ICD-10
International Classification of Diseases

ICD-10 Implementation:
From “ICD-10?” to “I Can Do-10!”

Prepared For:
Managed Long Term Services and Supports (MLTSS) Providers
July 29, 2015
Webex

Presented By:
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National ICD-10 Program Director

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Agenda

✓ ICD-10 Overview/Education

✓ How to Prepare for ICD-10

✓ Top Diagnosis Codes Billed and the Crosswalk of ICD-9 to ICD-10 Codes
  ✓ Prior Authorization Considerations relative to ICD-10
  ✓ Claims Submission Considerations relative to ICD-10

✓ UnitedHealthcare’s ICD-10 Resources: From “ICD-10? To I Can Do-10!”
ICD-10 Overview
The 5 “W’s”

**Who?**
The entire health care system, both finance and delivery, is affected by the transition to ICD-10.

**What?**
ICD-10 will become the HIPAA Standard for reporting of both diagnosis and inpatient procedure coding for all HIPAA covered entities.

**Where?**
ICD-10-CM (Clinical Modification) will be used in all health care settings to record diagnosis codes and ICD-10-PCS (Procedure Classification System) will be utilized in hospitals/facilities to record inpatient procedure codes.

**Why?**
ICD-9 is outdated. The enhanced flexibility of ICD-10-CM is expected to bring about a number of improvements compared to ICD-9.

**When?**
ICD-10’s compliance date is **October 1, 2015**!
ICD-10 Scope

ICD-10-CM: Replaces ICD-9 Diagnostic Codes
ICD-10-CM will be used to identify diagnosis codes in all health care settings.

ICD-10-PCS: Replaces ICD-9 Procedure Codes
ICD-10-PCS will be used for facility reporting of hospital inpatient services.

No impact on the existing outpatient procedure coding systems.
CPT and HCPCS coding will still be used for physician and professional services and procedures performed in outpatient facilities, including hospital outpatient departments.
ICD-10-CM Diagnosis Code Structure

- 3-7 characters with a decimal after the third character
- 1\textsuperscript{st} character is always alpha (all letters used except “U”)
- 2\textsuperscript{nd} character is always numeric
- 3-7 either alpha or numeric

ICD-10 Quick Reference Guide

Comparison of ICD-9 vs. ICD-10

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>3-5 characters</td>
</tr>
<tr>
<td># of codes</td>
<td>approx 13,000</td>
</tr>
<tr>
<td>Adding new codes</td>
<td>limited space</td>
</tr>
<tr>
<td>Level of detail</td>
<td>minimal</td>
</tr>
<tr>
<td>Laterality</td>
<td>lacking</td>
</tr>
<tr>
<td>Specificity</td>
<td>limited</td>
</tr>
<tr>
<td>Interoperability</td>
<td>US only</td>
</tr>
</tbody>
</table>

**E10** Type 1 diabetes mellitus
- brittle diabetes (mellitus)
- diabetes (mellitus) due to autoimmune process
- diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction
- idiopathic diabetes (mellitus)
- juvenile onset diabetes (mellitus)
- ketosis-prone diabetes (mellitus)

**E10.1** Type 1 diabetes mellitus with ketoacidosis
- E10.10 Type 1 diabetes mellitus with ketoacidosis without coma
- E10.11 Type 1 diabetes mellitus with ketoacidosis with coma

**E10.2** Type 1 diabetes mellitus with kidney complications
- E10.21 Type 1 diabetes mellitus with diabetic nephropathy
- Type 1 diabetes mellitus with intercapillary glomerulosclerosis
- Type 1 diabetes mellitus with intracapillary glomerulosclerosis
- Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

**E10.22** Type 1 diabetes mellitus with diabetic chronic kidney disease
- Type 1 diabetes mellitus with chronic kidney disease due to conditions classified to .21 and .22
- Use additional code to identify stage of chronic kidney disease (N18.1-N18.6)

