General Information

- The information provided in this presentation is meant to serve as a general overview of ICD-10-CM and ICD-10-PCS.

- If a specific situation or question arises regarding ICD-10-CM and ICD-10-PCS, please consult the appropriate professional.

- In addition, you may also want to consult CMS's website as CMS is the subject matter expert on ICD-10-CM and ICD-10-PCS.

  - https://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10/01_overview.asp

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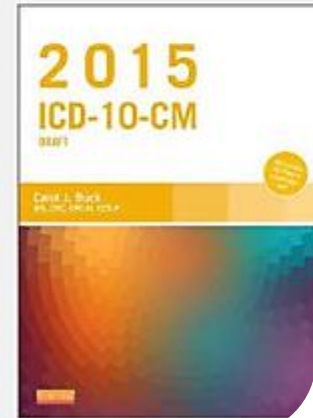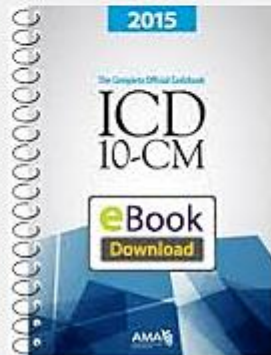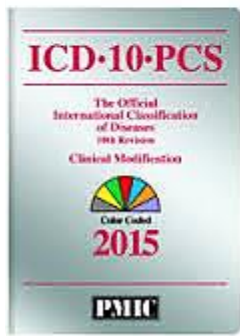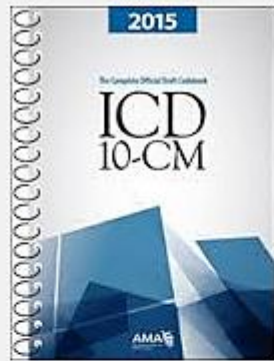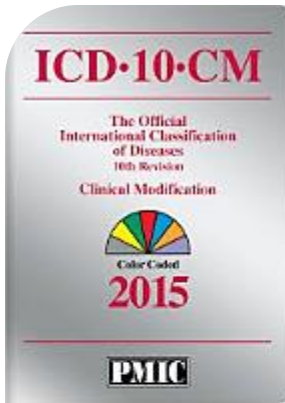
ICD-10

Agenda Topics

- What is ICD-10?
- Why is ICD-9 being replaced?
- What's the difference?
- What about ICD-10-PCS?
- When will ICD-10 be implemented?

- Claim considerations
- How will this impact health partners?
- Are you ready?
- Time considerations
- Let's work together!
- Resources

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What's ICD-10?

- ICD-10 is a diagnostic coding system developed by the World Health Organization (WHO) to replace ICD-9.

- ICD-10 is the abbreviation for the International Classification of Diseases, Tenth Revision.

What's ICD-10-CM?

- ICD-10-CM is the abbreviation for the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).

- The National Center for Health Statistics (NCHS) developed ICD-10-CM as a clinical modification of WHO's ICD-10 for reporting diagnosis codes.

- ICD-10-CM is for use in all U.S. health care settings.

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Why is ICD-9 being replaced?

Code set is over 30 years old and has become outdated.

No longer considered usable for today's treatment, reporting, and payment processes.

Does not reflect advances in medical technology and knowledge.

Format limits the ability to expand the code set and add new codes.

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What's the difference?

ICD-10 code set reflects advances in medicine and uses current terminology.

Code format is expanded.

- Ability to include greater detail within the code

Code set is more flexible.

- Ability to include new technologies and diagnoses

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What's ICD-10-PCS?

- ICD-10-PCS is the abbreviation for the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS).

- CMS developed ICD-10-PCS.

- ICD-10-PCS has no relationship to the basic ICD-10 diagnostic classification and has a totally different structure from ICD-10-CM.

ICD-10-PCS

ICD-10-PCS is a code set designed to replace Volume 3 of ICD-9-CM for inpatient hospital procedure reporting.

