It’s hard to believe that ICD-10 is only 9 months away from being implemented. As you know ICD-10 has been delayed numerous times in the past, but it appears the system is ready to go live October 1, 2014. As we move forward with the implementation of ICD-10, training on the new coding systems becomes a high priority. The University will be using Anthelio’s ICD-10 Training Program to educate all billers, coders, and auditors on the new coding system. These training programs are currently underway. It’s very important to complete all the modules in the training. I know what you are thinking: Where am I going to find the time to do all of this training? As billers, coders, and auditors we have the great ability to multi-task numerous job duties at one time. This is one of those times where you have to use that great multi-tasking ability and add one more ball to your juggling act. I have four very important steps you must complete before starting your ICD-10 training.

- **Breathe:** Training and testing can be, as my mom would say, “nerve wrecking.” So before you start your modules just take the time to relax yourself and remember this training will be very beneficial for you and your professional development.
- **Find a quiet place:** If possible try to find a quiet place to conduct your training. It’s very difficult to focus on documentation and coding when you have distractions or interruptions. Training rooms are available to use if you are having difficulty finding a place to do your training. There will also be time dedicated at the biller’s meeting for training.
- **Grab your favorite snack:** It always makes me feel better to know my favorite snack is near if I’m feeling any stress. Training can be very stressful, so make sure you have your favorite snack close.
- **Phone a Friend:** If you have questions or concerns please don’t hesitate to call a friend. As you know, the Compliance Department lines are always open to help our fellow billers, coders, and auditors.

### ICD-10 Fun Facts
- ICD-9 has a little over 14,000 diagnosis codes, while ICD-10 will have over 69,000.
- Procedure codes will jump from 4,000 to 72,000. There will be about 8 times the number of code selections to choose from.
- As of October 1, 2014; ICD-9 will no longer publish updates.
- After October 1, 2015; regular updates to ICD-10 will begin.

### The following countries have already implemented ICD-10
- Australia
- Netherlands
- South Africa
- Thailand
- Korea
- China
- Sweden
- Germany
- Canada
- France
ICD-10 Education with a Twist of Humor
By: David Vence, RHIA

Price Right is a 45 year old male with a chief complaint of right lower leg pain, hypertension, and acute stress.

Mr. Right was at a NFL football playoff game last week where he got the privilege of having a VIP Pass granting him access to watch the game from the field. Mr. Right’s team was returning a kick-off return for a touchdown. He got so excited he started running down the sideline along with the players. After running about 20 yards, he felt a pain in his right lower leg which caused him to fall onto the field. The player returning the kick-off tripped over Mr. Right’s leg and fumbled the ball. The opposing team picked the ball up and ran it in for a touchdown! Presently, he is having tremendous right lower leg pain and stress from the media attention. He is also having trouble with his hypertension because his children have been out of school all week due to the recent snow storm. Mr. Right has excruciating pain in his right ear from all the booing after his accident on the field.

Diagnoses:
Right Lower Leg Pain, Acute Stress and Hypertension unspecified, Right Ear Pain

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Lower Leg Pain</td>
<td>729.5</td>
<td>M79.661</td>
</tr>
<tr>
<td>Acute Stress</td>
<td>308.9</td>
<td>F43.0</td>
</tr>
<tr>
<td>HTN (benign)</td>
<td>401.1</td>
<td>I10</td>
</tr>
<tr>
<td>Right Ear Pain</td>
<td>388.7</td>
<td>H92.01</td>
</tr>
</tbody>
</table>

Weathering the Winds of Change: Strategies for Coding, Compliance and Communication
Several recurring themes emerged from the evaluations collected from the attendees of the December 3rd Weathering the Winds of Change Seminar. Listed below are the Frequently Asked Questions and our responses with the information we currently have available.

Question: How many CEUs (Continuing Education Units) did I earn from the Seminar?

Answer: The Compliance Office recently calculated the education hours according to the AAPC (American Association of Professional Coders) and the conversion rates allow us to award 4.5 hours of Continuing Education for attending the full day conference. CEU Certificates of Completion will be distributed to attendees in early February.

Question: What exactly are the requirements for physician training related to ICD-10?

Answer: The American Health Information Management Association (AHIMA) recommends training for coders in physician practices, projecting 16 hours for outpatient coders and 50 hours for inpatient coders. AHIMA has no specific requirement for physician training, although the SLU Compliance Office anticipates providing training as an element of sound practice management. The Compliance Office is now working with the PMO and SLUCare executive management teams to create a training plan that is practical and effective for both coders and physicians.

Question: Will AHIMA seminars be available online so that we can access the information even if we’re unable to attend “live” presentations?
This month we bring you a case from Iowa in which an Iowa State University professor has been accused of falsifying HIV/AIDS research blood samples. The original article can be found at The Des Moines Register.

A former Iowa State University assistant professor of biomedical sciences, Dr. Dong-Pyou Han, has been accused of adding human blood (containing HIV antibodies) to rabbit blood in order to make it appear as though the rabbits on which a trial AIDS vaccine was being tested were producing HIV antibodies on their own as a result of the vaccine.

Dr. Han’s fraudulent research results aided the ISU research team in gaining $19 million worth of Federal Funding, about $10 million of which was awarded after he and his research team began reporting his faked results. Questions about Dr. Han’s team’s findings were raised after other institutions were unable to replicate the results found at ISU. ISU asked researchers at another university to do testing on Dr. Han’s samples and was informed that the samples had been spiked. In August, Dr. Han was identified as a suspect and he later confessed to having tainted the samples. He resigned from ISU effective October 4, 2013. Dr. Han has received a three-year ban on participating in federally-funded research. No other members of his research team are implicated in the case and none have been punished.

The ISU case highlights several issues. Research fraud is both ethically and legally wrong. Faking research can set back advancements in legitimate research by years, as could be the situation in the ISU case. Additionally, fraudulent research shines a negative spotlight on the perpetrators, administration, and university—something we at Saint Louis University want to avoid.

If you have questions about what constitutes falsification of research data, please contact the University’s Manager of Research Integrity, Johnny Kidd, at 977-7047 or jkidd2@slu.edu.