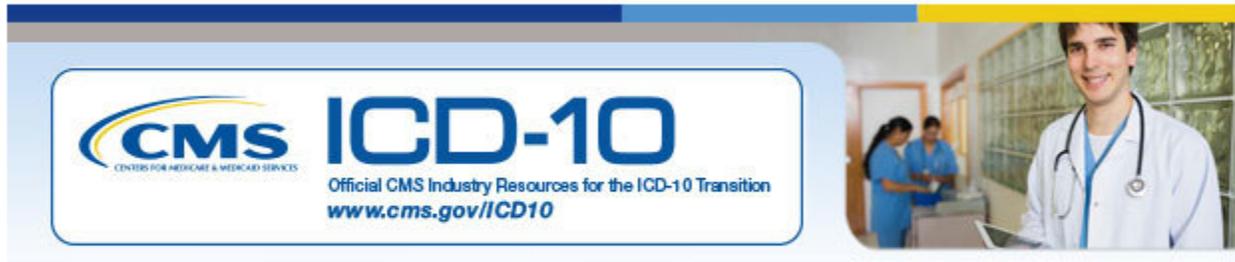


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CMS Issues Final Rule Setting October 1, 2015 as the Compliance Date for ICD-10: With a new compliance date being finalized, agencies that had slowed or stopped implementation activities need to re-group and continue moving forward so your agency can achieve a seamless transition from ICD-9 to ICD-10. The official announcement of the new compliance date is below.



News Updates | July 31, 2014

Deadline for ICD-10 allows health care industry ample time to prepare for change

Deadline set for October 1, 2015

The U.S. Department of Health and Human Services (HHS) [issued a rule today](#) finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.

For more information on the rule, [view the press release](#).

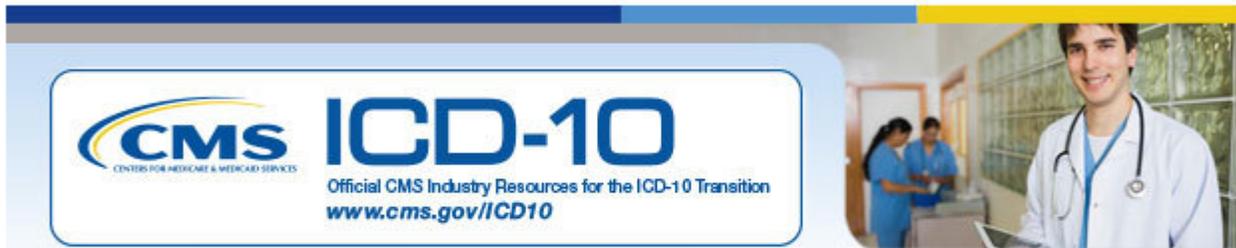
Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



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CMS Webinar to be held tomorrow: If interested, agencies will need to register as indicated in the below announcement (NOTE: Additional spaces have been added so hopefully public and rural health agencies interested in attending will be able to do so. Apologies for the late notice but the information was just received.) Providers can expect to see more training from CMS in the future since they will be targeting readiness for small providers in order to avoid any further delays in ICD-10 compliance.



News Updates | August 4, 2014

Get on the Road to 10 with the ICD-10 Small Physician Practice Tool

Join Centers for Medicare & Medicaid Services (CMS) representatives **tomorrow, August 5, from 12:00 p.m. to 1:00 p.m. ET** for a CMS eHealth provider webinar on CMS ICD-10 resources including the [Road to 10](#), a free online tool that enables small provider practices to create an ICD-10 action plan and jumpstart their transition.

Registration Information

Space is limited. Register now to secure your spot for this [eHealth Provider Webinar](#). Once your registration is complete, you will receive a follow-up email with step-by-step instructions on how to log-in to the webinar.

Past webinar presentations and recordings can be accessed on the [Resources](#) page of the CMS eHealth website.

