Welcome to Navigating ICD-10

This presentation provides general background information and resources to help your office or facility navigate ICD-10!
About ICD-10

The U.S. Department of Health and Human Services has mandated the replacement of the ICD-9-CM code sets used by medical coders and billers to report health care diagnoses and procedures with ICD-10 codes, effective October 1, 2015.
About ICD-10

ICD-10-CM/PCS consists of two parts: (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System)

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

- ICD-10-CM is for use in all health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM. Coding under ICD-10-CM follows the format of the code sets, but there is increased coding complexity.

- ICD-10-PCS is for use in inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.
Why the Change?

- The transition to ICD-10 is occurring because ICD-9 produces limited data about patients’ medical conditions and hospital inpatient procedures.

- ICD-9-CM was developed over 30 years ago and the codes do not accurately describe diagnoses at the necessary level of detail.

- ICD-9-CM has run out of numbers to assign to new diagnoses.

- Most countries have already moved to ICD-10 coding.

- The ICD-9 system used in the U.S. cannot accurately capture diagnoses statistics, which could potentially cause problems identifying and tracking new worldwide health threats.
Why the Change?

- Improve the ability to measure health care services
- Enhance the ability to monitor the populations' health
- Provide better overall data and decrease the need for supporting documentation when submitting claims
- ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by HIPAA, not just those who submit Medicare or Medicaid claims.
- The change to ICD-10 will not affect CPT/HCPCS coding for outpatient and office procedures.
# ICD-9 vs. ICD-10

## Diagnosis Coding - Similarities & Differences

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters in length</td>
<td>3-7 characters in length</td>
</tr>
<tr>
<td>First character is numeric or alpha (E or V)</td>
<td>First character is alpha</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Characters 2-7 are alpha or numeric</td>
</tr>
<tr>
<td>Always at least 3 characters</td>
<td>Always at least 3 characters</td>
</tr>
<tr>
<td>Use of decimal after three characters</td>
<td>Use of decimal after three characters</td>
</tr>
<tr>
<td>Approximately 13,000 codes</td>
<td>Approximately 68,000 codes</td>
</tr>
</tbody>
</table>

## Inpatient Procedure Coding - Differences Only

<table>
<thead>
<tr>
<th>ICD-9-PCS</th>
<th>ICD-10-PCS</th>
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</thead>
<tbody>
<tr>
<td>3-4 numbers in length</td>
<td>7 characters (alpha and numeric) in length</td>
</tr>
<tr>
<td>Generic terms for body parts</td>
<td>Detailed descriptions for body parts</td>
</tr>
<tr>
<td>No laterality (right or left)</td>
<td>Includes laterality</td>
</tr>
<tr>
<td>Approximately 3,000 codes</td>
<td>Approximately 87,000 codes available</td>
</tr>
</tbody>
</table>
ICD-9 vs. ICD-10

Approximately 70 percent of all ICD-9 codes have a 1-to-1 match with an ICD-10 Code...

The National Center for Health Statistics has developed what is known as “General Equivalence Mappings” (GEMs) for diagnosis codes.

CMS has developed GEMs for the procedure codes. GEMs are considered to be the authoritative source for crosswalking between ICD-10 and ICD-9. GEMs are data files and list the ICD-9 and ICD-10 codes and the attributes of the mapping between the two code sets.

There is a file for mapping from ICD-10 to ICD-9 and another for mapping from ICD-9 to ICD-10. Mapping from ICD-9 to ICD-10 is called “forward mapping” and mapping from ICD-10 to ICD-9 is “backward mapping.”

Excellus
ICD-10 Will Change Everything

As you can see, ICD-10 will impact more than just coding…
Get Ready!

Here’s what you can do today to provide a solid foundation for a successful ICD-10 implementation.

1. Establish an ICD-10 Team
2. Perform an impact assessment
3. Plan a realistic and comprehensive budget
4. Coordinate with external partners
5. Educate staff and leadership about ICD-10
6. Prepare for testing
Online Resources

Visit the CMS and the AAPC websites for tailored step-by-step implementation plans, timelines, training and relevant templates for each of the following audiences impacted by the transition:

- Small/Medium Provider Practices
- Large Practices
- Hospitals

Sign up for ICD-10 updates from CMS, including webinars, email updates and access the latest news.

- [www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html](http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html)
- [www.aapc.com/ICD-10/training.aspx](http://www.aapc.com/ICD-10/training.aspx)
Communications

We are committed to keeping you current on ICD-10!

- Check out our monthly *Connection* newsletter for ICD-10 updates and coding information
- Check out the ICD-10 section of our website at [ExcellusBCBS.com/ProviderICD10](http://ExcellusBCBS.com/ProviderICD10)
Q. If a patient is admitted to the hospital and is inpatient from September 30, 2015, through October 14, 2015, will an anesthesia claim on September 30, 2015, (ICD-9) and the inpatient claim, with a discharge date of October 14, 2015, (ICD-10) process against the same authorization?

