ICD-10 Follow On Class 1 Software Remediation

VistA Home Based Primary Care (HBPC)

Release Notes

HBH*1.0*25

August 2014

Department of Veterans Affairs
Office of Information and Technology
Product Development
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1. Introduction

1.1. Purpose

The purpose of these Release Notes is to identify enhancements to the Home Based Primary Care (HBPC) package contained in patch HBH*1*25.

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 the ICD-10 activation 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.

<table>
<thead>
<tr>
<th>ICD-9-CM and ICD-10-CM Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-9-CM</strong></td>
</tr>
<tr>
<td>3-5 characters</td>
</tr>
<tr>
<td>1st character is numeric (chapters 1-17) or alpha (E or V) (supplemental chapters)</td>
</tr>
<tr>
<td>2nd, 3rd, 4th and 5th characters are numeric</td>
</tr>
<tr>
<td>Decimal after first 3 characters</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9-CM and ICD-10-PCS Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-9-CM Procedure Codes</strong></td>
</tr>
<tr>
<td>3-4 characters</td>
</tr>
<tr>
<td>All characters are numeric</td>
</tr>
<tr>
<td>All characters are numeric</td>
</tr>
<tr>
<td>Decimal after first 2 characters</td>
</tr>
</tbody>
</table>
1.3. Scope of Changes

NOTE: Existing ICD-9 functionality has not changed.

Patch HBH*1*25 makes the following changes to the HBPC application:

- Displays ICD-10-CM diagnosis codes and full descriptions / definitions.
  - ICD-10 diagnosis code up to 8 characters (including the decimal point that follows the third character).
  - Full descriptions/definitions.
  - ICD-10 label.

1.4. Dependencies

The following associated patches must be installed prior to installing Patch HBH*1*25.

- ICD*18.0*57
- LEX*2.0*80
- HBH*1.0*16
- HBH*1.0*22
- HBH*1.0*24

1.5. Documentation

The HBPC manuals are posted on the VistA Documentation Library (VDL) page:

http://www.va.gov/vdl/application.asp?appid=68

The following HBPC user manuals are updated with changes for HBH*1*25:

- Home Based Primary Care Technical Manual
- Home Based Primary Care User Manual

The following manuals are not updated for ICD-10:

- Home Based Primary Care Installation Guide
- Home Based Primary Care Package Security Guide
2. **Discharge Data Entry**

Note: The Date Of Interest is the Discharge Date.

The Discharge Data Entry option allows for entering, editing, and storing Discharge data for a patient including the diagnosis code (ICD-10 Code). The following screen shows all of the information including the Diagnosis for Discharge Data Entry.

### Discharge Data Entry Data Display

Select HBPC Information System Menu Option: **Discharge Data Entry**

Select HBHC PATIENT NAME: HBPCPATIENT, FIVE 03-01-12 1-1-60 666878787

NO SC VETERAN

DISCHARGE DATE: **APR 30, 2012**

ELIGIBILITY @ DISCHARGE: **Other Non-Service Connected** (05)

MARITAL STATUS @ DISCHARGE: **Married** (1)

LIVING ARRANGEMENTS @ D/C: **With Spouse** (2)

DISCHARGE STATUS: **Transferred to Other Provider** (1)

TRANSFER DESTINATION: **VA Provided Care** (1)

TYPE OF DESTINATION AGENCY: **Not Determined** (9)

PRIMARY DIAGNOSIS @ DISCHARGE: **HIV**

14 matches found

1. **B20.** Human Immunodeficiency Virus [HIV] Disease
2. **B97.35** Human Immunodeficiency Virus, Type 2 [HIV 2] as the Cause of Diseases classified elsewhere
3. **098.711** Human Immunodeficiency Virus [HIV] Disease Complicating Pregnancy, first Trimester
4. **098.712** Human Immunodeficiency Virus [HIV] Disease Complicating Pregnancy, second Trimester
5. **098.713** Human Immunodeficiency Virus [HIV] Disease Complicating Pregnancy, third Trimester
6. **098.719** Human Immunodeficiency Virus [HIV] Disease Complicating Pregnancy, unspecified Trimester
7. **098.72** Human Immunodeficiency Virus [HIV] Disease Complicating Childbirth
8. **098.73** Human Immunodeficiency Virus [HIV] Disease Complicating the Puerperium

Press <RETURN> for more, "^^" to exit, or Select 1-8:

