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ICD-10 diagnosis coding for neoplasms - Overview for accuracy and compliance

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With October 1, 2014 came the implementation of the new disease and procedure classification system in the United States and as such there is much to understand and to ensure compliance with. This code set change was a HIPAA mandated update for all of healthcare. Within the International Classification of Diseases, Clinical Modification, 10th revision, there are conventions and guidelines to direct the selection of the appropriate code or codes. In healthcare today we are under great scrutiny and thus maintaining compliance is key and required. Compliance in documentation and coding is vital in a regulatory environment of audits and edits.

Coding professionals prepared for ICD-10 over several years with more comprehension of anatomy, physiology, and pathophysiology. They have undergone extensive training of the code set in preparation for the new system. However, the key is having documentation in the medical record/encounter to support the treatment and/or procedure provided. The documentation also justifies the medical necessity requirements, as well as the billing and reimbursement requirements. ICD-10 helps the healthcare providers be more granular in their documentation, which results in more accurate diagnoses. The documentation also provides details on the severity of illness and risk of mortality which is represented in the codes. Providers can take value in knowing that the codes themselves have changed from a five-digit numeric code to a seven-digit alphanumeric code. The neoplasm code set is also organized by anatomical site. Specificity is the name of the game when it comes to ICD-10 coding quality and accuracy. With each neoplasm site there are six possible ICD-10 codes according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma *in situ* of cervix uteri.

There is also a change to capture anemia caused by a neoplasm:

When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia (such as code D63.0, Anemia in neoplastic disease).

With the adoption of ICD-10, there are some changes to coding guidelines and structure of the code set which makes documentation more critical than with ICD-9. Providers need to understand the code set to help support the documentation and specificity. In the long term, most agree that the documentation and code set improvements will help quality of care and available data to validate and support healthcare services as a whole.

Biography

Gloryanne Bryant is a 30+ years HIM professional and industry leader. She has a RHIA (Registered Health Information Administrator), a RHIT (Registered Health Information Technician), a Clinical Documentation Improvement Practitioner (CDIP), Certified Coding Specialist (CCS), a Certified Clinical Documentation Specialist (CCDS), and an AHIMA Approved ICD-10-CM/PCS Trainer. She recently held the position of Regional HIM Managing Director in Northern California at Kaiser Permanente. Gloryanne had responsibility for the hospital coding, audits, education, HIM Operations, and advisory to CDI for 21 acute care facilities. She is also the key national leader for ICD-10 Coding Education and Training at KP across 8 regions nationally. She currently is the KP National Director of Coding Quality, Education, Systems and Support. In addition she has made an array of presentations on data quality, medical necessity, compliance and clinical documentation improvement to management executives and healthcare administrators over the past 20 years.

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