

# Transitioning to ICD-10-CM

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# Today's Presenters

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# Acronyms

Acronyms used in this presentation can be viewed on the [NGSMedicare.com](https://www.ngsmedicare.com) website. On the **Welcome** page, click on **Provider Resources > Acronyms**.

# Objectives

- To help you understand why the healthcare industry needs to transition to ICD-10-CM and how to successfully transition

# Agenda

- What is ICD-10-CM
- ICD-10-CM basics
- Draft conventions
- ICD-10-CM transition
- ICD-10-CM testing
- Billing ICD-10-CM Codes
- Frequently asked questions
- Resources
- Questions and answers

# CMS Internet Only Manual

- Per the CMS IOM 100-09, Chapter 6, section 30.1.1, National Government Services cannot make determinations about the proper use of codes for the provider. ICD-9-CM and ICD-10-CM related questions are handled by the American Hospital Association's Coding Clinic.
  - <http://www.ahacentraloffice.org>



# ICD-10-CM Basics



# New Deadline for ICD-10 Implementation

- Allowed the Health Care Industry ample time to prepare for change
- U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10
  - <http://www.gpo.gov/fdsys/pkg/FR-2014-08-04/pdf/2014-18347.pdf>

# Dates for the Freeze

## ■ October 1, 2011

- The last regular, annual updates to both ICD-9-CM and ICD-10-CM code sets were made

## ■ October 1, 2012, 2013, 2014

- Only limited code updates were made to ICD-9-CM and ICD-10-CM code sets to capture new technologies and diseases

## ■ October 1, 2015

- There will be limited code updates to ICD-10-CM
  - There will be no updates to ICD-9-CM, as it will no longer be used for reporting

## ■ October 1, 2016

- Regular updates to ICD-10-CM will begin

# Single Implementation

- Effective: Dates of service for diagnosis codes
- Effective: Date of discharge for inpatient procedure codes

# What Is ICD-10-CM

- International Classification of Diseases (ICD), Tenth Revision, Clinical Modification
- Agencies involved in the implementation process of ICD-10-CM
  - The World Health Organization
  - The National Center for Health Statistics (NCHS)

# Comparison ICD-9-CM vs. ICD-10-CM

- ICD-10-CM overall content:
  - printed in a three volume set (ICD-9 two volume set)
  - has alphanumeric categories rather than strictly numeric categories
  - some chapters have been rearranged, titles have been changed, conditions have been regrouped, forming 21 chapters
  - almost twice as many categories as ICD-9
  - Minor changes to the coding rules for mortality

# How ICD-10 Is Organized

- Introduction
- Draft Official ICD-10-CM Conventions & Guidelines
- Alphabetical Index to Diseases
- Table of Drugs and Chemicals
- Index to External Causes
- Tabular List of Diseases
- Illustrations

# Why the Change?

- ICD-9-CM is outdated
  - Does not meet code set standards outlined by HIPAA
  - Insufficient structure for reporting new technology
  - Contains duplicate codes and codes that overlap
  - Uses outdated terminology
  - There is insufficient specificity and detail
  - Codes for certain types of services are not available



# ICD-10-CM Improvements

## ■ ICD-10-CM

- Addition of information relevant to ambulatory and managed care encounters
- Creation of combination codes for diagnosis/symptoms
- Expanded injury codes to include code extensions of injuries and external causes of injury
- Expanded alcohol and substance abuse codes
- Expanded postoperative complication codes
- Greater specificity in code assignment

# Draft Conventions



# ICD-10-CM Code Selection

- Read all instructional material
  - “Includes” and “Excludes” notes
  - “Use Additional Code” and “Code First Underlying Disease” Instructions
  - “Code Also” for additional information
  - “Fourth, Fifth, and Sixth Character requirements and Seventh character Extension Requirements
  - Age and Sex symbols

# Includes/Excludes Notes Example

## ■ I10 – Essential (primary) Hypertension

- Includes: high blood pressure, hypertension, (arterial), (essential), (malignant), (primary), (systemic)
- Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
- Excludes2: Essential (primary) hypertension involving vessels of brain (I60-I69), essential (primary) hypertension involving vessels of the eye (H35.0)

# Excludes Note 1

## ■ Excludes 1

- Indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note
- Example:
  - E10 for type 1 Diabetes mellitus. You will see under the Excludes note 1, E08 – drug or chemical induced diabetes, or E09 gestational diabetes