9. **R75.** Inconclusive Laboratory Evidence of Human Immunodeficiency Virus [HIV]
10. **Z11.4** Encounter for Screening for Human Immunodeficiency Virus [HIV]
11. **Z20.6** Contact with and (Suspected) Exposure to Human Immunodeficiency Virus [HIV]
12. **Z21.** Asymptomatic Human Immunodeficiency Virus [HIV] Infection Status
13. **Z71.7** Human Immunodeficiency Virus [HIV] Counseling
14. **Z83.0** Family History of Human Immunodeficiency Virus [HIV] Disease

Select 1-14:
### 2.1. Evaluation/Admission Data Report by Patient (80)

Primary Diagnosis @ Adm field value allows you to display, add, or edit code based on the current active code set on the given Admission date.

**Evaluation/Admission Data Entry Data Display**

Select HBHC PATIENT NAME: HBPCPATIENT, FIVE 1-1-40 000000005 YES SC VETERAN

Enrollment Priority: GROUP 2 Category: IN PROCESS End Date: 

Are you adding 'HBPCPATIENT,FIVE' as a new HBHC PATIENT (the 9TH)? No//Y (Yes)

| HBHC PATIENT DATE: **T** (On or after the ICD-10 Activation Date) |
| DATE: FEB 29, 2000// <RET> |
| STATE CODE: ANYSTATE // <RET> |
| COUNTY CODE: ANYCOUNTY (031) // <RET> |
| ZIP CODE: 66611// <RET> |
| ELIGIBILITY @ EVALUATION: Service Connected Less Than 50% (03)// <RET> |
| BIRTH YEAR: 1940 |
*** Contact MAS if value is incorrect. ***
| PERIOD OF SERVICE: Vietnam (07)// <RET> |
| SEX: Male (1) |
*** Contact MAS if value is incorrect. ***
| RACE: White (1) |
*** Contact MAS if value is incorrect. ***
| MARITAL STATUS @ EVALUATION: Married (1)// <RET> |
| LIVING ARRANGEMENTS @ EVAL: 1 Alone (1) |
| LAST AGENCY PROVIDING CARE: 1 VA Provided Care (1) |
| TYPE OF LAST CARE AGENCY: 5 Hospice (5) |
| ADMIT/REJECT ACTION: 1 Admit to HBHC (1) |
| PRIMARY DIAGNOSIS @ ADMISSION: E57.123 MAL NEO PANCREAS BODY COMPLICATION/COMORBIDITY |
| SECONDARY DIAGNOSES @ ADMISSION: F00.1 Dementia |
| D20.24 Neurological Disorder |
| B01.1 Infectious Disease |
| VISION @ ADMISSION: 2 Moderate Loss (2) |
| HEARING @ ADMISSION: 2 Moderate Loss (2) |
| EXPRESSIVE COMMUNICATION @ ADMISSION: 1 Speaks and is Usually Understood (1) |
| RECEPTIVE COMMUNICATION @ ADMISSION: 1 Usually Understands Oral Communication (1) |
| BATHING @ ADMISSION: 2 Receives Help (2) |
| DRESSING @ ADMISSION: 2 Receives Help (2) |
| TOILET USAGE @ ADMISSION: 2 Receives Help (2) |
| TRANSFERRING @ ADMISSION: 2 Receives Help (2) |
| EATING @ ADMISSION: 2 Receives Help (2) |
| WALKING @ ADMISSION: 3 Not Done or Done Without Patient Participation (3) |
| BOWEL CONTINENCE @ ADMISSION: 2 Incontinent Occasionally (2) |
| BLADDER CONTINENCE @ ADMISSION: 3 Incontinent or Ostomy/Catheter Not Self Care (3) |
| MOBILITY @ ADMISSION: 3 Confined Indoors, Not Bed Disabled (3) |
| ADAPTIVE TASKS @ ADMISSION: 2 Requires Help (2) |
| BEHAVIOR PROBLEMS @ ADMISSION: 1 Does Not Exhibit This Characteristic (1) |
| DISORIENTATION @ ADMISSION: 1 Does Not Exhibit This Characteristic (1) |
| MOOD DISTURBANCE @ ADMISSION: 2 Exhibits This Characteristic (2) |
| CAREGIVER LIMITATIONS @ ADMISSION: 1 Minimal or None (1) |
| PERSON COMPLETING EVAL/ADM FORM: 100 HBPCPROVIDER, TWO HINES ISC |
| ...OK? Yes// <RET> (Yes) |
| DATE EVAL/ADM FORM COMPLETED: T (FEB 29, 2014) |
| CASE MANAGER: 100 HBPCPROVIDER, TWO HINES ISC |
2.2. Discharge Data Report by Patient (80)

The Primary Diagnosis @ D/C field value allows you to display, add, store and edit code based on the current active code set on the Discharge date.

