ICD-10 Transition

WYOMING

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It's more than coverage. It's care.

The ICD-10 Mandate

- ICD-10 implementation is scheduled for October 1, 2015.

- For claims with this date of service forward, all HIPAA-covered healthcare entities must begin using ICD-10 codes in place of the ICD-9 codes.

- Delivered in two parts – ICD-10-CM (for all providers in all healthcare settings) and ICD-10-PCS (for hospital claims and inpatient hospital procedures).

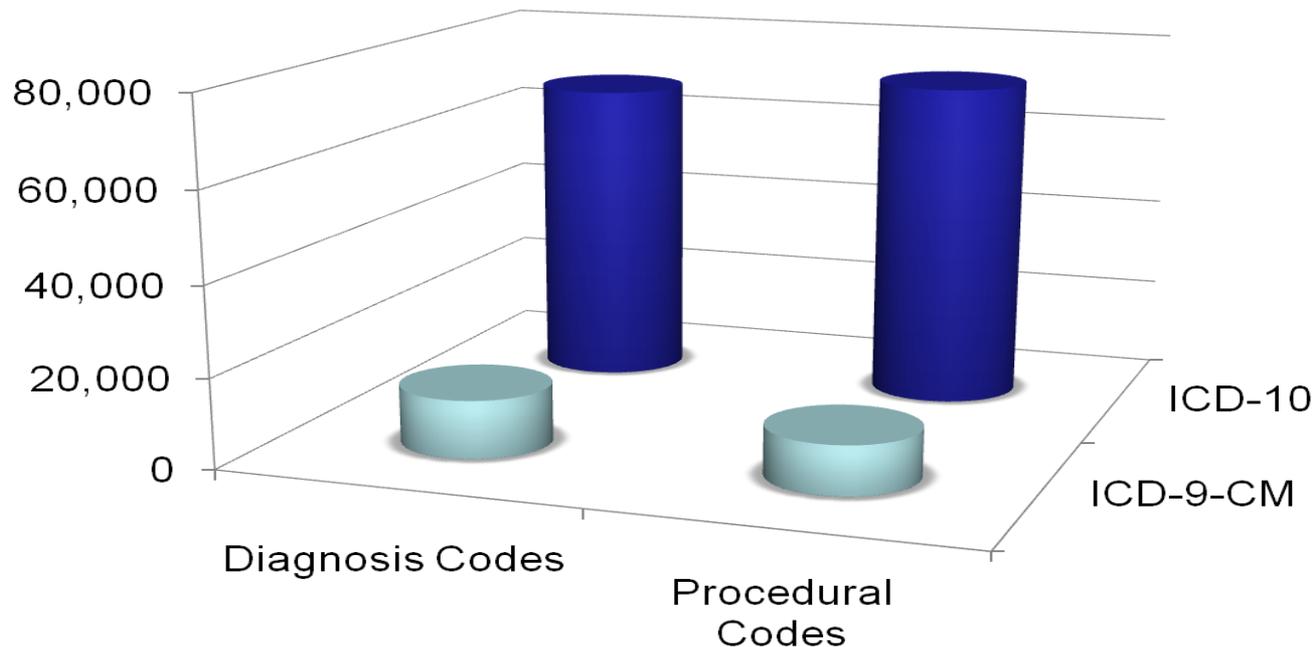- Does not affect CPT or HCPCS codes and usage.

Differences Between ICD-9 and ICD-10

- The code sets make ICD-10 look like an entirely different coding language.

- Code titles are more complete.

- Specificity and detail significantly expanded.

- Certain diseases reclassified to reflect current medical knowledge.