- You cannot assign an E10 code for type 1 diabetes with an E08 code for diabetes due to an underlying condition

# Excludes Note 2

## ■ Excludes 2

- Indicates that the condition excluded is not part of the condition represented by the code, but the patient may have the both conditions at the same time

- Example:

- L89 pressure ulcer,
  - Excludes2 note for diabetic ulcers, and nonpressure chronic ulcer of skin, and skin infections, and varicose ulcers

- If the patient has a pressure ulcer L89 and a skin infection L01 for Impetigo you would code for both

# General Notes

- **AND**
  - May be interpreted as and/or
- **With/Without**
  - Default is always without
- **Fifth position characters**
  - A 0 as the fifth digit represents “without”
  - A 1 represents “with”
- **Six position characters**
  - 1 represents “with”
  - 9 represents “without”

# Key Word

- Green font is used to differentiate the key words in similar code descriptions
- S39.9 **Unspecified** injury of abdomen, lower back, pelvis and external genitals
  - S39.91 Unspecified injury of **abdomen**
  - S39.92 Unspecified injury of **lower back**
  - S39.93 Unspecified injury of **pelvis**
  - S39.94 Unspecified injury of **external genitals**



# Laterality Example

- **Final character indicates laterality**
  - Character 1 indicates the right side
  - Character 2 indicates the left side
  - Character 3 indicates bilateral
  - Character 0 or 9 indicates unspecified side
- **Example:**
  - H40.121 – Low tension glaucoma, right eye
  - H40.122 – Low tension glaucoma, left eye
  - H40.123 - Low tension glaucoma, bilateral eye
  - H40.129 – Low tension glaucoma, unspecified eye

# Diagnosis Code Comparison

Characteristic	ICD-9-CM (Vol. 1 and 2)	ICD-10-CM
Field length	3-5 characters	3-7 characters
Available codes	Approximately 13, 000	Approximately 68, 000
Code composition (numeric or alphabetical)	Digit 1 = alpha or numeric Digits 2-5 = numeric	Digit 1 = alpha Digit 2 = numeric Digits 3-7 = alpha or numeric
Overall detail embedded within codes	Vague	Very specific, allows description of comorbidities, manifestations, etiology/causation, complications, detailed anatomical location, sequelae, degree of functional impairment, biologic and chemical agents, phase/stage, lymph node involvement, lateralization and localization, procedure or implant related, age related, or joint involvement
Laterality	Does not identify right vs. left	Identifies right vs. left
Sample code	813.15 Open fracture of head of radius	S52123C Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC

# Code Structure

- 1st - 3rd Digits - Heading of a category of codes
- 4th - 6th Digits - May be use to further subdivide
- 7th Digit - Used to provide data about the characteristics of the encounter



# 7th Character Code Structure

## Injuries and External Causes

Value	Description
A	Initial Encounter
D	Subsequent Encounter
S	Sequela (late effects)

# External Cause Code Reporting

- If you have not been reporting ICD-9-CM external cause codes, you will not be required to report ICD-10-CM codes found in Chapter 20 unless a new State or payer-based requirement about the reporting of these codes is instituted. If such a requirement is instituted, it would be independent of ICD-10-CM implementation.
  - In the absence of a mandatory reporting requirement, you are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies

# Place Holder “X”

- Used as a place holder for the fourth - sixth digit
- If code requires a seventh digit and there are less than six characters - “X” is used as the place holder
  - Example W11.xxxA - Fall on and from ladder, initial encounter
- Used as a fifth character place holder with certain six digit codes to allow for future expansion
  - Example T36.0x1 – Poisoning by penicillins, accidental

# Covered Entities

- **Anyone who is covered by HIPAA:**
  - Health care providers who conduct electronic transactions
  - Payers including Medicaid and Medicare
  - Clearinghouses
- **Some non-HIPAA covered entities that use ICD-9-CM codes:**
  - Vendors and business associates of covered entities
  - Worker's compensation programs
  - Life insurance companies