- **ICD-10-PCS is for use in U.S. inpatient hospital settings only**.

Physicians should be aware that documentation requirements under ICD-10-CM/PCS will impact their inpatient medical record documentation.

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When will ICD-10 be implemented?

The U.S. Department of Health and Human Services (HHS) issued a rule on July 31, 2014, that ICD-10-CM and ICD-10-PCS will be implemented into the HIPAA mandated code set on October 1, 2015.

- ICD-9 codes must be used for services provided before October 1, 2015.

- ICD-10 codes must be used for services provided on or after October 1, 2015.

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Will ICD-10 impact all health partners?

- ICD-10-CM and ICD-10-PCS will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid Claims.

- All providers required to include ICD-9 codes on claims will be required to use ICD-10 codes beginning with the date of service or date of discharge of October 1, 2015. This includes ancillary service providers.

- Providers such as dental and pharmacy services that are not required to include ICD-9 codes today will not be required to include ICD-10 codes after implementation.

Note: Degree of impacts will vary per provider type/specialty. Training and coding assistance during transition will likely be based on specialty.

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Will ICD-10 impact all health partners?

- When ICD-10-CM/PCS is implemented on October 1, 2015, it will not affect physicians', outpatient facilities', and hospital outpatient departments' use of CPT codes on Medicare Fee-For-Service claims.

- Providers should continue to use CPT codes to report these services.

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About CMS ICD-10 Flexibility Guidelines

- As stated in the CMS' Guidance, for 12 months after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner claims billed under the Part B physician fee schedule through either automated medical review or complex medical record review based solely on the specificity of the ICD-10 diagnosis code as long as the physician/practitioner used a valid code from the right family of codes.

- However, a valid ICD-10 code will be required on all claims starting on Oct. 1, 2015.

About CMS ICD-10 Flexibility Guidelines
What Are Valid Codes?

- All claims with dates of service of October 1, 2015 or later **must be submitted with a valid ICD-10 code**; ICD-9 codes will no longer be accepted for these dates of service.

- ICD-10-CM is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity.

- A three-character code is to be used only if it is not further subdivided.

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Claim considerations

Combining Codes On The Same Claim

- Claims may not contain a combination of ICD-9 & ICD-10 codes; individual claims can contain only one code-set.

- If ICD-9 & ICD-10 are submitted on the same claim, the claim will reject.

- Outpatient services are based on the Date of Service.

- Inpatient services are based on the Date of Discharge.

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Claim considerations

Inpatient Hospital Interim Billing

If a patient is admitted on 8/15/15 and discharges on 11/15/15 two interim bills and a final bill could be submitted as follows:

Type of Bill	From Date	Through Date	Code Set	Explanation
Interim Bill #1	8/15/15	9/14/15	ICD-9	Through date is prior to 10/1/15 so ICD-9 should be used
Interim Bill #2	9/15/15	10/14/15	ICD-10	Through date is after 10/1/15 so ICD-10 should be used
Final Bill	8/15/15	10/15/15	ICD-10	Discharge date is after 10/1/15 so ICD-10 should be used for the entire bill