- Main differences include:
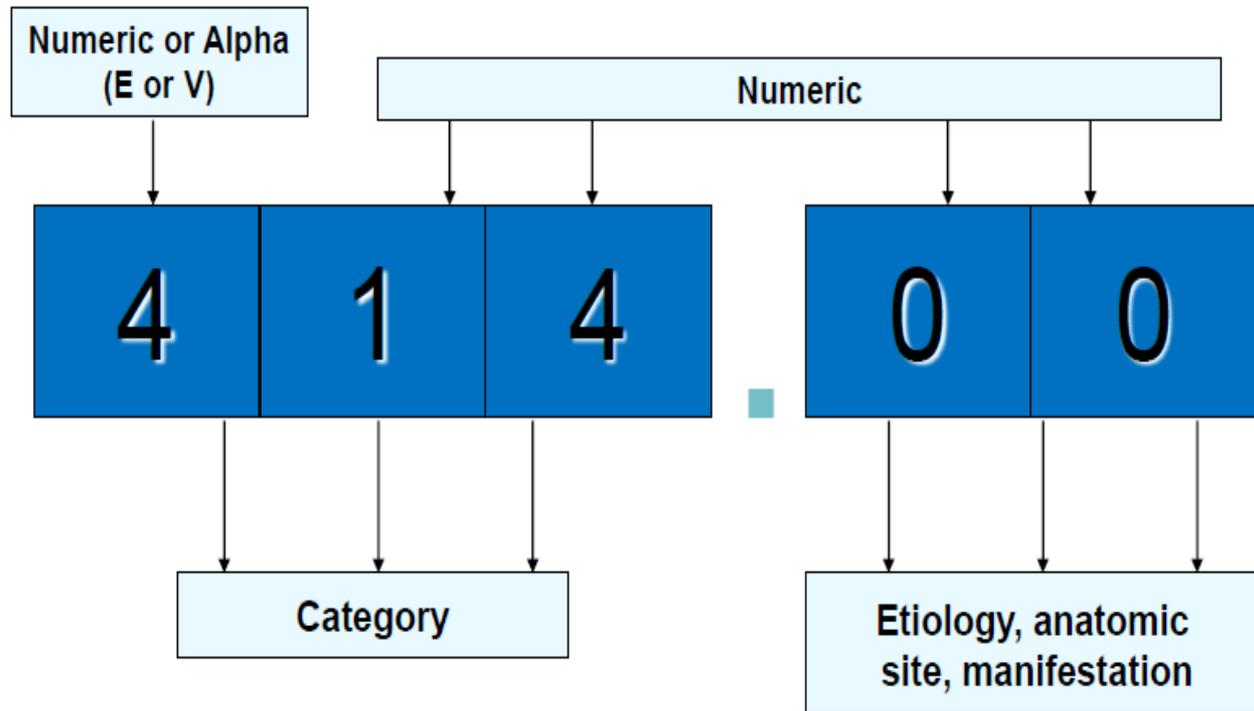 - Volume
  - Structure
  - New Features

Volume Differences

- About **150,000** ICD-10 codes will <u>replace</u> **17,000** ICD-9 codes.
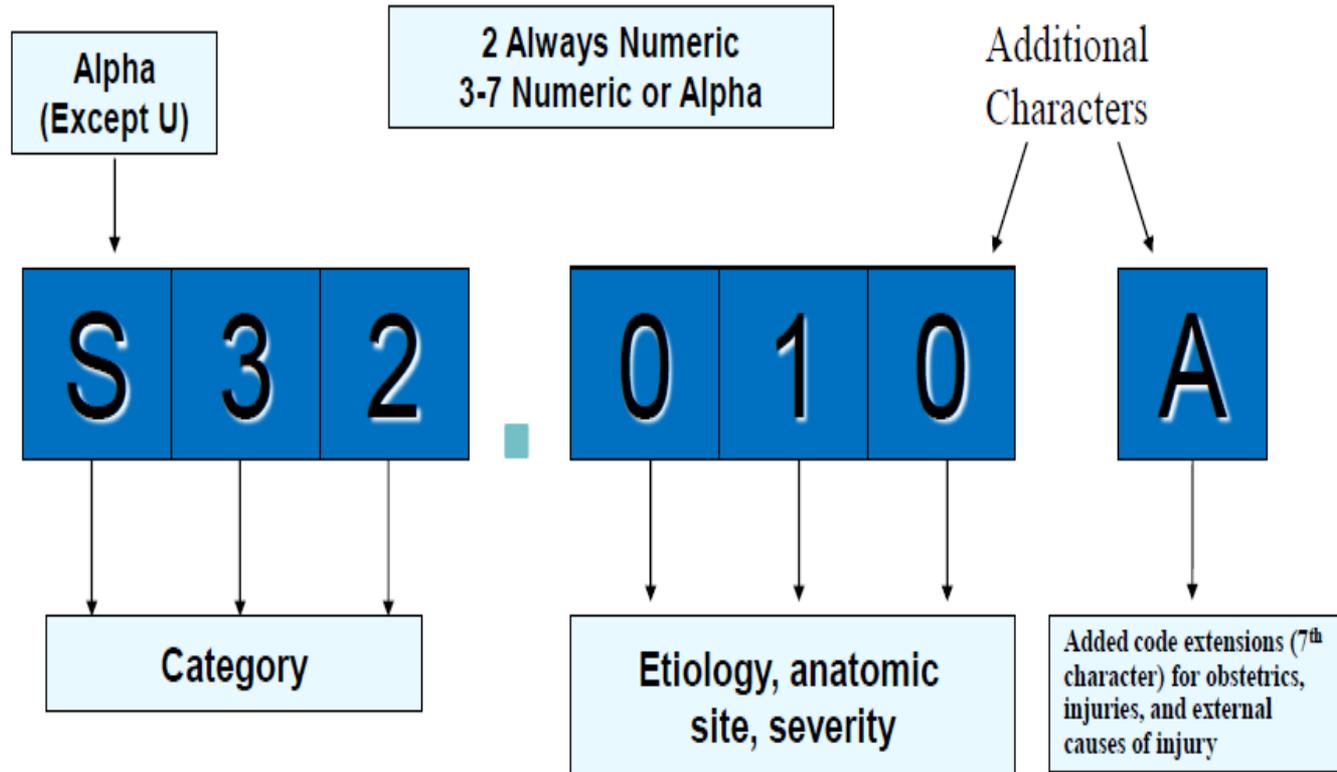- The greater level of detail in ICD-10 causes the increased volume.

