# Barry Libman Inc

**Health Information Management Coding, Audit and Education**

## *LET THE COUNT DOWN BEGIN*

# Anatomy and Physiology: A Critical First Step
## Getting Medical Coders Ready for ICD-10-CM/PCS

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**A NEW CLASSIFCATION SYSTEM**

Medical coders in the United States must be ready to use a new code classification system by October 1, 2013, and there is much to do between now and then!

The new system is the International Classification of Diseases, Tenth Revision, Clinical Modification and Procedure Coding System, better known as ICD-10-CM/PCS.  It is replacing the existing system, ICD-9-CM, and it is long overdue. The transition to ICD-10-CM/PCS represents an enormous undertaking, but it also represents tremendous opportunity to improve existing data collection and reimbursement systems in this country.

ICD-9-CM is over 30 years old and the practice of medicine has changed dramatically during that time. ICD-9-CM's limitations are many:

- There is no longer room for expanding many categories; consequently, too many diagnoses and procedures are assigned to generalized codes, resulting in loss of granularity.

- ICD-9 codes are used for inpatient reimbursement and to validate outpatient procedure claims.
   - Nonspecific and/or inaccurate codes result in requests for additional documentation from third party payers and often lead to rejections, denials and appeals; all very costly and time consuming.
   - Fraud and abuse can go undiscovered when codes do not completely and accurately describe services rendered.

- ICD-9 codes are used for surveillance, research, trending, forecasting, utilization review, outcomes and quality measurement.
   - Granularity is needed for health care facilities, licensing and accrediting agencies and government policy makers to accurately assess the health care and reimbursement landscape.
   - Outdated codes negatively impact decisions that drive the economy.

These are some of the issues cited at the American Health Information Management Association (AHIMA) ICD-10 Summit in Washington, DC, held in April, 2010. AHIMA is the recognized industry leader on matters pertaining to health information and coding.  The Summit was a gathering of executives, health information managers, educators, policy makers, IT and coding experts, and others with a stake in the successful transition to ICD-10-CM/PCS. Discussion

**ICD-10-CM/PCS mandatory compliance date is October 1, 2013**

**Diagnosis Codes:**
ICD-10-CM = 69,099
vs.
ICD-9-CM = 14,315

**Procedure Codes:**
ICD-10-PCS = 71,957
vs.
ICD-9-CM = 3,824
*(all numbers from 2010 code sets)*

at the Summit included strategies for managing the transition to the ICD-10-CM/ PCS code systems.  ICD-10-CM/PCS has a mandatory implementation date of October 1, 2013 and must be handled seamlessly for a smooth transition.

At this point in time, those responsible for the coding function need to be following well laid plans to meet the ICD-10-CM/PCS deadline.  Experts say plans need to include an assessment of knowledge of biomedical sciences, which are required for coders to learn the new code systems.  Once assessment is complete, follow-up needs to:

• Introduce ICD-10-CM/PCS conventions, guidelines, terminology and methods
• Provide education in biomedical sciences including Anatomy, Physiology and Pathophysiology, based on assessment results
• Provide ICD-10-CM/PCS training, coding practice and post-education assessment

**ANATOMY AND PHYSIOLOGY – FOUNDATION FOR ICD-10-CM/PCS PREPAREDNESS**

AHIMA published an "*ICD-10 Preparedness Implementation Timeline*" on their website (www.ahima.org).  According to this timeline, we are in Phase 1 Impact Assessment, when:

> "Education and training activities should focus on issues related to preparedness and implementation planning.  This includes understanding the final rule and implementation timelines, a fundamental knowledge of the changes in the new code sets, ensuring proficiency in anatomy and physiology, and acquiring skills and tools needed to assess staff knowledge and skills."

Education and industry leaders at the AHIMA ICD-10 Summit in Washington presented their views on how to best deal with the education component of ICD-10-CM/PCS.  Among them was Margaret Skurka, MS, RHIA, CCS, FAHIMA, Director, HIM Programs, Indiana University Northwest and an instructor for the AHIMA ICD-10 Academy workshops being run across the country.

In her presentation titled "*The Road to an ICD-10 Proficient Coding Staff*," Ms. Skurka made it clear that an important task for ICD-10-CM/PCS readiness is to "identify skills and knowledge critical to applying ICD-10 codes."  Specifically, she referenced Anatomy and Physiology, paraphrased as follows:

> "Assess Inpatient and Outpatient coders for foundation knowledge in A&P, medical terminology and coding skills along with getting physicians involved by specialty…"

In 2011, Ms. Skurka reiterated that coders must learn fundamentals of ICD-10 CM and PCS, and "Continue to review and refresh A&P knowledge."