<table>
<thead>
<tr>
<th>Select HBHC PATIENT NAME:</th>
<th>HBPCPATIENT,SEVEN 5-20-66 000000007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Priority:</td>
<td>GROUP 1 Category: IN PROCESS End Date: 01-03-14</td>
</tr>
<tr>
<td>DISCHARGE DATE:</td>
<td>T (On or after the ICD-10 Activation Date)</td>
</tr>
<tr>
<td>ELIGIBILITY @ DISCHARGE:</td>
<td>Service Connected 50% or More (01)</td>
</tr>
<tr>
<td>MARITAL STATUS @ DISCHARGE:</td>
<td>1 Married (1)</td>
</tr>
<tr>
<td>LIVING ARRANGEMENTS @ D/C:</td>
<td>2 With Spouse (2)</td>
</tr>
<tr>
<td>DISCHARGE STATUS:</td>
<td>2 Anticipated Institutionalization (2)</td>
</tr>
<tr>
<td>TRANSFER DESTINATION:</td>
<td>2 Non VA Care (2)</td>
</tr>
<tr>
<td>TYPE OF DESTINATION AGENCY:</td>
<td>3 Nursing Home (3)</td>
</tr>
<tr>
<td>PRIMARY DIAGNOSIS @ DISCHARGE:</td>
<td>E57.123 MAL NEO PANCREAS BODY</td>
</tr>
<tr>
<td>SECONDARY DIAGNOSES @ D/C:</td>
<td>F00.1 Dementia</td>
</tr>
<tr>
<td>D20.24 Neurological Disorder</td>
<td></td>
</tr>
<tr>
<td>B01.1 Infectious Disease</td>
<td></td>
</tr>
<tr>
<td>E02.23 EARLY SKIN YAWS NEC</td>
<td></td>
</tr>
<tr>
<td>VISION @ DISCHARGE:</td>
<td>3 Severe Loss (3)</td>
</tr>
<tr>
<td>HEARING @ DISCHARGE:</td>
<td>3 Severe Loss (3)</td>
</tr>
<tr>
<td>EXPRESIVE COMMUNICATION @ D/C:</td>
<td>4 Uses Only Gestures, Grunts, or Primitive Symbols (4)</td>
</tr>
<tr>
<td>RECEPTIVE COMMUNICATION @ D/C:</td>
<td>5 Does Not Understand (5)</td>
</tr>
<tr>
<td>BATHING @ DISCHARGE:</td>
<td>3 Not Done or Done Without Patient Participation (3)</td>
</tr>
<tr>
<td>DRESSING @ DISCHARGE:</td>
<td>3 Not Done or Done Without Patient Participation (3)</td>
</tr>
<tr>
<td>TOILET USAGE @ DISCHARGE:</td>
<td>3 Not Done or Done Without Patient Participation (3)</td>
</tr>
<tr>
<td>TRANSFERRING @ DISCHARGE:</td>
<td>3 Not Done or Done Without Patient Participation (3)</td>
</tr>
<tr>
<td>EATING @ DISCHARGE:</td>
<td>3 Not Done or Done Without Patient Participation (3)</td>
</tr>
<tr>
<td>WALKING @ DISCHARGE:</td>
<td>3 Not Done or Done Without Patient Participation (3)</td>
</tr>
<tr>
<td>BOWEL CONTINENCE @ DISCHARGE:</td>
<td>3 Incontinent or Ostomy/Catheter Not Self Care (3)</td>
</tr>
<tr>
<td>BLADDER CONTINENCE @ DISCHARGE:</td>
<td>3 Incontinent or Ostomy/Catheter Not Self Care (3)</td>
</tr>
<tr>
<td>MOBILITY @ DISCHARGE:</td>
<td>3 Confined Indoors, Not Bed Disabled (3)</td>
</tr>
<tr>
<td>ADAPTIVE TASKS @ DISCHARGE:</td>
<td>2 Requires Help (2)</td>
</tr>
<tr>
<td>BEHAVIOR PROBLEMS @ DISCHARGE:</td>
<td>1 Does Not Exhibit This Characteristic (1)</td>
</tr>
<tr>
<td>DISORIENTATION @ DISCHARGE:</td>
<td>2 Exhibits This Characteristic (2)</td>
</tr>
<tr>
<td>MOOD DISTURBANCE @ DISCHARGE:</td>
<td>2 Exhibits This Characteristic (2)</td>
</tr>
<tr>
<td>CAREGIVER LIMITATIONS @ D/C:</td>
<td>3 Moderately Severe (3)</td>
</tr>
<tr>
<td>PERSON COMPLETING D/C FORM:</td>
<td>100 HBPCPROVIDER,TWO HINES ISC</td>
</tr>
</tbody>
</table>

