

**ICD-10 Task Force**  
***ICD-10's Impact on Coding  
Operations:  
Practical Insights for Senior Leaders***

*Dwan Thomas Flowers, MBA, RHIA, CCS*  
*Mayo Clinic*  
*Jacksonville, FL*

# *Overview*

- *Major Changes*
- *System Impacts*
- *Hidden Realizations*
- *Unanticipated Expenses*
- *Summary*
- *Questions*

# *Major Changes*

- Overhaul versus and update
- Alphanumeric with increased character lengths
- Impacts Coding Operations, Systems, Reporting, Administration, Registration, and more
- No plans to phase in or delay implementation

# Comparison of Diagnosis Codes

## ICD-9-CM

## ICD-10-CM

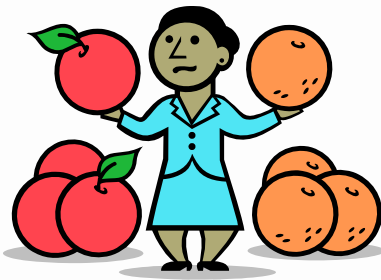
- 3–5 characters in length
- Approximately 13,000 codes
- First digit may be alpha (E or V) or numeric; Digits 2–5 are numeric
- Limited space for adding new codes
- Lacks detail
- Lacks laterality
- Difficult to analyze data due to non-specific codes
- Codes are non-specific and do not adequately define diagnoses needed for medical research.
- Does not support interoperability because it is not used by other countries.

- 3–7 characters in length.
- Approximately 68,000 available codes.
- Digit 1 is alpha; digits 2 and 3 are numeric; digits 4–7 are alpha or numeric.
- Flexible for adding new codes.
- Very specific.
- Has laterality.
- Specificity improves coding accuracy and richness of data for analysis.
- Detail improves the accuracy of data used for medical research.
- Supports interoperability and the exchange of health data between other countries and the U.S.

# ICD-10-PCS – Structure

## *ICD-9-CM*

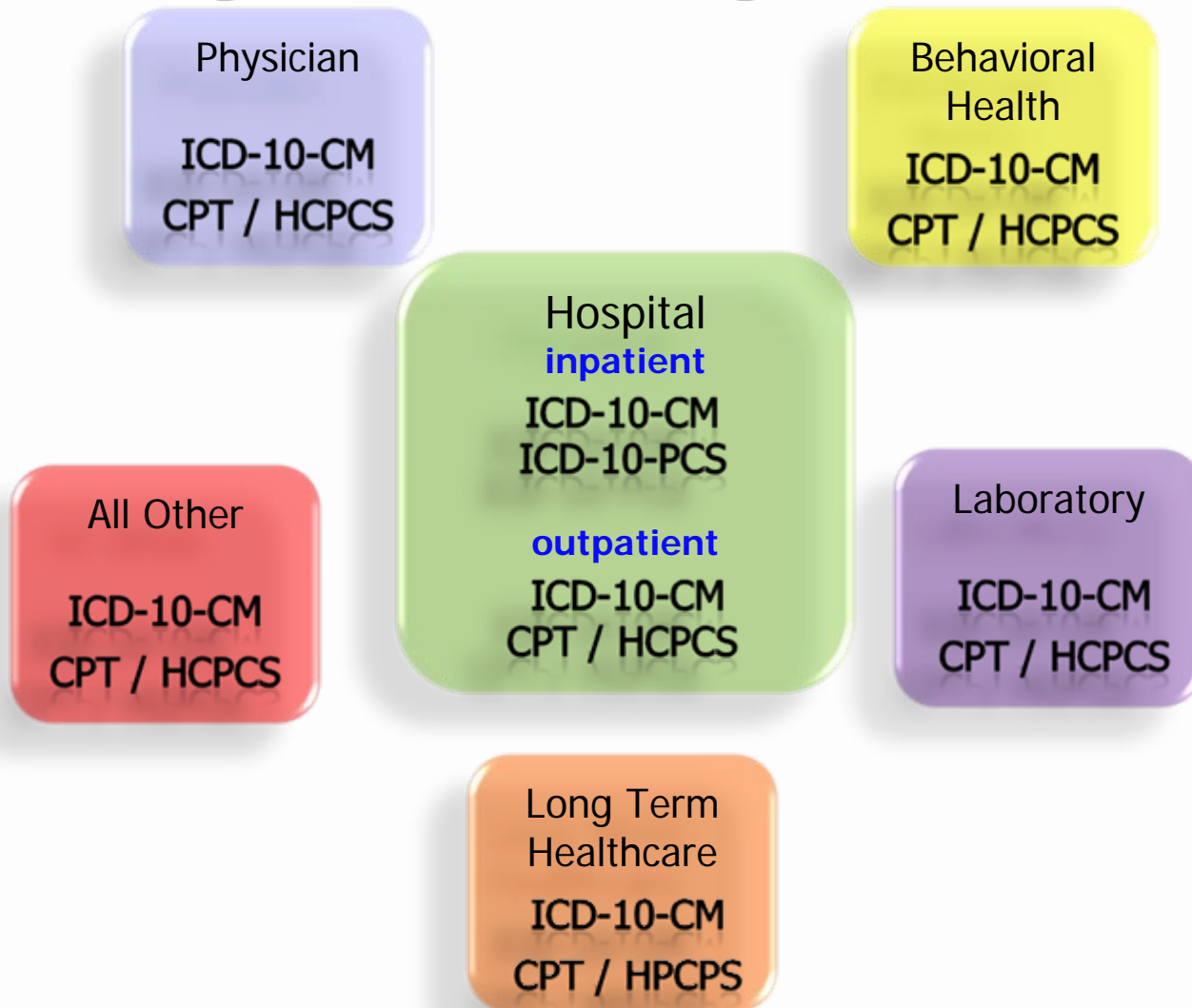
- ICD-9-CM has 3-4 characters
- All characters are numeric
- All codes have at least 3 characters



