IMPROVING HEALTH   CUSTOMIZED SOLUTIONS   DEDICATED SERVICE

ICD -10 TRANSITION
AS IT RELATES TO VISION

Presented by: MARCH Vision Care, 2013

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INTRODUCTION

- During the summer of 2008, the Department of Health and Human Services (HHS) initiated the implementation process of International Classification of Diseases, 10th Edition ("ICD-10").

- Providers, health plans and clearinghouses are all required to adhere to the updated code-set regulations as set forth by HHS upon the date of implementation.

- The transition to ICD-10 is due to ICD-9 data limitations regarding patient medical conditions, and hospital inpatient procedures. The ICD-9 system is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 restricts the ability to add new codes, and many ICD-9 categories are full.

SCOPE

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

1. ICD-10-CM: Used to identify diagnosis codes in all healthcare settings.

2. ICD-10-PCS: Used for facility reporting of hospital inpatient services.

- *Diagnosis Code Set =* **Clinical Modifications (ICD-10-CM)**
- *Inpatient Procedure Code Set =* **Procedure Coding System (ICD-10-PCS)**

WHO NEEDS TO TRANSITION ?

ANSWER:

- ICD-10 affects diagnosis and inpatient procedure coding for all groups covered by the Health Insurance Portability Accountability Act ("HIPAA"), not just those who submit Medicare and/or Medicaid claims. The change to ICD-10 **does not affect Current Procedural Terminology ("CPT") coding for outpatient procedures**.

- Health care providers, payers, clearinghouses and billing services must be prepared to comply with the transition to ICD-10.

- **Claims with ICD-9 codes for services provided on or after the compliance deadline cannot be paid**.

ICD-9 TO ICD-10: HIGH LEVEL OVERVIEW

ICD-9-CM Diagnosis Codes	ICD-10-CM Diagnosis Codes
3-5 characters in length	3-7 characters in length
13,000 codes	68,000 codes
First digit is alpha (E or V) or numeric; and Digits 2 – 5 are numeric.	Digit 1 is alpha; Digit 2 is numeric; and Digits 3 – 7 are alpha or numeric (alpha digits are not case sensitive).
Lacks Detail	Very Specific
Codes are non-specific	Specificity improves accuracy and richness of data for analysis
Does not support interoperability	Supports interoperability and exchange of health data between other countries & the U.S.

ICD-9-CM Format

X X X . X X

Category   Etiology, Anatomic site, Manifestation

ICD-10-CM Format

X X X . X X X   X

Category   Etiology, Anatomic site, Severity   Extension

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ICD-9 vs. ICD-10
SAMPLE OF NEW CODING

ICD-9-CM	ICD-10-CM
367.2 Astigmatism	H52.2 Astigmatism
367.20 Unspecified Astigmatism	H52.20 Unspecified Astigmatism H52.201 – unspecified eye H52.202 – right eye H52.203 – left eye H52.204 – bilateral
367.21 Regular Astigmatism	H52.22 Regular Astigmatism H52.221 – unspecified eye H52.222 – right eye H52.223 – left eye H52.229 – bilateral
367.22 Irregular Astigmatism	H52.21 Irregular Astigmatism H52.211 – unspecified eye H52.212 – right eye H52.213 – left eye H52.219 – bilateral

WHAT'S WRONG WITH ICD-9?

- ICD-9 is outdated; implemented in 1979.

- ICD-9 code structure is running out of space and cannot support the addition of new codes to address new medical technology or diseases.

- The eHealth initiative and benefits from electronic health record ("EHR") systems cannot be achieved without replacing ICD-9.

- ICD-9 codes do not capture data relating to factors other than disease which significantly limits research capabilities.

- Over 100 other nations have already replaced ICD-9; hindering international comparisons of data, leading to pressure from the World Health Organization on the United States to transition.

A NEW WAY TO THINK ABOUT THE TRANSITION

- **ICD-9 = Coding**

- **ICD-10 = Information Collection**

ICD-10 IMPACT ON PROVIDERS AND PAYERS

PEOPLE –
    Physicians
    Clinical Administrative Staff
    Patient Accounting
    Coders
    IT Staff

PROCESS –
    Coding/ Billing Workflows
    Contracting Approaches
    Prior Authorization/ Notification Changes
    Reporting Analytics
    Physician/ Coder Query Process

TECHNOLOGY –
    Claims/ Billing Systems
    System Interfaces
    Electronic Data Interchanges (Clearinghouses)
    Practice Management Systems

ICD-10 RESOURCES

Providers are encouraged to take advantage of the tools available to assist in preparing your practice.

- www.cms.gov/ICD10

- www.himss.org

  - Click on the Resource Library Tab
  - Go to "Health IT Topics"
  - Click on the "ICD-9 to ICD-10 Conversion" link

- www.unitedhealthcareonline.com

  - Go to "Quick Links"
  - Click on the "HIPAA 5010 and ICD-10" link

- MARCH provider newsletters and bulletins

FAQ'S

- **What is the effective date of the transition?**

  ANSWER: October 1, 2015.

- **What does "ICD-10 compliance" mean?**

  ANSWER: ICD-10 compliance means that all groups/individuals covered by HIPAA are able to successfully conduct health care transactions using ICD-10 codes.

- **Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?**

  ANSWER: NO, the switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.

FAQ'S

- Can I bill with ICD-9 and ICD-10 codes on the same claim after 10/1/2015?

  ANSWER: No, claims must be submitted separately. You cannot have both ICD-9 and ICD-10 on the same claim.

- Who is affected by the transition to ICD-10? If I don't deal Medicare claims, will I have to transition?

  ANSWER: All groups/individuals covered by HIPAA must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.

FAQ'S

- Do state Medicaid programs need to transition to ICD-10?

   ANSWER: Yes, all groups/individuals covered by HIPAA must comply with ICD-10 requirements; this includes all state Medicaid programs.

- What happens if I don't switch to ICD-10?

   ANSWER: Claims for all services and hospital inpatient procedures performed on or after the compliance deadline must use ICD-10 diagnosis and inpatient procedures codes. Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed.

QUESTIONS?