*"Assess Inpatient and Outpatient coders for foundation knowledge in A&P, medical terminology and coding skills"*

*–The Road to an ICD-10 Proficient Coding Staff*;  Margaret Skurka, MS, RHIA, CCS, FAHIMA

## ICD-10 OUTPATIENT CODERS: KNOWLEDGE-BASED TIMELINE

AHIMA has similar advice for outpatient coders, who will use ICD-10-CM for diagnosis coding:

> "AHIMA estimates that approximately 16 hours of coding training are likely needed for each outpatient coder to learn ICD-10-CM. However, coders may need additional training to refresh or expand knowledge in the biomedical sciences."

To ensure outpatient coder readiness, AHIMA recommends they take the following steps during the first half of 2011, along with other tasks such as learning the structure and organization of ICD-10:

- Use assessment tools to identify areas of strength/weakness in the biomedical sciences (e.g. anatomy and pathophysiology).
- Review and refresh knowledge of biomedical concepts as needed based on the assessment results.

(Source:  http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_045929. hcsp?dDocName=bok1_045929)

## AHIMA AND AAPC RECOMMEND ANATOMY AND PHYSIOLOGY TRAINING

It is not just AHIMA that recommends anatomy and physiology refreshers for coders to ensure they have the prerequisite knowledge needed to learn ICD-10-CM/PCS.  **The American Academy of Professional Coders (AAPC)**, another national organization that educates and credentials coders, made a similar recommendation in an article jointly published with Ingenix, a vendor of coding solutions software and publisher of coding resources.  The article appeared in the AAPC newsletter, ICD-10 Connect, dated October 13, 2010.

> "With ICD-10, coders may need to probe deeper into the patient's medical record and/or query the physician more often to obtain the level of specificity required by the ICD-10-CM codes. As a result, coders will need to fully understand anatomy and physiology (not only the structure and location of organs and body parts, but also how they function), medical terminology, disease process, surgical procedures, and drugs and pharmaceuticals…"

**The consensus of industry leaders is that the level of detail and structural changes in ICD-10-CM/PCS require coders to have a strong foundation knowledge of Anatomy and Physiology to efficiently learn and use the two systems.**

*"With ICD-10 … coders will need to fully understand anatomy and physiology …"*

– AAPC

Consider these examples when thinking about what it takes to learn ICD-10-CM.

**Patient Case Scenario 1: Subarachnoid Hemorrhage**

Patient is discharged with principal diagnosis of nontraumatic subarachnoid hemorrhage, commonly known as a stroke.

In ICD-9-CM there is one code:  430 Subarachnoid hemorrhage

In ICD-10-CM there are twenty possible codes requiring detail about which artery the hemorrhage came from for accurate code assignment.  These include right and left carotid siphon and bifurcation; right and left middle cerebral; right and left anterior communicating; right and left posterior communicating; basilar; right and left vertebral; and other or unspecified intracranial arteries.

From a coder's perspective, this will be all the more challenging without foundation knowledge of the various blood vessels that lead to the brain.

**Patient Case Scenario 2: Fracture of the Patella**

A patient is treated for fracture of the patella (kneecap); to assign an accurate code, sixth and seventh characters are needed in ICD-10-CM.

ICD-9-CM
822.0  - Fracture of patella, closed

ICD-10-CM
S82.021P  - Fracture of patella, displaced longitudinal, right patella, subsequent encounter for closed fracture with malunion

**ICD-1O PROCEDURE CODING SYSTEM:  A NEW WAY OF THINKING**

The way diagnosis codes are located in ICD-10-CM is very much the same as in ICD-9-CM, thereby giving it a familiar look and feel despite the fact there are almost 5 times as many diagnosis codes.

Not so when coding procedures in ICD-10-PCS.  It is a dramatic departure from ICD-9-PCS in detail and methodology.  In ICD-9-PCS, procedure codes are located in the alphabetic index and verified in the tabular list; in ICD-10-PCS, you start with the alphabetic index, and build codes from tables.  Training, practice and a new way of thinking will be needed for a coder to become ICD-10-PCS proficient.

