ICD -10 TRANSITION
AS IT RELATES TO VISION

Presented by: MARCH Vision Care, 2013
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 The ICD-9 system is 30 years old, has outdated terms, and is inconsistent with current medical practice.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

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

**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 X
```

- Category
- Etiology, Anatomic site, Severity
- Extension
### ICD-9 vs. ICD-10

#### SAMPLE OF NEW CODING

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>367.2 Astigmatism</td>
<td>H52.2 Astigmatism</td>
</tr>
<tr>
<td>367.20 Unspecified Astigmatism</td>
<td>H52.20 Unspecified Astigmatism</td>
</tr>
<tr>
<td></td>
<td>H52.201 – unspecified eye</td>
</tr>
<tr>
<td></td>
<td>H52.202 – right eye</td>
</tr>
<tr>
<td></td>
<td>H52.203 – left eye</td>
</tr>
<tr>
<td></td>
<td>H52.204 – bilateral</td>
</tr>
<tr>
<td>367.21 Regular Astigmatism</td>
<td>H52.22 Regular Astigmatism</td>
</tr>
<tr>
<td></td>
<td>H52.221 – unspecified eye</td>
</tr>
<tr>
<td></td>
<td>H52.222 – right eye</td>
</tr>
<tr>
<td></td>
<td>H52.223 – left eye</td>
</tr>
<tr>
<td></td>
<td>H52.229 – bilateral</td>
</tr>
<tr>
<td>367.22 Irregular Astigmatism</td>
<td>H52.21 Irregular Astigmatism</td>
</tr>
<tr>
<td></td>
<td>H52.211 – unspecified eye</td>
</tr>
<tr>
<td></td>
<td>H52.212 – right eye</td>
</tr>
<tr>
<td></td>
<td>H52.213 – left eye</td>
</tr>
<tr>
<td></td>
<td>H52.219 – bilateral</td>
</tr>
</tbody>
</table>
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?