A. Yes.
FAQs

Q. Should diagnosis codes be billed with decimals?
A. It does not matter if the code is billed with the decimal or not because our system does not recognize the decimal and bypasses it when processing the claim.

Q. Is the diagnosis code description case sensitive?
A. Excellus BCBS’s claims processing system, Facets, is not case sensitive and accepts mixed case; however, the clearinghouse accepts all caps only.

Q. What is Excellus BCBS’s position on the final rules issued for ICD-10 compliance?
A. We plan to meet all applicable time frames for compliance and we will work with providers, software vendors and third-party billing agencies as they strive for compliance.
FAQs

Q. What is Excellus BCBS doing to prepare for the ICD-10 conversion?

A. We have engaged impacted areas of our company in assessment and planning for the move from 18,000 ICD-9 codes to more than 140,000 ICD-10 codes. A roadmap is in development which incorporates system design and development, business processes and policies development, along with communication and training for affected constituencies.

We will collaborate with the medical community to share information and minimize disruption related to the ICD-10 conversion. We will also work across the industry, with America’s Health Insurance Plans, the BCBS Association, industry work groups, local health insurance payers and regional medical societies to address transition and implementation issues. We will continue to look for opportunities to provide feedback on ICD-10 conversion.
FAQs

Q. What should physician practices and facilities do to prepare for October 1, 2015?
A. The complexity of conversion requires immediate action to address the business and clinical issues associated with the transition. The ICD-10 conversion will affect nearly all provider systems and many processes. The largest impacts will likely be in clinical and financial documentation billing and coding. It is critical not to delay planning and preparation. It is important that providers contact their billing or software vendors to understand plans for conversion and testing.

Q. Will Excellus BCBS conduct ICD-10 testing with providers?
A. Yes. External provider testing is underway.
FAQs

Q. Will the ICD-10 conversion impact provider reimbursement and contracting?

A. We are evaluating the impact of ICD-10 on our contracting and clinical operations. We believe the transition will impact the entire industry. Mappings between ICD-9 and ICD-10 identify corresponding diagnosis codes between the two code sets.

It’s important to note that the ICD-10 conversion was not intended to transform payment or reimbursement; however, it may result in reimbursement methodologies that more accurately reflect patient status and care. In addition, claims will need to be coded correctly in order to avoid delays in payment.
FAQs

Q. What is Excellus BCBS’s approach to mapping ICD-9 codes to the ICD-10 codes?

A. Mappings between ICD-9 and ICD-10 identify corresponding diagnosis and procedure codes amid the two code sets.¹

CMS has GEMs as an approach to define reasonable alternatives for mappings between ICD-9 and ICD-10 codes in both directions. While the GEMs provide guidance and a starting point for mapping development, there is currently no industry standard for mapping. We are evaluating the GEMs to determine how they can be applied to practices, including reviewing common claim scenarios for simulation and modeling.

¹CMS Reimbursement Manual
FAQs

Q. Will Excellus BCBS support dual intake of codes?

A. Excellus BCBS will follow the coding guidelines as defined by the CMS mandate based on the time frame defined by the mandate.
Resources & Tools

**ICD-9-CM**

In ICD-9-CM codes are three to five digits. The first digit is either numeric or alpha (the letters E or V only) and all other digits are numeric.

In ICD-10-CM, codes can be up to seven digits. The first digit is always alpha (it can be any letter except U), the second digit is always numeric, and the remaining five digits can be any combination.
The following example shows an ICD-10-CM code for chronic gout due to renal impairment, left shoulder, without tophus.

The corresponding ICD-9-CM code would have been 274.02, which only indicates gouty arthropathy. As you can see, the ICD-10-CM code contains much more information.
Resources & Tools

**Mapping**

Some ICD-9-CM codes map easily to ICD-10 in a simple one-to-one conversion. For example, the ICD-9-CM code 733.6 (Tietze's Syndrome) maps directly to the ICD-10-CM code M94.0. (An exact map does not always mean the codes match in detail.)
Resources & Tools

Other codes will require additional information to map for possible solutions. For example, the ICD-9-CM code 649.51 (spotting complicating pregnancy) requires information about weeks in pregnancy to map. There are three options: O26.851 (spotting complicating pregnancy, first trimester), O26.852 (spotting complicating pregnancy, second trimester), and O26.853 (spotting complicating pregnancy, third trimester).
Resources & Tools

And some codes require significantly more specificity and map into many more ICD-10-CM code set selections. For example, the ICD-9-CM code 962.9 (poisoning by hormones and synthetic substitutes) has 16 corresponding ICD-10-CM codes, requiring information about both the cause of the poisoning and the type of encounter.
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In an extreme example (so extreme it’s hard to see), the ICD-9-CM code 733.82 (other disorders of bone and cartilage, nonunion of fracture) there are 2530 corresponding ICD-10-CM codes due to the degree of specificity required in ICD-10.
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**ICD-10-PCS**

ICD-10-PCS adds more specificity to procedure classifications and provides a better system for expansion.

