What You Need To Know

Primary Care and Pediatrics

August 10, 2015
1. Understanding ICD-10
2. How ICD-10 affects you and your practice
3. ICD-10 information resources
4. Keys to successful transition
5. Primary care and pediatrics
6. Helpful links
What’s ICD-10?

A coding system used throughout the health care industry and mandated for claims processing by the US Federal government.

- **ICD-10 has two parts that replace ICD-9**
  - Diagnosis codes for all providers (ICD-10-CM)
  - Inpatient hospital procedure codes (ICD-10-PCS)

- **ICD-10 has more codes and more detail**

<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>3-5 characters</td>
<td>3-7 characters</td>
</tr>
<tr>
<td>Diagnosis Codes</td>
<td>13,000</td>
<td>68,000</td>
</tr>
<tr>
<td>PCS Codes</td>
<td>4,000</td>
<td>72,000</td>
</tr>
</tbody>
</table>
When does it apply?

On **October 1, 2015**, all HIPAA-covered entities must start using ICD-10 for services rendered on or after the compliance date.

- For dates of service prior to October 1, 2015, use the appropriate ICD-9 diagnosis codes.
- For dates of service on or after October 1, 2015, use the appropriate ICD-10 diagnosis codes.
- Special rules apply to services that span the compliance date. For details, see: *ICD-10 Submission Guidelines - Spanned Claims*
  
Who must use ICD-10?

- All HIPAA-compliant health care providers, health plans, clearinghouses, billing services, and vendors must use ICD-10-CM for diagnosis coding and ICD-10-PCS for coding hospital inpatient procedures.

- All payers and insurance companies are covered by the ICD-10 mandate, including Medicaid, Medicare, and commercial payers.

- All Vermont Medicaid providers, institutional and professional, including primary care physicians, family physicians, and pediatricians.

- Dentists are not mandated to use ICD-10, but those who elect to use diagnosis codes must meet ICD-10 requirements.
What’s changing, what’s not?

**New:**

- ICD-10-CM: Diagnosis codes on claims
- ICD-10-PCS: Inpatient procedure codes
- New terminology
- Increased specificity
  - Only 10% of codes map one-to-one

**No change:**

- CPT/HCPCS
- Procedure codes for outpatients
- Reimbursement will continue to be based on services provided
- Methods of claim transmission to VT Medicaid are unchanged
#1 Question about ICD-10

Where are the diagnosis codes?

- CDC 2015 ICD-10 and General Equivalence Mapping
  - [www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)
- ICD Coding books (commercially available online)
- Online coding tools (free)
  - ICD 10 Codes Lookup and Reference [http://icdx.org](http://icdx.org)
  - ICD-10 Code Translator [www.aapc.com/icd-10/codes](http://www.aapc.com/icd-10/codes)
  - ICD Converter [www.icd10data.com/ICD10CM](http://www.icd10data.com/ICD10CM)
- Professional associations
  - American Medical Association: [www.ama-assn.org](http://www.ama-assn.org)
  - Vermont Medical Society: [www.vtmd.org](http://www.vtmd.org)
  - Bi-State Primary Care Association: [www.bistatepca.org/](http://www.bistatepca.org/)
  - American Academy of Family Physicians: [www.aafp.org](http://www.aafp.org)
ICD-10 Resources

- CMS Road to ICD-10 website
  www.roadto10.org/icd-10-basics
- CMS Quick References
  www.roadto10.org/quick-references
- CDC Transition to ICD-10
  www.cdc.gov/nchs/icd/icd10cm_pcs.htm
- AHIMA ICD-10 FAQ
  www.ahima.org/topics/icd10/faqs
- Vermont Information Technology Leaders
  www.vitl.net
Keys to successful transition

- **Planning**
  - You and your team understand the impact of ICD-10 and new procedures
  - Plan for operational and financial contingencies
  - Identify resources to resolve questions
  - Use your professional association for guidance and assistance

- **Coordination**
  - Engage with software vendors, clearinghouses, and billing services to confirm their readiness
  - Discuss new procedures with staff, vendors, and payers
  - Talk to Vermont Medicaid about electronic claims if you still submit paper claims

