The ICD-10 Solution
Company Background

- Dedicated online adult-focused healthcare education company for 20 years
- 100% in-house staff
- AHIMA & AAPC approved educational courses
- Leading online healthcare educator
- Proprietary learning management system (LMS) supporting up to 100,000 users
- Partner branding capabilities
- Senior management team with extensive Healthcare & HIM backgrounds
Corporate Training

• Outcomes-driven educational programs specifically designed to meet growing demands of healthcare providers to train, retain and develop their employees
  • Leverage the widely-recognized value of investing in employees as they cut cost and improve quality
  • Efficient and cost-effective means for staff members to gain new skills and demands and increase their value to healthcare executive leaders

• Assessment tools
  • Provide methods to help hiring managers determine readiness of candidates and employees to perform specific aspects of job requirements
  • Gap analysis to identify explicit individual strengths and weaknesses in particular areas of knowledge and skills

• Pioneers in the design and delivery of online programs
  • Respected and recognized by healthcare industry certification organizations
  • Trusted by key healthcare providers and payers to meet their training and business objectives
  • Accessible and effective for adult learners in busy healthcare environments
Initial and Ongoing Training and Development

Corporate Training Programs

- Knowledge and Skills Assessments for employees and candidates
- ICD-10 Biomedical Sciences Clinical Coder Courses
- ICD-10 Biomedical Sciences Advanced Assessments
- ICD-10 Seminars and Workshops
- ICD-10-CM/PCS Code Set Training
- ICD-10 Physician Training by Specialty
- ICD-9 Medical Coding and Billing – New and Advanced Student
- ICD-9 Outpatient to Inpatient Medical Coding and Billing
- Medical Biller Training
The ICD-10 Solution

- ICD-10-focused expertise in coding and adult learning methodologies
- Sophisticated, online approach enables economical and efficient access, as well as practice and application during learning
  - Optimal retention
  - Minimal learner frustration
- Modular content delivered via our proprietary Learning Management System (LMS) can also be delivered via SCORM 1.2 packaging
  - Flexibility enables hosting on any compliant system or hosting by Career Step
  - Robust reporting capabilities
  - Immediate access without versioning
- Designed to ensure clients evaluate needs, receive role- and needs-based training, assess retention and gaps along the way, retrain as needed, practice along the way and are confidently prepared for ICD-10
Our Experience and Work Approach

- Working with large healthcare facility clients on ICD-10 training development since 2009
- System wide ICD-10-CM/PCS educational programs
- Assessments for coding staff’s clinical knowledge base on biomedical sciences (1000+ coders to date) with detailed reporting
- Adult learning with interactive exercises and activities
- Ann Zeisset, RHIT, CCS and Gail Smith, MA, RFIA, CCS-P national ICD-10 experts, authors and speakers
- Biomedical Science Courses incorporating ICD-10-CM/PCS characteristics
- Separate HIM PCS/CM and Professional Services ICD-10 CM code training
- CM and PCS code set training with periodic instructor-led webinars
- Project Manager assigned to assist with schedules, reports, and project plan
Benefits

- Programs based on ICD-10-CM Official Guidelines for Coding and Reporting and ICD-10-PCS Coding Guidelines
- On-Line education accessible 24/7 supported by proprietary LMS
- Developed and monitored project timelines with status reporting
- Detailed coding guideline instruction with multi level coding exercises
- AHIMA and AAPC prior-approved CEU’s
- Interactive and instructional design for adult learners
- Client branded online training programs with custom capabilities
- Flexibility to assign staff by programs and timelines
- Administrative rights allowing review of multiple progress, activity and result reports by staff
Project Manager Roles and Responsibilities

• Assist client Project Manager with creation of project plan
• Create education schedule and timeline for staff by programs
• Create client database: staff contact information, login and programs
• Conduct staff kick-off calls
• Monitor staff progress and provide status reporting to client’s PM
• Coordinate distribution of study guides
• Schedule instructor led webinars
• Coordinate distribution of CEU Certificates upon completion
PHASED EDUCATIONAL APPROACH TO DELIVERING ICD-10 TRAINING

Assess
Baseline Assessments: Medical Terminology, Anatomy, Pathophysiology, Pharmacology

Educate
Biomedical science courses with ICD-10 concepts

Retrain & Refresh
Based on advanced assessment results and review

Q2 2013
Training Vendor Selection
Review contracts, finalize budgets
Project Planning
In process

Apr-May 2013
Review
Baseline assessments results review

May 2013

Jun-Sep 2013
Assess
Advanced Assessments: Post-training ICD-10 readiness evaluation

Oct-Nov 2013

Nov 2013-Jan 2014
Train
In depth ICD-10 CM/PCS code set training

Feb-May 2014
# Example Calendar

**DUAL CODING MAY 2014 COURSE COMPLETION CALENDAR**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Begin Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Assessment Pt. 1</td>
<td>12/17/12 (wk of)</td>
<td>12/21/12 (wk of)</td>
</tr>
<tr>
<td>Basic Assessment Pt. 2</td>
<td>12/31/12 (wk of)</td>
<td>01/04/12 (wk of)</td>
</tr>
<tr>
<td>Medical Terminology (6 wks)</td>
<td>01/07/12</td>
<td>02/15/13</td>
</tr>
<tr>
<td>Review Study Guide (Med Term) (3 wks)</td>
<td>02/18/13</td>
<td>03/08/13</td>
</tr>
<tr>
<td>Advanced Med Term Assessment</td>
<td>03/11/13 (wk of)</td>
<td>03/15/13 (wk of)</td>
</tr>
<tr>
<td>Anatomy (6 wks)</td>
<td>03/18/13</td>
<td>04/26/13</td>
</tr>
<tr>
<td>Review Study Guide (Anatomy) (3 wks)</td>
<td>04/29/13</td>
<td>05/17/13</td>
</tr>
<tr>
<td>Advanced Anatomy Assessment</td>
<td>05/20/13 (wk of)</td>
<td>05/24/13 (wk of)</td>
</tr>
<tr>
<td>Pathophysiology (6wks)</td>
<td>05/27/13</td>
<td>07/05/13</td>
</tr>
<tr>
<td>Review Study Guide (Patho) (3 wks)</td>
<td>07/08/13</td>
<td>07/26/13</td>
</tr>
<tr>
<td>Advanced Pathophysiology Assessment</td>
<td>07/29/13 (wk of)</td>
<td>08/02/13 (wk of)</td>
</tr>
<tr>
<td>Pharmacology (5wks)</td>
<td>08/05/13</td>
<td>09/06/13</td>
</tr>
<tr>
<td>Review Study Guide (Pharm) (3 wks)</td>
<td>09/09/13</td>
<td>09/27/13</td>
</tr>
<tr>
<td>Advanced Pharm Assessment</td>
<td>09/30/13 (wk of)</td>
<td>10/04/13 (wk of)</td>
</tr>
<tr>
<td>Additional CCCC Training for staff not meeting goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD-10 Training CM (12wks)</td>
<td>10/07/13</td>
<td>01/10/13</td>
</tr>
<tr>
<td>ICD-10 Training PCS (16wks)</td>
<td>01/13/14</td>
<td>05/02/14</td>
</tr>
</tbody>
</table>
Lessons Learned To Date

