COA Fact Sheet

Making the Transition: ICD-10-CM Diagnosis Codes
ICD-10-CM: International Classification of Diseases, 10th Edition, Clinical Modification

Mandated Transition to ICD-10 Codes: **October 1, 2015**

General Overview

- **ICD-9 Claims will no longer be accepted on or after October 1, 2015.**

- Conversion to ICD-10 is required for covered entities, including doctors of optometry, under HIPAA.

- Claims cannot contain both ICD-9 and ICD-10 codes. They will be returned as unprocessable.

- Using the new coding system, doctors will be able to more thoroughly document a patient's condition(s).

ICD-10 Code Characteristics

► **Code Characteristics:**
- 3 to 7 digits
  - First three characters represent category of disease or health condition
  - Followed by a decimal point
  - The last characters represent clinical details such as etiology, severity, and anatomical location
    - Anatomical location code:
      - Right eye: 1
      - Left eye: 2
      - Bilateral: 3
      - Unspecified: 9
- Alpha or numeric characters
  - First character is alpha
  - Second character is numeric
- Includes placeholder characters ("X")
- Similar terminology to ICD-9
- Similar index and tabular structure to ICD-9
- Fairly similar coding guidelines to ICD-9

- Extensive severity parameters
- Common definition of laterality
- Over 70,000 codes
- *Examples:*
    - Myopia, right eye: H52.11
    - Foreign body in cornea, left eye, initial encounter: T15.02XA

- Use General Equivalence Mappings (GEMs), also known as crosswalks, to translate from the ICD-9 to ICD-10. GEMs are a tool designed to support the transition of larger ICD-9 databases to ICD-10 They can convert: payment systems, payment and coverage edits, risk adjustment logic, quality measures, and a variety of research applications involving trend data. **GEMs are not a substitute in effectively learning ICD-10 coding.**

- The most significant coding changes are for eye injury, diabetes, and glaucoma.

- Natively code based on medical record documentation. Greater accuracy and efficiency is obtained when selecting the appropriate ICD-10 code(s) directly from the documentation. Thus, it is of import to keep thorough medical records so as to ensure the most accurate code.

ICD-10 Implementation Tips

► **Make a Plan:** Assign target dates for completing steps.
- Ease transition by assessing the impact to your practice, and develop a timeline and budget accordingly.
- Obtain access to ICD-10 codes.
- Decide role(s) your clearinghouse(s) will play in your transition. Clearinghouses can help by:
    - Identifying problems that lead to claims being rejected.
    - Providing guidance about how to fix rejected claims, e.g., more or different data need to be included.
    - Clearinghouses **cannot help** you code in ICD-10 unless they offer third-party billing/coding services.

► **Train Your Staff:** Train staff on ICD-10 fundamentals using the wealth of free resources from AOA, COA, CMS, vendors, etc. (see COA fact sheet "Resources for ICD-10" on our website).
- Eliminate coding backlogs prior to ICD-10 implementation.
- Identify top codes. What ICD-9 diagnosis codes does your practice see most often?
- Using the documentation available, code current cases in ICD-10. Flag any cases where more documentation is needed.

- Develop a process to manage errors and resolve vendor issues as necessary.

► **Update Your Processes**
- Update hard-copy and electronic forms, e.g., superbills, CMS 1500 forms.
- Resolve any documentation gaps identified while coding top diagnoses in ICD-10.
- Make sure clinical documentation captures key new coding concepts:
  - o Laterality—or left versus right
  - o Initial or subsequent encounter for injuries
  - o Details about diabetes and related complications

► **Talk to Your Vendors and Health Plans**
- Call your vendors to confirm the ICD-10 readiness of your practice's systems.
- Confirm that the health plans, clearinghouses, and third-party billing services you work with are ICD-10 ready.
- Ask vendors, health plans, clearinghouses, and third-party billers about testing opportunities.

