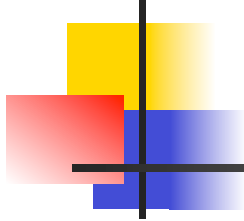# Moving from ICD-9-CM to ICD-10-CM/PCS System/Application Impact

Overview

- Required by HHS to change the classification system used for diagnosis and procedure coding effective 10/1/2014.
  - The change is a conversion from the ICD-9-CM classification system to ICD-10-CM/PCS

- ICD-9-CM is used for diagnosis reporting for all settings & procedure reporting for inpatient procedures.

ICD-9-CM vs. ICD-10-CM
(diagnosis codes)

ICD-9-CM

- 3-5 digits
- First digit can be alpha or numeric
- Digits 2-5 are numeric
- 14,025 diagnosis codes
- Lacks detail
- Limited space for adding new codes

ICD-10-CM

- 3-7 digits
- First digit is always alpha
- Digits 2 & 3 are numeric
- Digits 4-7 are alpha or numeric
- 68,065 diagnosis codes
- Very specific
- Improved accuracy of data

ICD-9-CM proc vs. ICD-10-PCS
(procedure codes)

ICD-9-CM

- 3-4 digits
- All digits are numeric
- 3,824 procedure codes
- Lacks detail
- Limits DRG assignment
- Lacks precision to adequately define procedures

ICD-10-PCS

- 7 digits
- Each digit may be alpha or numeric
- I & O not used as may be confused with 1 & 0
- 72,589 procedure codes
- Precisely defines procedures
- Flexible for adding new codes
- Allows DRG definitions to recognize new technologies & devices

Benefits of ICD-10-CM/PCS

- **<u>Much</u>** greater specificity

  (laterality, preg trimester, intra-op vs. post-op comp etc....)

- Better able to:
  - Measure quality of care to patients
  - Process claims
  - Design payment systems
  - Track public health issues
  - Conduct research

Project Scope

- ICD-10 project is NOT an IT owned initiative - It encompasses
  - People
    - All associates & providers playing a role in clinical documentation, data analytics and code selection will require training
  - Processes (documentation, coding, billing)
    - Existing workflows may or may not be able to function using ICD-10 codes
    - In some cases, existing workflows not efficiently working for ICD-9 and will be addressed prior to transition
  - Technology

IT systems/applications

- Each system/application owner is responsible for their system/application achieving ICD-10 objectives.
    - T-system, OBIX, Medent , McKesson, etc.
- Application owner is responsible for ensuring that the effect of ICD-10 on every system <u>and workflow</u> is thoroughly understood and addressed effectively and on time.
- We will conduct a systematic evaluation each system together.

"ICD-10 compliant"

We will define ICD-10 compliant for an application as one which provides:

- Storage of ICD-10 codes
- All fields, screens, reports and interfaces configured for ICD-10
- A means to manage the translation of ICD-9 to ICD-10
- A means to manage historical ICD-9 data
- Recommendations for any new workflows required or revisions to existing
- Staff training – plan
- All upstream and downstream effects understood
- All unit and integrated testing complete
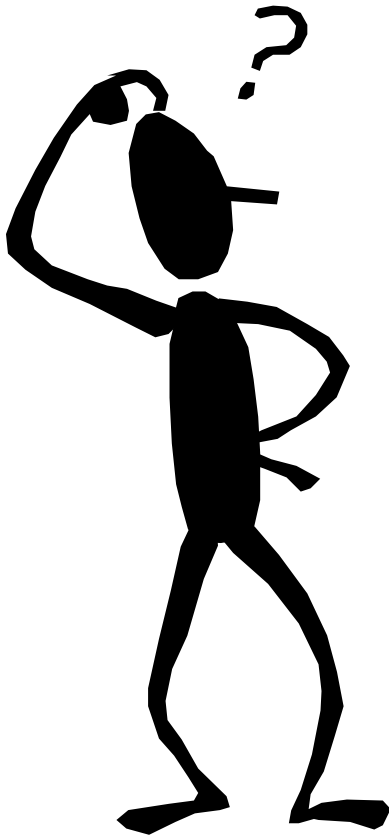- A go-live project plan in place

Initial system/application tasks

- Each application lead will submit to the ICD-10 task force by **April 15th** ~
    - Basic system/application information
    - ICD-9 related data/work flows in to and out of your systems
    - Vendor transition strategy and timeline
    - ICD-10 project plan
        - Upgrade schedule
        - Training schedule as required
    - ICD-10 budget

Questions?

HIM Director -

Donna Barnard at 275-2606

HIM Operations Manager -

Donna Rugg at x6784

IT Applications Manager

Melissa Stenzel at x6516