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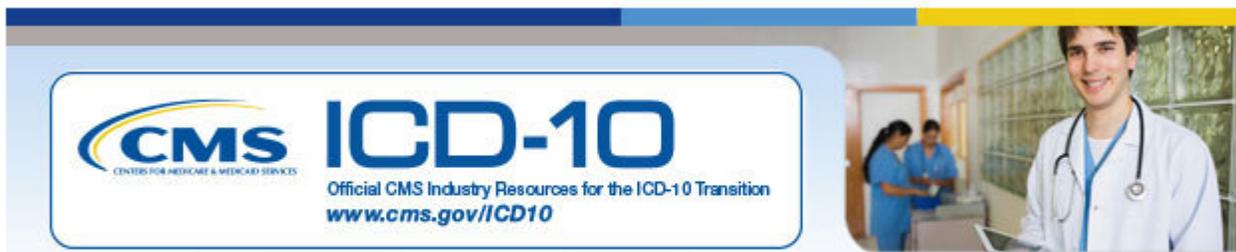


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Testing: The testing schedule for NCTracks is as follows

- System Integration Testing (SIT) is currently underway by the vendor and will go through November 2014
- User Acceptance Testing (UAT) is scheduled for January – March 2015. Volunteers agreeing to participate in UAT are Cabarrus and Macon health departments, Durham CDSA and KIDSPROUT.
- End-to-end testing (E2E) is scheduled to occur during April – June 2015
 - DPH has requested 10 trading partner slots so that testing can be done with HIS for both LHDs and CDSAs and then each non-HIS vendor system can test (e.g., Insight, Patagonia, Allscripts, etc). DPH will continue advocating for the 10 slots.
 - The NCALHD Informatics Committee has been asked to determine the process for selecting health departments that will be included in the E2E testing. This was discussed at their July meeting and additional information will be presented at their August meeting. Selections must be completed before January 2015.

Medicare published the following information regarding their testing plans:



News Updates | August 1, 2014

ICD-10 Testing Opportunities for Medicare FFS Providers

On July 31, HHS issued a rule ([CMS-0043-F](#)) finalizing October 1, 2015, as the new compliance date for health care providers and health plans to transition to ICD-10. ICD-10 represents a significant code set change that impacts the entire health care community.

CMS is taking a comprehensive four-pronged approach to preparedness and testing for ICD-10 to ensure that CMS, as well as the Medicare Fee-For-Service (FFS) provider community, is ready:

- CMS internal testing of its claims processing systems
- CMS Beta testing tools available for download
- Acknowledgement testing

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- End-to-end testing

For more information, see [MLN Matters® Special Edition Article #SE1409](#), “Medicare FFS ICD-10 Testing Approach.”

Acknowledgement Testing

This past March, CMS conducted a [successful ICD-10 acknowledgement testing week](#). Providers, suppliers, billing companies, and clearinghouses are welcome to submit acknowledgement test claims anytime up to the October 1, 2015, implementation date. In addition, special acknowledgement testing weeks in November, March, and June of 2015 will give submitters access to real-time help desk support and allow CMS to analyze testing data. Registration is not required for these virtual events. Contact your [Medicare Administrative Contractor](#) (MAC) for more information about acknowledgment testing.

End-to-End Testing

CMS plans to offer providers and other Medicare submitters the opportunity to participate in end-to-end testing with MACs and the Common Electronic Data Interchange (CEDI) contractor in January, April, and July of 2015. As planned, approximately 2,550 volunteer submitters will have the opportunity to participate over the course of three testing periods. The goals of this testing are to demonstrate that:

- Providers and submitters are able to successfully submit claims containing ICD-10 codes to the Medicare FFS claims systems
- CMS software changes made to support ICD-10 result in appropriately adjudicated claims
- Accurate Remittance Advices are produced

Additional details about end-to-end testing will be available soon.

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September 2014 Coding Training for Local Health Departments and Rural Health Agencies: ICD-10-CM coding training is being offered during September 2014 for local health department and rural health agency staff who are working on ICD-10 implementation within their agency and for DPH staff that are impacted by ICD-10 or who may provide assistance to local agencies (e.g., nurse consultants).

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The number of course offerings is very limited since the number of registrants needing training in 2014 should be low. Extensive ICD-10-CM coding training will be offered in 2015 prior to the 10/1/15 compliance date for DPH, child development service agencies (CDSAs), local health departments and rural health agencies. It is anticipated that course offerings will be conducted between May – September 2015. Training registration information is located at <http://ncpublichealth.info/lhd/icd10/training.htm>

Partial Code Freeze: At a meeting on September 14, 2011, the ICD-9-CM Coordination & Maintenance (C&M) Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2014 to October 1, 2015 by final rule CMS-0043-F issued on July 31, 2014. This final rule is available at <https://www.federalregister.gov/articles/2014/08/04/2014-18347/change-to-the-compliance-date-for-the-international-classification-of-diseases-10th-revision>.