**E10.29** Type 1 diabetes mellitus with other diabetic kidney complication
- Type 1 diabetes mellitus with renal tubular degeneration

**E10.3** Type 1 diabetes mellitus with ophthalmic complications
- E10.31 Type 1 diabetes mellitus with unspecified diabetic retinopathy
- E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
ICD-10-CM provides 50 different codes for “complications of foreign body accidentally left in body following a procedure,” compared to only one code in ICD-9-CM. Examples include:

- **T81.530, Perforation** due to foreign body accidentally left in body following surgical operation

- **T81.524, Obstruction** due to foreign body accidentally left in body following endoscopic examination

- **T81.516, Adhesions** due to foreign body accidentally left in body following aspiration, puncture or other catheterization
# The Transition at a High Level

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,500 Diagnosis Codes</td>
<td>69,000 Diagnosis Codes</td>
</tr>
<tr>
<td>4,000 Procedure Codes</td>
<td>71,000 Procedure Codes</td>
</tr>
<tr>
<td><strong>Increase in the Total Number of Codes</strong></td>
<td><strong>Angioplasty 047K047</strong></td>
</tr>
<tr>
<td><strong>Angioplasty 39.50 (1 code)</strong></td>
<td>Specifying body part, approach and device</td>
</tr>
<tr>
<td></td>
<td>(854 different codes)</td>
</tr>
<tr>
<td><strong>Pressure Ulcer Codes 707.00-707.99</strong></td>
<td><strong>Pressure Ulcer Codes L89.131</strong></td>
</tr>
<tr>
<td>Showing location, but not depth (7 codes)</td>
<td>Specific location, depth, severity, occurrence</td>
</tr>
<tr>
<td></td>
<td>(125 different codes)</td>
</tr>
<tr>
<td><strong>Indicated through notes and other methods</strong></td>
<td><strong>Y71.3 Surgical instruments, materials and cardiovascular devices associated with adverse incidents</strong></td>
</tr>
<tr>
<td><strong>No Equivalent ICD-9 Code</strong></td>
<td><strong>No equivalent ICD10 code</strong></td>
</tr>
<tr>
<td><strong>No Equivalent ICD-10 Code</strong></td>
<td><strong>No equivalent ICD10 code</strong></td>
</tr>
</tbody>
</table>


**Source: CMS: ICD-10 CM/PCS An Introduction**

***Source: CMS: General Equivalence Mappings***
What’s Wrong with ICD-9?

ICD-9 is outdated; implemented in 1979

ICD-9 code structure is running out of space

ICD-9 codes do not provide enough detail and specificity to produce quality data on current diagnostic and procedural trends, resulting in a lack of quality data

National E-health initiative and engaging in the full benefit 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

About 100 other nations have already replaced ICD-9

What characteristics are needed in a coding system?

- **Flexibility:** Codes need to quickly incorporate emerging diagnosis and procedure codes.

- **Exactness:** Codes should identify diagnosis and procedure precisely.

ICD-9 is *neither* of these*

*Pat Brooks
Senior Technical Advisor
CMS*
Worldwide ICD-10 Adoption Timeline

*AAPC: United States and Italy are the last industrialized nations to not use ICD-10 as their standard for reporting

Why Are We Doing This?

The Purpose of ICD-10

- Improve codes based on advancements in medicine
- Use more current medical terminology
- New codes include greater detail and more specificity

BUZZWORD
Granularity

Why is it Important?

Over time, ICD-10 will promote:

- Improved Payment Accuracy
- Fewer Rejected Claims
- Improved Disease Management
- Significant Decrease in Rework/Administrative Expense
- Comprehensive Reporting of Quality Data
- Data Tracking of Disease: USA/International

Better information. Better decisions.
ICD-10 Will Help Patient Care

While it’s difficult to show how ICD-10-CM will improve physician ability to take care of a patient on a case-by-case basis, enhanced informatics should allow for:

- More effective care
- Higher-quality care
- Evidence-based care

A broader perspective on ICD-10 is that physicians contribute critical information that can support improvement in how care is both assessed and delivered.

