



MPECS PRODUCTIVE PROVIDER Newsletter

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Please Share

I receive many messages of thanks for the information published in this newsletter. Most of these newsletter articles end up being published in ADVANCE for PAs and some on-line web sites which is wonderful.

However, I still need your help in getting this information out to the many people like you that practice medicine every day and get confusing information on how to document, code and bill for the services you provide.

Can you please forward this and any other issues of the Productive Provider Newsletter to your associates? I'd be very appreciative.

As always, your comments and questions are appreciated.

AFPPA Conference

The Association of Family Practice Physician Assistants host it's second spring conference in Orlando, Florida, March 12-14, 2009. Visit www.afppa.org for more information and registration details.

Its Here, Finally Its Here. Well, Almost

I've been reading and writing about it for a number of years without any certainty about the actual when of it. Finally, I think that we have an answer.

On August 18, 2008 the Department of Health and Human Services (HHS) announced the proposal of a regulation that would replace the coding system we have long known as ICD-9-CM, the official long name being the **International Classification of Diseases, 9th Revision, Clinical Modification**. The final rule was posted in The Federal Register on January 16, 2009 and calls for this change to take effect on October 1, 2013. This "Final Rule" can be found at www.cms.hhs.gov.

The 9th revision was first published by the World Health Organization (WHO) in 1975 as the ICD-9. The "CM" designation came about as the version published by WHO was modified for use in the United States. In 1978, ICD-9-CM was published in the US for implementation the following year. The Medicare Catastrophic Coverage Act of 1988 required physician offices to use appropriate diagnosis codes when submitting claims to Medicare, effective April 1, 1989.

Before we talk about the next generation of codes, known as ICD-10-CM, I think it is important that we know where this all came from and what purpose it serves.

Actually, I find the history of the ICD system to be quite fascinating. The WHO web site (www.who.int/en) is loaded with information about the ICD-10 system that they adopted in 1990 and then published in 1994. Since that time, we, clinicians in America, have wondered when we were going to be required to use it as well. Now that the latest version is 15 years old, it appears that we may be on the verge of adoption, but I am getting ahead of myself.

The WHO web site has a 6 page PDF document that outlines the history of the ICD system simply titled; **History of the Development of the ICD**. You can find it at www.who.int/classifications/icd/en under the third paragraph of text on this web page.

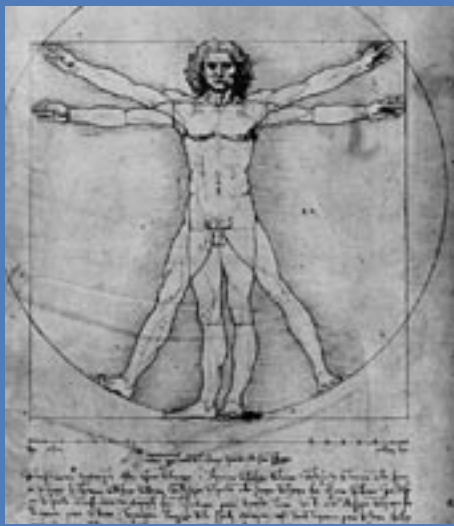
According to this document, efforts to collect medical statistics date back to France and England in the 1700's with one British "pioneer" attempting to collect information on "live born children who died before reaching the age of six." The "General Register Office of England and Wales" was founded in 1837 by William Farr, identified as it's "first medical statistician." It's interesting to note that the problems he encountered with existing data collection of his day are nearly the same ones commonly identified as weaknesses of our current ICD-9-CM, that is; "not been revised to embody the advances of medial science, nor . . . satisfactory for statistical purposes."

Noting that diseases had been identified by three or four terms and that "terms had been applied to as many different diseases," William Farr argued "The advantages of a uniform statistical nomenclature, however imperfect, are so obvious, that it is surprising no attention has been paid to its enforcement . . . The nomenclature is of as much importance in this department of inquiry as weights and measures in the physical sciences, and should be settled without delay."

A group known as the "International Statistical Congress" met in 1853 for the first time and commissioned the creation of a "uniform classification of causes of death." The first lists were presented at their next meeting in 1855 where a list of 139 classes of disease was adopted. This list was modified in 1864, 1874, 1880 and 1886.

The International Statistical Congress at sometime became the International Statistical Institute. In an 1891 meeting in Vienna, it again commissioned the creation of a classification of causes of death, which was subsequently adopted and was based on the previous lists and other English, German and Swiss classifications. The "American Public Health Association" (1891) recommended adoption in Canada, Mexico and the United States of America.

Delegates from 26 countries met in Paris, France in August 1900 and adopted a list of 179 causes of death. Additional conferences were held in 1909, 1920, 1929, and 1938.



