

# **ICD-10 Follow On Class 1 Software Remediation Project**

## **Accounts Receivable**

### **Release Notes**

**PRCA\*4.5\*281**



**September 2014**

**Version 4.5**

**Department of Veterans Affairs  
Office of Information and Technology  
Product Development**



## Table of Contents

<b>1. Introduction .....</b>	<b>1</b>
1.1. Purpose.....	1
1.2. Background .....	1
1.3. Scope of Changes.....	2
1.4. Documentation .....	2
<b>2. Changes to Existing Software.....</b>	<b>3</b>
2.1. Data Extract Process .....	3
2.2. Third Party Joint Inquiry.....	3
2.3. Regional Counsel.....	3
<b>3. Technical Information .....</b>	<b>4</b>
3.1. Routines.....	4
3.2. Extracts.....	4



# 1. Introduction

## 1.1. Purpose

The purpose of these Release Notes is to identify enhancements to the Accounts Receivable (AR) package contained in patch PRCA\*4.5\*281.

## 1.2. Background

On January 16, 2009, the Centers for Medicare & Medicaid Services (CMS) released a final rule for replacing the 30-year-old International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code set with International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) with dates of service or dates of discharge for inpatients that occur on or after October 1, 2013 (current implementation date).

The classification system consists of more than 68,000 codes, compared to approximately 13,000 ICD-9-CM codes. There are nearly 87,000 ICD-10-PCS codes, while ICD-9-CM has nearly 3,800 procedure codes. Both systems also expand the number of characters allotted from five and four respectively to seven alpha-numeric characters. This value does not include the decimal point, which follows the third character for the ICD-10-CM code set. There is no decimal point in the ICD-10-PCS code set. These code sets have the potential to reveal more about quality of care, so that data can be used in a more meaningful way to better understand complications, better design clinically robust algorithms, and better track the outcomes of care. ICD-10-CM also incorporates greater specificity and clinical detail to provide information for clinical decision making and outcomes research.

### ICD-9-CM and ICD-10-CM Comparison

ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
13,000 codes (approximately)	68,000 codes (approximately)
3-5 characters	3-7 characters (not including the decimal)
Character 1 is numeric or alpha (E or V)	Chapter 1 is alpha; character 2 is numeric;
Characters 2 - 5 are numeric	Characters 3–7 are alpha or numeric (alpha characters are not case sensitive)
Decimal after first 3 characters	Same

## ICD-9-CM and ICD-10-PCS Comparison

ICD-9-CM Procedure Codes	ICD-10-PCS Procedure Codes
3,800 codes (approximately)	87,000 codes (approximately)
3-4 characters	7 alphanumeric characters
All characters are numeric	Characters can be either alpha or numeric. Letters O and I are not used to avoid confusion with the numbers 0 and 1.
All characters are numeric	Each character can be any of 34 possible values. The ten digits 0-9 and the 24 letters A-H, J-N and P-Z may be used in each character.
Decimal after first 2 characters	Does not contain decimals

### 1.3. Scope of Changes

---

**NOTE: Existing ICD-9 functionality has not changed.**

---

Patch PRCA\*4.5\*281 makes the following changes to the AR application:

- To support future maintenance, an Application Program Interface (API) replaces direct global reads.
- Updates to the IB/AR Data Extract to include retrieval of ICD-10 diagnosis and procedure codes.

---

**NOTE: The AR package does not have a Graphical User Interface (GUI) and therefore does not require Section 508 compliance.**

---

### 1.4. Documentation

The AR manuals are posted on the VistA Documentation Library (VDL) [AR](#) page.