Better information ultimately leads to better care.

In this way, ICD-10 is not about one visit with one patient: It’s bigger than that.

Source: Dr. Joe Nichols: ICD-10-CM: The case for moving forward.
How to prepare for ICD-10
ICD-10 Myth:

“ICD-10 is Overwhelming”

Myth: Busted!

Using a strategic approach to the ICD-10 remediation by starting transition activities now, can make the transition to ICD-10 happen.

In AAPC’s white paper “ICD-10: The History, The Impact and the Keys to Success,” the ICD-10 Vice President for the American Association of Professional Coders (AAPC), Rhonda Buckholtz, summarized the implementation process:

“ Practices that take a strategic approach to ICD-10 implementation will not have the [same] productivity struggles as those who do not take ICD-10 seriously.”
Make Implementation Easier

1. Organize a project team and resources for project completion
2. Conduct preliminary impact analysis
3. Create an implementation timeline
4. Develop an ICD-10-CM implementation budget
5. Analyze documentation needs
6. Develop a communication plan
7. Develop a training plan
8. Complete information system design and development
9. Conduct a business process analysis
10. Conduct a needs assessment
11. Complete deployment of the system changes

Gather a Project Team

1. Organize a project team and resources for project completion*

**Project Team:**
CMS estimates it will take 1-2 days to identify and get a project team together and 1-2 weeks to develop the practice ICD-10 project plan.

**Key Considerations:**
- Create Project Summary
- Identify Leaders
- Develop initial budget, project completion timeline, training plan

**Implementation Tip:**
SWOT (strength, weakness, opportunity, threat analysis)

**Resources:**
CMS suggests you review ICD-10 resources from CMS, trade associations, payers and vendors.

**A good place to start?**
Visit the UnitedHealthcareOnline.com ICD-10 page for a list of resources:
- CMS
- WEDI
- HIMSS
- AMA
- AAPC
- OptumInsight
- Health Data Consulting

Determine the ICD-10 Impact

2. Conduct preliminary impact analysis*

**Impact Analysis:**
CMS estimates it will take 1-2 months to identify how ICD-10 will affect your practice.

**Key Considerations:**
- Documentation to meet Medical Necessity
- IT changes needed
- Review health plan policies and local and national coverage policies

**Implementation Tip:**
**Sticky-Note Brainstorming** - gather all staff members and have them record on sticky notes all the areas that could be affected by ICD-10. Then arrange the notes by “people/process/technology.”

**Concept: RT Welter and Associates, INC
3. Create an implementation timeline

Timelines are an important element of the ICD-10 plan and must include milestones to ensure the project is being kept on track.

Don’t forget to contact your vendors and understand their timeframes. **Your vendor’s timeline is dependent** on our timeline.

CMS has a helpful timeline tool created for small and medium practices which can be found at [CMS.gov](https://www.cms.gov)
4. Develop an ICD-10-CM implementation budget

The earlier you start your ICD-10 implementation, the longer the period of time you have to defer costs.

Key ICD-10 Budgetary Considerations:
- Software and licensing costs
- Hardware procurement
- Development costs
- Implementation deployment costs
- Possible EMR upgrade costs
- Staff training costs, overtime expenses
- Cost to upgrade super-bill and encounter forms
- Workflow process change costs
- Testing costs

5. Analyze documentation needs

Documentation is important to the provider to assure that they have the information necessary to provide appropriate care for their patients.

While some providers raise concerns about the “unnecessary” burden of additional documentation required by ICD-10, an analysis of these requirements shows that this level of documentation positively impacts good patient care regardless of coding requirements.

Clinicians should document these medical concepts today to assure that important factors about the patient’s condition are available to guide care and recognize health risks.

