



ICD-10 Clinical Close-up



Presentation to:

Providers, Trading Partners & Billing Firms

Presented by:

Camillia Harris, ICD-10 Communications Lead

Eric Hendrick, ICD-10 Functional Deputy Project Lead

Lynne Ryan, ICD-10 Clinical Lead/Policy Specialist

Linda Smith, Program Specialist 2



Mission

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Topics for Discussion

- **ICD-10 Overview**
 - About ICD-10
 - Why ICD-10 Matters
- **ICD-9 vs. ICD-10 Differences**
- **ICD-10 Documentation**
- **GEMs Mapping Tool**
 - GEMS vs. Coding Manual
 - Bi-Directional GEMS
 - Online Code Translator Examples
- **Crosswalking Examples**
 - Hospital & Physician Coding Examples
 - Specified vs. Un-specified Coding
 - Subsequent vs. Sequela Coding
- **Benefits & Rewards of ICD-10 Compliance**
- **Closing**
 - Helpful Resources
 - Testing with DCH/Georgia Medicaid
 - Q & A





ICD-10 Overview

ICD-10 Facts

- **Federal Mandate under Health Insurance Portability and Accountability Act (HIPAA) Regulations**
 - National impact, mandatory for all HIPAA-covered entities
 - Entities include: hospitals, physicians and other practitioners, health insurers, 3rd party payers, electronic transmission firms, clearinghouses, hardware/software vendors, billing practice and management firms, health care administrative and oversight agencies, public, and private health care research institutions
 - **Mandatory compliance date October 1, 2014**
- **New ICD-10-CM and ICD-10-PCS code sets**
 - Replaces ICD-9-CM (Volumes 1, 2, and 3)
- **ICD-10 has no direct impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS)**

Why ICD-10 Matters

- ICD-10 **advances health care** and the implementation of e-Health initiatives
- ICD-10 **captures advances in medicine** and medical technology
- ICD-10 **improves data** for quality reporting
- ICD-10 **improves public health** research, reporting and surveillance

About ICD-10

Making the
transition to

ICD-10 is

NOT

optional

Why is the transition necessary?

- ICD-9 code sets are outdated, limited and not expandable
- ICD-9 cannot accommodate current needs nor future advances in medical technology and knowledge
- ICD-10 code sets use current medical terminology and will allow for advances in medical technology and knowledge
- ICD-10 allows for greater detail in diagnoses and treatments

Reminders about ICD-10

- For services rendered on or after October 1, 2014
 - All claims must use ICD-10 codes
 - All claims using ICD-9 codes will NOT be accepted
- For services rendered before October 1, 2014
 - All claims must use ICD-9 codes
- **Systems must accommodate BOTH ICD-9 and ICD-10 codes**
 - Effective with the October 1, 2014 compliance date
- **Significant Code Increase**
 - *ICD-10-CM codes are increasing from 13,000 to approximately 68,000*
 - *ICD-10-PCS codes are increasing from 3,000 to approximately 87,000*
 - *ICD-10 has more than nine times the 17,000 codes in ICD-9*



ICD-9 & ICD-10

Key Differences

Comparison of ICD-9 and ICD-10

ICD-9-CM diagnosis codes	ICD-10-CM diagnosis codes
3-5 characters in length	3-7 characters in length
Approximately 13,000 codes	Approximately 68,000 available codes
1 st character = alpha or numeric Characters 2-5 = numeric	1 st Character = alpha 2 nd Character = numeric 3 rd Character = alpha or numeric Characters 4-7 = alpha or numeric 7 th Character extension = episode of care
Limited Space to add new codes	Flexibility to add new codes
Lacks detail	Very specific
Lacks laterality	Allows laterality
Non-specified codification issues: <ul style="list-style-type: none">• Difficult to analyze data• Difficult to support research	Improved accuracy and richness of codification
Not interoperable with other industrialized nations who have adopted ICD-10	Interoperable with the global health care community and has been adopted in 99 countries

Comparison of ICD-9 and ICD-10

ICD-9-PCS codes	ICD-10-PCS codes
3-4 characters in length	7 alpha-numeric characters in length
Approximately 3,000 codes	Approximately 87,000 available codes
Based on outdated technology	Reflects current usage of medical terminology and devices
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Enables laterality
Generic terms for body parts	Detailed descriptions for body parts
Lacks description of methodology and approach for procedures	Provide detailed descriptions of methodology and approach for procedures
Lacks precision to adequately define procedures	Precisely defines procedures with detail regarding body part, approach, any device used, and qualifying information



