



Introduction to ICD-10-CM

An Introduction to the Transition from
ICD-9-CM to ICD-10-CM





Purpose

- Explain why the transition from ICD-9-CM to ICD-10-CM is needed
- Describe the differences between ICD-9-CM and ICD-10-CM
- Describe benefits of the transition to ICD-10-CM and potential impacts to DPH stakeholders
- Explain the role that DPH is going to play in assisting DPH staff, CDSAs, local health departments and rural health agencies during the transition period



ICD-10-CM Compliance

- Federal Mandate under HIPAA Regulations
 - Compliance date of 10/1/2014
 - Compliance with 5010 Standard Transactions is Major Dependency
 - Compliance date was 6/30/12
 - Adopts ICD-10-CM and ICD-10-PCS as a new code sets under HIPAA replacing ICD-9-CM (Volumes 1, 2 and 3)
 - ICD-10-CM is for diagnosis coding – **all** covered entities must transition to this
 - ICD-10-PCS is for inpatient hospital procedure coding
 - DPH, CDSAs, LHDs and Rural Health Clinics will not use ICD-10-PCS
 - No impact on CPT or HCPCS



ICD-10-CM Compliance

- Will Mandate be Delayed??
 - CMS has already granted a one-year delay
 - Original compliance date was October 1, 2013
 - Additional time should be used for testing with trading partners
 - According to CMS, the compliance date is firm and not subject to change
- ICD-9-CM codes will not be accepted for services provided on or after 10/1/14
- ICD-10-CM codes will not be accepted for services provided prior to 10/1/14
- Systems must accommodate both ICD-9-CM and ICD-10-CM



Partial Code Freeze

- Last regular, annual updates to both ICD-9-CM and ICD-10 were made on October 1, 2011
 - On October 1, 2012 and October 1, 2013 there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases
 - On October 1, 2014 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases
 - There will be no updates to ICD-9-CM on October 1, 2014 as the system will no longer be a HIPAA standard
- On October 1, 2015 regular updates to ICD-10 will begin

What's Changing With ICD-10-CM

ICD-9-CM	ICD-10-CM
3-5 characters	3-7 characters
1 st character numeric or alpha (E or V)	1 st character is always alpha
Characters 2-5 are numeric	Character 2 always numeric; Characters 3-7 can be alpha or numeric
Decimal after first 3 characters; Alpha characters not case sensitive	Decimal after first 3 characters; Alpha characters not case sensitive
453.84 – Acute venous embolism and thrombosis of axillary veins	I82.A11 – Acute embolism and thrombosis of right axillary vein
656.13 – Other known or suspected fetal & placental problems affecting management of mother; Rhesus isoimmunization; antepartum condition or complication	O36.0110 – Maternal care for anti-D (Rh) antibodies, first trimester, single gestation
14,000 codes – not much specificity	70,000 codes – greater specificity



Format Structure Changes

ICD-9-CM

X	X	X	•	X	X
Category				Etiology, anatomic site, manifestation	
249.5 & 362.07-Diabetic Retinopathy with Macular Edema					

ICD-10-CM

X	X	X	•	X	X	X	X
Category				Etiology, anatomic site, severity (possibly dummy placeholder)		Extension	
E11.311 – Type II Diabetes Mellitus with unspecified Diabetic Retinopathy with Macular Edema							



What's Changing With ICD-10-CM

- Codes reflect modern medicine and updated medical terminology
- Codes are more specific
 - Many codes were expanded to reflect manifestations of diseases in one code instead of two
 - ICD-9-CM: 002.0 Typhoid Fever; 484.8 Pneumonia in other infectious diseases
 - ICD-10-CM: A01.03 Typhoid Pneumonia
- Code titles are more complete (no need to refer back to a category, subcategory, or sub-classification level to determine complete meaning of code)
 - I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
- Laterality –Left Versus Right
 - C50.1 Malignant neoplasm, of central portion of breast
 - C50.111 Malignant neoplasm of central portion of **right** female breast
 - C50.112 Malignant neoplasm of central portion of **left** female breast
- Revised diabetes mellitus codes
 - ICD-9-CM: 362.07 – Diabetic Retinopathy 249.5 & with Macular Edema
 - ICD-10-CM: E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema



What's Changing With ICD-10-CM

Added trimesters to obstetrical codes

- O9A.311 Physical abuse complicating pregnancy, first trimester
- Added code extensions for injuries and external causes of injuries
 - M80.08xA Fracture, pathologic, due to osteoporosis, specified cause NEC (initial encounter with closed fracture)
 - Injuries grouped by anatomical site rather than type of injury
 - ICD-9-CM
 - Fractures (800-829)
 - Dislocations (830-839)
 - Sprains and strains(840-848)
 - ICD-10-CM
 - Injuries to the head (S00-S09)
 - Injuries to the neck (S10-S19)
 - Injuries to the thorax (S20-S29)