...OK? Yes//<RET> (Yes)

2.3. Admissions/Discharges by Date Range Report (132)

The column header showing the code set for the Date Range report displays based on the following:

**Note:** The column header in various ICD Code reports is customized to match the type of ICD code that appears in the report. If the report only covers ICD-9 era dates, the column header is ICD9; if the report covers only ICD-10 era dates, the column header is ICD10; and if the report covers both ICD-9 and ICD-10 era dates, the column header is ICD.

<table>
<thead>
<tr>
<th>Select Admissions or Discharges: (A/D):</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Report Date:</td>
<td>3/21/2014 (MAR 21, 2014)</td>
</tr>
<tr>
<td>Ending Report Date:</td>
<td>T (MAR 28, 2014)</td>
</tr>
<tr>
<td>DEVICE: HOME// (Enter a device capable of printing 132 columns)</td>
<td></td>
</tr>
</tbody>
</table>

>>> HBPC Admissions by Date Range Report <<< Page: 1

Run Date: MAR 28, 2000 Date Range: MAR 21, 2014 to MAR 28, 2014
### 2.4. Patient Visit Data Report (80)

Based on the current active code set, the report shows either ICD-9 or ICD-10 code with description in the visit data.

Beginning Report Date: 2/1/14 (FEB 01, 2014)
Ending Report Date: T (FEB 29, 2014)
DEVICE: HOME// (Enter a device)

>>> HBPC Patient: HBPCPATIENT,SEVEN 000-00-0007 Visit Data Report <<< Page: 1

Admission Primary Diagnosis: **E57.123 MAL NEO PANCREAS BODY**

Visit Date: 02-10-2014 Prov No.: 102 Prov Name: HBPCPROVIDER,TWO
Diagnosis: I61.311 MAL NEO CARTILAGE LARYNX
CPT Code: 92502 EAR AND THROAT EXAMINATION
Modifier: - 26 PROFESSIONAL COMPONENT

==== End of Report ====

### 2.5. Visit Data by Date Range Report (80)

Based on the current active code set, the report shows either ICD-9 or ICD-10 code with description in the visit data.

Beginning Report Date: 5/29 (MAY 29, 2014)
Ending Report Date: 6/2 (JUN 02, 2014)

>>> HBPC Visit Data by Date Range Report <<< Page: 1
Provider: HBPCPROVIDER,TWO (152)
Run Date: JUN 02, 2000 Date Range: MAY 29, 2014 to JUN 02, 2014

Admission Primary Diagnosis: E57.123 MAL NEO PANCREAS BODY

Visit Date: 06-02-2014 Patient Name: HBPCPATIENT,EIGHT Last 4: 0008
Diagnosis: I61.311 MAL NEO CARTILAGE LARYNX
CPT Code: 92502 EAR AND THROAT EXAMINATION
Modifier: - 26 PROFESSIONAL COMPONENT
Modifier: - 77 REPEAT PROCEDURE BY ANOTHER PHYSICIAN

Provider: HBPCPROVIDER,TWO (152) Visits Total: 1

2.6. ICD Code/Dx Text by Date Range Report (80)

If the date range you enter is after the ICD-10 activation date, then the column header states "ICD10 Code/Diagnosis Text". If date range includes the ICD-10 activation date, then the column header states "ICD Code/Diagnosis Text".

If you do not wish to include all the ICD Diagnosis codes, then the "Select ICD Diagnosis:" prompt asks for ICD-10 codes if the date range is after the ICD-10 activation date. If date range includes the ICD-10 activation date, then the prompt inputs both ICD-9 and ICD-10 codes.