- National surveys are showing that the majority of organizations are behind in planning and training
- Detail project planning through 2014 is critical
- Assigning dedicated training times for staff
- Analyzing production coverage needed during training
- Reporting tools for tracking staff progress
- Lack of adequate ICD-10 specific Anatomy and Pathophysiology education
3 Tier Modular Approach

Online Seminars

Online Clinical Concept Training and Assessments

Online ICD-10 Code Training Programs
3 Tier Modular Approach

Online Seminars
Online Clinical Concept Training & Assessments
Online ICD-10 Code Training Programs
ICD-10-CM CODE TRAINING PROGRAMS

- CM training by chapter with comparisons of I-9 vs. I-10 guidelines
- ICD-10-CM - 12 weeks of training (23 hours 1.5 – 2.0 hours per week)
- Training on all modified and new guidelines
- Identification of key anatomy and pathophysiology related to diagnoses
- Online, instructor-driven training with multi-level exercises in all chapters
  - Basic: step by step, instructor driven, one-line diagnoses
  - Intermediate: paragraph case scenarios allowing learners to select pace
    - Learners can immediately proactive coding and move on or review and refresh (fast track)
    - Learners can continue to practice on a step by step path enabling more study before move to more complex exercises
    - Complex: de-identified medical records utilizing the new and more complex guidelines
  - Minimum of two, instructor-led webinars
  - End of program exam
ICD-10-PCS CODE TRAINING PROGRAMS

- PCS training by root operation
- ICD-10-CM - 14 weeks of training (28 hours 1.5 – 2.0 hours per week)
- Training on all new guidelines including 6 character guidelines
- Identification of key anatomy and pathophysiology related to procedures
- Online, instructor-driven training with multi-level exercises in all chapters
  - Basic: step by step, instructor driven, one-line diagnoses
  - Intermediate: paragraph case scenarios allowing learners to select pace
    - Learners can immediately proactive coding and move on or review and refresh (fast track)
    - Learners can continue to practice on a step by step path enabling more study before move to more complex exercises
    - Complex: de-identified medical records utilizing the new and more complex guidelines
- Minimum of two, instructor-led webinars
- End of program exam
Learning Objectives

**Identify the benefits of efficiently using training time**
- Small increments of curriculum
- Maximize learner retention through multi-layer exercises

**Discuss value of systematic training approach**
- ICD-10-CM by chapter & PCS Root operation
- Key element review of anatomy & pathophysiology
- Education on all new ICD-10 Coding Guidelines

**Recognize importance of learning assessments**
- Identify pre-training knowledge
- Multi-level coding exercises
- Measure knowledge retention in program final exams
Introduction

This interactive activity presents some of the comparisons between Chapter 1 Infectious and Parasitic Diseases in ICD-9-CM and ICD-10-CM.
Introduction

Let's walk through the guidelines for coding sepsis, severe sepsis, and septic shock in ICD-10-CM including examples of correct coding. Guidance for coding "urosepsis" in ICD-10-CM will also be discussed.
Following is a portion of the ICD-10-CM Sepsis Guideline.

**ICD-10-CM Coding Guideline: I.C.1.d.1.a. Coding of Sepsis**
For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

A code for subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.

**i. Negative or inconclusive blood cultures and sepsis**
Negative or inconclusive blood cultures do not preclude a diagnosis of sepsis in patients with clinical evidence of the condition however, the provider should be queried.

**ii. Urosepsis**
The term urosepsis is a nonspecific term. It is not to be considered synonymous with sepsis. It has no default code in the Alphabetic Index.
Instructions: Review and code the diagnostic statement. Once you have assigned your codes click on the number "3" at the bottom of the screen to go to the next page.

Sepsis due to methicillin-resistant Staphylococcus aureus (MRSA)
Answer: A41.02 (Sepsis due to MRSA)

Rationale: ICD-10-CM Coding Guideline I.C.1.e. provides guidance when coding infections due to MRSA. This guideline indicates that when ICD-10-CM provides a combination code for an infection that is due to methicillin-resistant Staphylococcus aureus the combination code should be assigned. Do not assign a code from subcategory Z16.11, Resistance to penicillins, as an additional code.

Note: In ICD-9-CM coding sepsis required the assignment of two codes, a code for the underlying cause (such as infection or trauma) and a code from subcategory 995.9, Systemic inflammatory response syndrome (SIRS). In ICD-10-CM coding, sepsis generally requires the assignment of one code from either category A40, Streptococcal sepsis, or category A41, Other sepsis.
Practice Case Study for Sepsis and/or Severe Sepsis Encounter

1. **FILL IN THE BLANK.**
Enter the proper code(s) in the blank provided. Be sure to use the Alpha Index and Tabular.

   1. A patient was admitted for possible sepsis with a urinary tract infection. On the day before admission, the patient became extremely febrile (temperature of 104.5). The patient was lethargic on admission. Both urine and blood cultures were drawn shortly after admission and the patient was started on IV antibiotics. Both cultures were positive for *Staphylococcus aureus*. The patient’s symptoms slowly improved and the physician documented that the patient had *Staphylococcus aureus* sepsis and *Staphylococcus aureus* UTI.