There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- On October 1, 2012 and October 1, 2013 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2014 and October 1, 2015, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2016, regular updates to ICD-10 will begin. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2016 once the partial freeze has ended.

Rural ICD-10: Rural ICD-10 is the place for rural health professionals to find useful information, insights, resources, and inspiration for transitioning to ICD-10. <http://www.ruralicd10.com/about-rural-icd-10/>

Planning and Preparation Checklist: AHIMA's ICD-10-CM/PCS Transition: Planning and Preparation Checklist has been updated to reflect the change in the compliance date from October 1, 2014 to October 1, 2015 and replaces the September 2012 and all earlier versions of the checklist. The checklist is located at http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050672.pdf

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CMS Road to 10: The following information is geared to small physician practices but may be useful to public and rural health agencies as well.

With the passage of the Protecting Access to Medicare Act of 2014, the ICD-10 compliance date has been extended. To help your practice make the best use of this extension, CMS is excited to offer the Road to 10 Program at <http://www.roadto10.org>. Developed with the input of small practice physicians, Road to 10 provides free and actionable resources to support your ICD-10 transition. Whether you are just getting started or have already begun your transition, Road to 10 can help you navigate the path forward for your practice.



Road to 10: CMS is offering a series of webcasts designed to help you with the ICD-10 clinical documentation specific to your medical specialty

Centers for Medicare & Medicaid Services (CMS) is offering a series of webcasts for small physician practices (including solo physician and rural practices). For more information, future events and to access the webcasts, please visit <http://www.roadto10.org>.

ICD-10 will become the new baseline for clinical data, clinical documentation, claims processing and public health reporting. With assistance from physicians and industry leaders, CMS has developed a series of webcasts to help practices navigate the ICD-10 transition.

Webcasts Released

Webcast #1: ICD-10 Documentation and Coding Concepts: Orthopedics

Webcast #2: ICD-10 Documentation and Coding Concepts: Cardiology

Webcast #3: ICD-10 Documentation and Coding Concepts: Pediatrics

Webcast #4: ICD-10 Documentation and Coding Concepts: Obstetric and Gynecology

Webcast #5: ICD-10 Documentation and Coding Concepts: Family Practice and Internal Medicine

Objectives

An AHIMA-certified coder will present training focused on unique ICD-10 clinical documentation needs and hot topics for each medical specialty. The five webinars will follow the same outline and objectives catering to each medical specialty with specific examples.

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- Clinical impact of ICD-10
- Documentation requirements for certain conditions
- Documentation changes and new concepts
- Use of "unspecified" in ICD-10

Want to Learn More?

The resources available through **Road to 10** will help you:

- **Understand** the basics of ICD-10, the differences between ICD-9 and ICD-10, and the opportunities associated with ICD-10.
- **Explore** common codes, primers for clinical documentation, and clinical scenarios, all broken out by specialty.
- **Create** a customized action plan, personalized by specialty and practice details.

As part of the **Road to 10** Program, CMS has released ICD-10 webcasts and field support training designed to help you with your transition. You can learn more about these opportunities on the **Road to 10** homepage – <http://www.roadto10.org>. On the left-hand navigation bar, click on the “Webcasts” tab to access the latest free webcasts and the “Events” tab for more information about in-person training opportunities and other upcoming events.

Please refer to the attached flyer for more information on *Road to 10*.

Visit <http://www.roadto10.org>

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More Road to 10 information:

Taking advantage of the extended ICD-10 implementation timeframe gives you even more control over your practice’s ICD-10 transition. In the coming months, you have the opportunity to work on several critical activities that will help you make progress and maximize your ICD-10 preparedness:

- **Build and maintain momentum** – Begin your ICD-10 transition if you haven’t started. Keep moving forward if you have started. Technology is only one component of your ICD-10 implementation, so you should not rely solely on your vendors in the transition.

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- Increase your competency in ICD-10 – Identify the ICD-10 codes and clinical documentation changes associated with the most common health conditions seen by your practice; finish paid training (NOTE: Free training is available through DPH) and take advantage of free ICD-10 webinars offered through CMS, medical societies, and healthcare professional organizations; and help your staff understand how greater specificity and more detailed documentation with ICD-10 will provide new insights into the health and wellness of the patients in your practice.
- Improve clinical documentation and coding processes – Start practicing concurrent diagnosis coding on a regular basis; isolate encounters where incorporating a greater degree of detail in the medical record may lead to the selection of more specific ICD-9 and/or ICD-10 diagnosis codes; highlight instances where missing or incomplete documentation persists and reinforce the need for better documentation; and explore the use of technology to enhance your documentation and coding processes.
- Fine tune your revenue cycle – Identify specific metrics you can use to monitor the financial state of your practice; evaluate your claim denials and rejections for the past 12 months; work down your claims backlog as much as possible; and if you use a paper superbill, consider adopting an electronic workflow to replace this current process.
- Update technology – Upgrade your practice management, electronic health record, and reporting systems to an ICD-10 compliant version and thoroughly test them to ensure they function properly after being updated.