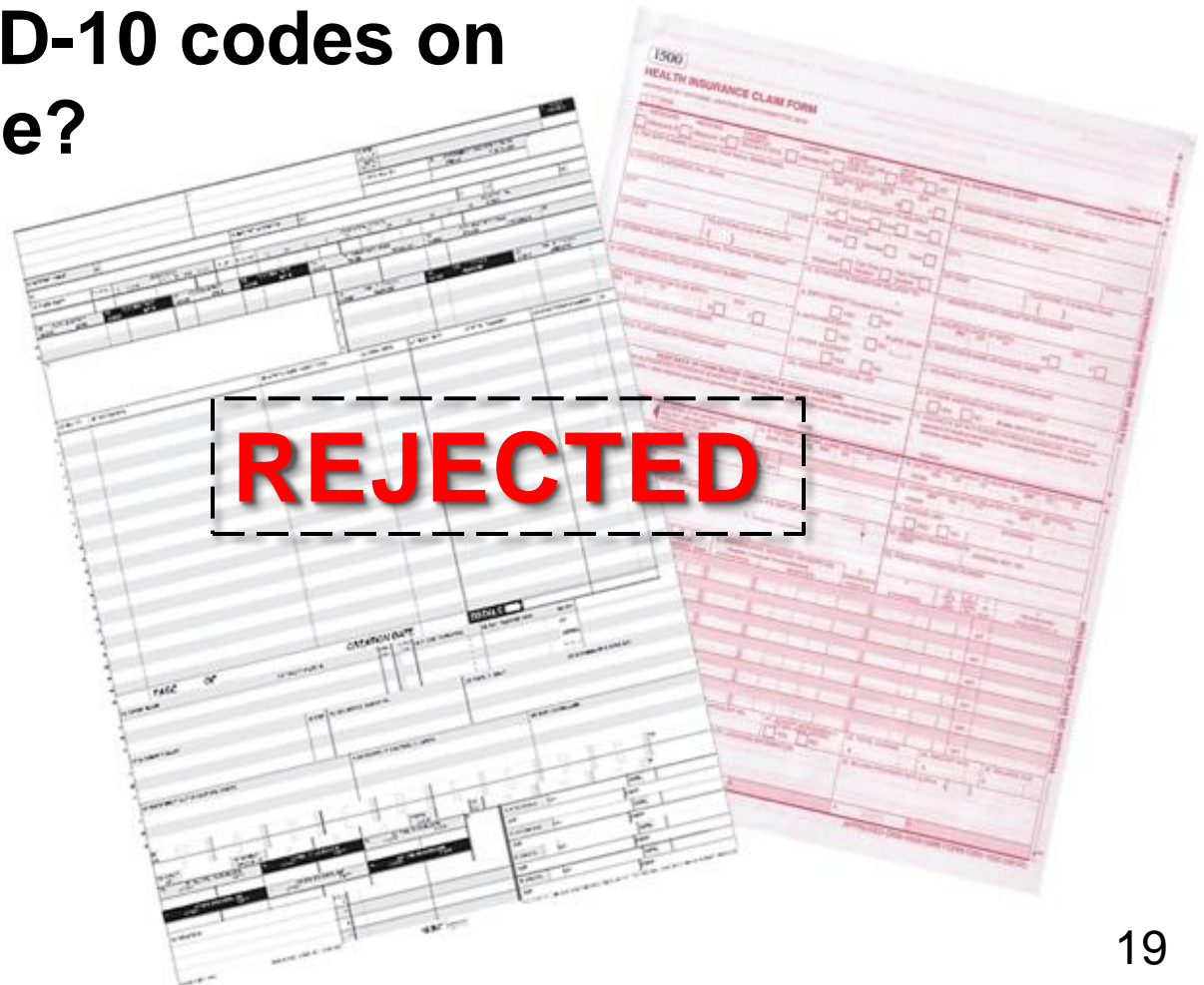CareSource

Claim considerations

What about prior authorizations?

- If the prior authorization is being submitted prior to 10/1/2015 [regardless of the actual date of service (DOS)], the authorization will be submitted in ICD-9.