ICD-10-CM: Similarities to ICD-9-CM

- Format
 - Tabular List and Alphabetic Index
 - Tabular List is a chronological list of codes divided into chapters based on body system or condition
 - Tabular List is presented in code number order
 - Same hierarchical structure
 - Look up diagnostic terms in Alphabetic Index; Verify code number in Tabular List
- Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions
 - A few chapters have been restructured
 - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters



ICD-10-CM: Similarities to ICD-9-CM

- Index structured the same as ICD-9-CM
 - Alphabetic Index of Diseases and Injuries
 - Alphabetic Index of External Causes
 - Table of Neoplasms
 - Table of Drugs and Chemicals
- Many naming conventions have same meaning
- Abbreviations, punctuation, symbols, notes such as “code first” and “use additional code”
- Nonspecific codes (“unspecified” or “not otherwise specified”) are available to use when detailed documentation to support more specific code is not available



ICD-10-CM: Excludes Notes

- Excludes1 note
 - Indicates that code identified in the note and code where the note appears **cannot be reported together because the 2 conditions cannot occur together**
 - Example: E10 Type 1 Diabetes mellitus
 - Excludes1: diabetes mellitus due to underlying condition (E08.-)
 - drug or chemical induced diabetes mellitus (E09.-)
 - gestational diabetes (O24.4-)
 - hyperglycemia NOS (R73.9)
 - neonatal diabetes mellitus (P70.2)
 - type 2 diabetes mellitus (E11.-)



ICD-10-CM: Excludes Notes

- Excludes2 note
 - Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so **both codes may be reported together if the patient has both conditions**
 - Example: L89 Pressure ulcer
 - Excludes2: diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
 - non-pressure chronic ulcer of skin (L97.-)
 - skin infections (L00-L08)
 - varicose ulcer (I83.0, I83.2)



Benefits of ICD-10-CM

- Higher Quality Data Resulting in
 - Improved ability to measure quality, efficacy, and safety of patient care
 - Enhanced ability to conduct public health surveillance
 - Greater achievement of the anticipated benefits from EHR adoption
 - Decreased claims submission and claims adjudication costs
 - Decreased need for manual review of health records to meet needs of payers, researchers, etc.
 - Enhanced data for research, epidemiological studies, and clinical trials
 - Prevent and detect health care fraud and abuse



Benefits of ICD-10-CM

- Works well with and is consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM IV)
- Chapter 2 (Neoplasms) and morphology codes correspond to ICD-O-2, which have been used by cancer registry programs since 1995
- Nursing classification (90 –95%)
 - For Omaha System users, the Problem Classification Scheme that currently contains ICD-9-CM codes will be updated for ICD-10-CM but this process has not yet begun



ICD-10 Myths vs. Facts

- Myth: There will be no hard-copy ICD-10-CM code books and all coding will need to be performed electronically
 - *Fact: ICD-10-CM code books are already available and are a manageable size. The use of ICD-10-CM is not predicated on the use of electronic hardware and software*
- Myth: Unnecessarily detailed medical record documentation will be required
 - *Fact: As with ICD-9-CM, ICD-10-CM codes should be based on medical record documentation. In ICD-10-CM, the codes are much more specific so before a code is assigned, clinical documentation must be present to support the specificity of the code.*
 - Nonspecific codes are still available for use when documentation doesn't support a higher level of specificity



ICD-10 Myths vs. Facts

- Myth: The increased number of codes will make ICD-10-CM impossible to use
 - *Fact: Even though there are a higher number of codes, the increase in numbers does not necessarily increase the complexity of the coding system; it should make it easier to find the right code*
 - *Fact: Because ICD-10-CM is much more specific, is more clinically accurate, and uses a more logical structure, it is easier to use than ICD-9-CM*
 - *Fact: The Alphabetic Index and electronic coding tools (if available) will continue to facilitate proper code selection*
 - It is anticipated that the improved structure and specificity of ICD-10-CM will facilitate the development of increasingly sophisticated electronic coding tools that will assist in faster code selection



Transition to ICD-10-CM Impacts

- Diagnosis codes permeate almost every business process
 - Treatment Decisions
 - Encounter Reporting and Billing
 - Forms, Reporting and Data Analysis (Use of GEMS)
- System and Database Impacts
 - Locally developed and/or vendor systems/databases/reports must be modified to accommodate both ICD-9-CM and ICD-10-CM
 - Must work with vendors to ensure their systems will comply
- Productivity will decrease
- Clinical documentation must support specificity of ICD-10 Diagnosis Codes
- Proper coding requires some proficiency in Anatomy & Physiology
 - Staff who will be coding may need to take refresher in A&P