Coding Exercise: Test your coding knowledge by coding the following scenario using ICD-10-CM. The answers will be published in the next update.

Scenario: A man from a small village in Guinea, West Africa, presented to his village health clinic with a severe headache, vomiting, diarrhea and severe pains in his back. He was initially thought to have malaria, but upon transfer to a special unit at a hospital in Conakry he was diagnosed with Ebola. The patient went on to develop disseminated intravascular coagulopathy, SIRS and shock. The patient was treated with intravenous fluid and electrolytes, vitamin K, oxygen and blood pressure support. He eventually succumbed.

Chronic Diseases and an ICD-10 Value-Add for Better Care: *The following article is reprinted here for information purposes.*

Written by [Gloryanne Bryant, RHIA, RHIT, CDIP, CCS, CDIS ICD-10-CM/PCS-Approved Instructor](#) |

Chronic diseases are having a massive effect on our healthcare system and our society. According to testimony provided to the U.S. Senate Finance Committee last week, chronic disease care accounts for 93 percent of all Medicare spending. That figure is really something we cannot ignore, and the ICD-10-CM code set can be a part of a multi-faceted solution.

Chronic diseases even have gained bipartisan attention in Washington, D.C. with the Better Care, Lower Cost Act of 2014, which was introduced back in January of this year by Democratic and Republican sponsors in the House and Senate. The bill offers an innovative path for the future of Medicare, and its introduction surely sends a message that ICD-10-CM should be implemented soon –

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for without the information and the specific clinical data that ICD-10-CM brings forth, we will not be able to achieve better care and lower costs in healthcare. Let's take this even further with a closer look at chronic diseases and their role in ICD-10.

What are chronic diseases? The Centers for Disease Control and Prevention (CDC) offers the following information and facts:

Chronic diseases are non-communicable illnesses that are prolonged in duration, do not resolve spontaneously, and are rarely cured completely. Examples of chronic diseases include heart disease, cancer, stroke, diabetes, and arthritis.

- Chronic diseases cause 7 in 10 deaths each year in the United States.
- About 133 million Americans—nearly 1 in 2 adults—live with at least one chronic illness.
- More than 75 percent of healthcare costs are due to chronic conditions.
- Approximately one-fourth of persons living with a chronic illness experience significant limitations in daily activities.
- The percentage of U.S. children and adolescents with a chronic health condition has increased from 1.8 percent in the 1960s to more than 7 percent in 2004.

In addition, the CDC shares these shocking figures about the health (or lack thereof) of our citizenry:

- Cancer, the nation's second-leading cause of death, claims more than half a million lives each year.
- Diabetes is the leading cause of kidney failure, non-traumatic lower extremity amputations, and new cases of blindness each year among U.S. adults ages 20–74.
- Arthritis, the most common cause of disability, limits activity for 19 million U.S. adults.
- Obesity has become a major health concern for people of all ages. One in every 3 adults and nearly 1 in every 5 young people ages 6–19 are obese.

The ICD-10 code set is the critical classification system partner for chronic disease data capture. When taking a closer look at chronic conditions such as Alzheimer's disease, diabetes, neoplasms (cancer), and obesity, we can see how ICD-10 provides detail, specificity, and enhancements to clinical data – all features that are missing today. Keep in mind that some aspects of a disease are very complex, and thus the code set in many cases proves fully capable of capturing complexity through the necessary medical record documentation.

Alzheimer's Disease: Within ICD-10-CM the coding of Alzheimer's disease now should be able to capture and identify the type and onset of the disease through the codes. This includes whether the disease has an early or late onset. The type of Alzheimer's and various symptoms also will be captured through documentation of any delirium and dementia, with or without behavioral disturbances. The documentation of these components of the disease can help with improving patient care and research, identifying prevention, and finding cure(s).

