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Recap of Current Literature on
Coder Training Needs

□ 2003 AHA and AHIMA's "ICD-10-CM Field Testing Project Summary Report"

How long before implementation should ICD-10 training occur?

| Time before implementation | Percentage |
|----------------------------|------------|
| 3 months | 58.6% |
| 6 months | 29.0% |
| 12 months | 9.0% |
| Other | 3.4% |

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Recap of Current Literature on
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□ 2003 AHA and AHIMA's "ICD-10-CM Field Testing Project Summary Report"

How many hours of ICD-10 training are needed prior to implementation?

| Hours of training | Percentage |
|-------------------|------------|
| 16 hours or less | 60.1% |
| 17 to 24 hours | 24.1% |
| 25 to 32 hours | 11.7% |
| Other | 4.1% |

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Recap of Current Literature on
Coder Training Needs

□ Federal Register / Vol. 74, No. 11 / Friday, January 16, 2009 / Rules and Regulations, Page 3344.

- "Based on industry feedback regarding the need for more time than the 40 hours of training we estimated for inpatient coders to learn both ICD-10-CM and ICD-10-PCS, we will increase our estimate of **the number of hours of training that inpatient coders will need to learn ICD-10-CM and ICD-10-PCS from 40 hours to 50 hours**, well within the commenters' suggested range of as little as 5 hours of training, to a maximum of 80 hours."
- "Based on similar feedback from the industry expressing concern about the complexity of ICD-10-CM due to its size and structural changes, and coder unfamiliarity, **we also will increase from 8 to 10 hours the time that outpatient coders will need for ICD-10-CM training.**"

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Polling Question


- How many hours of training is CMS estimating inpatient coders will need to learn ICD-10-CM and ICD-10-PCS?
 - A. 16 hours
 - B. 24 hours
 - C. 40 hours
 - D. 50 hours
- **Answer: 50 hours**

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Challenges and Opportunities of ICD-10 for Coders

- Ability to code diagnoses and procedures very specifically
- Physician documentation must improve in order to use the specific codes
- Have two and a half years before ICD-10 is implemented



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Foundational Knowledge

- Medical record fundamentals
- Coding fundamentals
- Documentation guidelines
- Anatomy
- Physiology
- Pathophysiology
- Pharmacology
- Medical and Surgical Procedures
- Medical Terminology




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Physiology

- **Physiology is the study of how the various parts, organs and systems function within the body.**
- Coders must understand normal body function in order to recognize abnormal functionality.
- Among the areas of physiology coders need to be know:
 - All internal organs their purpose and function, and their connection and interaction with the functioning of other organs within their body system and other body parts and systems
 - Bone and joint structure in order to achieve movement, posture and flexibility
 - Various muscle groups and how each works with the skeleton to achieve movement and maintain posture, or accomplish important functions like breathing, chewing, swallowing, peristalsis, blinking, etc.

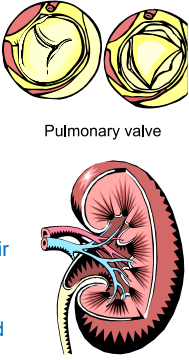


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Physiology

- **Physiology (continued)**
 - All the major blood vessels (arteries and veins) and how they function to move blood throughout the body
 - Blood and its components and function
 - Immune (lymph) system (spleen, nodes, glands, vessels), and how the system functions to protect the body from infection, and help to repair and maintain it.
 - Skin and all its layers and glands (sweat, tear, hair follicles, nails, etc.), how they work to maintain body temperature, heal, and protect the body.
 - Brain, nervous system, special sense organs, and the mechanisms that make them work.