Source: Dr. Joe Nichols: ICD-10-CM: Advantages to Providers.
ICD-10 is Information Collection

Dr. Russ Leftwich, a board-certified Internist who works as the CMIO for the Tennessee Office of eHealth Initiatives (TennCare) and is the HIMSS 2012 IT Leadership Award Winner, sums up the difference between I-9 and I-10 this way:

**ICD-9 = Coding**   **ICD-10 = Information Collection**

Clinical Example: A provider sees a patient in a [subsequent encounter] for a [non-union] of an [open] [fracture] of the [right] [distal] [radius] with [intra-articular extension] and a [minimal opening] with [minimal tissue damage].

ICD-9 Code: 813.52 Other open fracture of distal end of radius (alone)

ICD-10-CM Code: S52.571M Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with non-union

Codes related to fractures of the radius: ICD-9 = 32 ICD-10 = 1731

Documentation is the key; If not documented, it cannot be coded!
**Advantages of more detailed diagnosis coding:**

- Reduces requests for additional documentation to support medical necessity
- Captures accurate data on the new ways of describing diseases due to advances in medicine
- Provides data to support performance measurement, outcome analysis, cost analysis and resource utilization
- Increases the sensitivity of the classification when refinements are made in applications, such as grouping methods

**Source:** Grider, D.J. (2010). *Preparing for ICD-10-CM: Make the Transition Manageable*. United States: American Medical Association
6. Create a Communication Plan

It’s been said that “people don’t mind change—they just don’t like being changed.” Proper communication will help everyone to feel part of the transition, instead of feeling that they are being “changed.”

Communication is key to the ICD-10 transition plan because it lets everyone know where the practice is in the ICD-10 transition process and the role they play in the transition.

Communication tactics might include staff meetings, newsletters, email updates, etc.
7. Develop a Training Plan

Training is an important element to ICD-10 success and all areas of the practice will need some level of training.

**Key Training Elements:**
- Accept the notion that education is key to a successful ICD-10 transition
- Develop an ICD-10 training plan, recognizing different levels of training will be required: basic; clinical; documentation; “super users”
- Decide on the timing of training delivery: not too soon—not too far out

UnitedHealthcare and the AAPC have teamed up to offer you discounts on all of the AAPC’s ICD-10 CEUs and other education.

### Discounts for UnitedHealthcare Network Physicians and Hospitals

The transition to ICD-10 will take strategic planning and considerable preparation. UnitedHealthcare and the American Academy of Professional Coders (AAPC) are working together to provide our network physicians and hospitals with a complete suite of ICD-10 solutions at steeply discounted rates. The ICD-10 training can be completed in-issue, and with successful outcomes.

- Understand the impact of ICD-10
- Educate physicians, managers, and coders
- Prepare documentation systems, and processes

<table>
<thead>
<tr>
<th>Training</th>
<th>List Price</th>
<th>UnitedHealthcare Partner Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Webinar Series: Essentials for ICD-10-CM (3 CEUs)</td>
<td>$195.95</td>
<td>$99.95</td>
</tr>
<tr>
<td>Give employees a high-level overview of the transition to ICD-10-CM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available in either classroom or online webinar; this three-part webinar gives your staff a high-level overview and fundamental knowledge of ICD-10-CM. You’ll learn documentation challenges, the differences with ICD-10-CM, and how ICD-10-CM will affect each business area of your practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bootcamp: ICD-10-CM Implementation (16 CEUs)</td>
<td>$795</td>
<td>$665</td>
</tr>
<tr>
<td>Prepare managers with everything they need to implement ICD-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This two-day boot camp provides comprehensive training for the transition to ICD 10. From systems to processes, your office will be better prepared for implementation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online: AAP Training (14 CEUs)</td>
<td>$189.95</td>
<td>$134.95</td>
</tr>
<tr>
<td>Prepare codes for the increased clinical requirements of ICD-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to the clinical nature of ICD-10-CM, a strong understanding of anatomy and/or physiology will be required. ICD-10 anatomy and/or physiology training covers all body systems and the key areas of challenge posed by ICD-10-CM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Learn more at: www.aapc.com/uhc | 800-626-CODE (2633)
8. Complete Information System Design and Development

In this phase of ICD-10 implementation, existing systems have to be remediated to accept both ICD-9 and ICD-10 codes. Systems include hardware, software, applications, screens and electronic or print forms.