   1. __________ 2. __________ 3. __________

   ![Submit Button]

This will be the first time you submit this page. Good luck!
DISCHARGE DIAGNOSES:
1. Respiratory failure
2. Septic shock
3. Nonoliguric acute renal failure
4. Aspiration pneumonia
5. Rhabdomyolysis

HOSPITAL COURSE: An 80-year-old gentleman who was admitted to the hospital secondary to acute shortness of breath. He had to be emergently intubated in the emergency room and it was suspected and confirmed that he had aspiration pneumonia. He was initiated on empiric broad-spectrum antibiotics including Zosyn, Zyvox, and moxifloxacin. The patient was also diagnosed with severe sepsis at the time of admission. The patient was severely acidotic when he came in to the emergency room and was felt also to be in rhabdomyolysis with elevated CPKs in the 1000s.

The patient coded on the day of admission, March 18, 2009 after he went into pulseless electrical activity. He was successfully resuscitated at that time but progressed to be in septic shock with persistent leukocytosis requiring pressors and stress-dose steroids. The patient was also found to have aspiration pneumonia.

The patient was seen in consultation by a nephrologist. After review of the patient and test results the nephrologist documented that the patient was in acute renal failure which was multifactorial. The patient had acute tubular necrosis from a prolonged prerenal state and systemic inflammatory response syndrome. He also has significant rhabdomyolysis which is also playing a role.

Despite the extensive empiric treatment as noted above, the patient became more acidotic with progressive leukocytosis and increasing oxygen demands on the ventilator. His acidosis worsened. His prognosis was extremely poor and the family finally understood this. He expired on March 23rd.
ICD-10 Training Guidelines

Guidelines Related to Primary and Secondary Malignancies

Treatment for Chemotherapy

If the patient encounter is solely for administration of chemotherapy, immunotherapy, or radiation therapy, the appropriate Z51.- code is sequenced first. Assign malignancy code(s) as secondary diagnoses. (ICD-10-CM Coding Guideline I.C.2.a)

Example: Male patient admitted for chemotherapy for right lower quadrant breast cancer. Z51.11, C50.821
ICD-10-CM Code Training

How to Read the ICD-10-CM Neoplasm Table

The Neoplasm Table

Click on each marker in the graphic depiction from the Neoplasm Table for an explanation of the items in the table.

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca in situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>abdomen, abdominal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- cavity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- organ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- viscera</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- wall—see also Neoplasm, abdomen, wall, skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- connective tissue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- skin</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- basal cell carcinoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- specified type NEC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--- squamous cell carcinoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C80.1  C79.9  D09.9  D36.9  D48.9  D49.9
C76.2  C79.8-  D09.8  D36.7  D48.7  D49.89
C76.2  C79.8-  D09.8  D36.7  D48.7  D49.89
C76.2  C79.8-  D09.8  D36.7  D48.7  D49.89
C44.509  C79.2-  D04.5  D23.5  D48.5  D49.2
C49.4  C79.8-  -   D21.4  D48.1  D49.2
C44.509  -   -   -   -   -
C44.519  -   -   -   -   -
C44.599  -   -   -   -   -
C44.529  -   -   -   -   -
ICD-10-CM Code Training – case discussion with embedded videos

Introduction

This activity discusses the coding for Case 1.

Audio is provided with this interaction. To view a transcript of the audio in this presentation, click the link in the page below.

Click below to read the transcript of this audio.

See Transcript
The ICD-10 Solution

Root Operations

- Excision
- Resection
- Detachment
- Destruction
- Extraction
Excision Overview

Coding Illustration

Case Study: Surgeon excised a polyp from the descending colon during a colonoscopy procedure.

Coding Process
The coding process always begins with analysis of documentation. The surgeon took a portion of the body part (excised a polyp); therefore, the root operation is Excision. Start with the Alphabetic Index and search for Excision. Review the subterms to locate Colon, Descending ODBM. The first 4 characters of the code are used to locate the Table: 0 (Medical and Surgical Section), D (Gastrointestinal System), B (Root Operation-Excision), and M (Descending Colon). The next step is to go to the Table.

Decision-Making
The decision-making begins with the 5th character that represents the Approach. Since the procedure

Topics discussed in this activity: Excision Definition, Excision Examples, Excision-Related Guideline or Guidelines, Coder’s Focus, Coding Illustration, Debridement, Biopsy.
Drainage Overview

Introduction

Drainage is the first root in the second grouping in ICD-10-PCS. The character value for Drainage is “9.”

Topics discussed in this activity: Definition of Drainage, Explanation of Drainage, Examples of Drainage, Thoracentesis, Incision and Drainage, Foley Catheter, Drainage Device, Chest Tube Placement.
"Coder’s Focus" when Coding Drainage

The root operation Drainage is coded for both diagnostic and therapeutic drainage procedures. When drainage is accomplished by putting in a catheter, the device value Drainage Device is coded in the sixth character.

Character 6 - Device

Topics discussed in this activity: Definition of Drainage, Explanation of Drainage, Examples of Drainage, Thoracentesis, Incision and Drainage, Foley Catheter, Drainage Device, Chest Tube Placement.
Selecting Device Character

Assign Device Characters

Check your understanding of drainage by completing the practice exercise. Review the Device value for the sixth character. The value for No Device is 0. The value for Drainage Device is E. Which of the following should be assigned a drainage character device of 0?

- routine Foley catheter placement
- incision and drainage of external perianal abscess
- percutaneous drainage of ascites
- laparoscopy with right ovarian cystotomy and drainage
- laparotomy with hepatotomy and drain placement for liver abscess, left lobe

Score so far: 0 points out of 0
Introduction

Preop Diagnosis: Bilateral subdural hematoma
Postop Diagnosis: same

Procedure: Bilateral burr hole drainage of subdural hematoma

A linear incision was created above the superior temporal line, just off the midline bilaterally. Incision was carried down through skin to bone. A single burr hole was created to dura on each side and xanthochromatic material was released on each side. A Jackson Pratt drain was sutured to native tissues. The patient tolerated the procedure well and was returned to the PACU in serious but stable condition.
Assign ICD-10-PCS code(s) to the following:

**Procedure:** Bilateral burr hole drainage of subdural hematoma.

*You may code now or proceed through the step-by-step approach. The answer is on the last slide.*

Start by analyzing the procedural statement.
Discuss Hematoma

The root operation is Drainage because the hematoma was drained. A hematoma is not part of a body part but rather a fluid in a body part. In a subdural hematoma, blood gathers in the outermost meningeal layer between the dura mater that adheres to the skull and the arachnoid mater that lines the brain.