Note: This report has been renamed to "icd Code/Dx Text by Date Range Report".

Select Reports Menu Option: icd Code/Dx Text by Date Range Report (80)

Beginning Report Date: 1/1/14 (JAN 01, 2014)
Ending Report Date: 4/05/14 (APR 05, 2014)

Do you wish to include ALL ICD Diagnosis Codes on the report? No// (No)

Select ICD DIAGNOSIS: diet
12 matches found
1. E60. Dietary zinc deficiency (10/01/2013) (Pending)
2. E58. Dietary calcium deficiency (10/01/2013) (Pending)
3. E59. Dietary selenium deficiency (10/01/2013) (Pending)
4. D52.0 Dietary folate deficiency anemia (10/01/2013) (Pending)
5. Z71.3 Dietary counseling and surveillance (10/01/2013) (Pending)
Press <RETURN> for more, '^' to exit, or Select 1-5:
6. Z72.4 Inappropriate diet and eating habits (10/01/2013) (Pending)
7. D51.3 Other dietary vitamin B12 deficiency anemia (10/01/2013) (Pending)
8. Z91.11 Patient's noncompliance with dietary regimen (10/01/2013) (Pending)
9. K52.2 Allergic and dietetic gastroenteritis and colitis (10/01/2013) (Pending)
10. O24.430 Gestational diabetes in the puerperium, diet controlled (10/01/2013) (Pending)
Press <RETURN> for more, '^' to exit, or Select 1-10:
11. O24.410 Gestational diabetes mellitus in pregnancy, diet
2.7. Active Census with ICD Code/Text Report (132)

If the date range is after the ICD-10 activation date, then the column header states "ICD10 Code". If the date range includes the ICD-10 activation date, then the column header states "ICD Code".

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>ICD10 Code</th>
<th>Diagnosis Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBPCPATIENT, ONE</td>
<td>436.0</td>
<td>CVA</td>
</tr>
<tr>
<td>HBPCPATIENT, TWO</td>
<td>428.0</td>
<td>CONGEST HEART FAIL UNSPECIFIED</td>
</tr>
<tr>
<td>HBPCPATIENT, THREE</td>
<td>564.1</td>
<td>IRRITABLE BOWEL SYNDROME</td>
</tr>
<tr>
<td>HBPCPATIENT, FOUR</td>
<td>250.40</td>
<td>DMII RENL NT ST UNCNTRLD</td>
</tr>
<tr>
<td>HBPCPATIENT, FIVE</td>
<td>185.0</td>
<td>MALIGN NEOPL PROSTATE</td>
</tr>
<tr>
<td>HBPCPATIENT, SIX</td>
<td>429.1</td>
<td>MYOCARDIAL DEGENERATION</td>
</tr>
</tbody>
</table>

Active Census Total: 6

==== End of Report ====

---

controlled (10/01/2013) (Pending) 12. O24.420 Gestational diabetes mellitus in childbirth, diet controlled (10/01/2013) (Pending)

Select 1-12: 12

Do you wish to include ALL codes within category O24? Yes// (Yes)

Select ICD DIAGNOSIS:
2.8. **Form Errors Report (80)**

Based on the current active code set, the report shows either ICD-9 or ICD-10 code with description in the visit data.

```
Select OPTION NAME: HBHCRP1
  1   HBHCRP1        Form Errors Report  (80)
  2   HBHCRP10       Program Census Report  (80)
  3   HBHCRP11       Team Census Report  (80)
  4   HBHCRP12       Episode of Care/Length of Stay Report  (80)
  5   HBHCRP16       Rejections from HBPC Program Report  (132)
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  HBHCRP1     Form Errors Report  (80)
Form Errors Report  (80)
DEVICE: HOME// UCX/TELNET

>>> HBPC Form Errors Report <<<                     Page: 1

Run Date: APR 05, 2012

<table>
<thead>
<tr>
<th>Patient File IEN</th>
<th>Patient Name</th>
<th>Last Four</th>
<th>Visit Clinic Name</th>
<th>Date</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>`7171882</td>
<td>HBPCTEST, TWO</td>
<td>0201</td>
<td>HBPC Test Clinic</td>
<td>APR 04, 2012@14:15</td>
<td></td>
</tr>
<tr>
<td>Visit Error:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD:</td>
<td>244.0</td>
<td>POSTSURGICAL HYPOTHYROID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICD:</td>
<td>215.7</td>
<td>BENIGN NEO TRUNK NOS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPT:</td>
<td>85025</td>
<td>COMPLETE CBC W/AUTO DIFF WBC QTY: 1</td>
<td>CPT Code Prov #:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Please use Appointment Management to Correct Visit Errors. Run Edit Form Errors Data option when corrections are complete.

==== End of Report ====
```
### 2.9. Ability to Print HBPC Reports