► **Test Your Systems and Processes**
- If using an electronic system, upgrade to Accredited Standards Committee (ASC) X12 Version 5010.
- Make sure your EHR system is able to capture ICD-10.
- Verify that you can use your ICD-10-ready systems to:
  - o Generate a claim
  - o Perform eligibility and benefits verification
  - o Schedule an office visit
  - o Schedule an outpatient procedure
  - o Prepare to submit quality data
  - o Update a patient's history and problems
  - o Code a patient encounter
- Test your systems with partners like vendors, clearinghouses, billing services, and health plans; focus on those partners that you work with most often.

NOTE: Medicare providers can conduct acknowledgement testing with their Medicare Administrative Contractors, Noridian in California, until the Oct. 1 compliance date to confirm that Medicare can accept your ICD-10 claims.

ICD-10 code books and other resources are available to purchase through the AOA. Purchase HERE (Note: type "ICD-10" in the advance search field if ICD-10 products do not appear)**.**

See "Transition Task List" table at the end of this fact sheet to help plot your practice's strategy.

Note: The above information is for informational purposes only. COA relied extensively on information obtained from CMS.

Transition Task List

COA relied extensively on information obtained from CMS. CMS consulted resources from the American Medical Association (AMA), the American Health Information Management Association (AHIMA), the North Carolina Healthcare Information & Communications Alliance (NCHICA) and the Workgroup for Electronic Data Interchange (WEDI) in developing this timeline.

Action Steps	Estimated Start Date	Estimated End Date	Predecessor Action Steps	Owner Action Steps	Estimated Work Effort (Hours)	Resource Names	Comments
Small & Medium Practice Implementation Timeline							
Actions to Take Immediately							
Obtain access to ICD-10 codes, review ICD-10 resources from CMS, AOA, COA, payers and vendors.							
Inform staff/colleagues of upcoming changes.							
Create an ICD-10 project team within your practice.							
Identify how ICD-10 will affect your practice (1-2 months) ▪ How will ICD-10 affect your people and processes? To find out, ask all staff members how/where they use/see ICD-9 codes. ▪ Include ICD-10 as you plan for projects like Merit-Based Incentive Payment System (MIPS)							

Make a plan: Develop and complete an ICD-10 project plan for your practice. ▪ Identify each task, including deadlines and who is responsible. ▪ Develop plan for communicating with staff and business partners about ICD-10.						
Estimate and secure budget, (potential costs include updates to practice management systems, new coding guides and super bills, staff training).						
Ask your payers and vendors - software/systems, clearinghouses, billing services, health plans - about ICD-10 readiness. ▪ Review trading partner agreements. ▪ Ask about systems, changes, a timeline, costs and testing plans. ▪ Ask when they will start testing, how long they will need, and how you and other clients will be involved. ▪ Select/retain vendor(s).						

Review changes in documentation requirements and educate staff by looking at frequently used ICD-9 codes and new ICD-10 codes.							
Transition and Testing							
Conduct high-level training on ICD-10 for clinicians and coders to prepare for testing (e.g., clinical documentation, software updates).							
Start testing ICD-10 codes and systems with your practice's coding, billing and clinical staff. ▪ Use ICD-10 codes for diagnoses your practice sees most often. ▪ Test data and reports for accuracy.							
Monitor vendor and payer preparedness, identify and address gaps. ▪ Develop a process to manage errors and resolve vendor issues.							
Begin testing claims and other transactions using ICD-10 codes with business trading partners such as health plans, payers, clearinghouses, and billing services.							

Review coder and clinician preparation; begin detailed ICD-10 coding training.							
Work with vendors to complete transition to production-ready ICD-10 systems.							
Complete Transition/Full Compliance							
October 1, 2015							
Complete ICD-10 transition for full compliance							
ICD-9 codes continue to be used for services provided **before** October 1, 2015.							
ICD-10 codes required for services provided **on or after** October 1, 2015.							