Some facts from the Alzheimer's Association's 2014 Alzheimer's Disease Facts and Figures (Alzheimer's & Dementia, Volume 10, Issue 2) include:

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- An estimated 5.2 million Americans of all ages will have Alzheimer's disease in 2014. This includes an estimated 5 million people ages 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's.
- One in nine people ages 65 and older (11 percent) has Alzheimer's disease.
- By 2025, the number of people ages 65 and older with Alzheimer's disease is estimated to reach 7.1 million.

These figures constitute an urgent cry for chronic disease management within our healthcare system. Maintaining the status quo with our current coding classification system is simply not the answer for the clinical data we need; however, ICD-10 offers the big data we need and can use.

Diabetes: The documentation and coding of diabetes in ICD-10-CM features new and improved guidelines and code options to enhance the capture of disease data. The type of diabetes, the body system affected, and the complications or manifestations affecting each body system are critical data elements needed to better understand this chronic condition. Because of the systemic nature of diabetes, capturing the body system affected will provide the clinical information to achieve better care.

The body systems affected and complications include the following:

- Circulatory
- Renal/Kidney
- Neurologic
- Ophthalmic
- Hyperosmolarity
- Other specific complications
 - Arthropathy
 - Dermatitis
 - Hyperglycemia
 - Hypoglycemia
 - Oral complications
 - Skin ulcer

In addition, some diabetes now are classified as "secondary" to drug and chemical agents, and identifying that within the data is now enhanced under ICD-10, marking an added plus. As you may have heard, diabetes is nearing epidemic volumes in the United States among young and old sufferers alike, so having a robust code set will help with tracking and trending this disease

According to the American Diabetes Association, in 2012 there were 29.1 million Americans, or 9.3 percent of the population, who had diabetes. The percentage of Americans ages 65 and older who suffer from diabetes also remains high at 25.9 percent of that population, or 11.8 million seniors (diagnosed and undiagnosed). This chronic disease will be better treated and addressed once ICD-10 is implemented.

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Neoplasms: Documentation and coding of neoplasms will be enhanced under ICD-10-CM as it pertains to capturing the specific site of the malignancy and laterality (right, left, and bilateral) for paired organs and the extremities. In addition, the capture of morphology occurs in more of the malignancy neoplasms with ICD-10-CM than with ICD-9. Data will become available for several very clinically complex neoplasm conditions as well.

Updating the code set for clinical practices was one of the goals of ICD-10-CM. Within the Neoplasm chapter there are new categories, reclassifications, use of combination codes, information about histological type and grade, and revised terminology. This is especially true in the classifications for lymphoma and Hodgkin's, which now contain new terms and descriptions. Another improvement example within the neoplasm classification can be found for melanoma of the skin. Within ICD-10-CM we are able to capture the stage and depth of the lesion, which ICD-9-CM cannot. There is also an expansion of the specific site of the melanoma within ICD-10-CM. Again, the ICD-10-coded data will allow for better healthcare data and better care.

Obesity: Obesity carries many healthcare risks and also affects other body systems and conditions, commonly being associated with diabetes, respiratory compromise, and cardiac disease. Within ICD-10-CM the classification has been expanded to capture more information about obesity. Specifically, the new code set will capture the underlying cause, be it "drug-induced" or "due to excess calories." In addition, the ICD-10 code set will also capture the body mass index, or BMI, which allows for the measurement of height and weight compared to the excess of total proportion of body fat.

Given the focus of public health efforts on obesity, surveillance of trends in obesity remains important, especially for childhood obesity. Better data from ICD-10 supports better healthcare and chronic disease management.

Summary:

Chronic diseases affect the young, middle-aged, and the old alike. We all likely know someone or know of someone with a chronic disease. They are far-reaching and delve deep into our public health structure. Evaluation, treatment, prevention, and cures all are tied into the clinical data. That, without any possible argument, is itself a clear reward for having ICD-10 in 2015.

In order to have the best public health surveillance data available across all aspects of our healthcare system – in national, state, tribal, and local public health sources – we need to adopt ICD-10 in 2015. We cannot delay ICD-10 any further, if just for the sake of chronic disease sufferers and for public health surveillance alone. We each need to take some ownership to better our healthcare system with better data across the U.S., and that will come from having ICD-10 implemented.

Better care is the calling card for the ICD-10 code set. Everyone, in and out of the healthcare system, needs to advocate strongly to support ICD-10. Chronic diseases are real, the value of the ICD-10 code set is real, and thus 2015 marks an opportunity to make a big difference.