# ICD-10-CM Transition





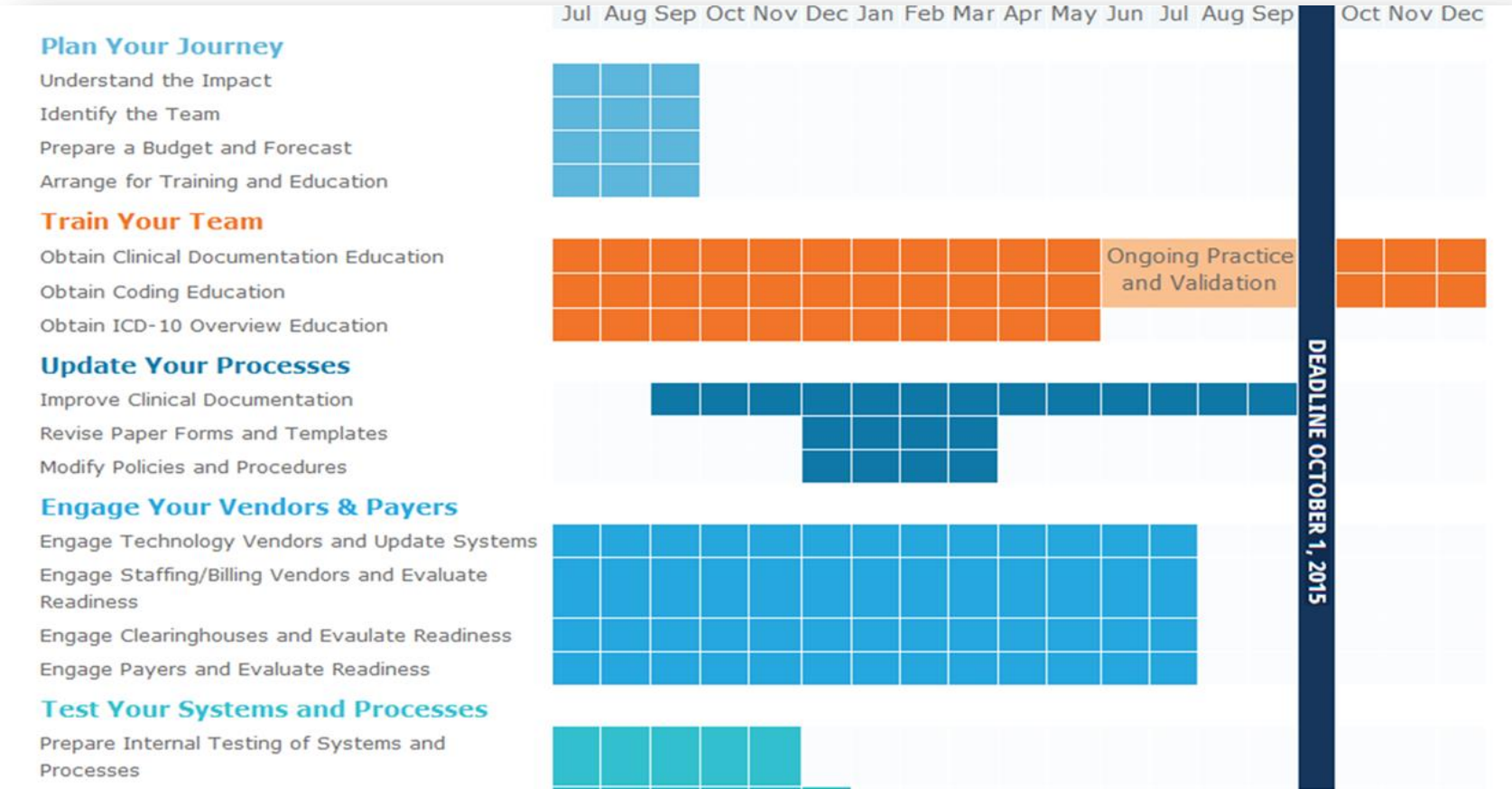
# Transition Road Map

- ICD-10-CM Implementation: six phases
  1. Planning
  2. Communication and awareness
  3. Assessment
  4. Operational implementation
  5. Testing
  6. Transition

# Road to 10

- CMS online tool for small providers
  - [www.roadto10.org](http://www.roadto10.org)
- Specialty Reference Guides
  - Family Practice, Internal Medicine, Cardiology
- Build your own action plan
  - Specialty, size of practice, technology, staff partners, trading partners and your ICD-10 readiness

# Downloadable Action Plan



# ICD-10-CM Testing



# ICD-10 Acknowledgement Testing

- Test files must be created as a Test with a T in the ISA15
- Test claims with ICD-10 codes must be submitted with current dates of service since testing does not support future dates of service.
- Claims will be subject to existing NPI validation edits.
- Test claims will receive the 277CA or 999 acknowledgement as appropriate, to confirm that the claim was accepted or rejected by Medicare
- Test claims will be subject to all existing EDI front-end edits, including Submitter authentication and NPI validation
- Testing will not confirm claim payment or produce a remittance advice