A critical element to this transition stage is data mapping. Data mapping (or code mapping) is the process of finding the equivalent clinical meaning from the source code and applying it to the target code set.

**CMS has created General Equivalency Mapping (GEM) files** which are a two-way translation dictionary for diagnosis codes from which maps can be developed.

9. **Conduct a Business Process Analysis**

You may have put a lot of work into your ICD-10 preparation, but make sure to ask some important questions from a business process perspective, such as:

- How will ICD-10 help the patient and the patient care by the practice?
- Will ICD-10 reduce the number of patients that can be seen per day?
- Will there be a delay in receiving reimbursement after implementation because of system issues?
- Will ICD-10 result in more claim denials initially?
- Does the practice have sufficient funds to handle a delay in cash flow?

**Implementation Tip:** CMS suggests having some cash on hand post-implementation, so it may be necessary for your hospital/facility to predetermine if it will need to procure a line of credit.

10. Conduct a Needs Assessment

What is needed to ensure success as the practice moves to ICD-10?

• Does the practice need a code look-up tool?
• Does the practice need an encoder?
• Would a conversion to an electronic medical record (and ‘meaningful use’ incentives) be appropriate?
• Does the practice need ICD-10 coding books?
• Does the practice need anatomy books or other reference material?

ICD-10 Testing

11. Complete Deployment of the System Changes

Testing is a critical element of ICD-10. Testing with trading partners is the best opportunity a practice will have to make certain that the ICD-10-CM codes will be received and interpreted properly after the compliance deadline.

CMS suggests that you allow nine months for ICD-10 to account for your practice’s coding, billing and clinical staff. CMS also suggests:

- Testing the ICD-10 codes your practice sees most often
- Testing data and reports for accuracy

Top Diagnosis Codes Billed and the Crosswalk of ICD-9 to ICD-10 Codes

Prior Authorization Considerations relative to ICD-10

Claims Submission Considerations relative to ICD-10
# ICD-9 Code Crosswalked to ICD-10*

## Diabetes Mellitus

<table>
<thead>
<tr>
<th>Code Group Title</th>
<th>ICD9 Reformatted</th>
<th>ICD 9 Description</th>
<th>ICD10 Reformatted</th>
<th>ICD 10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ -MLTSS</td>
<td>250.00</td>
<td>Diabetes mellitus with mention of E11.9</td>
<td>Type 2 diabetes mellitus without complications</td>
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<tr>
<td>NJ -MLTSS</td>
<td>250.00</td>
<td>Diabetes mellitus with mention of E13.9</td>
<td>Other specified diabetes mellitus without complications</td>
<td></td>
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</table>

## Dementia/Alzheimer’s Disease

<table>
<thead>
<tr>
<th>Code Group Title</th>
<th>ICD9 Reformatted</th>
<th>ICD 9 Description</th>
<th>ICD10 Reformatted</th>
<th>ICD 10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ -MLTSS</td>
<td>290.00</td>
<td>Senile dementia, uncomplicated F03.90</td>
<td>Unspecified dementia without behavioral disturbance</td>
<td></td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>294.10</td>
<td>Dementia in conditions classified F02.80</td>
<td>Dementia in other diseases classified elsewhere without behavioral disturbance</td>
<td></td>
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<tr>
<td>NJ -MLTSS</td>
<td>294.8</td>
<td>Other persistent mental disorders due F06.8</td>
<td>Other specified mental disorders due to known physiological condition</td>
<td></td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>331.0</td>
<td>Alzheimer's disease G30.0</td>
<td>Alzheimer’s disease with early onset</td>
<td></td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>331.0</td>
<td>Alzheimer's disease G30.1</td>
<td>Alzheimer’s disease with late onset</td>
<td></td>
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<tr>
<td>NJ -MLTSS</td>
<td>331.0</td>
<td>Alzheimer's disease G30.8</td>
<td>Other Alzheimer’s disease</td>
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<tr>
<td></td>
<td>331.0</td>
<td>Alzheimer's disease G30.9</td>
<td>Alzheimer’s disease, unspecified</td>
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## Hypertension

