

## **James L. Holly, M.D.**

### **Moving to ICD-110**

In October 2015, the entire healthcare industry is going to be switching to ICD-10. The rest of the world has been on ICD-10 since 1995 when it was first published. Actually, ICD-11 should be ready in 2017 but most experts think that going from ICD-9 to ICD-11 would be more tasking on the system than going from ICD-9 to ICD-10 and then a year later doing ICD-11.

The major problem with the migration to ICD-10 is the mapping of diagnoses created in ICD-9 to the ICD-10 codes. The reason this is difficult is that ICD-9 does not capture the specificity and lateralization of ICD-10.

A number of companies have prepared commercial solutions to this problem. SETMA chose to use IMO's IT Terminology Solution. This January, SETMA will conclude our third year of using IMO's solution. The good news is that IMO expanded the 15,000 ICD-9 codes into 100,000 codes by giving multiple means for navigating ICD-9. This had a benefit of allowing SETMA to experience the complexity of navigation through 100,000 codes which makes it easier to move to 150,000 ICD-10 codes.

### **STEPS to ICD-10**

The majority of the mapping of ICD-9 codes to ICD-10 codes done through automation and has already been done in SETMA's database. However, for a number of reasons there are still thousands of diagnoses in SETMA's data base which could not be changed into an ICD-10 code through automation.

Therefore, in our recent conversion, a function has been added which identifies the diagnoses which could not be mapped to ICD-10. Some of SETMA's staff is working on making this transition but some of it is going to require the attention of healthcare providers.

If we do our work, then in October, 2015, all of the conversion will have been done and SETMA's switch to ICD-10 will be easy and automatic. Because **SNOMED** (Systematized Nomenclature of Medicine--Clinical Terms) follows upon the heels of ICD-10 and has been

mapped to ICD-10, it will be automatic once we complete the mapping of our ICD-9 codes to ICD-10.

The following steps show you how to easily and efficiently identify those ICD-9 Codes which could not be mapped to ICD-10 and then now to match them to ICD-10. Once this is done, as far as coding and nomenclature, SETMA has clear sailing.

When seeing a patient, you will know that a patient's chart has ICD-9 Codes which need to be mapped to ICD-10 by first going to the ASSESSMENT template.

To find ICD-10/SNOMED codes which need mapping, go to the Assessment template in NextGen.

The screenshot displays the 'ASSESSMENT' template in the NextGen software. At the top, a navigation bar includes tabs for HOME, NURSE, HISTORIES, HEALTH, QUIZES, HPI, ROS, P.E., X-RAY, ASSESS, PLAN, and PROCS. Below the navigation bar, there are fields for 'Visit Type', 'Facility', and 'Payor'. The main content area is divided into several sections:

- Patient Goal This Visit:** A text input field containing 'surgery clearance'.
- Chronic Conditions:** A table with columns for #, Diagnosis, Hcc, RxH, Last Addressed, and Crt. It lists conditions such as Hyperlipidemia, Benign essential tremor, Chronic renal disease, Hypertension, Chronic kidney disease, Allergic rhinitis, Gastroesophageal reflux disease, and Osteoarthritis of knee.
- Vitals:** A section with fields for BP (156 / 78), Pulse Pressure (78), Temp, Pulse (60.00), Resp, Weight (135.80), BMI (20.05), Body Fat (17.9), and BMR.
- Cardiac Risk Ratio:** A table with columns for assessment type and date. Assessments include Fall Risk Assessment, Functional Assessment, Pain Assessment, Stress Assessment, Wellness Assessment, Nutrition Assessment, Sleep Questionnaire, Depression Screen, Karnofsky/Lansky, Palliative Perf Scale, Braden Scale, and FAST Assessment.
- Right Sidebar:** A checklist of assessment categories including Home, Nursing, Histories, Health, Lab Results, Questionnaires, HPI Chief, System Review, Physical Exam, Assessment (highlighted with a green box), Nutrition, Exercise, Plan, Procedures, and Chart Note.

On the **ASSESSMENT** template, if there are ICD-9 Codes which need to be mapped to ICD-10, you will see the following alert in red **ICD10 SNOMED Mapping Needed**. These are codes which were customized by an organization or by an individual provider making it impossible for the automated ICD-10 mapping to take place.

