Welcome to the third edition of the ICD-10 Lifeline. By now, you’ve probably heard that ICD-10 expands the number of codes from 13,000 in ICD-9 to more than 68,000 codes. This increase seems rather daunting at first. However, more than one-third of the code increase reflects laterality: whether the diagnosis refers to the right or left side of the body. When you consider this, the number looks a bit more manageable. In addition, many more categories like laterality account for the creation of new codes with a similar diagnosis—location (upper vs. lower) and encounter (initial visit vs. subsequent visit), just to name two. This issue, we are going to focus on this *redundancy* that is built into the ICD-10 code set.

**ICD-10 Diagnosis & Documentation Tip of the Week**

Thank you to all who suggested topics for this section using the survey last week. The diagnosis we are covering this week, abdominal pain, was taken from the survey results submitted last week. While there are many codes in the table below, pay close attention to the descriptor for each code to see if you can catch the *redundancy* built into this diagnosis.

### Diagnosis: Abdominal Pain

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Descriptor</th>
<th>ICD-10</th>
<th>Descriptor</th>
<th>Additional Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Abdominal pain</td>
<td>R10.10</td>
<td>Upper abdominal pain, unspecified</td>
<td>Location</td>
</tr>
<tr>
<td>789.01</td>
<td></td>
<td>R10.11</td>
<td>Right upper quadrant pain</td>
<td>Upper abdomen</td>
</tr>
<tr>
<td>789.02</td>
<td></td>
<td>R10.12</td>
<td>Left upper quadrant pain</td>
<td>Lower abdomen</td>
</tr>
<tr>
<td>789.06</td>
<td></td>
<td>R10.13</td>
<td>Epigastric pain</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>R10.30</td>
<td>Lower abdominal pain, unspecified</td>
<td></td>
</tr>
<tr>
<td>789.03</td>
<td></td>
<td>R10.31</td>
<td>Right lower quadrant pain</td>
<td></td>
</tr>
<tr>
<td>789.04</td>
<td></td>
<td>R10.32</td>
<td>Left lower quadrant pain</td>
<td></td>
</tr>
<tr>
<td>789.05</td>
<td></td>
<td>R10.33</td>
<td>Periumbilic pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal tenderness</td>
<td>R10.811</td>
<td>Right upper quadrant abdominal tenderness</td>
<td>Location</td>
</tr>
<tr>
<td>789.61</td>
<td></td>
<td>R10.812</td>
<td>Left upper quadrant abdominal tenderness</td>
<td>Upper abdomen</td>
</tr>
<tr>
<td>789.62</td>
<td></td>
<td>R10.813</td>
<td>Right lower quadrant abdominal tenderness</td>
<td>Lower abdomen</td>
</tr>
<tr>
<td>789.63</td>
<td></td>
<td>R10.814</td>
<td>Left lower quadrant abdominal tenderness</td>
<td></td>
</tr>
<tr>
<td>789.64</td>
<td></td>
<td>R10.815</td>
<td>Periumbilic abdominal tenderness</td>
<td></td>
</tr>
<tr>
<td>789.65</td>
<td></td>
<td>R10.816</td>
<td>Epigastric abdominal tenderness</td>
<td></td>
</tr>
<tr>
<td>789.66</td>
<td></td>
<td>R10.817</td>
<td>Generalized abdominal tenderness</td>
<td></td>
</tr>
<tr>
<td>789.67</td>
<td></td>
<td>R10.819</td>
<td>Abdominal tenderness, unspecified site</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>R10.821</td>
<td>Right upper quadrant rebound abdominal tenderness</td>
<td>Location</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>R10.822</td>
<td>Left upper quadrant rebound abdominal tenderness</td>
<td>Upper abdomen</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>R10.823</td>
<td>Left upper quadrant rebound abdominal tenderness</td>
<td>Lower abdomen</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>R10.824</td>
<td>Left upper quadrant rebound abdominal tenderness</td>
<td>Qualifier</td>
</tr>
</tbody>
</table>