Structural Differences – ICD-9-CM

Numeric or Alpha (E or V)

Numeric

4 1 4 . 0 0

Category

Etiology, anatomic site, manifestation

3 – 5 Characters

Structural Differences – ICD-10-CM

ICD-10-CM New Features

- Combination codes for some conditions and associated symptoms.
- Laterality
- Expansion of some codes
  - Injuries
  - Diabetes
  - Alcohol and substance abuse
  - Post-op complications
- Injuries grouped by anatomical site instead of by category.

Appropriate Coding

- ICD-10 is an example of appropriate coding.

- This is **not** up-coding.

- It's about following national coding guidelines and making sure to accurately describe a patient's condition.

- Some important notes about appropriate coding:
  - Valid signatures are needed in medical records,
  - Specificity in medical record notes is essential,
  - Code claims with accurate level of specificity,
  - Document and code all conditions (i.e. Stage 2 CKD, ESRD, Major Depression)

Appropriate Coding

- Ensures appropriate benefit application and/or payment (if applicable).

- Helps to reduce the possibility of requests for medical records.

- May help reduce the instances of medical record reviews.

Different Views of ICD-10

- **Clinician Perspective:** ICD-10 is understanding the increased level of detail needed in the medical record documentation.

- **Coder Perspective:** Training is required to understand the additional detail in the codes.

- **BCBSWY Perspective:** Make sure that our systems can accept the submitted codes and pay claims/ apply benefits appropriately.

Important Points From an Industry Perspective

- ICD-10 most likely will increase the need for certified coders due to the increased detail in the code set.

- Entities must take into consideration external factors (such as impacts of Health Care Reform and requirements of Medicare and Medicaid) when planning for ICD-10.

- A maintenance process must be in place as part of a long-term solution to enable processing of codes.
  - How do you update the codes today?
  - With increased volume, that process may need to change.

Medical Records – Increased Detail

Because of ICD-10 specificity, provider documentation must change to meet the new level of detail. For example...

Diagnosis:

- Obesity must be specified in ICD-10 if due to excess calories or if drug induced.
- Angina Pectoris is further classified as unstable angina, angina pectoris with documented spasm or other forms of angina pectoris.
- Asthma is specified as mild intermittent, mild persistent, moderate persistent and severe persistent.
- Tobacco dependence in ICD-9 becomes Nicotine dependence in ICD-10.
- The type of nicotine dependence must be documented for coding purposes.

Procedures:

- Transfusion of Packed Red Blood Cells need to specify if red blood cells are fresh or frozen.
- Hernia repairs require the device (graft/implant) to be coded to autologous tissue substitute, synthetic substitute or nonautologous tissue substitute.
- Radiological procedures (aortogram, arteriography performed under fluoroscopy) need to specify contrast material used (High Osmolar, Low Osmolar or other contrast)

Next steps to prepare for ICD-10*

Determine Impact

- Learn about the ICD-10 code set

- Identify all places within your organization that use ICD-9 codes and understand the impact of the transition

- Determine strengths and weaknesses in medical record documentation

Identify training needs

- Staff review and refresh medical terminology

- Plan for coder training (6-9 months prior to implementation)

Reach out to others

- Talk to business partners about ICD-10 readiness (payers, vendors, billing services, etc.)

- Be sure to discuss testing capabilities

*Information from CMS' *MLN Matters, SE1019*

ICD-10 Readiness

- Start recoding the superbill and determine the documentation required to code accurately.
  - Manifestations now included in chapter, but some will need an additional code.
  - Do you need to expand the superbill based on physician activities?
- CMS General Equivalence Mappings (GEMs)
  - Provide code to code translation.
- Where else are ICD-9 codes used in your practice?
- Training: coding classes, refresher on medical terminology (many terms have been updated in ICD-10), and anatomy and physiology