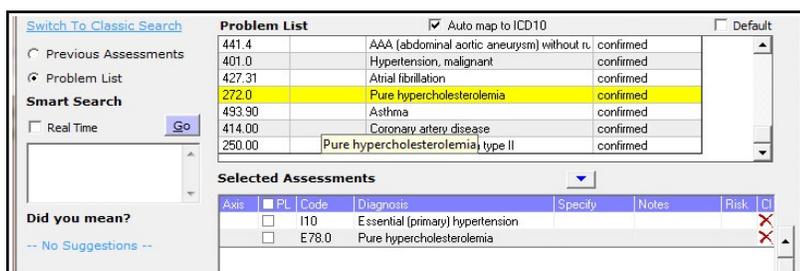
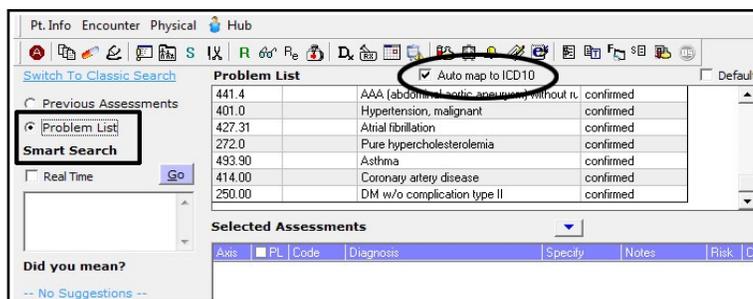


ICD-10 in ECW

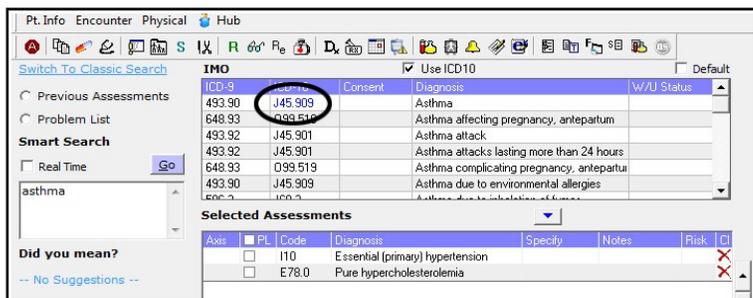
ICD-10 is almost here. Choosing diagnosis codes without the help of an EMR would be quite difficult. Fortunately, ECW does have some tools that make ICD-10 coding a little easier.

The “Smart Search” tool in the “Assessment” section of the progress note is the place to start. A new feature recently appeared called “Auto map to ICD10”. When you click on a diagnosis in the problem list, ECW will try to convert this to ICD10 for you.



For fairly simple diagnoses like hypertension and hypercholesterolemia, ECW does a pretty good job of converting ICD-9 to ICD-10.

Some diagnoses are a bit more complicated. In this example, I am trying to enter “Asthma” into the list of assessments. You can see the code is blue – J45.909. Clicking on the code opens another screen where more detail is needed.



Select Modifier

Asthma severity

- mild intermittent
- mild persistent
- moderate persistent
- severe persistent
- unspecified severity

Asthma complication type

- with acute exacerbation
- with status asthmaticus
- uncomplicated

Select Code		Diagnosis
ICD-9	ICD-10	
493.90	J45.909	Unspecified asthma, uncomplicated
493.90	J45.20	Mild intermittent asthma, uncomplicated
493.90	J45.21	Mild intermittent asthma with (acute) exacerbation
493.90	J45.22	Mild intermittent asthma with status asthmaticus
493.90	J45.30	Mild persistent asthma, uncomplicated
493.90	J45.31	Mild persistent asthma with (acute) exacerbation
493.90	J45.32	Mild persistent asthma with status asthmaticus
493.90	J45.40	Moderate persistent asthma, uncomplicated
493.90	J45.41	Moderate persistent asthma with (acute) exacerbation
493.90	J45.42	Moderate persistent asthma with status asthmaticus
493.90	J45.50	Severe persistent asthma, uncomplicated
493.90	J45.51	Severe persistent asthma with (acute) exacerbation

You have to make a decision here about the severity of the asthma, as well as whether the patient is stable, or having acute symptoms related to the asthma.