Qualifer

Rebound
<table>
<thead>
<tr>
<th>N/A</th>
<th>R10.825</th>
<th>Right lower quadrant rebound abdominal tenderness</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>R10.826</td>
<td>Left lower quadrant rebound abdominal tenderness</td>
</tr>
<tr>
<td>N/A</td>
<td>R10.827</td>
<td>Periumbilic rebound abdominal tenderness</td>
</tr>
<tr>
<td>N/A</td>
<td>R10.829</td>
<td>Epigastric quadrant rebound abdominal tenderness</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td>Generalized rebound abdominal tenderness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rebound abdominal tenderness, unspecified site</td>
</tr>
</tbody>
</table>

Abdominal Pain is a perfect example for the type of code **redundancy** talked about in the introduction of this newsletter. Once you factor in location and laterality, the 24 codes above reduce down to only 10, so be sure to document thoroughly. In the case of abdominal pain, make sure to document location, laterality and if the pain is qualified as rebound.

*Note: If you have a diagnosis that you would like to see discussed in a future issue, please let us know by taking the survey below!*  

**IT Update**

The Stage 1 Conversion of *one*Chart has been installed and went smoothly. Information Technology will offer a variety of communications, educational materials and support sessions to help all clinicians during all stages of our transition to ICD-10.

Stay tuned to future issues of the Lifeline for updates and timing for Stages 2 and 3.

On Wednesday, March 5, Information Technology will host the Beaumont User Group meeting at the PNC building. Come and join us for the ICD-10 update session. Please register online as soon as possible, as the seats are limited. See the attached brochure for details.

**Training & Education Update**

There is no reason to wait to start your transition to using ICD-10 documentation. To help you learn what new concepts you need to document for your diagnoses, we have compiled a partial list of free and inexpensive online ICD-10 tools. Even if you do not usually code diagnoses, taking a few minutes to thumb through the new codebook to find your most common diagnosis can shed some light on important concepts you will need document for ICD-10.

Free, web-based code tool: [http://www.icd10data.com/ICD10CM/Codes](http://www.icd10data.com/ICD10CM/Codes)
Give us your Feedback through Survey #3

We hope you found this edition of the Lifeline focused on redundancy to be useful!

Please take just a couple of minutes to answer our five-question survey here:
https://www.surveymonkey.com/s/KS9WGTN

Thank you for reading! Look for the next issue to come out on Feb. 26.

For questions, concerns and suggestions, please contact:
ICD-10 Lifeline – Tom Schuelke, thomas.schuelke@beaumont.edu, ext. 11181 (248-551-1181)
IT / oneChart – Pam Muller, pmuller@beaumont.edu, ext. 72810 (248-597-2810)
Coding – Sheila Bowlds, sbowlds@beaumont.edu, ext. 15002 (248-551-5002)
Rochelle Cooper, rcooper@beaumont.edu, ext. 15120 (248-551-5120)
Background: On October 1, 2014, the ICD-9 code set used to report medical diagnoses and inpatient procedures will be replaced by the ICD-10 code set. The ICD-10 codes provide more robust and specific data that will help to improve patient care and enable the exchange of health care information. There will be several stages of readiness conversion prior to the full transition date. We will continue to communicate any changes you will see or experience with each stage of the project.

Purpose: The purpose of this communication is to introduce terminology changes that will take effect tentatively on January 14, 2014. After the first stage you will see the changes identified below when searching for a diagnosis.

As a Provider what Options do you have to search for a diagnosis?

- If you currently search for a diagnosis using Clinical Terminology (e.g. diabetes) please continue to use this method.

- If you currently search for a diagnosis using an ICD-9 code (e.g.250.00) You may choose one of the following diagnosis search options:

  1. **Clinical Terminology:**
     - Search for a diagnosis using Clinical Terminology (e.g. diabetes)
     - This is the preferred method for searching for a diagnosis.

  2. **Prefix ID icd9.**
     - Search for an ICD-9 diagnosis code using the prefix `icd9.xxx.xx`
     - This will return the diagnosis for an ICD-9 code (e.g. diabetes)

  3. **Prefix ID code.**
     - Search for an ICD-9 code using the prefix `code.xxx.xx`
     - This will return the diagnosis for an ICD-9 code (e.g. diabetes)

Note: If you do not use the search options above in the diagnosis search field, this may return a diagnosis that is different then the expected outcome.
Clinicians should now search for a diagnosis based on Clinical Terminology. Additional steps are now required to search for a diagnosis based on ICD-9 codes.