# WHY TEST?

- Claim denials, claim delays and resulting administrative work and productivity loss associated with ICD-10 coding errors and other issues
- Cash flow disruption due to those claims denials and delays
- Confirmation of your EHR (Electronic Health Record) and associated application(s) ability to generate ICD-10 claims

# WHAT TO TEST?

- Test high-impact diagnosis or procedure codes (CPT) by claim volume and/or claim dollars
- Test high-impact services by claim volume and/or claim dollars
- Consider complex claims
- Test diagnosis combinations in claims that will may trigger the medical necessity edits

# WHEN TO TEST?

- Give yourself enough time prior to the compliance date to complete testing
- Coordinate and confirm that your internal organization and resources are ready
- Develop a test plan and timeline



# HOW & WHERE TO TEST?

- Prepare test claims
- Send test claims per instructions.
- Review test results
- Track findings
- Follow up on test results

# EDI Help Desk Information

- Toll-Free Number

- Jurisdiction 6: 877-273-4334
- Jurisdiction K: 888-379-9132

- Hours of Operation

- Monday–Friday: 8:00 a.m.–5:00 p.m. ET
- Thursdays: Closed for training from 2:00 - 4:00 p.m. ET

# Billing ICD-10 Codes



# ICD-10 Local Coverage Determination (MM8348)

- All ICD-10 LCDs and associated ICD-10 articles were published on the Medicare Coverage Database (MCD) in April 2014
- All other articles not attached to an LCD were published on the MCD in September 2014
  - <http://www.cms.gov/medicare-coverage-database>

# How to Access ICD-10 LCDs

- NGS has recently added easy accessibility on its website to ICD-10 LCDs
- From the Medical Policy Center select [How to Access ICD-10 LCDs](#)
- Questions about ICD-10 codes within LCDs or related articles can be submitted to [ICD-10-CMMPUdepartment@anthem.com](mailto:ICD-10-CMMPUdepartment@anthem.com)

# Dual Coding

- Systems must be able to accommodate both ICD-9 and ICD-10
- Promptly process ICD-9 transactions to
  - Limit disruptions
  - Limit the timeframe requiring dual code sets
- Changes to the Time Limits for Filing Medicare Fee-For-Service Claims - Effective Date: 1/1/2010
  - MLN Matters® Number: MM7270
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm7270.pdf>

# New RARC Alerts Providers about Upcoming Transition to ICD-10

- In mid-April, providers began seeing a new Remittance Advice Remark Code N742 on their remittance advices
  - Alert: This claim was processed based on one or more ICD-9 codes. The transition to ICD-10 is required by October 1, 2015, for health care providers, health plans and clearinghouses. More information can be found at <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

# Claims that contain ICD-9-CM codes for services after October 1, 2015 will be handled as follows

- Both Paper and Electronic professional and supplier claims
  - Returned as unprocessable™
  - CO-16
  - MA130/M81/M76
- After the claim has been corrected, you must resubmit it as a new claim within the timely filing period



# Frequently Asked Questions



# Can a Claim Contain Both ICD-9 Codes and ICD-10 Codes?

## ■ No

- A claim cannot contain both ICD-9-CM and ICD-10-CM codes
- Medicare will return as unprocessable all claims that are billed with both ICD-9-CM and ICD-10-CM diagnosis codes on the same claim
- <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE1408.pdf>

# Will providers be able to use ICD-10-CM/PCS codes on claims prior to the October 1, 2015, implementation date?

## ■ No

- ICD-10-CM codes may only be used for services provided on or after October 1, 2015
- Claims containing ICD-10-CM codes for services provided prior to October 1, 2015, will be returned as unprocessable
- You must submit claims for services provided prior to October 1, 2015, with the appropriate ICD-9-CM code

# NATIVE CODING: What is it?

- Native coding means to assign an ICD-10 diagnosis code directly based on clinical documentation
  - Specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition
  - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
  - When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, coding should comply with the payer guidelines for the use of unspecified codes

# What is the grace period for the use of ICD-9 codes submitted after implementation of the new ICD-10 codes?

- Dates of Service on or after October 1, 2015 – Compliance date for implementation of ICD-10-CM
  - **No delays**
  - **No grace period**

