scheduling systems
  - Appointment reminder systems
  - Advance Beneficiary software
  - Performance measurement systems
  - Medical necessity edits
- HIM/Coding
  - Encoding software
  - Compliance software
- Clinical Systems
  - Clinical protocols
  - Test ordering systems
  - Clinical reminder systems
  - Medical necessity software
  - Disease management systems
  - Decision support systems
  - Clinical systems
- Support Systems
  - Payer mix systems
  - Quality management
  - Case management
- Reporting
  - Provider profiling
  - Quality measurement
  - Registries
  - State reporting systems
  - Aggregate data reporting
  - Managed care reporting system (HEDIS)

# 5. Plan Training

- Assess educational needs
  - Who will need education?
  - What type and level of education will be needed?
    - Physician practice coders will only need to learn ICD-10-CM, not ICD-10-PCS
    - Training for physician practice coders working in a medical specialty area can focus on subset of codes used by practice
  - How will education be delivered?

# 5. Plan Training

- Intensive coder training should not be provided until 6 – 9 months prior to implementation
- 2 full days of ICD-10-CM training will likely be adequate for most coders, and very proficient ICD-9-CM coders may not need that much

# 6. Documentation Improvement

- Identify medical record documentation improvement opportunities
  - ICD-10-CM does not require improvement in documentation, but high quality documentation will increase benefits of a new coding system which is increasingly being demanded by other initiatives
- Analyze ICD-9-CM frequency data and focus educational efforts on most frequently-coded conditions

# 7. Develop Budget

- Departmental budget responsible for costs
  - Systems, hardware, software, education
- Increased staffing?
  - Impact on productivity and accuracy
    - Short-term (during learning curve) and long-term
    - More sophisticated computer-assisted coding technologies will improve productivity and accuracy
  - Consulting services
    - Backlogs
    - Monitoring coding accuracy
    - Other support
- Allocation over several year timeframe

# Other Considerations

- Consider use of electronic tools to facilitate coding process
  - Could reduce costs and claims rejections
  - Could increase productivity and coding accuracy
- Don't convert super bills too early
  - Currently, ICD-10-CM is still updated annually
  - 6 – 12 months prior to implementation or after code set has been “frozen”
  - Assign ICD-10-CM codes directly, not by applying ICD-9-CM to ICD-10-CM map

# How Can Specialty Societies Help Their Members Prepare?

- Provide early training to selected individuals and ask them to develop specialty-specific resource materials
- Compare relevant chapters in ICD-9-CM and ICD-10-CM
  - Identify differences and areas where changes will most benefit physician practices (e.g., support for medical necessity, faster reimbursement)
  - Develop training materials focused on areas of greatest benefit first

# How Can Specialty Societies Help Their Members Prepare?

- Develop lists of documentation improvement focus areas according to degree of potential benefit
  - Example: for Orthopedics, faster payment of motor vehicle accident claims might occur if the exact location of the injury, how the injury occurred, and whether it was initial or subsequent treatment are documented and coded

# ICD-10 and AHIMA Certification

- No additional AHIMA exam requirement
- Additional continuing education units (CEU) will be required
- Requirements may vary by AHIMA credential
- Exact number of additional CEUs to be determined
- Reporting timeframe for additional CEUs is 2013

# AHIMA's Resources

- Preparation checklist
- E-newsletters
- Webinars
- Frequently Asked Questions
  - Submit questions for list  
[icd10questions@ahima.org](mailto:icd10questions@ahima.org)
- Articles
- ICD-10 Online Courses

# AHIMA's Resources

- Books
- ICD-10-CM Proficiency Assessment
- Audio seminars
- Conferences

<http://www.ahima.org/icd10>

# Future AHIMA Resources

- For 2009, both ICD-10-CM and ICD-10-PCS academy for ICD-10 trainers
- Future academy for ICD-10-CM trainers only
- Pocket guide (2009)
- Online anatomy and physiology refresher course

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# Myth vs. Fact

- **Myth:**

Hospitals will require physicians to order medically unnecessary tests under ICD-10

- **Fact:**

*It is not in the hospital's best interest to provide medically unnecessary tests*

*The implementation of ICD-10-CM does NOT require that additional testing be performed on patients*

# Myth vs. Fact

- **Myth:**

The implementation of ICD-10 will create a burden on physicians in their hospital practices to document more

- **Fact:**

*Hospital HIM professionals and physicians have collaborated to improve documentation for many years*

# Coding and Documentation

- Coding and documentation are closely interrelated
  - All hospital coding is based on physician documentation
- Clear and concise documentation is important today and will continue to be so with ICD-10

# Unspecified Codes

- Imprecise documentation can be captured in both ICD-9-CM and ICD-10-CM codes
- Work toward better documentation to
  - Avoid misinterpretation by third parties (auditors, payers, attorneys, etc.)
  - Justify medical necessity
  - Provide a more accurate clinical picture of quality of care provided

# AHA Central Office

## On ICD-9-CM

- Established in 1962 by Memorandum of Understanding
  - Supported by AHA in collaboration with Cooperating Parties
- Clearinghouse for issues related to use of ICD-9-CM
- Publishes *AHA Coding Clinic for ICD-9-CM*
- Audio seminar series
- Speaker's bureau

# AHA's Future Plans For ICD-10

- Central Office on ICD-10
  - Continue support of coding questions clearinghouse function
  - Direct responses to individual coding questions
  - Cooperating Parties
- Coding Clinic for ICD-10
  - Similar to *AHA Coding Clinic for ICD-9-CM*
- *ICD-10 Coding Handbook*
  - Similar to *ICD-9-CM Coding Handbook*

# AHA's Future Plans For ICD-10

- Collaborate with State hospital associations and other stakeholders, including physician specialties
- Education and outreach
  - Audio seminar series
  - Speaker's bureau
  - In-depth training of coders 3 – 6 months prior to implementation

# AHA's Resources

- Regulatory member advisories
- Presentations and articles
- ICD-10 2009 audio seminar series
- Central Office on ICD-9-CM  
<http://www.ahacentraloffice.org>
- AHA Central Office ICD-10 Resource Center  
<http://www.ahacentraloffice.org/ICD-10>

### ICD-9 Notice

The International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.