The following AR manuals are updated with changes for PRCA\*4.5\*281:

- AR Technical Manual/Security Guide
- AR User Manual – Title Page
- AR User Manual - Glossary

The following AR manuals do not contain changes relating to PRCA\*4.5\*281:

- Installation Guide
- AR User Manual - Accounts Receivable
- AR User Manual - Agent Cashier
- AR User Manual - Archive AR Records Menu
- AR User Manual - Billing Menu
- AR User Manual - Clerk's AR Menu
- AR User Manual - Clerk's AR Menu - Part 2
- AR User Manual - Introduction
- AR User Manual - Supervisor's AR Menu

The following manual does not exist for this package:

- Security Guide

---

**NOTE: Security information is contained within the *AR Technical Manual*.**

---

## 2. Changes to Existing Software

### 2.1. Data Extract Process

Patch PRCA\*4.5\*281 updates functionality for the VHA Chief Business Office (CBO) Data Extract, which is sent via a flat file to the Allocation Resource Center (ARC) in Boston to include retrieval of ICD-10 diagnosis and procedures. For more information, refer to the VistA IB/AR Data Extract Release Notes on the VDL [AR](#) page.

### 2.2. Third Party Joint Inquiry

The AR package uses the Integrated Billing (IB) option, *Third Party Joint Inquiry (TPJI)*, which is impacted by ICD-10. For specific information, please refer to the ICD-10 Software Remediation Project Release Notes for Integrated Billing, patch IB\*2\*461.

The following integration agreements exist between AR and IB:

- 4121
- 4045

### 2.3. Regional Counsel

The VistA AR package provides a Regional Counsel (RC) referral process, whereby billing data is electronically transmitted for review by legal counsel (Regional Counsel or Department of Justice).

Note 1: The RC/DOJ Action Menu is used for this purpose. The Refer to RC/DOJ and Review/Refer TP Bills to RC options are used to trigger the transmissions to the RC database.

Note 2: Additional details regarding these transmissions are documented in the ICD-10 AR SDD.

Note 3: The RC referral process currently includes the decimal in the ICD diagnosis and procedure codes, and supports a maximum length of 10 characters for the codes. The ICD-10 diagnosis and ICD-10 procedure short descriptions have been expanded in the ICD-10 code set to the maximum length of 60 characters. The Regional Counsel database is able to accommodate the 60 character ICD-10 short description without making any modifications to their database. Due to differences in code set versions for ICD-9 and ICD-10 the Regional Counsel (RC) referral process is being tested for ICD-10 impact to insure that the process works with the addition of code set version ICD-10.

The VistA AR Regional Counsel referral process shall support ICD-10 diagnoses and ICD-10 procedures for bills that have ICD-10 data associated with them.

- ICD-10 diagnosis codes (up to 8 characters, including the decimal after the 3rd character)
- ICD-10 diagnosis short descriptions (up to 60 characters)
- ICD-10 procedure codes (consisting of 7 characters, with no decimal)
- ICD-10 procedure short descriptions (up to 60 characters)

The VistA AR Regional Counsel referral process shall continue to support ICD-9 diagnoses and ICD-9 procedures for bills that have ICD-9 data associated with them.

- ICD-9 diagnosis codes (up to 5 characters, including the decimal after the 3rd character)
- ICD-9 diagnosis short descriptions (up to 24 characters)
- ICD-9 procedure codes (up to 5 characters, including the decimal after the 3rd character)
- ICD-9 procedure short descriptions (up to 24 characters)

## 3. Technical Information

### 3.1. Routines

The following AR routine was modified to replace direct global reads and old APIs with new Standards and Terminology Services (STS) APIs and Lexicon APIs wherever possible.

Routine Name	Function
RCXVDC4	AR Data Extraction Data Creation

### 3.2. Extracts

The existing extract has been modified to accommodate for the ICD-10 Code Set.

Extract	Fields/Data Elements Being Extracted
CBO Data Extract	Record 399.0304: <ul style="list-style-type: none"><li>• PROCEDURE</li><li>• ICD PROCEDURE CODE QUALIFIER</li><li>• ASSOCIATED DIAGNOSIS (1) PRIMARY DIAGNOSIS</li><li>• ICD ASSOCIATED DIAGNOSIS (1) CODE QUALIFIER</li></ul>