# What if I'm not ready by the compliance deadline?

- Any ICD-9 codes used in transactions for services on or after the compliance date will be rejected as non-compliant and the transactions will not be processed
- You will have disruptions in your transactions being processed and receipt of your payments
- **Physicians are urged to set up a line of credit to mitigate any cash flow interruptions that may occur**

# Resources



# Resources

- American Academy of Professional Coders (AAPC)
  - <https://www.aapc.com/icd-10/>
  - <https://www.aapc.com/icd-10/codes/>
- ICD-10-CM/PCS Planning and Preparation Checklist (AHIMA)
  - <http://www.ahima.org/icd10/>



# Resources

- American Hospital Association (AHA)
  - <http://www.ahacentraloffice.org/>
- Workgroup for Electronic Data Interchange (WEDI)
  - <http://www.wedi.org/topics/icd-10>
- World Health Organization: International Classification of Diseases (ICD)
  - <http://who.int/classifications/icd/en/>

# CMS Resources

- Road to 10
  - <http://www.roadto10.org/>
- ICD-10-CM/PCS Myths and Facts
  - <http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10MythsandFacts.pdf>
- Medicare Fee-For-Service Provider Resources
  - <http://www.cms.gov/Medicare/Coding/ICD10/Medicare-Fee-For-Service-Provider-Resources.html>
- Medicare Learning Network (MLN) on You Tube
  - <https://www.youtube.com/playlist?list=PLaV7m2-zFKpihHxb4AiWNjbsIUUKCGIjK>
- General Equivalence Mappings (GEMs)
  - <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

# Email Updates

- Subscribe to receive the latest Medicare information.

The screenshot shows the Medicare University website's 'Email Updates' page. At the top is a blue navigation bar with a home icon and links for ENROLLMENT, CLAIMS & APPEALS, MEDICAL POLICY & REVIEW, EDUCATION, Overpayment, Cost Reports, and Provider Resources. Below the navigation bar is the 'EMAIL UPDATES' section. It includes a welcome message, a list of password requirements, and links to 'Subscribe', 'Manage Account', and 'Unsubscribe'. At the bottom of the page are logos for 'Also from NGS', 'NGSCONNEX', 'MEDICARE UNIVERSITY', and 'CMS LINKS'. A footer bar contains copyright information and various utility links.

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## EMAIL UPDATES


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### *Email Updates Password Requirements*


- Eight (8) character minimum length
- Must use at least three of the following:
  - uppercase letters
  - lowercase letters
  - numbers
  - special characters (with the exception of <, >, and |)

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Claims information & appeals

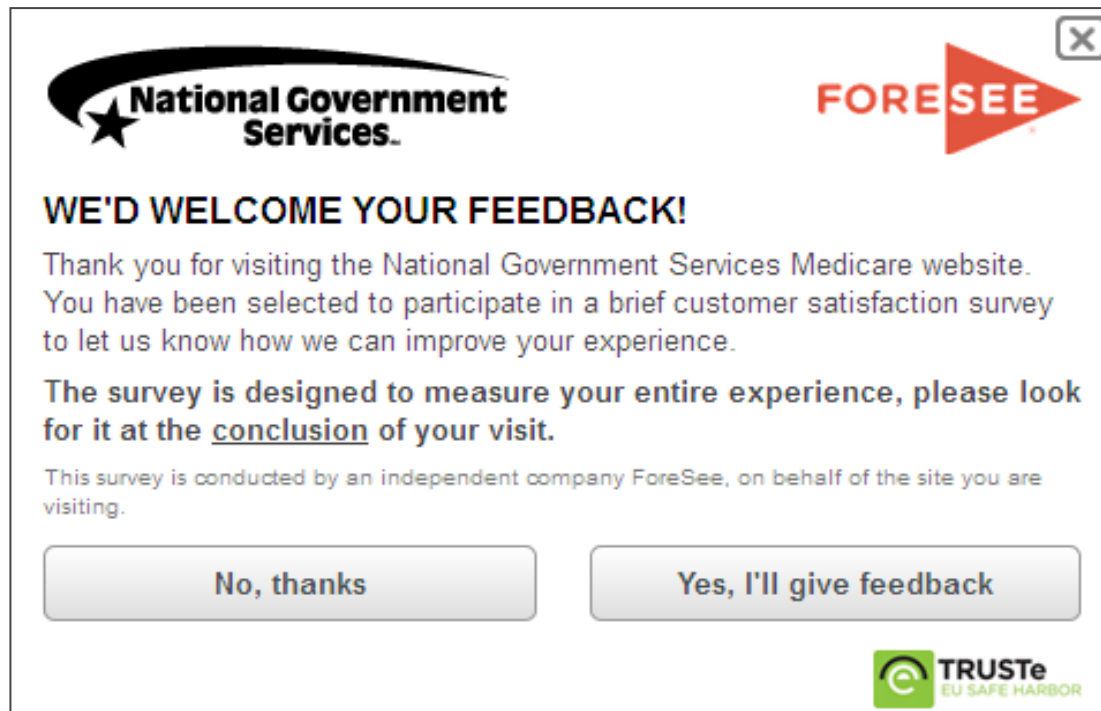
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# Website Survey