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<th>Code Group Title</th>
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<th>ICD 9 Description</th>
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<th>ICD 10 Description</th>
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</thead>
<tbody>
<tr>
<td>NJ -MLTSS</td>
<td>401.1</td>
<td>Essential hypertension, benign I10</td>
<td>Essential (primary) hypertension</td>
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</tr>
<tr>
<td>NJ -MLTSS</td>
<td>401.9</td>
<td>Unspecified I10</td>
<td>Essential (primary) hypertension</td>
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</table>
## ICD-9 Code Crosswalked to ICD-10*

### Heart Conditions

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<thead>
<tr>
<th>Code Group Title</th>
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<th>ICD 9 Description</th>
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<th>ICD 10 Description</th>
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</thead>
<tbody>
<tr>
<td>NJ - MLTSS</td>
<td>428.0</td>
<td>Congestive heart failure, unspecified</td>
<td>150.20</td>
<td>Unspecified systolic (congestive) heart failure</td>
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<td>NJ - MLTSS</td>
<td>428.0</td>
<td>Congestive heart failure, unspecified</td>
<td>150.21</td>
<td>Acute systolic (congestive) heart failure</td>
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<td>NJ - MLTSS</td>
<td>428.0</td>
<td>Congestive heart failure, unspecified</td>
<td>150.22</td>
<td>Chronic systolic (congestive) heart failure</td>
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<td>NJ - MLTSS</td>
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<td>Congestive heart failure, unspecified</td>
<td>150.23</td>
<td>Acute on chronic systolic (congestive) heart failure</td>
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<td>Congestive heart failure, unspecified</td>
<td>150.30</td>
<td>Unspecified diastolic (congestive) heart failure</td>
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<td>NJ - MLTSS</td>
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<td>150.31</td>
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<td>150.40</td>
<td>Unspecified combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<td>NJ - MLTSS</td>
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<td>150.43</td>
<td>Acute on chronic combined systolic (congestive)</td>
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<td>Congestive heart failure, unspecified</td>
<td>150.9</td>
<td>Heart failure, unspecified</td>
</tr>
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</table>

### Muscular Conditions

<table>
<thead>
<tr>
<th>Code Group Title</th>
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<th>ICD 9 Description</th>
<th>ICD10 Reformatted</th>
<th>ICD 10 Description</th>
</tr>
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<tbody>
<tr>
<td>NJ - MLTSS</td>
<td>332.0</td>
<td>Paralysis agitans</td>
<td>G20</td>
<td>Parkinson's disease</td>
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<tr>
<td>NJ - MLTSS</td>
<td>332.0</td>
<td>Paralysis agitans</td>
<td>G21.4</td>
<td>Vascular parkinsonism</td>
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<td>NJ - MLTSS</td>
<td>340</td>
<td>Multiple sclerosis</td>
<td>G35</td>
<td>Multiple sclerosis</td>
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<tr>
<td>NJ - MLTSS</td>
<td>343.9</td>
<td>Unspecified infantile</td>
<td>G80.9</td>
<td>Cerebral palsy, unspecified</td>
</tr>
<tr>
<td>NJ - MLTSS</td>
<td>348.1</td>
<td>Anoxic brain damage</td>
<td>G93.1</td>
<td>Anoxic brain damage, not elsew here classified</td>
</tr>
<tr>
<td>NJ - MLTSS</td>
<td>359.1</td>
<td>Hereditary</td>
<td>G71.0</td>
<td>Muscular dystrophy</td>
</tr>
</tbody>
</table>
# ICD-9 Code Crosswalked to ICD-10*

