ICD-10 Will Be Complicated but More Useful

BY JOYCE FRIEDEN

WASHINGTON — The upcoming ICD-10 diagnosis and procedure coding system is more complicated than its predecessor, ICD-9, but it will allow for a greater level of clinical detail and will be better able to keep up with advances in technology, according to several speakers at a meeting sponsored by the American Health Information Management Association.

"ICD-9 badly needs to be replaced," said Nelly Leon-Chisen, director of coding and classification at the American Hospital Association. "It's 30 years old, and the terminology and classification of some conditions are obsolete."

There are two parts to ICD-10, formally known as the International Classification of Diseases, 10th revision, which goes into effect in the United States on Oct. 1, 2013: ICD-10-CM, which is the clinical modification of the World Health Organization's ICD-10 diagnostic coding system; and ICD-10-PCS, an inpatient procedural coding system developed under contract to the Centers for Medicare and Medicaid Services.

ICD-10 "will have better data for evaluating and improving quality of care. It will provide codes for a more complete picture," she added, noting that the new code set will allow health officials to be "better able to track and respond to global health threats."

Because ICD-10 can more precisely document diagnoses and procedures, it will bring better justification of medical necessity for billing purposes, "but not from day 1," said Ms. Leon-Chisen. "It will take a little while" for people to adjust to the new codes. The new system also may reduce opportunities for fraud, she added.

Ms. Leon-Chisen outlined a few basic differences between ICD-9 and ICD-10 diagnosis codes:

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- ICD-9 codes contain 3-5 characters, whereas ICD-10 contains 3-7 characters.
- With ICD-9 codes, the first character can be alphabetic or numeric, but in ICD-10, the first character is always alphabetic.
- ICD-10 codes can include the use of a placeholder "x," whereas ICD-9 codes cannot.

She also gave an example, showing the differences between the two revisions. Under the ICD-9 coding system, a patient with a pressure ulcer on the right buttock might receive a diagnosis code of 707.05, "pressure ulcer, buttock."

Under ICD-10, the same patient would get L89.111, "decubitus ulcer of right buttock limited to breakdown of the skin." A pressure ulcer on the left buttock or a more severe one including necrosis of the bone would get a different ICD-10 code.

Sue Bowman, director of coding policy and compliance for the American Health Information Management Association, noted that ICD-10-PCS can have even more complexities. For example, under ICD-9, there is only one code for artery repair; under ICD-10-PCS, there are 276 codes. However, "once you work with it, you're struck by the logic of the system," she said. "It's really not that difficult." Under the ICD-10 code structure, each character has a specific meaning.

Ms. Bowman pointed out some of the differences between procedure codes under the two revisions. For example, ICD-9 procedure codes have 3-4 characters, whereas ICD-10-PCS codes always have 7 characters.

Also, all ICD-9 procedure code characters are numeric, whereas ICD-10-PCS code characters can each be alphabetic or numeric; alphabetic characters are not case sensitive.

As an example of the difference in procedure codes, she cited the ICD-9 code 17.43 for "percutaneous robotic assisted procedure," versus 8E093CZ, the ICD-10-PCS code for "robotic assisted procedure of head and neck region, percutaneous approach."

One issue that Medicare officials and others dealing with ICD-10 are wrangling with, Ms. Bowman noted, is when—or whether—both ICD-9 and ICD-10 should be "frozen"—that is, when no more new codes should be added to either code set so that they will be stable while people are making the changeover from ICD-9 to ICD-10. Both code sets are currently updated annually, she said.

The move to the new code sets was necessary, according to Department of Health and Human Services to replace the outdated ICD-9 code sets. The ICD-9-CM contains about 17,000 codes, compared with 155,000 codes in the ICD-10 code sets. ■

Recommended ICD-10 Resources

Ms. Bowman recommended the following resources for physicians interested in obtaining more in-depth information about ICD-10:

National Center for Health Statistics/Centers for Disease Control and Prevention: Information about new disease classifications
www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

Centers for Medicare and Medicaid Service: ICD-10 Overview
www.cms.hhs.gov/ICD10

The American Hospital Association: ICD-10 Resource Center
www.ahacentraloffice.com/ahacentraloffice_app/ICD-10/ICD-10.jsp

American Health Information Management Association: Newsletter sign-up and other information
www.ahima.org/icd10

Natl. Health Service Corps to Get Overhaul

BY DENISE NAPOLI

WASHINGTON — With $2.5 billion in Recovery Act funding, major changes are in the works for the National Health Service Corps.

And according to new Health Resources and Services Administration director Mary Wakefield, Ph.D., R.N., the money comes just in time.

Last year, 14,000 medical and nursing school graduates applied to the National Health Service Corps, the division of HRSA that recruits health professionals to shortage areas by offering full or partial repayment of their student loans, said Dr. Wakefield at a recent physician workforce conference sponsored by the Association of American Medical Colleges. "But the agency was only budgeted to respond to one out of every seven requests, in spite of a tremendous need for those providers."

The shortfall was even more dire for nurses—9,000 applications were received for 600 budgeted slots.

But this year, with an extra $300 million from the American Recovery and Reinvestment Act specifically allocated to the agency's health professions programs, the corps will accept about 4,100 more doctors, dentists, and nurses than last year.

The application and placement processes for the corps are also being overhauled, according to Dr. Wakefield. Previously, applicants had a fixed, annual, 30-day window to apply; however, "beginning in May, HRSA will suspend that requirement for the 2-year duration of the Recovery Act, and switch to a rolling application model." Dr. Wakefield added that she will push for this open enrollment model to continue even after the Recovery Act money runs out.

A provisional prequalification program will also be put into place, so that medical and nursing school students can apply and receive notification of acceptance while still in their final year of school. Previously, only licensed graduates were eligible, resulting in a lag between graduation and corps service.

HRSA-approved health care sites will also be able to post more jobs to the online corps job board. Until now, only two vacancies per specialty were allowed per site, no matter the actual need.

"That was designed to help with distribution of practitioners across the nation," Dr. Wakefield said. "But now, with the incredible expansion of the corps under the Recovery Act, HRSA will allow eligible sites to advertise up to six vacancies per specialty."

The changes should add up to an infusion of health care workers in rural and shortage areas in 2009 and 2010. "I don't think this opportunity, of this magnitude and this importance, will come along very often," Dr. Wakefield said. "It won't solve all of our problems, but it's going to help to buy us some time."

Dr. Wakefield was appointed to her current position in February by President Obama. Prior to joining the government, she was an associate dean for rural health at the University of North Dakota School of Medicine and Health Sciences, Grand Forks. ■

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