  – When the claim for the service is submitted, and the actual DOS is on or after 10/1/2015, the claim needs to be coded in ICD-10.
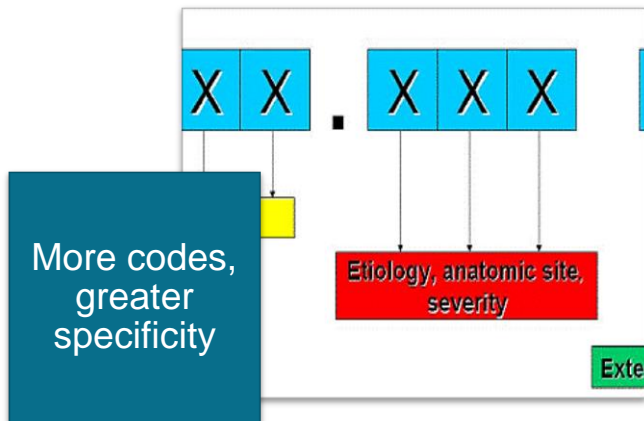
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Claim considerations

What happens to claims that are not using ICD-10 codes on the effective date?

ICD-10-CM/PCS codes are required beginning October 1, 2015. Claims that are not compliant will be rejected.

REJECTED

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How will this impact my practice?

More codes, greater specificity

Staff training

New software updates

Contracts, billing & reimbursements

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How will this impact my practice?

More codes, greater specificity

ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
No Laterality	Laterality – Right or Left account for >40% of codes
3-5 digits • First digit is alpha (E or V) or numeric • Digits 2-5 are numeric • Decimal is placed after the third character	7 digits • Digit 1 is alpha; Digit 2 is numeric • Digits 3–7 are alpha or numeric • Decimal is placed after the third character
No placeholder characters	"X" placeholders
14,000 codes	69,000 codes to better capture specificity
Limited Severity Parameters	Extensive Severity Parameters
Limited Combination Codes	Extensive Combination Codes to better capture complexity
1 type of Excludes Notes	2 types of Excludes Notes

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How will this impact my practice?

More codes, greater specificity

ICD-9 Diagnosis Code	ICD-10 Diagnosis Code	
648.01 Diabetes mellitus of mother, complicating pregnancy, childbirth, or the puerperium, delivered, with or without mention of antepartum condition	O24.011	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
	O24.012	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
	O24.013	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
	O24.02	Pre-existing diabetes mellitus, type 1, in childbirth
	O24.111	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
	O24.112	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
	O24.113	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
	O24.12	Pre-existing diabetes mellitus, type 2, in childbirth
	O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
	O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
	O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
	O24.32	Unspecified pre-existing diabetes mellitus in childbirth
	O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
	O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
	O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
	O24.82	Other pre-existing diabetes mellitus in childbirth
	O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
	O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
	O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
	O24.92	Unspecified diabetes mellitus in childbirth

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How will this impact my practice?

Staff training

- 6-9 months prior to implementation for coders who will not assign ICD-10-CMS/PCS codes until compliance date

- 50 hours training to hospital inpatient coders (ICD-10-CM and ICD-10-PCS)

- 16 hours training to other coders (ICD-10-CM only)

- ICD-10 coding training will be integrated into the continuing education units (CEUs) that certified coders must take to maintain their credentials.

Per Centers for Medicare and Medicaid (CMS) recommendations

How will this impact my practice?