## Other Conditions

<table>
<thead>
<tr>
<th>Code Group Title</th>
<th>ICD9 Reformatted</th>
<th>ICD 9 Description</th>
<th>ICD10 Reformatted</th>
<th>ICD 10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ -MLTSS</td>
<td>436</td>
<td>Acute, but ill-defined, cerebrovascular disease</td>
<td>I67.89</td>
<td>Other cerebrovascular disease</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>496</td>
<td>Chronic airway obstruction, not elsewhere classified</td>
<td>J44.9</td>
<td>Chronic obstructive pulmonary disease, unspecified</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>585.6</td>
<td>End stage renal disease</td>
<td>N18.6</td>
<td>End stage renal disease</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>719.7</td>
<td>Difficulty in walking</td>
<td>R26.2</td>
<td>Difficulty in walking, not elsewhere classified</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>728.87</td>
<td>Muscle weakness (generalized)</td>
<td>M62.81</td>
<td>Muscle weakness (generalized)</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>780.39</td>
<td>Other convulsions</td>
<td>R56.9</td>
<td>Unspecified Convulsions</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>799.3</td>
<td>Unspecified debility</td>
<td>R53.81</td>
<td>Other malaise</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>854.00</td>
<td>Intracranial injury of other and unspecified</td>
<td>S06.890A</td>
<td>Other specified intracranial injury without loss of</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>901.9</td>
<td>Injury to unspecified blood vessel of thorax</td>
<td>S25.90XA</td>
<td>Unspecified injury of unspecified blood vessel of</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>901.9</td>
<td>Injury to unspecified blood vessel of thorax</td>
<td>S25.91XA</td>
<td>Laceration of unspecified blood vessel of thorax, initial encounter</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>901.9</td>
<td>Injury to unspecified blood vessel of thorax</td>
<td>S25.99XA</td>
<td>Other specified injury of unspecified blood vessel of thorax, initial encounter</td>
</tr>
<tr>
<td>NJ -MLTSS</td>
<td>V60.4</td>
<td>No other household member able to render</td>
<td>Z74.2</td>
<td>Need for assistance at home and no other</td>
</tr>
</tbody>
</table>
Disclaimer:
UnitedHealthcare is sharing the mapping interpretation via this presentation to assist external entities. The codes presented should not be used for any mapping that involves financial impact, for example, claims adjudication and reimbursement, provider contract remediation or benefit configuration.

The UnitedHealthcare mapping in this presentation may not work for all entities. By accessing and using these mappings, external entities agree that they will not hold UnitedHealthcare liable for any financial, operational or other impact as a result of the use of this demonstration.
Prior Authorization Considerations

UnitedHealthcare is interpreting CMS regulations around the use of ICD-10 codes to mean we cannot take ICD-10 codes in our claims or authorizations systems before the ICD-10 compliance date of Oct. 1, 2015. Therefore we are going to move forward are noted below.

• Pre-Authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to 10/1/2015 regardless of the date of service or date of discharge.

• Pre-Authorization, referrals and notification transactions containing ICD codes must be coded using ICD-10 if the transaction is submitted on or after 10/1/2015 regardless of the date of service or date of discharge.

UnitedHealthcare will honor the authorization/referral/notification when it was obtained prior to 10/1/2015. No changes or additional authorizations will be required from the Provider nor will there be a claims penalty.
Claims Considerations

CMS regulations around the use of ICD-10 codes specify health plans cannot take ICD-10 codes in our claims systems before the ICD-10 compliance date of Oct. 1, 2015. Therefore we are going to move forward and are noted below:

The transition to ICD-10 is not a “hard cut-over” and is dictated by Date of Service for outpatient services and Date of Discharge for inpatient services.