*"Examples of CEs may include: ...Biomedical Science course-work such as Anatomy and Physiology and Pathophysiology refresher courses"*

– FAQ on preparing for
ICD-10-CM/PCS, AHIMA

The following table summarizes structural changes across the two systems.

| ICD-9-CM Procedure Codes | ICD-10-PCS |
|---|---|
| 3 to 4 characters, must have at least 3 | Codes MUST have 7 characters |
| All numeric | Alpha or numeric |
| Example: 50.3 = lobectomy of liver, left lobe, open | Example: OFT20ZZ |
| | O = med/surg section (procedure type)<br>F = hepatobiliary system and pancreas (body system)<br>T = resection (root operation)<br>2 = liver, left lobe (body part)<br>O = open (approach)<br>Z = none (device)<br>Z = none (qualifier) |

The following examples demonstrate the magnitude of detail in ICD-10-PCS:

**Procedure Example 1:   Suture of Artery**

ICD-9-CM
39.31
There is only 1 code to select

ICD-10-PCS
There are 195 possible codes; the approach can be open, percutaneous, or percutaneous endoscopic.  Once approach is established, there are 65 arteries to choose from including abdominal aorta, radial, etc.

**Procedure Example 2:  Endoscopic Carpal Tunnel Release**

ICD-9-CM
Locate the term "release" in the alphabetic index, and directly under it is the subterm "carpal tunnel (for nerve decompression)." You choose code 04.43, then verify in the tabular list.

ICD-10-PCS
You can locate the term "release" in the alphabetic index, but then need to know which nerve passes through the carpal tunnel.  Once you find "median nerve," you access the characters 01N5, then reference the correlating table and build code 01N54ZZ.

## ANATOMY AND PHYSIOLOGY RECOMMENDED BY AHIMA AND AAPC

The Commission on Certification for Health Informatics and Information Management (CCHIIM), a subdivision of AHIMA specifically concerned with education and certification, has released a statement saying it is:

> "… essential that professionals who hold AHIMA credentials must adhere to a recertification policy that will serve as a guide to prepare for changes brought about by ICD-10-CM/PCS."

Specific details about CEU's required follows (see AHIMA website for additional information – www.ahima.org):

> "The following CEU requirements will be included as part of each certificants' total, required CEUs, by credential, per CEU cycle.   The total number of ICD-10-CM/PCS continuing education units (CEUs) required, by AHIMA credential, is as follows:

- CCA – 18 CEUs
- CCS – 18 CEUs
- CCS-P – 12 CEUs
- RHIT – 6 CEUs
- RHIA – 6 CEUs
- CHDA – 6 CEUs

The following question appears under Frequently Asked Questions:

> "What are the specific types of recommended training areas /educational activities that will qualify for these required CEUs? "

AHIMA's response:

> "You are encouraged to tailor your CEs to the role you perform in your daily work. Examples of CEs may include:

- Introduction to ICD-10-basics
- Business Impact and Implementation Considerations
- Understanding General Equivalence Mappings (GEMs)
- ICD-10-CM Structure, Guidelines and Conventions
- Clinical Documentation Improvement Strategies using ICD-10-CM
- Biomedical Science coursework such as Anatomy and Physiology and Pathophysiology refresher courses
- ICD-10-CM and its effect on reimbursement methodologies

AHIMA Certified Professionals are able to earn ICD-10-CM/PCS specific CEUs during the period of January 1, 2011 thru December 31, 2013."

(Source:  http://www.ahima.org/downloads/pdfs/certification/ICD10_CEU_FAQs.pdf)

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**ABOUT THE ANATOMY AND PHYSIOLOGY COURSE**

Barry Libman Inc. offers *Anatomy & Physiology for Coders*, an A&P refresher designed to help coders prepare for the anatomy intensive requirements of ICD-10-CM/PCS.

*Anatomy & Physiology for Coders* is an affordable and flexible on-line course. The course was created by coders for coders and provides anatomy and physiology, and, within the scope of each body system, descriptions of many diseases and disorders, frequently prescribed drugs and common diagnostic lab tests. Medical record coders taking and passing the *Anatomy & Physiology for Coders* course will meet ICD-10-CM/PCS preparation guidelines of both AHIMA and AAPC.  The course has received prior approval from both organizations to issue CEUs for successful completion of the course:

**AHIMA 24 CEUs**
**AAPC 12 CEUs**

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Clare Carvel developed curriculum for the Anatomy & Physiology course and is one of the instructors. Clare's qualifications include current AHIMA credentials (RHIA, CCS and certified ICD-10 Trainer) and a Master's Degree in Education from Salem State College. Clare has 24 years of HIM experience including serving as a professor and Program Director for the Health Information Technology Program at Fisher College in Boston for nine years. Clare has worked per diem at Barry Libman, Inc., since 2006, and assumed the role of Education Consultant in 2010. In addition to these responsibilities, she works part-time as a Coding Specialist for the Mass. General Physicians Group Professional Billing Organization.