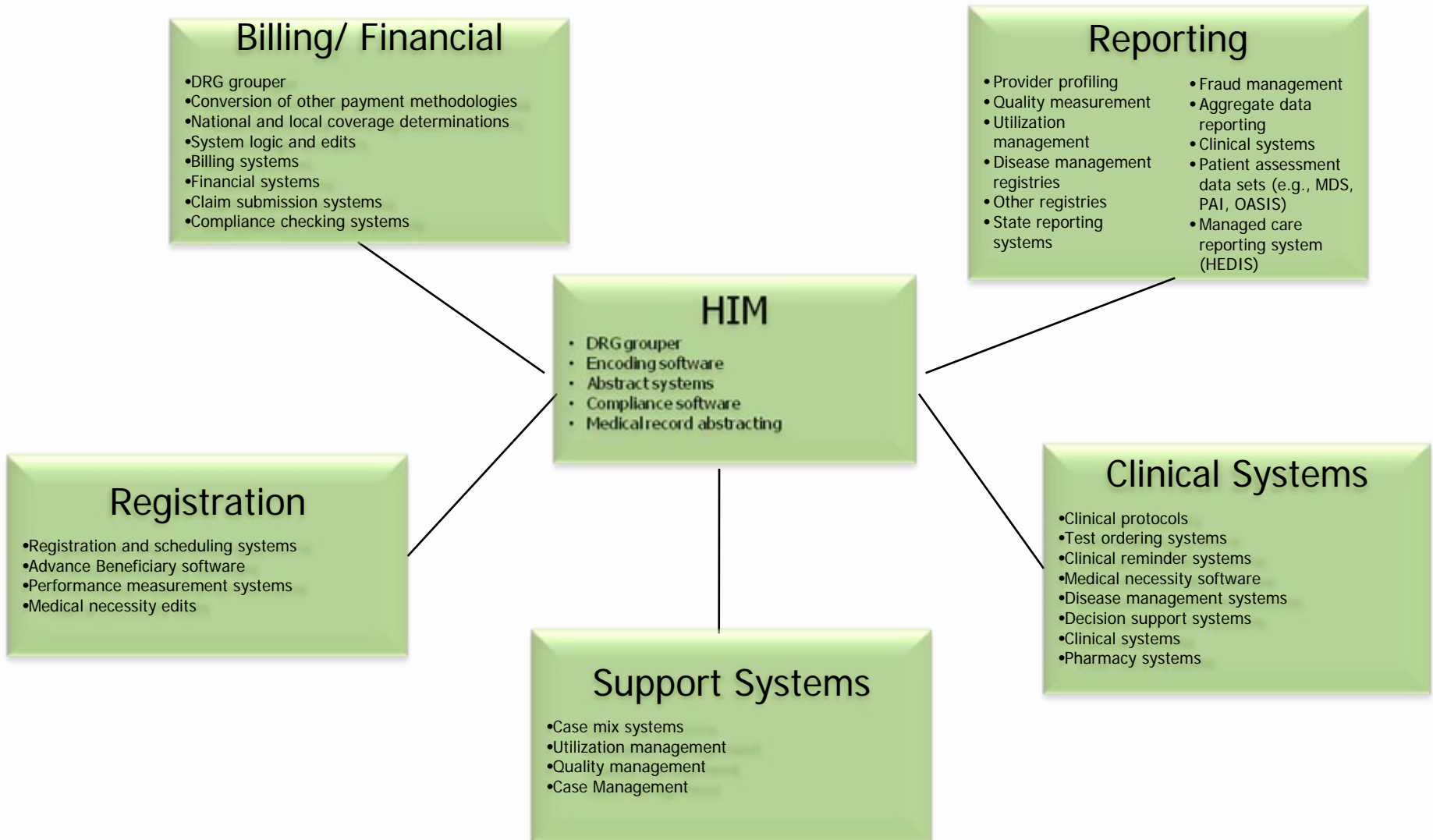
## *ICD-10-PCS*

- ICD-10-PCS has 7 characters
- Each can be either alpha or numeric
- Numbers 0-9; letters A-H, J-N, P-Z
- Alpha characters are not case-sensitive
- Each code **must** have 7 characters