Treatment consists of monitoring for small hematomas to inserting a temporary catheter through the skull by a burr hole. The hematoma is then
**Meninges** is the term given to the three membranes that protect the brain and spinal cord.

The **dura mater** is the outermost membrane layer. It contacts the bones of the cranium. Underneath this is a mesh of connective tissue, thinner and more delicate than the other two layers, called the **arachnoid**. The innermost membrane that lies on the surface of the brain is the **pia mater**, which is similar in makeup to the dura mater. It is a dense and highly vascular sheet of connective fibers. In the spinal canal the pia mater goes through the arachnoid and attaches directly to the dura mater via denticulate ligaments, providing more stability to the spinal cord in this area.

The meninges have several spaces between and around them, serving various functions. The three spaces that are referenced most often in medical conditions are:
- The epidural space is between the dura mater and vertebral canal lining. It contains fat and other connective tissues. Most often this
Even though the documentation is for a bilateral burr hole drainage, there is only one body part value for subdural space. Remember that the starting value is the number 0 not the letter O. Proceed to the Table to complete the code.

This would be considered an Open Approach. Be careful when reviewing the coding system because this drainage procedure also has two rows that look very similar. One is for a drainage device, and one is without drainage device.
Clinical Information on Thrombectomy

This clinical information is designed as an optional review and is not considered in the calculation of the training time for this module.

A thrombectomy involves the surgical removal of a thrombus from a blood vessel. A thrombus can happen in arteries and veins, but an actual thrombectomy in the vein is rarely done since there is less risk of limb loss. So the procedure is much more common in the artery. The procedure is considered emergency surgery to restore circulation to the affected part.

The normal steps of a percutaneous thrombectomy involve a venogram, removal of the thrombus, treatment of any stenoses more than 50% with angioplasty and/or stents, and dislodgement of the plug. Prior to surgery, anticoagulant therapy may be done with a venogram to locate the thrombus. The surgery consists of a longitudinal incision in the blood vessel to remove the clot.

There are three types of percutaneous thrombectomy technique:

- aspiration/balloon thrombectomy
- pharmacomechanical thrombolysis
- mechanical thrombectomy devices

A pharmacomechanical thrombolysis involves the use of clot-dissolving agents along with mechanical breaking of the clot and is usually done on deep veins.

Mechanical thrombectomy involves a device that removes the thrombus. Some names of devices are ATD (Amplatz) AngioJet, PTD (Trerotola) Brushes, Oasis, EndoVac, and Hydrolyser. These are approved to treat thrombosed hemodialysis grafts.

The following videos might be interesting to watch.
ICD-10-PCS code training - Exercises

The surgeon performed a craniotomy for an excisional biopsy of right parietal mass.

You may code now or proceed through the step-by-step approach. The answer is on the last page.

Correct code: 00B70ZX

The Approach was open (craniotomy), the default for device is "Z" (no device), and the "X" in the last character (Qualifier), indicating that the intent of the procedure was for a biopsy.
Instructor Led Training

• AHIMA-approved ICD-10-CM/PCS Trainers
• Pre-established timelines based on specific module completion
• Project Manager customizes webinar content based on report scores, course progression, and solicited questions
• Instructors also cover main topics and examples from online modules and information provided by Project Manager and client
• Live webinars/chats with instructor scheduled by Project Manager
  • Minimum two scheduled during ICD-10-CM
  • Minimum two scheduled during ICD-10-PCS
  • Recorded for future access

The ICD-10 Solution
3 Tier Modular Approach

Online Seminars

ONLINE CLINICAL CONCEPT TRAINING and Assessments

Online ICD-10 Code Training Programs

The ICD-10 Solution
Online Clinical Concept Training

BASELINE ASSESSMENTS (BASIC BIOMEDICAL SCIENCES) WITH REPORTING

- Medical Terminology, Anatomy, Pathophysiology, and Pharmacology (8 AHIMA CEU)
- Department summary and individualized reports by coder

ICD-10-CM/PCS CLINICAL CONCEPTS COURSES (ICD-10 READINESS)

- Four CCCC online courses (29 AHIMA CEU and 16 AAPC CEU):
  - Medical Terminology – focused on ICD-10-CM/PCS concepts
  - Anatomy – focused on ICD-10-CM/PCS concepts
  - Pathophysiology – focused on ICD-10-CM concepts
  - Pharmacology – focused on ICD-10-CM concepts
- Detailed study guides

ICD-10-CM/PCS ADVANCED CLINICAL CONCEPT ASSESSMENTS WITH REPORTING

- Advanced Medical Terminology, Anatomy, Pathophysiology, and Pharmacology (geared towards ICD-10-CM/PCS) (8 AHIMA CEU)
- Department summary and individualized reports by coder
Introduction to Medical Terminology

Medical terminology is the basis for communication between clinicians and health information managers (HIM), coders, patient financial services (PFS) and all other healthcare personnel. An expanded medical coding system, ICD-10-CM/PCS, has an October 1, 2013 implementation date in the United States.

Moving to ICD-10 means three things:

1. Changing the terminology of medicine—the words we use to describe medical conditions.
2. Changing the coding of these terms into numbers that can be used in the system.
3. Changing all systems—provider, payer, financial, EHR’s—that use coded information.

A review of the clinical sciences was recommended by CMS and AHIMA for those learning ICD-10-CM/PCS. The National Center for Health Statistics (NCHS) in the publication of the 2011 ICD-10-CM stated: “ICD-10-CM far exceeds its predecessors in the number of concepts and codes provided.”