The VistA HBPC package prints the ICD-10 diagnosis code up to 8 characters (including the decimal point that follows the third character) for all known Secondary Diagnosis @ Adm. for the Patient on the various Data Report by Patient Reports.

Note: This report is now titled “HBPC Active Census with ICD Code/Text Report”.

#### HBPC Active Census with ICD10 Code/Text Report

Beginning Report Date: **1/1/2013** (JAN 01, 2013)
Ending Report Date: **12/31/2013** (DEC 31, 2013)
DEVICE: HOME// (Enter a device that prints 132 columns)

```
>>> HBPC Active Census with ICD10 Code/Text Report <<< Page: 1

Run Date: MAR 29, 2014 Date Range: JAN 01, 2013 to DEC 31, 2013

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>SSN</th>
<th>Date</th>
<th>ICD Code</th>
<th>Diagnosis Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBPCPATIENT,EIGHT</td>
<td>000-01-0008</td>
<td>NOV 03, 2013</td>
<td>E16.844</td>
<td>CHR PULMON HEART DIS NEC</td>
</tr>
<tr>
<td>HBPCPATIENT1,SIX</td>
<td>000-00-0016</td>
<td>DEC 02, 2013</td>
<td>E16.844</td>
<td>CHR PULMON HEART DIS NEC</td>
</tr>
</tbody>
</table>

Active Census Total: 64

==== End of Report ====
```
3. **ICD-10 Searches**

The HBPC package provides the ability to search on ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes.

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

3.1. **Searches and Look-Ups**

**Note:** The Date Of Interest is the Admission Date.

The software utilizes new Application Program Interfaces (APIs) to perform the Look-ups and searches. The searches may return more matches than can be displayed on a single screen.

1. To perform a search or look-up, you can enter any of the following:
   - A valid ICD-10 code.
   - A partial ICD-10 code.
   - A partial description of a valid ICD-10 code.

2. If you select a valid ICD-10 code, the software will continue to the next function.

3. If you select one partial ICD-10 code (i.e., a branch node denoted by a trailing "-"), all of the immediate descendants of that branch node display.

4. Step 3 repeats until you select a valid ICD-10 code.
The example below shows the new ICD-10 search API drilling down two levels to select a valid ICD-10 code.

Step #1: You enter the first three characters (F14) of a valid ICD-10 code.

Result: The software displays the total number of entries that match the three character input (20), a numbered list of matching codes, their descriptions, and designates leaf nodes matches.

<table>
<thead>
<tr>
<th>ICD-10 Diagnosis code: F14 &lt;enter&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 matches found</td>
</tr>
<tr>
<td>1. F14.10  Cocaine Abuse, Uncomplicated</td>
</tr>
<tr>
<td>2. F14.12- Cocaine abuse with intoxication</td>
</tr>
<tr>
<td>3. F14.14  Cocaine Abuse with Cocaine-Induced Mood Disorder</td>
</tr>
<tr>
<td>4. F14.15- Cocaine abuse with cocaine-induced psychotic disorder</td>
</tr>
<tr>
<td>5. F14.18- Cocaine abuse with other cocaine-induced disorder</td>
</tr>
<tr>
<td>6. F14.19  Cocaine Abuse with unspecified Cocaine-Induced Disorder</td>
</tr>
<tr>
<td>7. F14.20  Cocaine Dependence, Uncomplicated</td>
</tr>
<tr>
<td>8. F14.21  Cocaine Dependence, in Remission</td>
</tr>
</tbody>
</table>

Step #2: You review the list and select entry #4 (F14.15-), which is a branch node.

Result: The software displays the total number of entries that match the partial ICD-10 code F14.15, a numbered list of matching code(s), their descriptions, and whether the entry is a branch (-) or a leaf node. In this example, there are three matches and all three of them are valid ICD-10 codes (no “-“ at the end of the code).