Pulmonary valve

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Physiology Example

K90 Intestinal malabsorption

- K90.0 Celiac disease
- K90.1 Tropical sprue
- K90.2 Blind loop syndrome, not elsewhere classified
- K90.3 Pancreatic steatorrhea
- K90.4 Malabsorption due to intolerance, not elsewhere classified
- K90.8 Other intestinal malabsorption
 - K90.81 Whipple's disease
 - K90.89 Other intestinal malabsorption
- K90.9 Intestinal malabsorption, unspecified

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Physiology Example

Pre-eclampsia

- O14.0 Mild pre-eclampsia
 - O14.00 Mild pre-eclampsia, unspecified trimester
 - O14.02 Mild pre-eclampsia, second trimester
 - O14.03 Mild pre-eclampsia, third trimester
- O14.1 Severe pre-eclampsia
 - O14.10 Severe pre-eclampsia, unspecified trimester
 - O14.12 Severe pre-eclampsia, second trimester
 - O14.13 Severe pre-eclampsia, third trimester
- O14.2 HELLP syndrome (HELLP)
 - Severe pre-eclampsia with hemolysis, elevated liver enzymes and low platelet count
 - O14.20 HELLP syndrome (HELLP), unspecified trimester
 - O14.22 HELLP syndrome (HELLP), second trimester
 - O14.23 HELLP syndrome (HELLP), third trimester

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Pathophysiology

- **Pathophysiology is the study of disease processes and their affects on the body.**
- The majority of codes in ICD-10-CM are designated for specific diseases or disorders and their manifestations.
- ICD-10-CM has many combination codes that include the underlying condition, as well as one or more manifestations, complications or associated conditions.
- Coders need to know the following about diseases and disorders:
 - Etiology (origin, cause)
 - Disease characteristics
 - Signs and symptoms
 - Manifestations
 - Stages and progression
 - Sequelae
 - Prognosis
 - Related conditions
 - Complications
 - Diagnostic work up
 - Medications
 - Associated surgical procedures
 - Medical treatments
 - Nursing and medical care


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Pathophysiology Example

- Asthma, (J45.909) **descriptive terms:**
- ***intermittent (J45.20)***
- ***mild intermittent (J45.20)***
- ***mild persistent (J45.30)***
- ***persistent, severe (J45.50)....***

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 **Pharmacology Example**

M10.2 Drug-induced gout


- Code first (T36-T50) to identify drug
 - M10.21 Drug-induced gout, shoulder
 - M10.211 Drug-induced gout, right shoulder
 - M10.212 Drug-induced gout, left shoulder
 - M10.219 Drug-induced gout, unspecified shoulder
 - M10.22 Drug-induced gout, elbow
 - M10.221 Drug-induced gout, right elbow
 - M10.222 Drug-induced gout, left elbow
 - M10.229 Drug-induced gout, unspecified elbow

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 **Medical Terminology**

- **Medical terminology is the language of medicine**
- ICD-10 has tens of thousands of more terms than ICD-9-CM
- To use ICD-10 effectively coders must know:
 - Greek and Latin prefixes, suffixes, roots and combining forms used as the basis of most medical terms
 - Commonly accepted and approved medical abbreviations
 - Eponyms and names of syndromes
 - Alternative names and descriptions for diseases
 - Adjectives used to describe and define diseases and disorders (purulent, necrotic, etc.)
 - Verbs and terms used to describe surgical approaches and techniques (resect, dissect, incise, excise, aspirate, -scopic, -otomy, -ectomy, etc.)
 - Technology driven and manufacturer given names for tests, devices and procedures

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 **Medical Terminology Example**

- 0DC68ZZ Esophagogastroscopy with removal of bezoar from stomach
- 0SG1041 Posterior spinal fusion at L1-L3 level with BAK cage interbody fusion device, open

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Surgical Procedures

- ❑ ICD-10-PCS is precise and detailed. The procedure codes are seven digits, and contain much more information about procedure technique, where and how it was done than ICD-9-CM procedure codes.
- ❑ ICD-10-PCS has specific set of procedure descriptions and definitions
- ❑ To use this detailed procedure classification to its fullest extent coders will need to know:
 - Body system, organ and tissues repaired or removed
 - Surgical approach, technique and tools used
 - Procedure purpose, component steps and associated procedures
 - Devices that are implanted, removed or replaced
- ❑ ICD-10-PCS does not index or classify procedure eponyms. Coders will have to know the location, nature, purpose, approach and components of a procedure in order to code it, and not just its name.