The ICD-10 Solution offers an enhanced review of medical terminology specifically designed to help the HIM coder meet the challenges of coding in ICD-10-CM/PCS. This course offers the following distinctive items for the adult learner:

- A brief, but thorough, review of medical terminology as it pertains to building medical words, important body system vocabulary, abbreviations and a review of some of the common disorders and diseases for the traditional 11 body systems
- A brief introduction to ICD-10 CM and ICD-10 PCS
- An introduction to the new concepts used in ICD-10-CM for Diabetes and the Musculoskeletal System
- An introduction to the body systems used in ICD-10-PCS
- An introduction to and details of the ICD-10-PCS Root Operations
- Example review questions and answers
ICD-10-CM/PCS Clinical Concept Course: Medical Terminology

New Concepts
Diabetes

Diabetes = 276 ICD-10 Codes / 83 ICD-9 Codes
Unique concepts within in ICD-10 codes = 62

<table>
<thead>
<tr>
<th>Diabetes Type</th>
<th>Pregnancy</th>
<th>Neurologic complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 diabetes</td>
<td>First trimester</td>
<td>Neurological complication</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>Second trimester</td>
<td>Neuropathy</td>
</tr>
<tr>
<td>Underlying condition</td>
<td>Third trimester</td>
<td>Mononeuropathy</td>
</tr>
<tr>
<td>Drug or chemical induced</td>
<td>Childbirth</td>
<td>Polyneuropathy</td>
</tr>
<tr>
<td>Pre-existing</td>
<td>Puerperium</td>
<td>Autonomic (poly)neuropathy</td>
</tr>
<tr>
<td>Gestational</td>
<td>Antepartum</td>
<td>Amyotrophy</td>
</tr>
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<td>Poisoning by insulin and oral</td>
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<td>Coma</td>
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<td>oral hypoglycemic</td>
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New Diabetes Terms in ICD-10-CM

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>amyotrophy</td>
<td>progressive wasting of muscle tissue</td>
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<tr>
<td>autonomic (poly) neuropathy</td>
<td>the visceral nervous system, controls heart rate, digestion, respiration, salvation perspiration, micturition, diameter of pupils, and sexual arousal</td>
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<tr>
<td>neuropathy</td>
<td>peripheral neuropathy is the term for damage to the nerves of the peripheral nervous system. There are four classes: polyneuropathy, mononeuropathy, mononeuritis multiplex, and autonomic neuropathy.</td>
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<tr>
<td>nononeuropathy</td>
<td>damage to a single peripheral nerve or nerve group</td>
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<tr>
<td>polyneuropathy</td>
<td>neurological complication of diabetes and involves many nerves simultaneously. A polyneuropathy is a neuropathy pattern, whereby the nerve damage initially starts in both feet and may progress to involve the feet, calves, and fingers/hands.</td>
</tr>
</tbody>
</table>
ICD-10-CM/PCS Clinical Concept Course: Anatomy

Anatomy Table of Contents

- Introduction
- Structural Organization of the Body
- Integumentary System and Tissues
- Gastrointestinal System
- Respiratory System
- Genitourinary System
- Special Sensory Organs – Ears and Eyes
- Endocrine System
- Musculoskeletal System – Block 1
- Musculoskeletal System – Block 2
- Circulatory System – Block 1
- Circulatory System – Block 2
- Central Nervous System
- Peripheral Nervous System
ICD-10-CM/PCS Clinical Concept Course: Anatomy embedded videos

This short video provides some additional information on the liver, pancreas, and gallbladder.

Liver, Pancreas, and Gallbladder
The heart is composed of cardiac muscle, an involuntary striated muscle tissue found only in this organ. The average human heart, beating at 72 beats per minute, will beat approximately 2.5 billion times during an average 66-year lifespan. It weighs approximately 9 to 11 ounces in females and 11 to 12 ounces in males.

**ICD-10-CM/PCS Cardiovascular Arteries**

For ICD-10-CM diagnosis coding, knowledge of the cardiovascular system anatomical body parts is important for accurate and complete ICD-10-CM diagnosis code assignment. The table below lists the cardiovascular arteries as ICD-10-PCS body part values within the Heart and Great Vessel body system. Also listed are their included body parts.
Muscles and Tendons of the Arm

Thenar is a term that refers to the "mound on the palm at the base of the thumb" and also "pertaining to the palm." The terms hypothenar and thenar muscles simply describe the location of the muscles and are not the name of individual muscles. You should be able to recognize several muscle names in the arm that are descriptive—terms such as longus and brevis (long and short) and radialis and ulnaris (for the radius and ulna bones). In addition, some of these muscles should be easy because they are so commonly known (like the biceps and triceps).

Note the term flexor retinaculum. A retinaculum (plural: retinacula) is a structure that holds an organ or tissue in place.

<table>
<thead>
<tr>
<th>ICD-10-PCS Value</th>
<th>Included Body Parts</th>
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<tbody>
<tr>
<td>Muscle, Hand, Left</td>
<td>Hypothenar muscle</td>
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<tr>
<td>Muscle, Hand, Right</td>
<td>Palmar interosseous muscle</td>
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<td></td>
<td>Thenar muscle</td>
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<tr>
<td>Muscle, Lower Arm and Wrist, Left</td>
<td>Anatomical snuffbox</td>
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<tr>
<td>Muscle, Lower Arm and Wrist, Right</td>
<td>Brachioradialis muscle</td>
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<tr>
<td></td>
<td>Extensor carpi radialis muscle</td>
</tr>
<tr>
<td></td>
<td>Extensor carpi ulnaris muscle</td>
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<tr>
<td></td>
<td>Flexor carpi radialis muscle</td>
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<tr>
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<td>Flexor carpi ulnaris muscle</td>
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<td>Flexor pollicis longus muscle</td>
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<td>Palmaris longus muscle</td>
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<tr>
<td></td>
<td>Pronator quadratus muscle</td>
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<tr>
<td></td>
<td>Pronator teres muscle</td>
</tr>
<tr>
<td>Muscle, Upper Arm, Left</td>
<td>Biceps brachii muscle</td>
</tr>
<tr>
<td>Muscle, Upper Arm, Right</td>
<td>Brachialis muscle</td>
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<tr>
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<td>Coracobraehialis muscle</td>
</tr>
<tr>
<td></td>
<td>Triceps brachii muscle</td>
</tr>
</tbody>
</table>
ICD-10-CM/PCS Clinical Concept Course: Anatomy

