

The Facts about ICD-10-CM/PCS Implementation: Implementation Will Improve the Quality of Patient Care

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By Jill S. Clark, MBA, RHIA

Transitioning out of a 30-year-old classification system has many in the healthcare industry asking why. The expense, the implementation timeline, and the intent of the transition have all been questioned.

The truth is the implementation of ICD-10 CM/PCS will have a tremendous impact on the quality of patient data. It will require more accurate clinical documentation, increase the amount of data collected, improve quality measurement, streamline claims processing, and ultimately improve the quality of care provided to the patient.

It is a major step toward ensuring accurate healthcare data can be delivered on the "virtual technology highway."

Providing Quality Care through Quality Information

Implementation of ICD-10-CM/PCS is important because it provides updated terminology and specificity in a variety of areas, which ICD-9 does not currently provide. Most critical is the need to replace the ICD-9 procedure classification, which is outdated, can no longer be expanded, and is unable to keep pace with advances in medicine or medical technology as well as demands for increasingly detailed healthcare data. These limitations in data collection pose challenges for appropriate data analysis, resource allocation, and comparable public health data.

Consider the slide below from AHIMA's December 2011 virtual meeting "Data Structures and ICD-10-CM/PCS." Using the example of diabetes, it illustrates that the move to the new classification system offers more detailed data collection.

Data Collection for Diabetes

This sLide illustrates the increased data collection that will be offered for diabetes as a result of the transition to ICD-10-CM/PCS. For instance ICD-10 includes separate code groups for the various types of diabetes and more than 300 codes.

Quality Measures and ICD-10

Foreign Body Left During Procedure: HAC, patient safety indicator

- ICD-9

- 9984 – foreign body accidentally left during a procedure
- 9987 – acute reactions to foreign substance accidentally left during a procedure

- ICD-10

- ~ 50 codes
- Specify complications due to foreign body (e.g., obstruction, adhesions, perforations), procedures and initial or subsequent encounter



Further, the enhanced specificity of ICD-10-CM/PCS provides assistance with delineating clinical populations. The expanded codes more effectively capture data about signs, symptoms, risk factors, time frame (acute, recurrent, chronic), laterality (left versus right), complications, and comorbidities. The systems also differentiate body types, procedure types, surgical approaches, and devices used.

In addition the number of codes available on the claim form increases to 25 diagnosis codes (each with present on admission indicator) and 25 procedure codes. The expanded number of codes and increased specificity significantly improve the use of clinical quality measures at the local, state, and federal level to improve defining patient populations and supporting public health initiatives and the overall care for the individual patient.

The increased specificity shown in the slide below for a foreign body left during a procedure highlights how the transition to ICD-10 directly affects performance improvement.

ICD-10's Increased Specificity

This slide illustrates the increased specificity available for a diagnosis of foreign body left during a procedure.

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The additional detail with the code conversion impacts analytical tools, reports, and comparative data used by all quality measurement systems, including the Joint Commission, Centers for Medicare and Medicaid Services measures, Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project databases and quality indicators, clinical registries, and state reporting. The more scrutiny the measures receive between now and 2013 (how the data are recorded and reported), the better the outcome.

The implementation of ICD-10 offers many quality benefits. The additional granularity of data collection and detail will require improved clinical documentation and care decisions, facilitate ongoing performance improvement, enhance evaluations of population health, and enable comparisons across the continuum of care.

Preparing for the Data Impact

While planning for system reconfiguration and testing for claim submission should have already begun, it is not too late to implement a training plan. According to Linda Hyde, RHIA, joint speaker at the December ICD-10 virtual meeting, "Good documentation can start now."

Training clinicians and providers on the code specificity needed is a critical step in preparing for October 1, 2013. Hospitals and physician offices can begin education programs now to ensure their staffs are educated on the appropriate anatomy, physiology, and level of ICD-10-CM/PCS training for their respective staff roles and settings.

There is great opportunity for data users to be trained right now. Data users may include any individual who will be working to collect, analyze, or report ICD-10 data, whether it be an application analyst, data integrity coordinator, or billing or business analyst. They will not require the same training as the clinical coding staff, clinicians, or administration, but they do need to understand how the new classification system will affect the work they do.

For more information on ICD-10 data structures and their impact on patient care, visit AHIMA's "ICD-10 Resources" Web site at www.ahima.org/icd10/resources.aspx.

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