As you march through the choices, you eventually get to one diagnosis – click on that diagnosis, and you fall back to the original “Assessment” screen. There is also a reset button in the screen to the right if you need to go back to the beginning choices.

Select Modifier

Asthma severity

- mild intermittent
- mild persistent
- moderate persistent
- severe persistent
- unspecified severity

Asthma complication type

- with acute exacerbation
- with status asthmaticus
- uncomplicated

Select Code

ICD-9	ICD-10	Diagnosis
493.90	J45.20	Mild intermittent asthma, uncomplicated

Problem List Auto map to ICD10 Default

441.4		AAA (abdominal aortic aneurysm) without r	confirmed
401.0		Hypertension, malignant	confirmed
427.31		Atrial fibrillation	confirmed
272.0		Pure hypercholesterolemia	confirmed
493.90		Asthma	confirmed
414.00		Coronary artery disease	confirmed
250.00		DM w/o complication type II	confirmed

Selected Assessments

Axis	PL	Code	Diagnosis	Specify	Notes	Risk	Cl
	<input type="checkbox"/>	I10	Essential (primary) hypertension				
	<input type="checkbox"/>	E78.0	Pure hypercholesterolemia				
	<input type="checkbox"/>	J45.20	Mild intermittent asthma,				
	<input type="checkbox"/>	I25.10	Atherosclerotic heart disease of				

Note that the choices the auto-mapping tool makes may not always be right. For coronary artery disease, it chooses the most likely match – but it will not be the best choice in every situation.

You might want to enter “coronary artery disease” in the search box, and then click on the blue code that comes up.

Switch To Classic Search

IMO Use ICD10

Previous Assessments

Problem List

Smart Search

Real Time

coronary artery disease

ICD-9	ICD-10	Consent	Diagnosis
414.00	I25.10		Coronary artery disease
V71.7	Z03.89		Coronary artery disease (CAD) excluded
414.00	I25.10		Coronary artery disease due to calcified
414.00	I25.10		Coronary artery disease due to lipid rich
V71.7	Z03.89		Coronary artery disease excluded
648.93	O26.891		Coronary artery disease in mother affect
414.00	I25.10		Coronary artery disease in mother affect

Selected Assessments

PL	Code	Diagnosis	Specify
	I10	Essential (primary) hypertension	
	E78.0	Pure hypercholesterolemia	
	J45.20	Mild intermittent asthma,	
	I25.10	Atherosclerotic heart disease of	

This opens a screen that allows you to choose much more detail – perhaps you are seeing a patient with a previous CABG who is having intermittent chest pain. This screen allows you get much more specific and detailed in the diagnosis.

One goal I have in setting up this list of codes is to move these to the problem list – so the next time I see the patient, I won't have to do all this searching again. Clicking on the “PL” box will copy these diagnoses to the problem list. One problem I see often in ECW is duplicate problems in the problem list. I think some providers inadvertently click the PL box every time the patient is seen, moving the same problem repeatedly to the problem list. Please try to avoid doing this – it just makes for a long, redundant problem list which is cumbersome to use. Adding multiple different names for what is basically the same problem is also discouraged (for example: CAD, chest pain, angina). Also, try to avoid putting self-limited problems on the problem list.