Transition to ICD-10-CM Impacts

- Budgetary Impacts

- What is the cost to train staff and physicians?
 - DPH will develop training specifically to meet the needs of DPH, the CDSAs, LHDs and rural health agencies and will provide training in the most cost effective manner possible (e.g., Webinars)
- What is the cost to modify processes and forms?
- What is the cost for necessary software changes?
 - For systems operated by DPH (e.g., HIS), DPH will fund remediation
- What if a significant number of claims are denied post 10/1/14?
- Costs for Code Books or Coding Assistance Software
 - Budget \$120 for each ICD-10-CM code book
 - Purchase a limited number in 2013 for staff involved in implementation activities; delay mass purchases until after February 2014
 - 2013 version is available online at CMS and CDC websites



DPH ICD-10 Implementation Project

- DPH Upper Management supports the project
 - Danny Staley is Project Sponsor
- Business Goal from Project Charter
 - The goal of this project is to ensure that the staff and information systems that currently utilize ICD-9-CM for classification of disease and morbidity information within the Section/Branches of the Division of Public Health and local health departments seamlessly transition to the federally mandated ICD-10 effective October 1, 2014.

Project Deliverables

DPH ICD-10 Implementation Project Work Breakdown Structure

1.0 Initiation Phase

- 1.1 Project Charter
- 1.2 ICD-10 Contact List
- 1.3 ICD-10 Awareness Education to Key Stakeholders

2.0 Planning & Design Phase

- 2.1 Project Plan
- 2.2 Project Schedule
- 2.3 Implementation Plan
- 2.4 ICD-10-CM Training Plan
- 2.5 ICD-10-CM Training Materials

3.0 Execution Phase

- 3.1 System Impact Assessments
- 3.2 Business Impact Assessments
- 3.3 Clinical Documentation Assessment
- 3.4 Best Practices
- 3.5 ICD-10-CM Training Classes & User Registration
- 3.6 Readiness Assessments

4.0 Monitoring & Control Phase

- 4.1 Status Reporting to Stakeholders
- 4.2 Risk Matrix
- 4.3 Issues Log
- 4.4 Budget Tracking Materials
- 4.5 Implementation Team Meetings, Agendas & Minutes
- 4.6 DPH ICD-10 Website
- 4.7 Monitor Implementation of System Changes
- 4.8 Monitor Implementation of Interface Changes
- 4.9 Monitor Implementation of ICD-10-CM Related Business Process Changes

5.0 Closing Phase

- 5.1 Summary Report of ICD-10-CM Training Evaluation
- 5.2 Lessons Learned
- 5.3 Project Files Archived



Starting Point

- DPH and all local agencies have identified ICD-10 Contacts
 - Communications from DPH related to ICD-10 Implementation will be sent to the designated contacts
 - New contacts or changes in existing contacts can be submitted to sarah.brooks@dhhs.nc.gov
- Impact Assessments
 - Must identify all system, reports and forms that are impacted
 - Tool to be used for system assessments is available on DPH website
 - Business Impact Assessment tool will be available January 2013
- DPH ICD-10 Implementation Team has been organized
 - DPH staff with ICD-10 impacts
 - CDSA staff
 - LHD staff representing Administrative, Billing and Clinical areas
 - Office of Rural Health & /Community Care
 - Deliverables will be reviewed and approved by this team before being sent to ICD-10 contacts and posted to website



Resources

- <http://publichealth.nc.gov/lhd/icd10/> (left side of page, choose *Local Health Departments/ICD-10 Implementation*)
 - Sarah.Brooks@dhhs.nc.gov
 - 919-707-5067
- <http://www.cms.gov/ICD10/>
 - Provider Resources (for all providers)
http://www.cms.gov/ICD10/05a_ProviderResources.asp
 - Provider Resources for Medicare Fee-for-Service Providers
[http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.a
sp#TopOfPage](http://www.cms.gov/ICD10/06_MedicareFeeforServiceProviderResources.asp#TopOfPage)
- <http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>
- <http://www.nchica.org/HIPAAResources/icd10.htm>
- <http://www.ahima.org/ICD10/default.aspx>
- <http://www.aapc.com/ICD-10/> (Note: Free Code Translator using General Equivalency Mappings ~ GEMS)
- http://www.himss.org/ASP/topics_icd10playbook.asp



Questions

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Questions can be submitted to:
Sarah.Brooks@dhhs.nc.gov