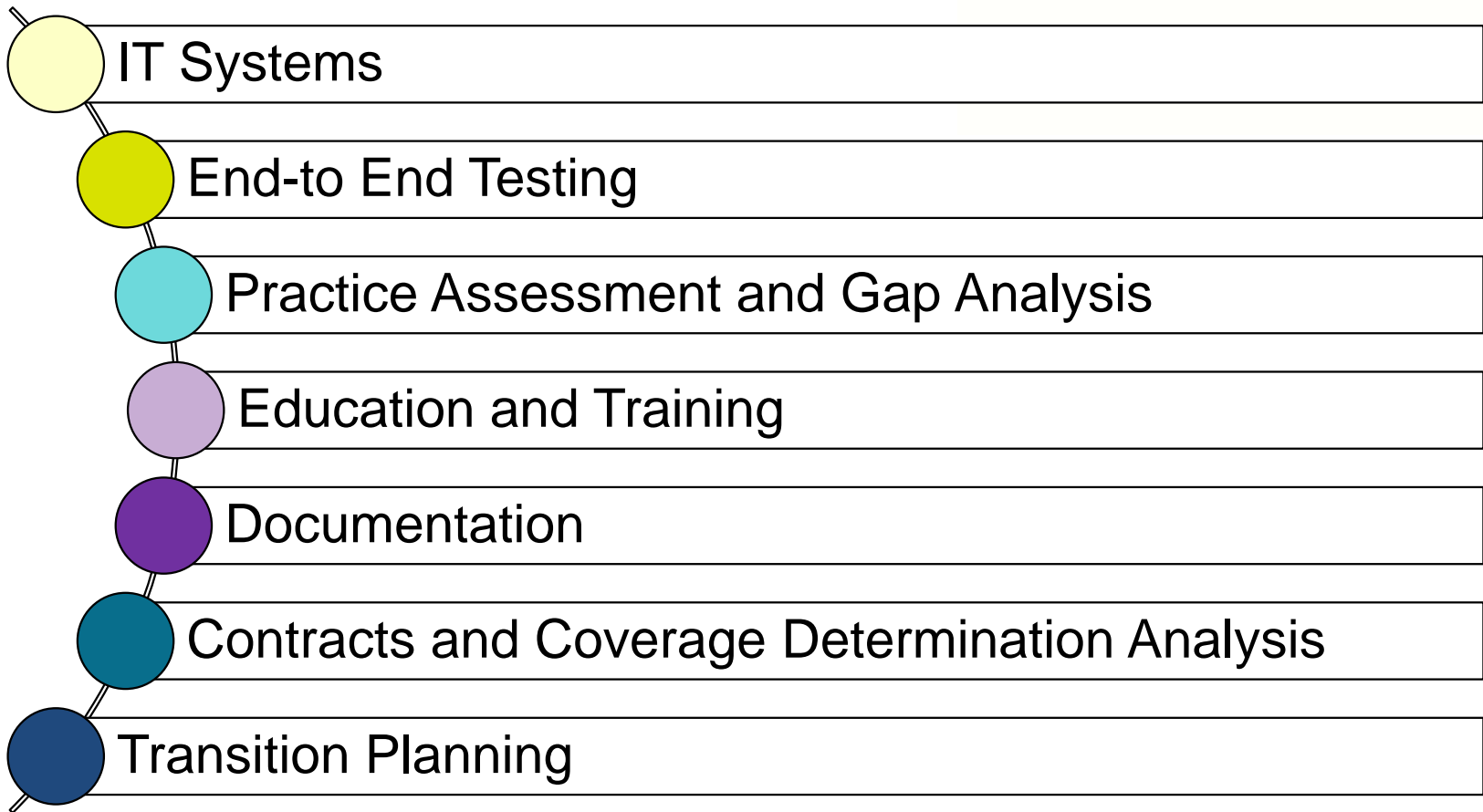## New software updates for billers & insurers

- Health IT vendors must modify their software, rewriting any programs that bill, process claims and record diagnosis information.

- Vendors will need to work with health partners and insurance carriers to implement and test updates that include use of all the new diagnosis codes, so that transition occurs with little to no disruption.

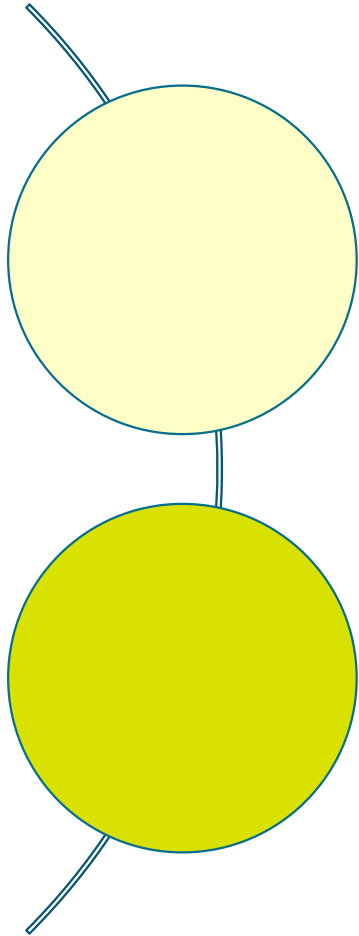CareSource

How will this impact my practice?