Also:
1) If a diagnosis record is associated with multiple ICD-9 codes, all the codes appear in the code column.
2) There is an added column that identifies the code set (ICD-9-CM is the code set).

For questions regarding this communication, please contact the Help Desk at 248-59-72727
Come join us for our next B.U.G. Meeting:

Wed, March 5, 2014
1 pm - 5 pm
(Check In: 12:30 — 1pm)

Location:
PNC Building
755 W Big Beaver Rd
Troy, MI 48084
Classroom 1

WHO Should Attend?
Any Implemented oneChart EHR Customer (Private and Employed)
- Ambulatory Providers & Office Staff
- Inpatient Providers, Residents, PAs, NPs
  - Surgeons
  - All Nursing

WHY Should I Attend?
Become more proficient with the oneChart EHR by learning how to increase:
- Patient Satisfaction
- Efficiency
- Revenue

CME Credits Awarded for Providers! (4 hrs)
Epic Updates Part 1 — Ambulatory & Inpatient
Problem Oriented Charting & Clinical References
Overview from an AMB & Inpatient perspective and the availability of online training materials.
Richard Cooke, MD — Family Medicine Grosse Pointe, IT Consultant

Cyber Bloat in Your Note
Solutions from Note Watchers
Molly Austin, MD — Internist, Pearce Service, BMG RO

Meaningful Use Stage 2 Update
Overview and changes in workflow requirements to report Stage 2 EHR adaptation.
Brian Vargo, PMO Project Manager

ICD-10 Update
Transitioning to ICD-10 Codes.
Mike Harrell & Mohini Pimputkar, Manager IT

myBeaumontChart Update
New myBeaumontChart features available to the patient and office.
Kim Fenech, Manager IT

UpToDate Clinical Decision Support Resource
UpToDate Anywhere is now available at Beaumont, so learn how to search, earn CMEs and get access to the mobile app in this session.
Janet Zimmerman, Director Medical Library, RO

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Epic Updates Part 2 — Ambulatory & Inpatient (Continuation from Breakout Session #1)
Care Everywhere, Health Maintenance for Asthma/COPD, SmartSets, Follow-Up Activity, myBeaumontChart Physician Perspective, Micromedics CareNotes, Image Creation in Progress Note, Objective and Quality Measures, QuickActions, Reordering/Modifying Multiple Orders, Graphing and Charting Results.
Richard Cooke, MD — Family Medicine Grosse Pointe, IT Consultant

Nursing—PAWS Pediatric Advanced Warning Score & Sepsis Screening Alert Pilot
An Assessment for the Early Detection of Pediatric Deterioration
Clinical Decision Support to Identify Patients at High Risk for Sepsis – Pilot Troy 4 South
Kathy Grady, RN, BSN-Clinical Informatics
Paula Leferman MSN, RN, APRN-BC-Clinical Informatics
Carly Chriffalou, IT Applications Analyst
Mary Mitchell, IT Applications Analyst

Ambulatory Reporting Tips & Tricks
Review current reports and tips you may find useful for your practice.
Chris Sielman, IT Project Manager & Ingrid Peeples, IT Applications Analyst

myBeaumontChart Feature Session
Get a deeper understanding of the new myBeaumontChart features and the role of myBeaumontChart in Meaningful Use.
Kaitlinn Roszak, IT Applications Analyst

BREAKOUT Session 2  3:25 — 4:05 pm (choose 1)

One on One Dragon Workshop (REGISTRATION REQUIRED!)
Need help with Dragon?
Consult with an Education Analyst in a one on one educational setting. Limited seating, so make sure to register and reserve your seat now!
IT Education

Overview of Meaningful Use Stage 2
Documentation and workflow modifications, reporting information, and resources available.
Brian Vargo, PMO Project Manager
Maria Amabile & Patty Denison, IT Education

ICD-10
Phases of ICD-10 and how it affects you.
Mike Harrell & Mohini Pimputkar, Manager IT

Outlook Web Access (OWA) — "You’ve Got Mail"
A Providers basic guide to accessing and managing Beaumont’s e-mail system.
Jan Davison Kaiser, IT Education

BREAKOUT Session 3  4:20 — 5:00 pm (choose 1)