1. hyoid bone
2. thyroid cartilage
3. right lobe of thyroid
4. left lobe of thyroid
5. isthmus of thyroid
ICD-10-CM/PCS Clinical Concept Course: Anatomy

Thyroid and Parathyroid Glands

I. FILL IN THE BLANK.

1. _____
   Your Answer: hyoid bone

2. _____
   Your Answer: thyroid cartilage

3. _____
   Your Answer: right lobe of thyroid gland

4. _____
   Your Answer: left lobe of thyroid gland

5. _____
   Your Answer: isthmus of thyroid gland

You answered 5 out of 5 correctly (100%) in the section above.
Toolbar

- Tools
  - Enter Search Term...
  - Enter Term to Pronounce...
  - Place mark this page
  - Email this page:

- Support Services

- Technical Support
# Coder Clinical Concept Course: Anatomy (scores)

<table>
<thead>
<tr>
<th>Anatomy</th>
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<tr>
<td>Unit Assessment: Structural Organization of the Body</td>
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<tr>
<td>Unit Assessment: Integumentary System and Tissues</td>
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<tr>
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<td>Unit Assessment: Central Nervous System</td>
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<td>Unit Assessment: Peripheral Nervous System</td>
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<td>Module Assessment: Anatomy</td>
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</tbody>
</table>

**Key**

- Red: Score 84% and lower
- Yellow: Score between 85% - 94%
- Green: Score 95% and above

---

The ICD-10 Solution
ICD-10-CM/PCS Clinical Concept Course:
Pathophysiology embedded videos

- Intermittent
- Persistent
  - Mild persistent
  - Moderate persistent
  - Severe persistent

The classification is based on age and components of severity (impairment and risk). Impairment includes frequency of symptoms, nighttime awakenings, short-acting beta2-agonist use for symptom control, and interference with normal activity.

Asthma

- New classification
- Intermittent
- Persistent
  - Mild persistent
  - Moderate persistent
  - Severe persistent
- Criteria based on impairment and risk

Normal bronchiole
Asthmatic bronchiole
Atherosclerosis

**Arteriosclerosis** is a chronic disease that involves abnormal hardening and thickening of the artery vessel walls. The **tunica intima** (the innermost or intimal layer of the blood vessel) experiences changes that decrease the artery’s ability to change lumen size. It is an inflammatory disease that begins with endothelial injury caused by smoking, hypertension, diabetes (insulin resistance), dyslipidemia, autoimmune phenomena, and other risk factors.

ICD-10-CM has identified many combination codes for conditions and common symptoms or manifestations. This allows one code to be assigned rather than multiple codes, greatly assisting with sequencing issues.

**Highlights**

In ICD-10-CM there is a combination code for ASHD with angina. The documentation of “with” is appropriate to use this code, and documentation does not have to state “due to.”
ICD-10-CM/PCS Clinical Concept Course: Pathophysiology

Review: Stomach Disorders and Ulcers

I. MULTIPLE CHOICE.

1. The types of chronic gastritis are _____.
   Your Answer: chronic fundal, chronic antral

2. In coding ulcers in ICD-10-CM, codes are included for _____.
   Your Answer: all of the above

3. What ulcer type would have normal to low acid production _____.
   Your Answer: jejunal
   Correct Answer: gastric

You answered 2 out of 3 correctly (67%) in the section above.
Drug Action

Regardless of the method of administration, the same general series of processes occurs once the drug enters the body: absorption, distribution, metabolism, and elimination.

Absorption: Drug active ingredients dissolved and released into bloodstream
Distribution: Drug active ingredients circulated to various structures/tissues of the body
Metabolism: Chemical alteration of the drug to perform its therapeutic function in the body
Elimination: Removal/excretion of the drug

The first of these, absorption, is the process by which the active ingredients of a drug preparation are dissolved and released into the bloodstream. Absorption rates vary greatly in terms of time and extent. In the bloodstream, the active ingredients of the drug are circulated to the various structures and tissues of the body. This process is called distribution. Once in the body, the drug is either metabolized or excreted, or a combination of the two. In most cases the body chemically alters the drug so it can perform its therapeutic function, and then it is eliminated. The process of chemical alteration is called metabolism, and the process of excretion is called elimination. Most drugs are metabolized by the liver and excreted through the kidneys. Some excretion, however, occurs through the gastrointestinal tract, or in sweat, saliva, breast milk, and occasionally even exhaled air.
Cardiovascular Drugs

Cardiovascular drugs are those that affect the function of the heart and blood vessels and are among the most widely used drugs in medicine. As you might imagine, there are a lot of categories that fall under the cardiovascular drug umbrella. We will cover the following:

- Antiarrhythmics
- Anticoagulants
- Antihyperlipidemics
- Vasodilators
- Beta Blockers
- Calcium Channel Blockers
3 Tier Modular Approach

Online Seminars

Online Clinical Concept Training and ASSESSMENTS

Online ICD-10 Code Training Programs
Online Assessments

BASELINE ASSESSMENTS (BASIC BIOMEDICAL SCIENCES) WITH REPORTING
- Medical Terminology, Anatomy, Pathophysiology, and Pharmacology (8 AHIMA CEU)
- Department summary and individualized reports by coder

ICD-10-CM/PCS CLINICAL CONCEPTS COURSES (ICD-10 READINESS)
- Four CCCC online courses (29 AHIMA CEU and 16 AAPC CEU):
  - Medical Terminology – focused on ICD-10-CM/PCS concepts
  - Anatomy – focused on ICD-10-CM/PCS concepts
  - Pathophysiology – focused on ICD-10-CM concepts
  - Pharmacology – focused on ICD-10-CM concepts
- Detailed study guides

ICD-10-CM/PCS ADVANCED CLINICAL CONCEPT ASSESSMENTS WITH REPORTING
- Advanced Medical Terminology, Anatomy, Pathophysiology, and Pharmacology (geared towards ICD-10-CM/PCS) (8 AHIMA CEU)
- Department summary and individualized reports by coder
Example: Baseline Assessment