- All procedure codes in ICD-10-PCS are seven characters in length, and each character represents an aspect of the procedure.
- Each character can have one of 34 different values assigned.
- Values can be numbers 0 through 9 and any of the alphabet (except I and O). The letters I and O are not used so as not to be confused with the numbers 1 and 0.
- The values for each character depend on the clinical procedure performed, and the section (or category in ICD-9-CM) where the procedure exists.
- In the ICD-10-PCS code 02103D4, for example, the ‘0’ in character one has a different meaning than the ‘0’ in character four. The differences are better illustrated in the chart on the next slide.
Resources & Tools

Section
This character identifies the broad procedure category, or section, where the code is found. (In ICD-9-CM this would be the category).

There are 16 sections of ICD-10-PCS. For example, the first character in all Medical and Surgical codes is always ‘0;’ the first character in all obstetric codes is always ‘1,’ and so on.

Body Systems
Body systems specify the general clinical body system of the procedure.

For example, the female reproductive system is represented by the value ‘U,’ the endocrine system is represented by the value ‘G,’ and procedures on the heart and great vessels are represented by the value ‘2.’ There are 30 values that represent body systems.

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<tr>
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<th>Character 3</th>
<th>Character 4</th>
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<th>Character 6</th>
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<tbody>
<tr>
<td>0</td>
<td>2</td>
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Resources & Tools

**Root Operations**

The root operations identify the reason, or objective of the procedure. There are 31 precisely defined root operations that are grouped with procedures having similar attributes. Root operations represent a significant change from ICD-9-CM procedure guidelines. ICD-10 coding guidelines for multiple procedures.

For example, define specific conditions for coding multiple procedures (ICD-10-PCS root operation guideline B3.3 – multiple procedures). Examples of root operations include the following:
- Bypass Creation Excision
- Extirpation Insertion Occlusion
- Removal Supplement Transfer

**Body Part**

This character defines the specific anatomic site where the procedure was performed. There are 34 possible values for each body system. Within the body part ‘H’ – skin and subcutaneous tissue and breast, there are 17 body parts.

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Resources & Tools

**Approach**

In ICD-10-PCS, the approach refers to the technique used to reach the site of the procedure. There are only seven different approaches:

1. Open
2. Percutaneous
3. Percutaneous Endoscopic
4. Via Natural or Artificial Opening
5. Via Natural or Artificial Opening Endoscopic
6. Via Natural or Artificial Opening Endoscopic with Percutaneous Endoscopic Assistance
7. External

The three components associated with the approach character are the access location, method, and type of instrumentation. There are two general types of access locations, skin or mucous membranes and external orifices. Every approach, other than external must include one of these access locations. External openings can be natural (e.g., via mouth) or artificial (e.g., colostomy stoma).

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Resources & Tools

**Device**

The device character specifies devices that remain after the procedure is completed. There are four general types of devices, and all devices fall within these types.

- Biological or synthetic material that takes the place of all or a portion of a body part (e.g., skin grafts and joint prosthesis)
- Biological or synthetic material that assists or prevents physiological function (e.g., IUD)
- Therapeutic material that is not absorbed by, eliminated by or incorporated into a body part (e.g., radioactive implant)
- Mechanical or electronic appliances used to assist, monitor, take the place of or prevent a physiological function (e.g., cardiac pacemaker, orthopedic pins)

- Specific guidelines within ICD-10-PCS direct the coder, where devices and root operation match. When no device is used within a procedure, a placeholder value is assigned.

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**Qualifier**

Qualifiers hold the seventh position in the ICD-10-PCS code.

This character contains unique values for individual procedures. The qualifiers provide definition for aspects of the procedure that cannot be defined elsewhere, but need to be identified.

In the obstetrics section, for example, qualifiers identify the type of extraction (low forceps, etc.) the type of cesarean section (classical, etc.) or the type of fluid removed during a drainage procedure (amniotic fluid).

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The goal of ICD-10-PCS is to incorporate completeness, unique definitions, expandability, multi-axial codes, standardized terminology and structural integrity.

The improved structure and specificity make ICD-10-PCS much easier to use than ICD-9-CM. More extensive knowledge of anatomy and physiology, the clinical process of a procedure, and the purpose of devices are needed for coders to properly assign codes in ICD-10-PCS.

Take a look at the example for repair of a fracture, radius w/internal fixation device:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
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</tr>
</thead>
<tbody>
<tr>
<td>79.32</td>
<td>0PQJ04Z</td>
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</table>

For assistance with converting PCS codes, refer to the CMS ICD-9 to ICD-10 crosswalks at: [http://cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf](http://cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf)
Resources & Tools

Websites with information to assist with planning and preparation:

The Centers for Medicare & Medicaid Services:
- http://www.cms.gov/ICD10/05a_ProviderResources.asp#TopOfPage

Workgroup for Electronic Data Interchange:

American Academy of Professional Coders:
- http://www.aapc.com/ICD-10

American Health Information Management:
- http://www.ahima.org/icd10
Questions?
Thank You!