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Procedure Examples

- ❑ 0KBS3ZX Percutaneous biopsy of right gastrocnemius muscle
- ❑ 0Y620ZZ Right leg and hip amputation through ischium
- ❑ 0P8N0ZZ Open osteotomy of capitate, left hand
- ❑ 059F3ZZ Phlebotomy of left median cubital vein for polycythemia vera
- ❑ 0LX70ZZ Right hand open palmaris longus tendon transfer
- ❑ 08VX7DZ Non-incisional, trans-nasal placement of restrictive stent in right lacrimal duct
- ❑ 0SG507Z Sacrococcygeal fusion with bone graft from same operative site, open


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Examples of Specific Knowledge Situations


- ❑ Many of the ICD-10-CM body system chapters have very detailed codes for intraoperative and postoperative complications
 - I97.610 Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following a cardiac catheterization
 - I97.611 Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following cardiac bypass

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 **Examples of Specific Knowledge Situations**

- Pressure ulcer codes combine the site with the staging code.
- Other chronic skin ulcers combine the site with the layer of tissue affected (e.g. down to bone) as well as whether or not necrosis is present.
 - L89.113 Pressure ulcer of right upper back, stage III
 - L97.112 Non-pressure chronic ulcer of right thigh with fat layer exposed


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 **Examples of Specific Knowledge Situations**

- The need for multiple codes in the orthopedic chapter has been eliminated in many situations. The codes in this chapter have fourth, fifth and sixth digits to identify:
 - Specific sites
 - Manifestations
 - Associated conditions
 - Complications
 - Laterality
 - Initial or subsequent care


M16.31 Unilateral osteoarthritis resulting from hip dysplasia, right hip
M23.222 Derangement of posterior horn of medial meniscus due to old tear or injury, left knee
M86.42 Chronic osteomyelitis with draining sinus, humerus

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 **Examples of Specific Knowledge Situations**


- The abbreviation, **“TIA”** is not indexed.
- The abbreviation, **“CVA”** is not indexed, nor is it listed in the tabular list.
- **Urosepsis** is not indexed and is not assigned to any code.

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 **Conclusion**


- ❑ Coders will need to delve deeper into the patient’s medical record and query the physician more often to get to the level of specificity required by the ICD-10 codes.
- ❑ Coders must start now to reinforce and practice good coding habits, and to expand the breadth and depth of their knowledge in the subjects of anatomy, physiology, medical terminology, disease process, surgical procedures, drugs and other medical treatments
- ❑ Having a good foundation in biomedical sciences will make the transition to ICD-10 easier, and it will reduce the amount of time required for coders to reach full productivity after the transition to ICD-10.
- ❑ Coders should receive ICD-10 education within a year prior to implementation, but information detailed in the current literature supports the contention that education of core concepts should begin now.

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 **Building an Education Plan to Bolster Foundational Knowledge**

- ❑ **Begin to assess knowledge levels in:**
 - Utilizing the information the medical record
 - Documentation requirements and guidelines
 - Coding fundamentals
 - Biomedical science (anatomy, physiology, pathophysiology, pharmacology, medical terminology)
- ❑ **Implement practices that encourage:**
 - More consistent and complete use of the entire medical record
 - More careful scrutiny of documentation and its usability for coding
 - Better compliance with coding fundamentals and guidelines
- ❑ **Participate in training to bolster knowledge in:**
 - Anatomy, physiology and pathophysiology
 - Pharmacology
 - Medical terminology
 - Medical treatments and surgical procedures

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 **Wrap Up**

- ❑ Questions and Answers
- ❑ Thank you for attending today’s session
- ❑ I hope it was helpful.
- ❑ You can contact me if you have questions or need more information at:
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 - 518-213-4219
 - Or go our website at: mcstrategies.com

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