1) The letter A in the image above is pointing to the:
   a. Frontal Lobe
   b. Cerebellum
   c. Temporal Lobe
   d. Brain Stem

2) The letter B in the image above is pointing to the:
   a. Frontal Lobe
   b. Cerebellum
   c. Occipital Lobe
   d. Brain Stem

3) The letter C in the image above is pointing to the:
   a. Frontal Lobe
   b. Cerebellum
   c. Occipital Lobe
   d. Brain Stem
Immediate Results

Exam Taker:
Nikki Trowbridge
ntrowbridge@yes-himconsulting.com

Date: 9/9/2011 10:51:23 AM

Participant Results

Total Questions: 75
Right Answers: 59
Score: 78.67%

Thank you for taking the basic anatomy and physiology assessment. You did a great job! Please see your results above.
Example: Reporting

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</tbody>
</table>

**AVERAGE**: 71%  
70%  86%  69%  68%  61%  66%  57%  79%  77%
Example: Advanced Assessment

PCS Body Part - Coronary Artery

The coronary arteries do not have separate body parts in ICD-10-PCS – they are treated as one body part. However, the physician/surgeon will refer to the specific coronary arteries, so it is important for coders to know the coronary arteries.

1) The letter A in the image above is pointing to:
   a. ☐ The circumflex artery
   b. ☐ The right marginal artery
   c. ☐ The left anterior descending artery
   d. ☐ The right coronary artery

2) The letter E in the image above is pointing to:
   a. ☐ The left anterior descending artery
   b. ☐ The right coronary artery
   c. ☐ The left marginal artery
   d. ☐ The circumflex artery

Submit
Example: Advanced Assessment

Exam Time Left: 00 hr 29 min 40 sec

**OPERATION PERFORMED:**
1. Left common femoral artery, superficial femoral artery and profunda femoral artery endarterectomy with Hemashield patch angioplasty.
2. Left femoral-popliteal bypass above the knee using 8-mm, ringed, Gore-Tex graft.

1) Referring to the procedure description highlighted, what information would the coder need to verify before assigning the complete ICD-10-PCS codes?
   a. [ ] The pre- and post-op diagnoses
   b. [ ] The approach used to perform the procedure
   c. [ ] The type of material for the graft
   d. [ ] No additional information needed to assign the complete ICD-10-PCS code

2) Referring to the procedure description highlighted, which ICD-10-PCS root operation would be used to code the endarterectomy?
   a. [ ] Excision
   b. [ ] Resection
   c. [ ] Exirpation
   d. [ ] Bypass

3) Referring to the procedure description highlighted, which ICD-10-PCS root operation would be used to code the femoral-popliteal bypass?
   a. [ ] Excision
   b. [ ] Resection
   c. [ ] Exirpation
   d. [ ] Bypass
Example: Advanced Assessment

### Anatomy

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<th>Circulatory System</th>
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<td><strong>CORPORATE</strong></td>
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<tr>
<td><strong>Group Average</strong></td>
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<td>89%</td>
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<td>57%</td>
<td>63%</td>
<td>67%</td>
<td>71%</td>
<td>82%</td>
<td>85%</td>
</tr>
</tbody>
</table>

**TOTAL AVERAGE:** 69%  61%  87%  78%  75%  55%  57%  59%  62%  77%  84%
3 Tier Modular Approach

Online Seminars

Online Clinical Concept Training & Assessments

Online ICD-10 Code Training Programs

The ICD-10 Solution
Online Seminars

ICD-10 AWARENESS SEMINAR 1 HOUR

- Audience: Senior Management, Overall awareness campaign
- ICD-10 impact awareness
- Changes in ICD-10-CM/PCS character layout
- ICD-10 fundamentals
- CMS ICD-10 Provider Compliance Timeline

ICD-10 OVERVIEW SEMINAR 7 CEU AHIMA / 4.5 AAPC

- Audience: Managers, PFS, IT, Researchers, Decision Support
- ICD-10-CM/PCS structure, guidelines, and conventions
- Data utilization
- Review GEMS
- MS-DRGs, and code freezes

ICD-10 WORKSHOP 20 CEU AHIMA / 6 AAPC

- Audience: Coding Leads, CDI, UR Reviewers, Case Managers, Quality and Compliance SMEs, Training Team SMEs, Coder education
- Detailed ICD-10-CM structure, guidelines, and conventions
- Detailed ICD-10-PCS surgical scenarios
- Numerous coding exercises in ICD-10-CM and ICD-10-PCS
The Centers for Medicare and Medicaid Services (CMS) is moving forward with implementation activities to convert from Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010.

The Secretary of the Department of Health and Human Services (HHS) has adopted ASC X12 version 5010 and NCPDP version D.0 as the next HIPAA standard for HIPAA covered transactions. The final rule was published on January 16, 2009.

Some of the important dates in the implementation process are:

<table>
<thead>
<tr>
<th>Date</th>
<th>Compliance Step</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2010</td>
<td>Payers and providers should begin internal testing of Version 5010 standards for electronic claims</td>
</tr>
<tr>
<td>December 31, 2010</td>
<td>Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance</td>
</tr>
<tr>
<td>January 1, 2011</td>
<td>Payers and providers should begin external testing of Version 5010 for electronic claims CMS begins accepting Version 5010 claims Version 4010 claims continue to be accepted</td>
</tr>
<tr>
<td>December 31, 2011</td>
<td>External testing of Version 5010 for electronic claims must be complete to achieve Level II Version 5010 compliance</td>
</tr>
<tr>
<td>January 1, 2012</td>
<td>All electronic claims must use Version 5010 Version 4010 claims are no longer accepted</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis and inpatient procedures CPT® codes will continue to be used for outpatient services</td>
</tr>
</tbody>
</table>

**Update:** CMS will not enforce compliance until 6-30-12

**Update:** CMS proposed compliance date 10-1-14

The ICD-10 Solution
Overview Seminar embedded videos

ICD-10-PCS Tables

The Tables section of ICD-10-PCS is organized differently from ICD-9-CM.