PDM    **HPI**    HISTORIES    HPI    QUIZES    HPI    ROS    P.E.    X-RAY    **ASSESS**    PLAN    PROCES

**Acute Assessments**    Add    Sort

#	Diagnosis	Code	Status	C
	CVA Hemiplegia Dominant Side (438.21)	438.2		N
2	Alcoholic cirrhosis (571.2), chronic	571.2		Y
3	Diabetes mellitus (250.00), chronic	250.0		Y
4	Hemiplegia of dominant side (342.91), chronic	342.9		Y
5	Hyperlipidemia (272.4), chronic	272.4		Y

**Chronic Conditions**    **ICD10/SNOMED Mapping Needed**

Add To Acute

#	Diagnosis	Hcc	RxH	Last Addressed
1	Hemiplegia of dominant side	Y		08/25/2014
2	Alcoholic cirrhosis	Y		08/25/2014
3	Diabetes mellitus	Y	Y	08/25/2014
4	Hypertension	Y		08/25/2014
5	Hyperlipidemia	Y		08/25/2014
6	Disorder of plasma protein metabolism			08/03/2006
7	Osteoarthritis of spine			02/03/2014
8	Nocturia			
9	History of malignant neoplasm of prostate			
10	Hemangioma of liver			
11	History of esophageal varices			
12	Screening for iron deficiency anemia			

**Risk Adjusted Chronic Conditions Not Assessed This Year**

Diagnosis	Hcc	RxH	Last Addressed

**General Comments**

**Chronic Condition Comments**

HPI Detail

Acute HCC Score: 1.4420  
 Acute RxHCC Score: 0.5630  
**Total Acute Score: 2.0050**  
 Chronic HCC Score: 1.0050  
 Chronic RxHCC Score: 0.4900  
**Total Chronic Score: 1.4950**  
 HCC Not Assessed This Year: 0.0000  
 RxHCC Not Assessed This Year: 0.0000  
**Total Not Assessed This Year: 0.0000**  
 Age and Gender Score: 0.6560  
 Disease Interaction Score: 0.0000  
 Disability/Poverty Score: 0.0000  
**Total Risk Adjustment Factor: 2.1510**

**Master GP**

- Nursing
- Histories
- Health
- Questionnaires
- HPI Chief
- System Review
- Physical Exam
- Radiology
- Plan
- Procedures
- Chart Note

When you see that notice in red, click on the button entitled “Add” which is immediately below the red alert.

PDM    NURSE    HISTORIES    HEALTH    QUIZES    HPI    ROS    P.E.    X-RAY    **ASSESS**    PLAN    PROCS

**Acute Assessments**    Add    Sort

#	Diagnosis	Code	Status	Chro Ind
1	Degeneration of lumbar intervertebral disc (722.52), chronic	722.5		Y
2	Sciatica (724.3)	724.3		N

[Detailed Comments](#)

**Chronic Conditions**    **ICD10/SNOMED Mapping Needed**    Add    Sort

Add To Acute

#	Diagnosis	Hcc	RxH	Last Addressed
1	Degeneration of lumbar intervertebral disc			08/25/2014
2	Presbyopia			
3	Abnormal electrocardiogram			
4	Hyperlipidemia		Y	
5	Allergic rhinitis			
6	Tear of lateral meniscus of knee			

**Risk Adjusted Chronic Conditions Not Assessed This Year**    Add To Acute

Diagnosis	Hcc	RxH	Last Addressed
Hyperlipidemia		Y	

**Acute HCC Score**    0.0000  
**Acute RxHCC Score**    0.0000  
**Total Acute Score**    0.0000

**Chronic HCC Score**    0.0000  
**Chronic RxHCC Score**    0.1390  
**Total Chronic Score**    0.1390

**HCC Not Assessed This Year**    0.0000  
**RxHCC Not Assessed This Year**    0.1390  
**Total Not Assessed This Year**    0.1390

**Age and Gender Score**    0.0000  
**Disease Interaction Score**    0.0000  
**Disability/Poverty Score**    0.0000  
**Total Risk Adjustment Factor**    0.1390

**General Comments**

**Chronic Condition Comments**

HPI Detail

**Navigation:** Nursing, Histories, Health, Questionnaires, HPI Chief, System Review, Physical Exam, Radiology, Plan, Procedures, Chart Note

Clicking 'ADD' launches the **IMO IT Technology** template as seen below:

Powered by IMO Problem Terminology

Add to:    Assessments    **Problems**    Both

Search    20    [Hide filter options](#)

Filter by patient age |  Filter by patient gender

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**Assessments**

Description	ICD Code
CVA Hemiplegia Dominant Side	438.21
Alcoholic cirrhosis	571.2
Diabetes mellitus	250.00
Hemiplegia of dominant side	342.91
Hyperlipidemia	272.4
Hypertension	401.9
Tobaccoism -- Use Disorder	3051