<table>
<thead>
<tr>
<th>3 matches found</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. F14.150  Cocaine Abuse with Cocaine-Induced Psychotic Disorder with Delusions (ICD-10-CM F14.150)</td>
</tr>
<tr>
<td>2. F14.151  Cocaine Abuse with Cocaine-Induced Psychotic Disorder with Hallucinations (ICD-10-CM F14.151)</td>
</tr>
<tr>
<td>3. F14.159  Cocaine Abuse with Cocaine-Induced Psychotic Disorder, unspecified (ICD-10-CM F14.159)</td>
</tr>
</tbody>
</table>

Select 1-3:  2 <enter>

Step #3: Review the list and select entry #2 (F14.151), which is a valid ICD-10 code.

Result: The software displays the valid ICD-10 code as well as the code's full description on the next line.

<table>
<thead>
<tr>
<th>ICD-10 Diagnosis code: F14.151</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 Diagnosis description: Cocaine Abuse with Cocaine-Induced Psychotic Disorder with Hallucinations (ICD-10-CM F14.151)</td>
</tr>
</tbody>
</table>

If the Admission date is updated, and that the new active coding system is different from the previously entered Primary Diagnosis @ Admission's coding system, then the Primary Diagnosis is deleted.
4. Known Issue

The ICD-10 Class I Remediation project will update VistA to include the ICD-10 Diagnosis and Procedure codes. The first patches to be delivered by this project will be the STS patches ICD*18.0*57 and LEX*2.0*80 which will include both the ICD-10 Diagnosis and Procedure codes along with new or updated APIs that will be used by the other VistA applications to select, retrieve and display these new codes.

Several VistA applications do not currently utilize code set versioning. Those applications are Prosthetics, Home Based Primary Care, and Laboratory: Anatomic Pathology. As a result, these applications currently allow inactive ICD-9 codes to be displayed and selected for ICD-9 dates of service.

During the interim, after the installation of the STS ICD-10 Class I Remediation patches and prior to the ICD-10 Implementation date (10/01/2014), these applications will also allow the display and selection of inactive ICD-10 codes including statuses of (Inactive) or (Pending). The users of these applications should use CAUTION to select ICD-9 or ICD-10 codes that are appropriate and active.

The following examples show how the software appears in these applications:

**EXAMPLE 1: Inactive ICD-9 codes**

The warning (Inactive) appears at the end of the short description.

```
Select ICD DIAGNOSIS: 100.0//488.1

4 matches found

1. 488.1 FLU DT IDEN H1N1 VIRUS (Inactive)
2. 488.11 FLU DT 2009 H1N1 W PNEU (Major CC)
3. 488.12 FLU-2009 H1N1 W OTH RESP
4. 488.19 FLU-2009 H1N1 W OTH MAN (Inactive)

Select 1-4:

Select ICD DIAGNOSIS:
```