Contract management, billing and reimbursement

- Conduct dual coding analysis, map and compare codes that your practice uses most often.

- Scrutinize ICD-9 to ICD-10 code reimbursement.

- Understanding how new ICD-10 codes align with existing ICD-9 contracts and reimbursements data will be critical to billing and coordination of benefits.

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Are you ready?

IT Systems

End-to End Testing

Practice Assessment and Gap Analysis

Education and Training

Documentation

Contracts and Coverage Determination Analysis

Transition Planning

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Are you ready?

IT Systems: Confirm with your practice's Billing Service, Clearinghouse/s and Practice Management Software Vendor/s that they are ready to provide the support needed to meet the compliance deadline.

End-to End Testing: Contact your top 10 insurance carriers to get on their schedules to test end to end. End-to-end testing ensures that your claims will be accepted with the new ICD-10 format.

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Are you ready?
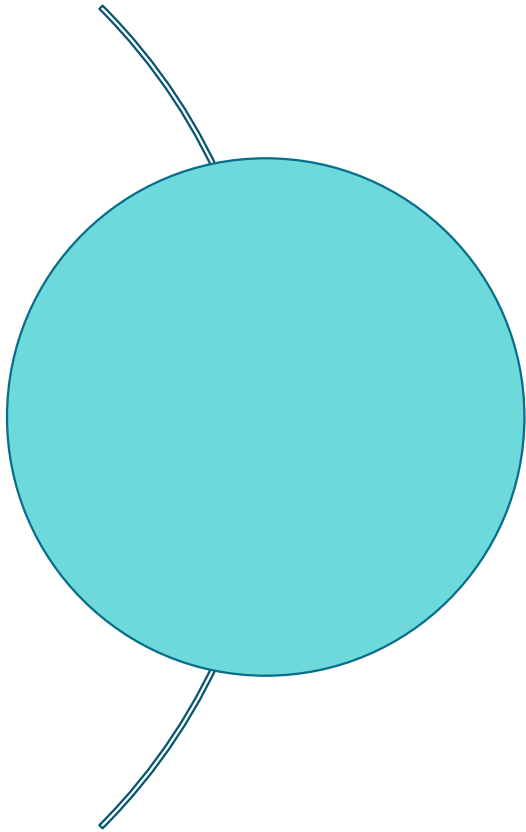
Practice Assessment and Gap Analysis: Identify all touch points in your systems and business processes that need to be changed, including billing forms that need to be updated for compliance. Perform an ICD-10 readiness audit on the top 25 ICD-9-CM codes you utilize the most.

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Are you ready?
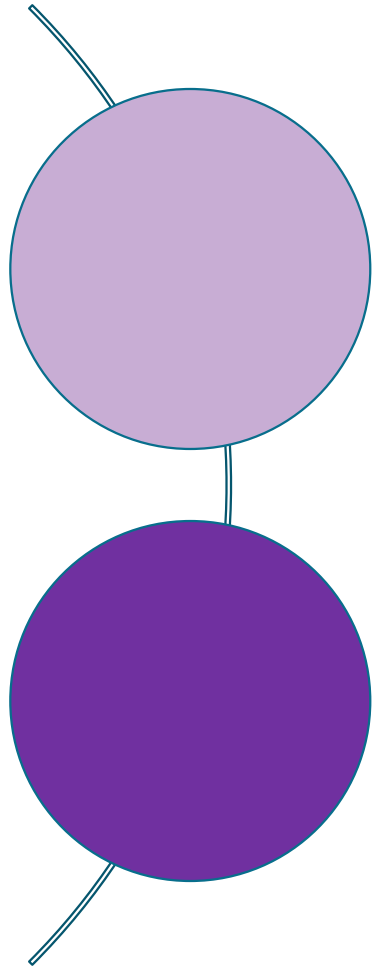
Education and Training: Bring coders and physicians up to speed on the new ICD-10 requirements. Use available ICD-10 resources and training materials from:

- Centers for Medicare and Medicaid
- Professional associations and societies
- Software and system vendors

Documentation: Clinical documentation improvement helps prevent high ICD-10-related denial rates and supports improved compliance.

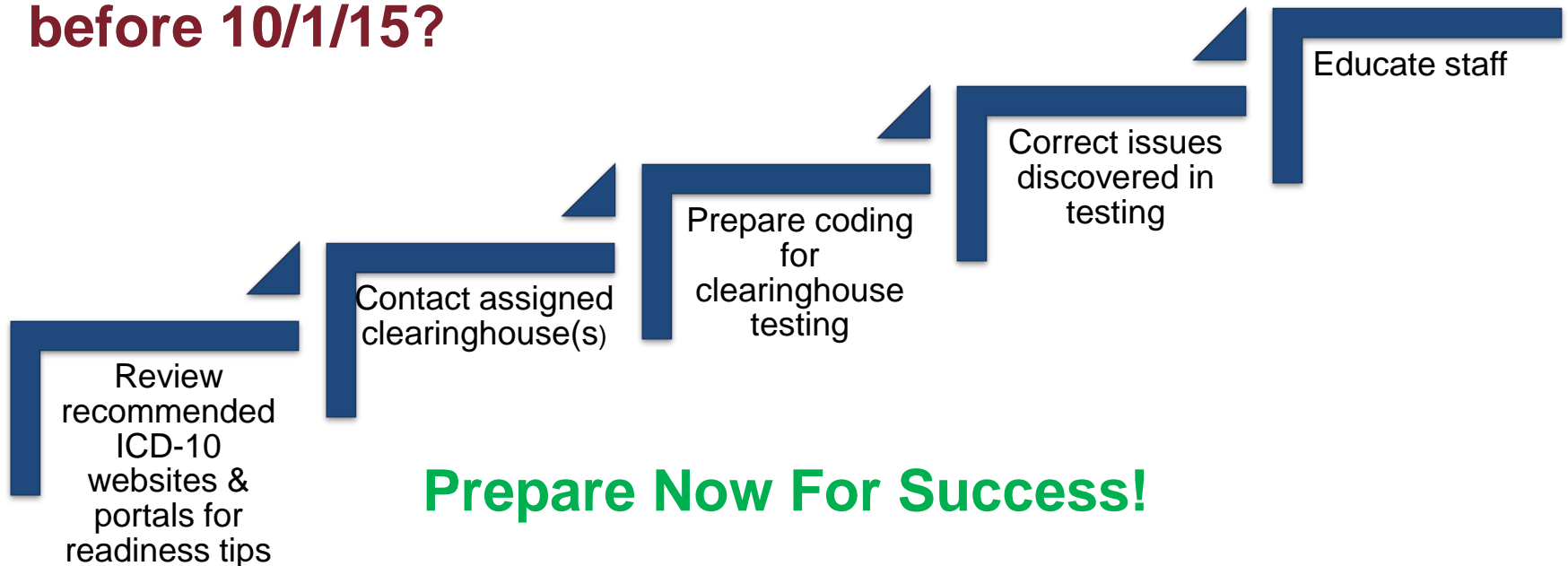CareSource

Are you ready?
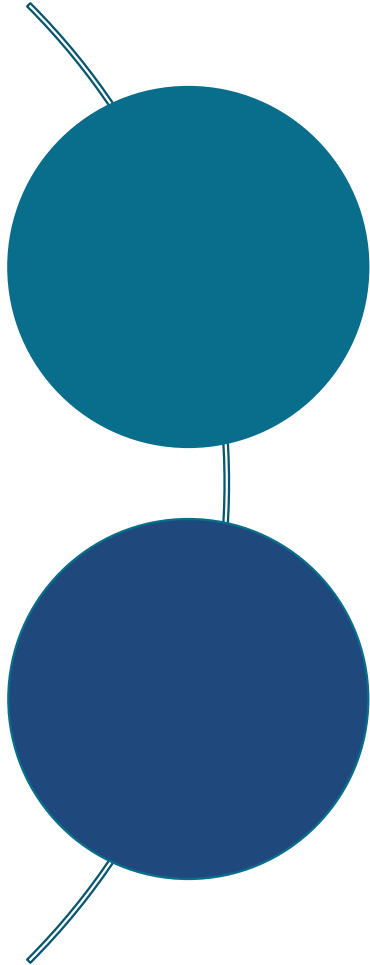
Contracts and Coverage Determination Analysis: Health plans will likely modify coverage determination policies and reimbursement schedules, and contracts may be altered. It is important to review the coverage policies as soon as possible.

Transition Planning: Continue to review documentation to ensure that specificity can be realized to support the specificity requirements of ICD-10. Consider impacts to workflow and payment cycles.

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Time considerations for health partners

Starting today, what are your next steps to test and implement ICD-10 before 10/1/15?

Educate staff

Correct issues discovered in testing

Prepare coding for clearinghouse testing

Contact assigned clearinghouse(s)

Review recommended ICD-10 websites & portals for readiness tips

Prepare Now For Success!

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Let's work together!

- Our key activities are already underway with testing involving claims, financial systems, hospitals, clearinghouses and other vendors.

- We have resources to keep you informed:
  - ICD-10 Resource Center on provider websites
    - Includes links to other websites such as:
      - American Medical Association
      - Workgroup for Electronic Data Interchange
      - American Academy of Professional Coders
  - Network Notifications
  - Health Partner Representatives