ICD-10-PCS Tables

Tables organized by the first three character values
Each table contains four columns and a varying numbers of rows

Column: Specifies the allowable values for characters 4 through 7
Row: Specifies the valid combinations of values
Overview Seminar embedded videos

This 30-minute video will provide more in-depth explanations and descriptions of GEMs.

<table>
<thead>
<tr>
<th>ICD-9-CM Code</th>
<th>Description</th>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E8351</td>
<td>Other and unspecified fall in water transport injuring occupant of small boat, powered</td>
<td>E8351</td>
<td>Hypocalcemia</td>
</tr>
<tr>
<td>E8352</td>
<td>Other and unspecified fall in water transport injuring occupant of other watercraft → crew</td>
<td>E8352</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>E8359</td>
<td>Other and unspecified fall in water transport injuring unspecified person</td>
<td>E8359</td>
<td>Other disorders of calcium metabolism</td>
</tr>
<tr>
<td>E8381</td>
<td>Other and unspecified water transport accident injuring occupant of small boat, powered</td>
<td>E8381</td>
<td>Hungry bone syndrome</td>
</tr>
<tr>
<td>E8389</td>
<td>Other and unspecified water transport accident injuring unspecified person</td>
<td>E8389</td>
<td>Other disorders of mineral metabolism</td>
</tr>
</tbody>
</table>

EMs, Data Reporting, MS-DRGs » ICD-10-CM GEMs
Overview Seminar

Data Impact Across the Enterprise

Identifying your source systems, interface lists, primary data usage, secondary data usage, reports generated, and lists of dashboards or data repositories are essential. Creating an ICD-10-CM/PCS system application and readiness inventory (database or spreadsheet) is another essential.

The following is an example of a system application and readiness inventory:

<table>
<thead>
<tr>
<th>ICD 10 System Application Risk and Readiness for Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this application communicate with another system?</td>
</tr>
<tr>
<td>If yes, which other systems?</td>
</tr>
<tr>
<td>Does this application currently utilize ICD 9 codes?</td>
</tr>
<tr>
<td>If no, does this application plan to use ICD 9 or ICD 10?</td>
</tr>
<tr>
<td>Date your system will begin using ICD 10.</td>
</tr>
<tr>
<td>How does your system currently use ICD 9 codes?</td>
</tr>
<tr>
<td>What departments utilize the data collected by this application?</td>
</tr>
<tr>
<td>Who will be doing the testing and when will it be starting?</td>
</tr>
<tr>
<td>Will you be developing testing scenarios to ensure the encoder/groupers are working correctly and that bills are dropping and are you including those ancillary areas who apply codes/charges are included in the testing?</td>
</tr>
</tbody>
</table>

One nonprofit academic medical center identified ICD-9-CM data in more than 2,600 reports!
# Workshop

<table>
<thead>
<tr>
<th>Program Modules</th>
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</thead>
<tbody>
<tr>
<td>Program Orientation</td>
<td></td>
</tr>
<tr>
<td>ICD-10 Fundamentals</td>
<td></td>
</tr>
<tr>
<td>ICD-10-CM</td>
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<tr>
<td>Advanced ICD-10-CM</td>
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<tr>
<td>ICD-10-PCS</td>
<td></td>
</tr>
<tr>
<td>Advanced ICD-10-PCS</td>
<td></td>
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<tr>
<td>GEMs, Data Reporting, MS-DRGs</td>
<td></td>
</tr>
</tbody>
</table>

- Live webinar with instructor
- Live webinar with instructor
Workshop

Prior to beginning the module, watch the short step-by-step training video below navigating through the ICD-10-CM classification system.

Embedded video ICD-10-CM PDF file instructions
Workshop Embedded Videos

**Acute Myocardial Infarction (AMI)**
One of the significant changes in Chapter 9 is to the coding of acute myocardial infarctions.

**Ch 9: Diseases of Circulatory System**

- Changes in Myocardial infarction coding
  - Acute MI - 4 weeks
  - Categories I21, I22
    - I21 – ST elevation (STEMI) and non-ST elevation (NSTEMI) MI
    - I22 – **Subsequent** ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
  - Example: I22.0 Subsequent ST elevation (STEMI) of anterior wall

- ST elevation myocardial infarction (STEMI)
- Non ST elevation myocardial infarction (NSTEMI)
Section – Character 1

The first character in a code defines the general type of procedure. In the medical surgical section the first character is always the number “0.” This should be easy to remember.

Section  
Root Operation  
Approach  
Qualifier

Body System  
Body Part/Region  
Device
Workshop

Root Operations – Excision, Resection, and Extraction

I. FILL IN THE BLANK.

1. Excision of basal cell carcinoma of lower lip: _____
   Your Answer: 0CB1XZZ
   Page 1225 "excision, lip, lower" = 0CB1

2. Percutaneous needle core biopsy of right kidney: _____
   Your Answer: 0TB032Z
   Correct Answer: 0TB03ZX
   Page 1225 "excision, kidney, right" = 0TB0. Note: Since this is a biopsy, it is diagnostic.

3. EGD with gastric biopsy: _____
   Your Answer: 0DB68ZX
   Page 1228 "excision, stomach" = 0DB6
Benefits

- Programs based on ICD-10-CM Official Guidelines for Coding and Reporting and ICD-10-PCS Coding Guidelines
- Assigned project manager with weekly reporting on status and scoring
- Experienced Leaders in HIM, coding, adult education and instructional design
- AHIMA and AAPC prior-approved CEUs
- Instructor led webinars in CM and PCS code set training
- Interactive and instructional design for adult learners
- Branded online training modules with custom capabilities and staff assignment
- Administrative rights allowing review of multiple progress, activity and score reports by staff
Qualifications of Career Step Authors

- National leaders in ICD-10-CM/PCS education
- Published authors
  - Books
  - Articles
- AHIMA ICD-10 Academy instructors
- Recognized HIM speakers
- Experienced academic educators
3 Tier Modular Approach

Online Seminars
AVAILABLE NOW

Online Clinical Concept Training and Assessments
AVAILABLE NOW

Online ICD-10 Code Training Programs
AVAILABLE NOW

The ICD-10 Solution