What You Need To Know

Optometrists and Opticians

August 11, 2015
Agenda

1. Understanding ICD-10
2. How ICD-10 affects you and your practice
3. ICD-10 information resources
4. Keys to successful transition
5. For Optometrists and Opticians
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 optometrists and opticians.
- 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?

- ICD-10-CM Tabular List of Diseases and Injuries

- 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
  - Vermont Optometric Association: [www.vtoptometrists.org](http://www.vtoptometrists.org)
  - American Optometric Association: [www.aoa.org](http://www.aoa.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
**ICD-10 Code Set**

- **Chapter 7: Diseases of the eye and adnexa (H00-H59)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00-H05</td>
<td>Disorders of eyelid, lacrimal system and orbit</td>
</tr>
<tr>
<td>H10-H11</td>
<td>Disorders of conjunctiva</td>
</tr>
<tr>
<td>H15-H22</td>
<td>Disorders of sclera, cornea, iris and ciliary body</td>
</tr>
<tr>
<td>H25-H28</td>
<td>Disorders of lens</td>
</tr>
<tr>
<td>H30-H36</td>
<td>Disorders of choroid and retina</td>
</tr>
<tr>
<td>H40-H42</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>H43-H44</td>
<td>Disorders of vitreous body and globe</td>
</tr>
<tr>
<td>H46-H47</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H49-H52</td>
<td>Disorders of ocular muscles, binocular movement, accommodation and refraction</td>
</tr>
<tr>
<td>H53-H54</td>
<td>Visual disturbances and blindness</td>
</tr>
<tr>
<td>H55-H57</td>
<td>Other disorders of eye and adnexa</td>
</tr>
<tr>
<td>H59</td>
<td>Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified</td>
</tr>
</tbody>
</table>
# Optometric Examples

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>V72.0 Eye and vision examination</td>
<td>Z01.00 Encounter for examination of eyes and vision without abnormal findings</td>
</tr>
<tr>
<td></td>
<td>Z01.01 Encounter for examination of eyes and vision with abnormal findings</td>
</tr>
<tr>
<td>365.11-Primary Open angle glaucoma</td>
<td>H40.11X1-Primary open-angle glaucoma, mild stage</td>
</tr>
<tr>
<td></td>
<td>H40.11X2-Primary open-angle glaucoma, moderate stage</td>
</tr>
<tr>
<td></td>
<td>H40.11X3-Primary open-angle glaucoma, severe stage</td>
</tr>
<tr>
<td>366.16-Nuclear Sclerosis</td>
<td>H25.11-Age-related nuclear cataract, right eye</td>
</tr>
<tr>
<td></td>
<td>H25.12-Age-related nuclear cataract, left eye</td>
</tr>
<tr>
<td></td>
<td>H25.13-Age-related nuclear cataract, bilateral</td>
</tr>
<tr>
<td>367.21 Regular astigmatism</td>
<td>H52.221-Regular astigmatism, right eye</td>
</tr>
<tr>
<td></td>
<td>H52.222-Regular astigmatism, left eye</td>
</tr>
<tr>
<td></td>
<td>H52.223-Regular astigmatism, bilateral</td>
</tr>
<tr>
<td>367.4 Presbyopia</td>
<td>H52.4 Presbyopia</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.
Tips for Optometrists & Opticians

- 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.
  - ICD-10 has separate codes for severity. H40.11X1 Primary open-angle glaucoma, mild stage.
  - 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, V19.11 “Family history of glaucoma” is replaced by Z83.511 in ICD-10.

- Look out for new terminology. ICD-10 updates terminology and disease classifications consistent with current clinical practices. For example, “senile cataract” is “age-related cataract” in ICD-10.
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](mailto: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.  
vtedicocoordinator@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.