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Let's work together

Additional links to online resources

- www.icd10watch.com/
- http://coalitionforicd10.org/
- http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10
- http://www.ahima.org/icd10
- http://www.himss.org/library/icd-10/playbook
- http://www.cdc.gov/nchs/icd/icd10cm.htm
- http://www.ahacentraloffice.org/codes/ICD10.shtml

- http://www.ncvhs.hhs.gov/wp-content/uploads/2014/05/091210p06b.pdf

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Let's work together!

IDEAS?   **QUESTIONS?**

SUGGESTIONS?

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Sources

- https://www.caresource.com/documents/icd-10-provider-faqs/
- http://www.roadto10.org/whats-different/
- http://www.roadto10.org/roadto10-webcasts/
- https://www.aapc.com/icd-10/faq.aspx#faq4
- https://www.caresource.com/documents/tips/
- https://www.caresource.com/documents/tips-icd-10-march-2015/
- https://www.caresource.com/documents/update-icd-10-training-needs-and-provider-checklist/
- http://medicaid.ohio.gov/portals/0/providers/billing/icd10/qanda/icd10-qa-2-2014.pdf
- http://icd10monitor.com/enews/item/1288-seven-steps-for-helping-physicians-get-ready-for-icd-10
- http://multimedia.3m.com/mws/media/809628O/3m-guide-icd10-success-eguide.pdf
- http://www.athenahealth.com/knowledge-hub/icd-10/diagnosis-codes
- http://www.arraysg.com/array-blog-post/prosource-blog/2015/03/04/icd-10-the-last-step-everyone-overlooks
- http://healthworkscollective.com/andy-salmen/75121/top-differences-between-icd-9-cm-icd-10-cm
- http://humanservices.arkansas.gov/director/Documents/ICD10TranslationExamples.pdf
- https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf

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