- This is your chance to have your voice heard— Say “yes” when you see this pop-up so National Government Services can make your job easier!



The image shows a screenshot of a website survey pop-up window. At the top left is the National Government Services logo, which consists of a black swoosh with a white star and the text "National Government Services." At the top right is the FORESEE logo, which is a red triangle pointing right with the word "FORESEE" in white text. In the top right corner of the pop-up is a small square button with an "X" icon. The main text of the pop-up reads: "WE'D WELCOME YOUR FEEDBACK!" followed by "Thank you for visiting the National Government Services Medicare website. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience." Below this is a bolded sentence: "The survey is designed to measure your entire experience, please look for it at the conclusion of your visit." Underneath is a smaller line of text: "This survey is conducted by an independent company ForeSee, on behalf of the site you are visiting." At the bottom of the pop-up are two buttons: "No, thanks" on the left and "Yes, I'll give feedback" on the right. In the bottom right corner of the pop-up is the TRUSTe EU SAFE HARBOR logo, which is a green square with a white "e" and the text "TRUSTe EU SAFE HARBOR".

# Website Survey

- You can access the survey at:

[https://cfigroup.qualtrics.com/SE/?SID=SV\\_3UBxriB8PrHOZEN&MAC\\_B\\_RNC=6](https://cfigroup.qualtrics.com/SE/?SID=SV_3UBxriB8PrHOZEN&MAC_B_RNC=6)

The screenshot shows the homepage of National Government Services. At the top left is the logo with a star and the text "National Government Services". To its right, it says "JURISDICTION K - PART B IN CONNECTICUT". A search bar contains the text "Enter keywords or phrases" and a "Search >" button. Below the search bar are links for "Contact Us", "Subscribe to Email Updates", and "NGSConnex EXT". A navigation menu includes "ENROLLMENT", "CLAIMS & APPEALS", "MEDICAL POLICY & REVIEW" (which is highlighted with a dropdown arrow), "EDUCATION", "Overpayment", and "Provider Resources".

The main content area features a "WELCOME to" heading followed by the text: "NGSMedicare.com for Part B providers and suppliers". To the right of this text is a paragraph: "Medicare Part B providers administer medically-necessary and preventive services for beneficiaries by diagnosing and treating medical conditions or preventing illness or detecting it at an early stage."

A prominent banner reads "Your opinion is important to us!" with a sub-header "TAKE THIS QUICK SURVEY TODAY!". Below this, it says "Please help us by participating in the 2015 MAC Satisfaction Indicator (MSI) survey." There are two call-to-action buttons: "J6 SURVEY CLICK HERE" and "JK SURVEY CLICK HERE".

At the bottom, there are several utility buttons: "ICD-10 Countdown to the", "Log in to NGSConnex EXT", "Use the IVR System", "Find an MLI Course", "Visit New Provider Center", and a red button with a magnifying glass icon labeled "Fee Schedule Lookup".

# Medicare University

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- Website
  - <http://www.MedicareUniversity.com>

# Medicare University Self-Reporting Instructions

- Log on to National Government Services' Medicare University
  - <http://www.MedicareUniversity.com>
    - Topic = **7/30/2015 - Transitioning to ICD-10-CM**
    - Medicare University Credits (MUCs) = **1**
    - Catalog Number = **AA-C-02550**
    - Course Code = **15211WBAMF1**
    - Visit our website for step-by-step self-reporting instructions.
    - Click on the **Education** tab, then the **Medicare University Course List** tab, click on the **Get Credit** link. This will open the **Get Credit for Completed Courses** web page.

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- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.



# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?