- **Testing**
  - Test your ability to submit valid, ICD-10 compliant claims to Vermont Medicaid
  - Work with your vendors to verify that they meet the new requirements and produce valid claims
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Code Set</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A00-B99</td>
<td>Certain infectious and parasitic diseases</td>
</tr>
<tr>
<td>2</td>
<td>C00-D49</td>
<td>Neoplasms</td>
</tr>
<tr>
<td>3</td>
<td>D50-D89</td>
<td>Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism</td>
</tr>
<tr>
<td>4</td>
<td>E00-E89</td>
<td>Endocrine, nutritional and metabolic diseases</td>
</tr>
<tr>
<td>5</td>
<td>F01-F99</td>
<td>Mental, Behavioral and Neurodevelopmental disorders</td>
</tr>
<tr>
<td>6</td>
<td>G00-G99</td>
<td>Diseases of the nervous system</td>
</tr>
<tr>
<td>7</td>
<td>H00-H59</td>
<td>Diseases of the eye and adnexa</td>
</tr>
<tr>
<td>8</td>
<td>H60-H95</td>
<td>Diseases of the ear and mastoid process</td>
</tr>
<tr>
<td>9</td>
<td>I00-I99</td>
<td>Diseases of the circulatory system</td>
</tr>
<tr>
<td>10</td>
<td>J00-J99</td>
<td>Diseases of the respiratory system</td>
</tr>
<tr>
<td>11</td>
<td>K00-K95</td>
<td>Diseases of the digestive system</td>
</tr>
<tr>
<td>12</td>
<td>L00-L99</td>
<td>Diseases of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>13</td>
<td>M00-M99</td>
<td>Diseases of the musculoskeletal system and connective tissue</td>
</tr>
<tr>
<td>14</td>
<td>N00-N99</td>
<td>Diseases of the genitourinary system</td>
</tr>
<tr>
<td>15</td>
<td>O00-O9A</td>
<td>Pregnancy, childbirth and the puerperium</td>
</tr>
<tr>
<td>16</td>
<td>P00-P96</td>
<td>Certain conditions originating in the perinatal period</td>
</tr>
<tr>
<td>17</td>
<td>Q00-Q99</td>
<td>Congenital malformations, deformations and chromosomal abnormalities</td>
</tr>
<tr>
<td>18</td>
<td>R00-R99</td>
<td>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</td>
</tr>
<tr>
<td>19</td>
<td>S00-T88</td>
<td>Injury, poisoning and certain other consequences of external causes</td>
</tr>
<tr>
<td>20</td>
<td>V00-Y99</td>
<td>External causes of morbidity</td>
</tr>
<tr>
<td>21</td>
<td>Z00-Z99</td>
<td>Factors influencing health status and contact with health services</td>
</tr>
</tbody>
</table>
### PCP and Pediatric Examples

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>V20.2 Routine infant or child health exam</td>
<td>Z00.121 Encounter for routine child health examination with abnormal findings</td>
</tr>
<tr>
<td></td>
<td><em>or</em> Z00.129 Encounter for routine child health examination without abnormal findings</td>
</tr>
<tr>
<td>382.9 Otitis media NOS</td>
<td>H66.90 Otitis media, unspecified, unspecified ear</td>
</tr>
<tr>
<td>462 Acute pharyngitis</td>
<td>J02.9 Acute pharyngitis, unspecified</td>
</tr>
<tr>
<td>V70.0 Routine general medical exam at a health care facility</td>
<td>Z00.00 Encounter for general adult medical examination without abnormal findings</td>
</tr>
<tr>
<td>V04.81 Influenza vaccine</td>
<td>Z23 Encounter for immunization</td>
</tr>
<tr>
<td>465.9 Acute URI NOS</td>
<td>J06.9 Acute upper respiratory infection, unspecified</td>
</tr>
<tr>
<td>250.00 Diabetes uncomplicated Type II</td>
<td>E11.9 Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td>493.90 Asthma unspecified</td>
<td>J45.909 Unspecified asthma, uncomplicated</td>
</tr>
<tr>
<td></td>
<td><em>or</em> J45.998 Other asthma</td>
</tr>
</tbody>
</table>

**Disclaimer:** The above examples are given only for illustrative purposes as a service to Vermont Medicaid providers. Providers are required to follow correct coding guidelines. The use of appropriate diagnosis codes is the sole responsibility of the provider.
Use of appropriate ICD-10 codes is the sole responsibility of the provider.

- For Dates of Service prior to October 1, 2015, use only ICD-9 codes for billing purposes.
- For Dates of Service on and after October 1, 2015, use only ICD-10 codes.

When using ICD-10 diagnosis codes, consider the following:

- ICD-10 has different codes for unilateral and bilateral conditions.
- If more than one ICD-10 code is assigned to an ICD-9 code (“one-to-many”), providers must choose the appropriate ICD-10 code based on established diagnostic criteria.

In ICD-10, Z codes (Chapter 21. Factors Influencing Health Status and Contact With Health Services) replace ICD-9 V codes. For example, Z23 “Encounter for immunization” replaces V04.81 “Influenza vaccine.”

Look out for new terminology. ICD-10 updates terminology and disease classifications consistent with current clinical practices.
Vermont Medicaid Resources

- Department of Vermont Health Access (DVHA)
  dvha.vermont.gov/for-providers/icd-10
- DVHA ICD-10 Update: Looking Ahead to ICD-10
- ICD-10 Provider testing
  dvha.vermont.gov/for-providers/icd-10-end-to-end-testing-resources
- ICD-10 Frequently Asked Questions
  dvha.vermont.gov/for-providers/icd-10-faq.pdf

- Provider Services Help Desk: **802-878-7871**
- ICD-10 Questions: **VT-ICD-10@hp.com**
Switch to electronic claims!

Paper claims typically pay in 18 days. With PES, get paid in 9 days!

Using Provider Electronic Solution (PES), you’ll be able to:

- Submit electronic claims
- Get quicker payments
- Confirm eligibility
- Check claim status next day
- Make immediate corrections when necessary

Contact the PES coordinator to enroll and download the free software. vtedicoordinator@hp.com.
We’re ready! Are you?

Thank you for the services you provider to our Vermont Medicaid members

Vermont Medicaid ICD-10 Project
HP Enterprise Services
Email VT-ICD-10@hp.com

Disclaimer This presentation has been prepared as a service to Vermont Medicaid providers. The information provided is intended to be only a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.