**EXAMPLE 2: Inactive ICD-10 codes**

The warning (Pending) appears at the end of the short description.

```
Select ICD DIAGNOSIS: 100.0//A27.

4 matches found

1. A27.0 Leptospirosis icterohemorrhagica (10/01/2014) (Pending)
2. A27.81 Aseptic meningitis in leptospirosis (10/01/2014) (Pending)
3. A27.89 Other forms of leptospirosis (10/01/2014) (Pending)
4. A27.9 Leptospirosis, unspecified (10/01/2014) (Pending)

When creating or editing records dated after the ICD-10 Activation Date, the software will correctly screen out both the inactive ICD-9 and inactive ICD-10 codes.
5. Technical Information

5.1. Online Help for ICD-10 Codes

Help text (?) and extended help text (??, ???) is included for prompts related to ICD-10 codes. Below are screen displays of the new HBPC help text feature in Evaluation/Admission Data Entry and Discharge Data Entry.

### HBPC Help Text Display for Evaluation/Admission Data Entry

![Help Text Display](image)

Select HBPC Information System Menu Option: **evaluation/Admission Data Entry**

Select HBHC PATIENT NAME: **HBPCTEST, ONE**  7-4-28  000331029  YES

**SC VETERAN**  DC

Enrollment Priority: GROUP 1  Category: ENROLLED  End Date:

...OK? Yes// (Yes)

1  HBPCTEST, ONE  01-20-09
2  HBPCTEST, ONE  01-25-13

CHOOSE 1-2: 2  HBPCTEST, ONE  01-25-13

*** Record contains Discharge data indicating a Complete Episode of Care ***

**DATE:** JAN 25,2013//
**STATE CODE:** WYOMING//
**COUNTY CODE:** LARAMIE (021)//
**ZIP CODE:** 82009//
**ELIGIBILITY @ EVALUATION:** Service Connected 50% or More (01) //

**BIRTH YEAR:** 1928

*** Contact MAS if value is incorrect. ***

**PERIOD OF SERVICE:** Vietnam (07) //

**SEX:** Male (1)

*** Contact MAS if value is incorrect. ***

**RACE:** Obsolete Field Jan 2003

**MARITAL STATUS @ EVALUATION:** Married (1) //

**LIVING ARRANGEMENTS @ EVAL:** With Spouse (2) //

**LAST AGENCY PROVIDING CARE:** VA Provided Care (1) //

**TYPE OF LAST CARE AGENCY:** Community-Based Services (6) //
ADMIT/REJECT ACTION: Admit to HBHC (1)//

PRIMARY DIAGNOSIS @ ADMISSION: f

Please enter at least the first two characters of the ICD-10 code or code description to start the search.

PRIMARY DIAGNOSIS @ ADMISSION: ?

Enter code or "text" for more information.

PRIMARY DIAGNOSIS @ ADMISSION: ??

Enter a "free text" term or part of a term such as "femur fracture".

or

Enter a "classification code" (ICD/CPT etc) to find the single term associated with the code.

or

Enter a "partial code". Include the decimal when a search criterion includes 3 characters or more for code searches.

PRIMARY DIAGNOSIS @ ADMISSION: ???

Number of Code Matches
----------------------

The ICD-10 Diagnosis Code search will show the user the number of matches found, indicate if additional characters in ICD code exist, and the number of codes within the category or subcategory that are available for selection. For example:

14 matches found

M91. - Juvenile osteochondrosis of hip and pelvis (19)

This indicates that 14 unique matches or matching groups have been found and will be displayed.

M91. - the "-" indicates that there are additional characters that specify unique ICD-10 codes available.

(19) Indicates that there are 19 additional ICD-10 codes in the M91 "family" that are possible selections.

PRIMARY DIAGNOSIS @ ADMISSION:
HBPC Help Text Display for Discharge Data Entry

Select HBPC Information System Menu Option: discharge Data Entry
Select HBHC PATIENT NAME: HBPCTEST, TWO         3-8-18    000448404
YES     SC VETERAN      DC
Enrollment Priority: GROUP 1    Category: NOT ENROLLED  End Date: 10/10/2010

1   HBPCTEST, TWO       04-29-09
2   HBPCTEST, TWO        08-05-10
CHOOSE 1-2: 2  HBPCTEST, TWO        08-05-10
DISCHARGE DATE: JAN 25,2013//
ELIGIBILITY @ DISCHARGE: Service Connected 50% or More  (01)
//
MARITAL STATUS @ DISCHARGE: Married  (1) //
LIVING ARRANGEMENTS @ D/C: Not Determined  (9) //
DISCHARGE STATUS: Anticipated Institutionalization (2) //
TRANSFER DESTINATION: VA Provided Care  (1) //
TYPE OF DESTINATION AGENCY: Hospice  (5) //
PRIMARY DIAGNOSIS @ DISCHARGE: f

Please enter at least the first two characters of the ICD-10 code or code description to start the search.

PRIMARY DIAGNOSIS @ DISCHARGE: ?
Enter code or "text" for more information.

PRIMARY DIAGNOSIS @ DISCHARGE: ??
Enter a "free text" term or part of a term such as "femur fracture".

or

Enter a "classification code" (ICD/CPT etc) to find the single term associated with the code.

or

Enter a "partial code". Include the decimal when a search criterion includes 3 characters or more for code searches.

PRIMARY DIAGNOSIS @ DISCHARGE: ???

Number of Code Matches
----------------------
The ICD-10 Diagnosis Code search will show the user the number of matches found, indicate if additional characters in ICD code exist, and the number of codes within the category or subcategory that are available for selection. For example:
14 matches found

M91. - Juvenile osteochondrosis of hip and pelvis (19)

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M91. - the "-" indicates that there are additional characters that specify unique ICD-10 codes available.

(19) Indicates that there are 19 additional ICD-10 codes in the M91 "family" that are possible selections.

PRIMARY DIAGNOSIS @ DISCHARGE: