KEYS TO SUCCESSFULLY MANAGING THE ICD-10 TRANSITION

Recommendations for implementation planning and schedules abound for ICD-10. Yet there is little specific information on what to include in coder education programs to ensure a smooth transition to ICD-10. Managers consequently face a major challenge in determining exactly what coders need to know to use ICD-10-CM and ICD-10-PCS accurately and effectively, and how to best deliver that training. This paper attempts to aid learners and managers by identifying the specific foundational knowledge coders need before they learn to use ICD-10. A review of good coding practices is presented, along with an overview, and specific recommendations (See appendix) for each of the major body system chapters with the level and scope of training required to ensure ICD-10 success.

WHERE AND WHEN TO START

The ICD-10 Field Testing Project conducted in 2003 provides some insight into the complexities associated with preparing coders for ICD-10. The majority of participants in the project -- most of whom had more than five years of ICD-9-CM coding experience -- recommended waiting to train coders to use ICD-10 until three- to six months before implementation, to limit the amount of information that may be forgotten before the new system is put into practice. [ICD-10-CM FIELD TESTING PROJECT SUMMARY REPORT—SEPTEMBER 23, 2003. AHIMA and AHA. Chicago, IL. 2003. pp 6-8].

HIM directors, however, can use the coming months to help coders perfect their knowledge of general coding conventions, guidelines and recommended practices, and expand their knowledge of anatomy, physiology, medical terms, disease process, surgical procedures, medical science, and pharmacology [Hazelwood, A.C, Venable, C.A, ICD-10-CM and ICD-10-PCS Preview, AHIMA, Chicago, IL, 2004. p. 24]. Boosting knowledge in these areas will help ensure that coders are capable of delving into the patient’s medical record, and querying physicians to obtain the level of diagnosis and procedure specificity required by ICD-10’s more complex and detailed code structure. Strengthening coders’ clinical knowledge beforehand will also reduce the amount of time required to reach full productivity after the transition.

REINFORCE GOOD CODING PRACTICES – TAKE NO SHORTCUTS

ICD-10-CM and ICD-9-CM share a similar format, organization and structure. However, they differ in many ways and coders must resist using coding shortcuts developed for ICD-9-CM. Every coder’s preparatory training for ICD-10-CM -- whether using a code book or coding software application --, should include a refresher that covers the following concepts:

- Basic coding conventions
- General coding rules
- Instruction on the organization and format of index and tabular listing
- A step-by-step process for referencing main terms in the index and finding codes in the tabular list
- Importance of reading (and following) inclusion and exclusion notes
- Review of how to apply rules concerning combination codes
- Instruction about the use of additional codes and sequencing

Coders should follow the “by the book” coding process in their normal workday to reinforce good habits and make it routine by the time they begin using ICD-10-CM.
ICD-10-PCS has a totally different procedure classification structure than ICD-9-CM. That means there will be no shortcuts for identifying and selecting procedure codes in ICD-10-PCS. Each code is constructed digit-by-digit for each procedure using very specific definitions. Coders should therefore get into the habit now of thoroughly researching all the medical record documentation related to each procedure to identify the body system, site, purpose of the procedure, the approach used, extent, and any devices or implants used or left in the body. All of these elements are required for ICD-10-PCS.

**ANATOMY & PHYSIOLOGY**

ICD-10 is more anatomically specific than ICD-9-CM, particularly in the ICD-10-PCS. It requires an in-depth knowledge of not only the structure and location of organs and body parts, but also how they function. In a practice brief entitled: Transitioning to ICD-10-CM/PCS—An Academic Timeline, AHIMA recommends that accredited HIM academic and AHIMA-approved coding programs consider requiring students to complete advanced anatomy and physiology courses prior to taking coding courses. [AHIMA ICD-10-CM/PCS Academic Transition Workgroup. “Transitioning to ICD-10-CM/PCS—An Academic Timeline” Journal of AHIMA 80, no.4 (April 2009): 59-64]. While coders already in the workforce may not need or be able to take or retake an advanced anatomy and physiology course, they will need to know the following about human anatomy and physiology:

**Anatomy**

Anatomy is the shape, structure and the relationship of parts of body. To code effectively in ICD-10, coders must know the following:

- Names and locations of all the internal organs and the ability to identify their component parts
- Names of all the bones and their skeletal location, as well as their shape, size, structure, and composition, (epiphysisis, periosteum, marrow, shaft, cartilage etc.)
- All joint structures, location and tissues (bones, ligaments, cartilage, bursa, etc.)
- All major muscle groups, each group’s type (flexors, extendors, smooth, etc.), location, and any associated tendons
- All major blood vessels (arteries and veins), and their routes throughout the body, to and from which organs or body parts, etc.
- The immune (lymph) system (spleen, nodes, glands, vessels, and their locations)
- All other types of soft tissue found in and around the internal organs, bones and joints
- Skin and all its layers and glands (sweat, tear, hair follicles, nails, etc.)
- Parts of the brain, meninges, spinal cord and all individual cranial nerves, the autonomic, and peripheral nervous system
- Specials sense organs and all their component parts (eyes, ears, nose, tongue, mouth and throat
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. Dysfunction within the body is the hallmark of disease, disorder and injury and is what coders are looking for when reviewing medical record documentation. Among the areas of physiology coders need to be conversant in:

- All internal organs, 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.
- All the major blood vessels (arteries and veins) and how they function to move blood throughout the body 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.

MEDICAL TERMINOLOGY

New medical terms are added to the language of medicine daily, as evidenced by Mosby’s Medical Dictionary, 8th edition, published by Elsevier in 2008, which has 5,000 more entries in it than the previous edition published two years earlier. Staying current with medical terminology therefore is a vital and non-ending process for coders seeking to do their job effectively. Medical terminology is the language of medicine, and coders must be fluent in it in order to read and understand medical record documentation and to find codes, particularly in ICD-10, which has tens of thousands of more terms, diseases, disorders and procedures 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 (diseases and disorders named for people)
- 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
PATHOPHYSIOLOGY

Pathophysiology is the study of disease processes and their affects on the body. Coders need to learn as much as they can about diseases and disorders because 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 therefore must first identify diseases and disorders in the medical record documentation and then find the ICD-10 code that best represents the patient’s documented condition. Coders need to know the following about diseases and disorders:

- Etiology (origin, cause)
- Disease characteristics
- Signs and symptoms and manifestations
- Stages and progression
- Sequelae
- Prognosis
- Related conditions and complications
- Diagnostic work up
- Medications
- Associated surgical procedures and medical treatments
- Nursing and medical care

PHARMACOLOGY

Often the best clues available to coders in helping them identify what diseases or disorders patients have are the medications documented in the patients’ records. While the medications themselves are not classified in ICD-10, the diseases and disorders they are used to treat are, and knowing the connection is essential knowledge for a coder. Drugs and other pharmaceuticals often have side effects, allergic reactions or other complications that coders must have knowledge about in order to recognize them, ask about them, and code them. To utilize drug information for coding purposes, coder’s need to know the following about drugs, medications and other pharmaceutical preparations:

- Families and classes of drugs, their sources, uses, actions and effects
- Generic and brand names of popular medications, their uses, actions and effects
- Chemotherapy, immunotherapy and radiotherapy agents
- Other pharmaceuticals used for diagnostic or therapeutic purposes (saline and other electrolyte solutions, nutritional supplements, vitamins, antiseptics, disinfectants, catalysts, dyes, steroids, etc.)
- Poisons and toxins
- Formulations of drugs (Tablets, capsules, ointments, suppositories, syrups, drops, lozenges, time-release patches, tinctures, emulsions, suspensions, etc.)
- Doses, and routes of administration
- Side effects and contraindications
- Measurements (grams, milligrams, milliliters, etc)
- Prescription terminology and abbreviations
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 then ICD-9-CM procedure codes. 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. To use this detailed procedure classification to its fullest extent coders will need to know:

- Surgical approaches and the techniques, tools and devices used
- Procedures purposes, components steps and associated procedures
- Devices that are implanted, removed or replaced
- Tissues, organ, body parts repaired or removed
- Risks and common complications associated with procedures

ICD-10-PCS comes with a specific set of procedure descriptions and definitions that coders must know and follow when assigning codes. Coders should learn these descriptions and definitions now, and apply them to the procedures they are coding today.

Conclusion

Once ICD-10 takes effect, 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. To do this competently, 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 as outlined in this paper and detailed in the appendix. Having this background as a prerequisite for actually learning to use the ICD-10 coding system will make the transition to ICD-10 in 2012 much more successful. It will also reduce the amount of time required for coders to reach full productivity after the transition to ICD-10.

Although some recommendations state the coders should receive ICD-10 education within a year prior to implementation, information detailed in this paper supports the contention that education of core concepts should begin much sooner. Managers should consider the increased depth of knowledge necessary to effectively use ICD-10 and plan accordingly.