# Final Regulation: Larger than Hospitals



# Larger than Coding Inventory of Systems



# Hidden Realizations

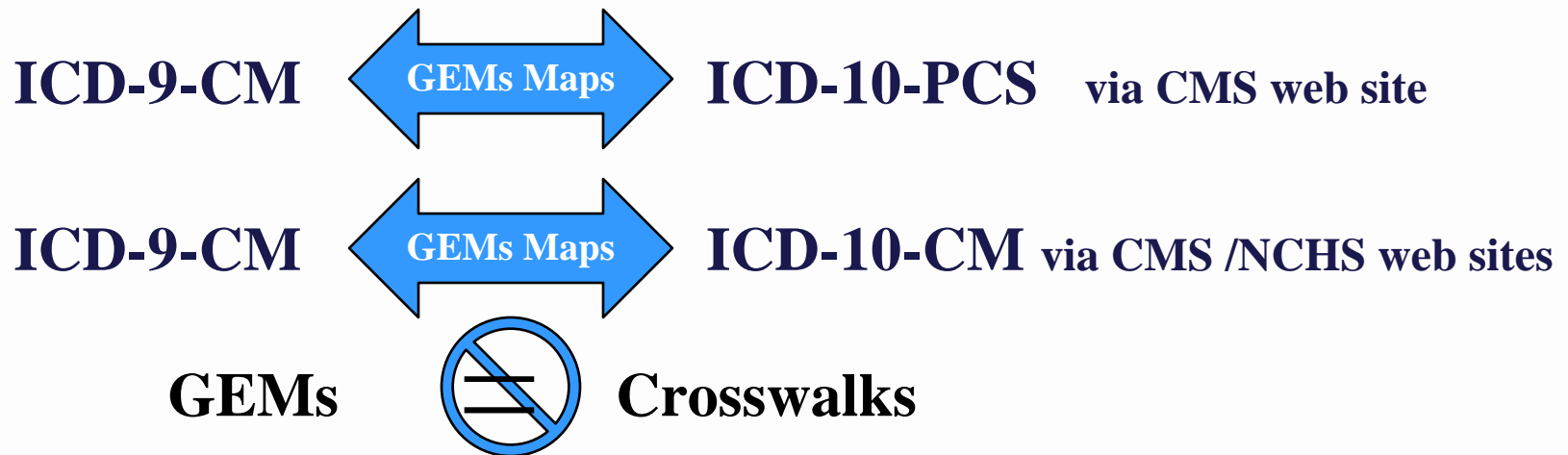
- Training is key
  - New graduates or inexperienced coders performed better than seasoned professionals in other countries that have implemented I-10
  - Professional training (return to school) is recommended
- Begin early with awareness for leaders
  - Impact assessments
  - Budgeting
- Readiness includes
  - Pre-implementation (eliminate backlogs, training on anatomy & physiology, new technologies and surgical techniques)
  - Post-implementation (loss of productivity, cost of overtime for new backlogs, make data quality activities a part of the process)
- Lessons learned are helpful, but:
  - Clinical Modification and PCS are both unique to the US
  - Other countries do not use the classification for reimbursement

# Unanticipated Expenses

- Many seasoned coders expected to retire
- Productivity levels never return to the norm (compared to ICD-9-CM production)
- Extended time for research of claims concerns:
  - GEMs are not crosswalks
  - No one-to-one relationship for many codes
- Classification is too large for efficient use of code books

# General Equivalence Maps (GEMs)

## *4 Maps*



# Strategy

Transition plan must fit organizational environment and must consider:

- the number of coders to train
- the complexity of the patient population, clinical cases and treatment protocols performed
- the degree to which the facility is dependent upon technology and the types of systems and applications currently in use
- the vendors involved in the national level and local facility transition

# Summary

- Productivity standards may have to be redefined  
*[more coding staff]*
- May operate in a totally bookless environment  
*[increased software expenses]*
- May lose large amount of staff *[strategic recruitment]*
- Ensure strategy is tailored to uniqueness of organization *[customize—one size does not fit all]*
- Start planning now

# Questions

Contact:

Dwan Thomas Flowers

ICD-10 Project Manager

Mayo Clinic

[Thomas-flowers.dwan@mayo.edu](mailto:Thomas-flowers.dwan@mayo.edu)

904.953-2423

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