**Problems**    **History**

Description	SNOMED
Screening for iron deficiency anemia	243876005
History of esophageal varices	266995000
Diabetes mellitus	73211009
Disorder of plasma protein metabolism	75934005
Nocturia	139394000
Hemiplegia of dominant side	442155009
Osteoarthritis of spine	8847002
Hypertension	38341003
Hyperlipidemia	55822004
Hemangioma of liver	93469006
Alcoholic cirrhosis	420054005
History of malignant neoplasm of prostate	428262008

[Click Here to Address ICD10/SNOMED Mapping](#)    Save & Close    Show Only:    Chronic    Tracked

At this point, click the red alert which states **Click here to Address ICD10 SNOMED Mapping seen above**. The following screen will appear. The lists of diagnoses at the top of the screen are the ones that need mapping. You can see this because the grid at the top says “**Not Mapped**” next to the **Show** label. In this illustration, the code which needs to be mapped to ICD-10/SNOMED is the code for **Stenosis Carotid Artery**.

**Mapping Chronic Conditions**

Chronic Conditions from Previous KBM Show: **Not mapped** Practice: All

Description	Code	SNOMED Description	SNOMED Code	Disp
Stenosis Carotid Artery	43310			

Map to Existing Problem Map to New Problem Resolve Condition

**Clinical Problems**

SNOMED Description	Onset Date	Notes
Alcoholic cirrhosis		Converted note: Last addressed on 02/03/2014. BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Alcoholic cirrhosis" / SNOMED CT concept "Alcoholic cirrhosis (420054005)" from KBM Chronic Conditions table on 08/22/2014.
Diabetes mellitus		Converted note: Last addressed on 05/02/2014. BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Diabetes mellitus" / SNOMED CT concept "Diabetes mellitus (73211009)" from KBM Chronic Conditions table on 08/22/2014.
Disorder of plasma protein metabolism		Converted note: Last addressed on 08/03/2006. BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Disorder of plasma protein metabolism" / SNOMED CT concept "Metabolic disease (75934003)" from KBM Chronic Conditions table on 08/22/2014.
Hemangioma of liver		Converted note: BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Hemangioma of liver" / SNOMED CT concept "Hemangioma of liver (93469006)" from KBM Chronic Conditions table on 08/22/2014.
Hemipleoia of dominant side		Converted note: Last addressed on 05/02/2014. BrougntForward8.3KBMUPgrade.

Close

Next, highlight the diagnosis that you would like to map. Once you select a diagnosis, a button will appear below the grid that says “Map Using IMO.”

**Mapping Chronic Conditions**

Chronic Conditions from Previous KBM Show: **Not mapped** Practice: All

Description	Code	SNOMED Description	SNOMED Code	Disp
History of SCC (squamous cell carcinoma) of skin	V1083			

Map Using IMO Map to Existing Problem Map to New Problem Resolve Condition

**Clinical Problems**

SNOMED Description	Onset Date	Notes
Gastroesophageal reflux disease		Converted note: Last addressed on 04/07/2014. BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Gastroesophageal reflux disease" / SNOMED CT concept "Gastroesophageal reflux disease (235595009)" from KBM Chronic Conditions table on 08/22/2014.
Osteoarthritis of knee		Converted note: BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Osteoarthritis of knee" / SNOMED CT concept "Osteoarthritis of knee (239873007)" from KBM Chronic Conditions table on 08/22/2014.
Rotator cuff tear arthropathy		Converted note: Last addressed on 04/07/2014. BroughtForward8.3KBMUPgrade. Problem automatically mapped to IMO description "Rotator cuff tear arthropathy" / SNOMED CT concept "Rotator cuff tear arthropathy (415352004)" from KBM Chronic Conditions table on 08/22/2014.

Close

When you click the “**Map Using IMO**” button, a new IMO search window will appear with the text of the unmapped problem already pasted into the search window for you and, if possible, it will have already returned the results of possible matches for you.

If one of the results is the diagnosis that you want, just click the plus sign next to the diagnosis and it will be mapped and updated on the patient’s problem list. Once you have **clicked** the plus sign, you are done mapping the problem.

Note that you may have to modify the search text to get any results or a better result for the problem you are trying to map. See below for an illustration. The process is completed by clicking the **SAVE and CLOSE** button.

IMO Search ProblemIT Plus

Powered by IMO\*Problem (IT) Terminology

History of SCC (squamous cell carcinoma) Search 20 Hide filter options

Filter by patient age |  Filter by patient gender

+ History of SCC (squamous cell carcinoma) of skin (V10.83)

[Search Help](#)

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[Click Here to Address ICD10/SNOMED Mapping](#) Save & Close

In a decreasing number, you will have fewer and fewer diagnoses which must be mapped until at last you will have almost none. In thirteen months till we switch to ICD-10, we should complete this task.