Fortunately, the Epic team and others have been working hard to smooth the ICD-10 path for doctors, nurses and many others embarking on the transition.

Details, details. Why ICD-10? The U.S. Department of Health and Human Services mandated the upgrade to ICD-10-CM/PCS to better capture what's actually happening with diagnoses and procedures and to improve the quality of care. For example, an ICD-9-CM diagnosis code for a broken upper arm might be 812.21, "Closed fracture of shaft of humerus." In ICD-10-CM, the code might be S42.312A, for “greenstick fracture of shaft of humerus, left arm, initial encounter for closed fracture.” It also might be one of about 220 other codes detailing often substantial differences in diagnoses now thrown together in ICD-9's 812.21 code.

Similarly, an ICD-9-CM procedure code for an angioplasty might be 39.50, which means "angioplasty of other non-coronary vessel(s).” In ICD-10-PCS, the same procedure could be documented as 047K04Z, for “dilation of right femoral artery with drug-eluting intraluminal device, open approach.”

In all, ICD-10 has nearly four times the number of diagnoses codes and more than 18 times the number of procedure codes of ICD-9. The American Academy of Family Practice superbill template using ICD-9 is two pages long; the ICD-10 version is nine pages long.

Calculating… The first question a physician or nurse might now ask is whether she must memorize all 141,747 codes. The answer is an emphatic “no,” said Agnes Tatarka, who is managing UCH's transition to ICD-10. The Epic team is making sure of that.
When it’s time to enter data into a patient’s electronic health record during UCHealth’s pre-Oct. 1 training period, a diagnosis search will show both ICD-9-CM and ICD-10-CM codes and, depending on which is selected, may trigger a “Diagnosis Calculator” to prompt for more specificity.

Within a few clicks, the provider can go from “closed humerus fracture” to one that’s on the left side, a greenstick, and identified on the first patient visit with that provider. The Diagnosis Calculator may show up as needed, such as when providers log the problem or diagnosis during an outpatient visit, and when staff do order entry or charge capture, Tatarka said. Providers can also update templates and preference lists to help make this process more efficient.

In addition, the Epic team has built a collection of diagnosis (.dx) SmartPhrases that can be used by providers to capture this information in their notes. An “ICD-10 SmartPhrases” sidebar report to help identify useful terms is accessible from a tab in NoteWriter or under the “More Activities” tab. For those who don’t use NoteWriter, Epic will enable ICD-10-compliant dot phrases, Tatarka said.

It’s going to be a bit more work for doctors and nurses, whether in the form of making extra clicks in the Diagnosis Calculator or scrolling through screens of codes, said CT Lin, MD, an internal medicine specialist and UCHealth’s chief medical information officer. The biggest impacts will be in complex cases such as trauma, obstetrics and complex emergency medicine cases, he said. But “burying our heads in the sand is not a viable alternative,” he said.

“In the Epic perspective, we’re doing the best we can to try and simplify your work and meet regulations,” Lin said.

**Spring training.** The training for providers is very focused – an online module designed to take about 15 minutes provides some background on ICD-10, in addition to 30 minutes of specialty-specific training (see box for details), Tatarka said. UCHealth’s roughly 170 medical coders, in contrast, will have trained at least 26 hours on the vagaries of ICD-10, and that doesn’t include work on medical terminology and pathophysiology, Tatarka said.

University Physicians, Inc., the organization representing School of Medicine faculty, is taking the lead on provider training on the UCH campus, and has agreed to let UCHealth use its training modules at the North and South campuses. That training has been available at all campuses since March 17. The goal is for providers who regularly enter data into medical records to take the training by April 1, Tatarka said.

The April 1 date is really about “starting to get people familiar with it, getting comfortable with it and being able to utilize their time effectively,” she said, adding that until Oct. 1, UCHealth will still be running on ICD-9.

On the Epic side, three FTEs across 12 Epic application areas have been working since June 2013 on the transition, said Molly Dufour, the Epic team’s health information management supervisor. They won’t be finished on April 1, adds Matt Carpels, an Epic analyst focusing on the ICD-10 transition.

“April 1 is really the beginning of the testing,” Carpels said. “Then it’s six months for people to familiarize themselves with the tools and the code sets and then let us adjust as necessary so come October 1, we’re ready to go.”

**ICD-9 vs. ICD-10: A Tale of the Tape**

ICD-10 dwarfs its predecessor ICD-9 in terms of specificity. Some numbers:

**Diagnosis codes**

- ICD-9: 14,025
- ICD-10: 69,823

**Procedure codes**

- ICD-9: 3,824
- ICD-10: 71,924
ICD-10 training

Physicians, physician assistants, nurses and nurse practitioners will do online training, ideally before April 1, to get ready for ICD-10. All will do a roughly 15-minute overview of ICD-10 and the Epic tools involved, as well a training targeted to their specialty or role.

Specialty-related training:

» Common Themes for Medicine, Surgery, and Other Specialties
  Cardiac Services

» Emergency Medicine

» Eye and Adnexa

» GI, Hepatology, & Transplant

» Hospitalists

» Mental, Behavioral, Neurodevelopmental Disorders

» Neurology, Neurosurgery, & Pain Management

» OB/GYN & MFM

» Oncology

» Orthopedics, Rehabilitation, and Rheumatology

An “ICD-10 Introduction & Overview” is targeted to those who need a general understanding of ICD-10 and either do some documentation in Epic (such as nurses and medical assistants), log procedures or diagnoses, work within the revenue cycle or work with coding data, quality initiatives, analytics and related areas. The modules include those covering:

» Laterality

» Chronicity

» Degree

» Episode of Care

» Site Specificity

» Manifestation

» Injury Details