Well, Almost

The Health Organization of the League of Nations became involved and other revisions and modifications were made. At the 1938 conference, the list had grown to 200 titles with a couple of subsets of titles as well. Due to the "progress of science, particularly in the chapter on infectious and parasitic diseases" the lists kept expanding and needing clarification. In 1900, a parallel list was adopted to cover statistics of sickness.

In the 1940's, the United Kingdom and the United States further modified these lists to include classifications of diseases and injuries. A committee of interested parties "recognized that the classification of sickness and injury is closely linked with the classification of causes of death."

At the "International Health Conference" of 1946, the World Health Organization was charged with updating the international lists resulting in the "International Classification of Diseases, Injuries, and Causes of Death," which was subsequently adopted in 1948. Additional conferences were held in 1955 and 1965 resulting in the 7th and 8th versions of these lists. As I already pointed out above, the 9th revision was adopted in 1975. The WHO document I've been quoting from indicates that preparation for the 10th revision began even before the 9th revision was adopted. The problem was that the 9th revision was reaching its limits of expandability. So, this brings us to ICD-10.

Currently, ICD-9 includes approximately 17,000 codes. The proposed ICD-10-CM has the potential of including some 155,000 codes. This capacity is necessary to keep up with the progress of medical science as we understand medical diseases in detail never before imagined. There are some 65,000 codes in the published ICD-10-CM proposed for implementation in 2013.

ICD-10-CM takes us away from the familiar 3 - 5 digit codes of ICD-9-CM and moves us to a more complex alphanumeric system of codes. This updated version and capacity for information will provide clinicians, hospitals, insurance companies, government agencies and other entities the ability to report and track patient's diagnosis and reasons for seeking care to a much greater level of specificity than has been possible before.

The proposed regulation calls for implementation of ICD-10-CM by October 1, 2013. Information on the proposed rule can be found on the HHS web site at www.hhs.gov/news/press/2008pres/08/20080815a.html.

The caveat to all of this is cost. All systems currently in use in your practice, at the hospital, at your billing service or clearing house and so forth will have to be updated. If you are using electronic health records (EHR), that software will have to be updated as well. Medical software is expensive at best. If you are not yet using EHRs but are considering such an investment, make sure that the system you are looking at has plans for updating the system before 2013. Find out how much it will cost. Is there an annual maintenance fee and does it include THIS update?

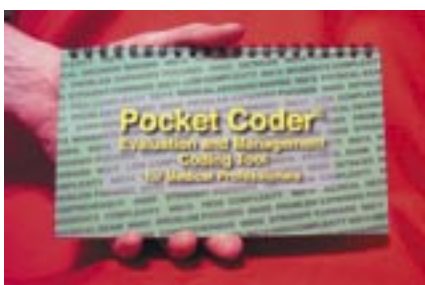
The biggest mistake any clinician, clinic, hospital, billing service or other entity can make now would be an investment in software that will not be able to handle the upcoming changes.

If you are currently using an EHR, it isn't too soon to start asking questions about costs for updating. If you use a separate billing system and so forth, each system will need to be upgraded to accommodate the changes. I would not be surprised to see other changes between now and the 2013 implementation date.

Planning for the implementation of ICD-10-CM should start now. Avoiding it will be impossible unless you plan to retire between now and then. Working in a system where what we get paid is determined by the codes we submit requires every effort on our part for understanding the system and assuring accuracy in its use.

No matter who does the billing in your practice, documentation will be the final element in assuring accurate coding. If the documentation doesn't support the coding and billing submitted, you will not get paid for the work you do. The accuracy of coding is totally dependent on the documentation of the patient encounter and that responsibility rests squarely on the shoulders of the provider seeing the patient. The detail included in the ICD-10-CM system requires every one of us to put greater effort into the documentation process. EHRs can help this significantly if they are up to the task when implementation takes place.

Documentation guides exist in many formats. I have long advocated use of the Single Organ System Exam when appropriate. The Multi-system Exam is also available from many sources. Both are available on the MPECS web site PRODUCTS page. The Multi-systems exam is included in the workshop WORKBOOK.



If you are unsure of what constitutes history, exam and medical decision making (you are not alone), you should consider getting the **POCKET CODER** which outlines the specific elements of a patient encounter in an easy to understand matrix format.

Documentation is the key to accurate coding. MPECS has several products devoted specifically to helping clinicians with the task of accurate documentation and coding.

Check out the **PRODUCTS** page.

Cancer Battle Update

The battle against my cancer continues. I am still in treatment and therefore have not been able to resume my work in presenting workshops or consultations.

If you are interested in learning about my journey as a cancer patient, please feel free to check out my health blog at www.jimmeekshealth.blogspot.com.

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