Classic Search

IMO Use ICD10

Assessments

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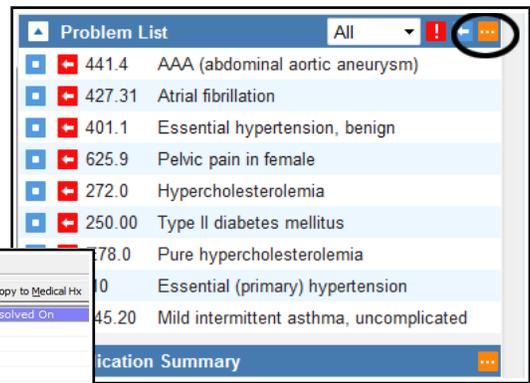
tions --

ICD-9	ICD-10	Consent	Diagnosis
414.00	I25.10		Coronary artery disease
V71.7	Z03.89		Coronary artery disease (CAD) exc
414.00	I25.10		Coronary artery disease due to ca
414.00	I25.10		Coronary artery disease due to lipi
V71.7	Z03.89		Coronary artery disease excluded
648.93	O26.891		Coronary artery disease in mother
414.00	I25.10		Coronary artery disease in mother

Selected Assessments

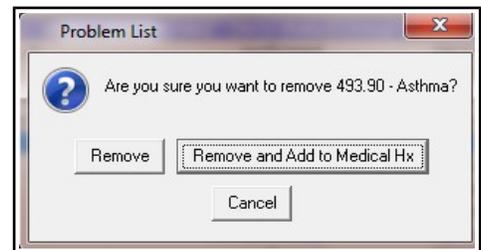
Axis	PL	Code	Diagnosis	Specify
	<input checked="" type="checkbox"/>	I10	Essential (primary) hypertension	
	<input checked="" type="checkbox"/>	E78.0	Pure hypercholesterolemia	
	<input checked="" type="checkbox"/>	J45.20	Mild intermittent asthma,	
	<input checked="" type="checkbox"/>	I25.10	Atherosclerotic heart disease of	

To see the problem list in the right panel – click on the “Overview” tab. Click on the ellipsis as shown here to open the problem list screen.



Code	Name	Specify	Notes	Risk	Onset Date	W/U Status	Clinical Stz	Added On	Modified On	Resolved On	Resolved By
441.4	AAA (abdominal		US in S			...	confirmed	09/07/2014	09/16/2015		Kney, Brad
401.0	Hypertension, m					...	confirmed	09/07/2014	09/07/2014		Beaucejour
427.31	Atrial fibrillation		Rate stz			...	confirmed	09/18/2015	09/18/2015		Kney, Brad
272.0	Pure hyperchole		Under n			...	confirmed	09/16/2015	09/16/2015		Kney, Brad
493.90	Asthma					...	confirmed	09/18/2015	09/18/2015		Kney, Brad
414.00	Coronary artery					...	confirmed	09/18/2015	09/18/2015		Kney, Brad
250.00	DM w/o complic					...	confirmed	09/18/2015	09/18/2015		Kney, Brad
I10	Essential (prima					...	confirmed	09/18/2015	09/18/2015		Kney, Brad
E78.0	Pure hyperchole					...	confirmed	09/18/2015	09/18/2015		Kney, Brad
J45.20	Mild intermittent					...	confirmed	09/18/2015	09/18/2015		Kney, Brad
I25.10	Atherosclerotic					...	confirmed	09/18/2015	09/18/2015		Kney, Brad

By using the “PL” button in the “Assessment” screen, the new ICD-10 problems are here. You can see that there are duplicate entries – one using ICD-9, and the other using ICD-10. I choose the ICD-9 entries one by one, and “Remove” them (AFTER October 1). A box opens asking if you want to add the problem to the medical history – I generally just remove the ICD-9 code, because the problem is usually already in the medical history for my patients.



Elements in ECW that are linked to ICD-9 codes will probably need to be updated with ICD-10 codes. I don't think ECW will do any of this automatically.

If you want to see something similar to the ICD-10 books we used during the trainings, you might want to check out: <http://www.icd10data.com>. This site has a wealth of options for searching codes and converting from/to ICD-9/ICD-10.

This is the workflow that I have found useful. I have only started using these tools and I am sure there are tricks and shortcuts that I am not aware of. Please let me know if you uncover any things in ECW that might help us work more efficiently.

Brad Kney, MD
updated 9/20/15