• Utilize ICD-9 for all claims with a Date of Service or Discharge through September 30, 2015.

• Utilize ICD-10 for all claims with a Date of Service or Discharge on or after October 1, 2015.

What about claims over the transition?
Per CMS, for Home Heath the requirement is to split claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later. Claims CANNOT contain both ICD-9 and ICD-10 codes for the same Dates of Service.
ICD-10 Resources:
From “ICD-10? To I Can Do-10!”
UnitedHealthcare’s approach to ICD-10 information dissemination to our delivery-side partners is:

- Multi-faceted
- Provider focused
- Actionable

UnitedHealthcare is providing multiple ways for you to access communication so we can be a trusted advisor as you prepare for ICD-10.
UnitedHealthcare’s ICD-10 Website

UnitedHealthcare’s ICD-10 website allows our delivery-side partners to receive information when they need it.

Go to: www.unitedhealthcareonline.com

It provides access to:

- **Education**
  - On-demand education module and PowerPoint presentations

- **Tools**
  - FAQs and ICD-10 readiness assessment solution tool

- **Resources**
  - ICD-10 focused website links

- **Partnerships**
  - AAPC
Access to a Variety of Communications

Providing access to a variety of communications resources regarding the ICD-10 transition and how UnitedHealthcare’s can help is a priority.

Network Bulletin:
- July 2012: HIPAA 5010 Transition Paves the Way for ICD-10
- September 2012: ICD-10: Why 24 Months is Really 18 Months
- January 2013: UnitedHealthcare and AAPC Partner on ICD-10
- May 2013: ICD-10: Plan Ahead and Take a Strategic Approach

UnitedHealthcare Administrative Guide
TriCare Provider Handbook
UnitedHealthcare’s ICD-10 Outreach

ICD-10 outreach, whether onsite or face-to-face, is one of the important ways we will provide education to our delivery side partners to assist with the transition.

**Outreach Delivery**

- State Medical Societies (TMA/THA)
- State Medicaid agencies (TENNCare)
- State ICD-10 collaboratives (TN ICD-10 stakeholders)
- UnitedHealthcare Provider Town Hall Meetings
- United Healthcare Administrative Advisory Councils
- Online “Provider University” Courses
- Industry organization participation (SSI)
- ICD-10 Monitor “Talk-Ten Tuesday” webcast
- Industry coding events (AAPC/ AHIMA)
- Specialty Societies (AAOS/ APMA)
From “ICD-10?!?” to “I Can Do-10!”

- Industry Leadership
- ICD-10 Outreach
- ICD-10 Education
- ICD-10 Tools

Turn ICD-10

Into

- ICD-10 Resources
- ICD-10 Partnerships
- ICD-10 White Paper

- ICD-10 Communication
- ICD-10 Collaborations
- YOUR ICD-10 Partner!

I Can Do – 10!
Questions/ Appendix
Questions?

ICD-10 Questions can be sent to:
Icd10questions@uhc.com

Or

aaron.sapp@uhc.com
Consider the Diagnosis Code

In his article for the American Association of Family Physicians entitled, “A Refresher on Medical Necessity,” Peter R. Jensen M.D. states the importance of diagnosis coding:

“[Diagnosis] codes represent the first line of defense when it comes to medical necessity. Correctly chosen diagnosis codes support the reason for the visit as well as the intensity of the services provided.”

Under the title, “Exclusions from Coverage and Medicare as a Secondary Payer” Section 1862 (a)(1)(A) of the Social Security Act states that Medicare will not make a payment for any services which “are not reasonable and necessary for the diagnosis or treatment of illness and injury…”

The Centers For Medicare and Medicaid Services (CMS), denotes in the “Medicare Claims Processing Manual” (Chapter 12, Section 30.6.1(A)) that “Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.”