ICD-10

International Classification of Diseases

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

Prepared For:
OH Home and Community Based Service Providers
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Webex

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National ICD-10 Program Director
Agenda

✓ ICD-10 Overview/Education

✓ Coding and Billing: How to Prepare for ICD-10
  ✓ What do I need to know?
  ✓ 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!”

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ICD-10 Overview/ Education
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ICD-9 is outdated.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.

Diagnosis Code Set
Clinical Modifications (ICD-10-CM)

Procedure Code Set
Procedure Coding System (ICD-10-PCS)

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-CM Diagnosis Code Example

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><strong>13,500 Diagnosis Codes</strong> 4,000 Procedure Codes</td>
<td><strong>Increase in the Total Number of Codes</strong> 69,000 Diagnosis Codes 71,000 Procedure Codes</td>
</tr>
<tr>
<td>Angioplasty 39.50 (1 code)</td>
<td>Angioplasty 047K047 Specifying body part, approach and device (854 different codes)</td>
</tr>
<tr>
<td>Pressure Ulcer Codes 707.00-707.99 Showing location, but not depth (7 codes)</td>
<td>Pressure Ulcer Codes L89.131 Specific location, depth, severity, occurrence (125 different codes)</td>
</tr>
<tr>
<td>Indicated through notes and other methods</td>
<td>![No Equivalent ICD-9 Code]</td>
</tr>
<tr>
<td>89.8 Autopsy</td>
<td>![No Equivalent ICD-10 Code]</td>
</tr>
</tbody>
</table>

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

89.8 Autopsy

**No equivalent ICD10 code**

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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
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

**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.
Coding and Billing

What Do I Need to Know About ICD-10?

Prior Authorization Considerations relative to ICD-10

Claims Submission Considerations relative to ICD-10
What Do I Need to Know re: ICD-10

Nothing changes with the current model of care:
The Care Manager will still assign the diagnosis code and the diagnosis codes will be on the service plans as before. If there is a question regarding the diagnosis code please contact the care manager on file.

What is my role?:
1) Simply to be aware of the industry’s move to ICD-10
2) To work with the Care Manager to ensure they are aware of the change and submit the correct ICD code for the date of service

What can I expect after the transition?:
Although UnitedHealthcare does not expect this to be the case, some industry observers have suggested there might be a delay in claims processing after the ICD-10 transition.

What do the new codes look like (Example)?:
ICD-9-CM: 780.99 Other general symptoms
ICD-10-CM: R68.89 Other general symptoms and signs
Prior Authorization Overview

• The presence or absence of a procedure or service on the list does not define whether or not coverage or benefits exist for that procedure or service. A facility or practitioner must contact UnitedHealthcare Connected for prior authorization.

• All prior authorization requests for physical and behavioral health, physical, occupational and speech and language therapy should be directed to the UnitedHealthcare Connected Prior Authorization Department at 800-366-7304.

• Requests for pharmacy prior authorization/exception review can be made through OptumRx PA/ Exception Review Helpdesk at 800-711-4555.

If you have questions, please call Provider Services at 800-600-9007.
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 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 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
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 online resource center for a list of resources:
Center for Medicaid and Medicare Services
Workgroup for Electronic Data Interchange (WEDI)
Healthcare Information Management Systems Society
American Medical Association
AAPC
OptumInsight
Health Data Consulting
Questions/ Appendix
Questions?

Questions can be sent to:
HCBSprovideradvocates@uhc.com

Together we “Can Do”

International Classification of Diseases

UnitedHealthcare wants to put the “Can Do” into your transition to ICD-10.

We’ve developed an extensive assortment of resources and tools - and even negotiated deep discounts with partner organizations to help our network providers make the switch.

Log on to UnitedHealthcareOnline.com today and access our ICD-10 page under Quick Links.