Documentation is key

ICD-10 and Patient Care

- **Transitioning to ICD-10**
 - Is more than an administrative burden placed on your medical claims reimbursements
 - **Should not affect the way you provide patient care**
- **Specificity and Documentation are vital in ICD-10**
 - Look at the codes used most often in your practice
 - Most of the information needed for documentation is likely shared by the patient during your visit with them
 - Improving how you document your clinical services will help you become accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes
 - Work with your coding staff to determine if the documentation would be detailed and specific enough to select the best ICD-10 codes
 - Identify and obtain the training needed for you and others in your practice
 - **Good documentation will help to reduce the need to follow-up on submitted claims – saving you time and money**



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The GEMs Mapping Tool

What are GEMs?

- **GEMS – General Equivalency Mappings**
 - A tool used to convert data from ICD-9-CM to ICD-10-CM and ICD-10-PCS and vice versa
 - Also known as crosswalks providing important information linking codes of one system with codes in the other system
 - A comprehensive translation dictionary used to assist in translating any ICD-9-CM-based data, including data for:
 - Tracking quality
 - Recording morbidity/mortality
 - Calculating reimbursement
 - Converting any ICD-9-CM-based application to ICD-10-CM/PCS such as:
 - Payment systems
 - Payment and coverage edits
 - Risk adjustment logic
 - Quality measures and a variety of research applications involving trend data

Sources: <http://www.cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf>
<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>



GEMs vs. Coding Manual

- **GEMs are not a substitute for learning how to use ICD-10-CM and ICD-10-PCS.**
 - Providers' coding staff will assign codes describing the patients' encounters from the ICD-10-CM and ICD-10-PCS code books or encoder systems.
 - In coding individual claims, it will be more efficient and accurate to work from the medical record documentation and then select the appropriate code(s) from the coding book or encoder system.
 - GEMs is a tool to assist with converting larger International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) databases to ICD-10-CM and ICD-10-PCS.
- **Not all codes map in GEMs.**
 - Example: ICD-9-CM code 707.25 (pressure ulcer, un-stageable) does not map to any ICD-10-CM code because ICD-10-CM classifies pressure ulcers by site and stage.
 - ICD-10-CM does include codes for un-stageable pressure ulcers (l89.-), but ICD-9-CM does not include any site designation. As a result, the GEMs cannot pick a close match.
- **Coders can map from a specific concept to a more general one.**
- **Coders cannot map to added specificity when the original information is general.**



Why do GEMs go in both directions?

- **From ICD-9-CM to ICD-10 and ICD-10 back to ICD-9-CM**
 - GEMs are designed to be used like a bi-directional translation dictionary. They go in both directions so that you can look up a code to find out what it means according to the concept and structure used by the other coding system.
 - The bi-directional GEMS dictionaries are NOT a mirror image of each other. The translation alternatives are based on the meaning of the code you are looking up.
- **GEMS Update**
 - CMS and CDC made a commitment to update the GEMs annually along with the updates to ICD-10-CM/PCS during the transition period prior to ICD-10 implementation.
 - GEMs will be maintained for at least 3 years beyond October 1, 2014, which is the compliance date for implementation of ICD-10-CM/PCS for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

Sources: <http://www.cms.gov/Medicare/Coding/ICD10/downloads/GEMs-CrosswalksBasicFAQ.pdf>

Code Translator Examples

- The ICD-10 code online translator tool allows you to compare ICD-9 to ICD-10 codes.
- Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping.
- The most accurate coding is accomplished using the ICD-10 coding manuals.



Need Help With ICD-10?

800-626-2633 x4

icd10@aapc.com

ICD-10 Implementation

What is your Progress?

[Home](#) > [ICD-10 Implementation](#) > [ICD-10 Codes](#) > Code Online Translator Tool

ICD-10 Code Translator

The ICD-10 code online translator tool allows you to compare ICD-9 to ICD-10 codes. ICD-9 is expanded from 17,000 to approximately 141,000 ICD-10 codes, and this online tool can help with the expansion. (Note: this tool only converts ICD-10-CM codes, not ICD-10-PCS.)

Note: For a better explanation of the code format, please refer to our [ICD-10 conversion and mapping tutorial](#). For help with mapping, consider our [ICD-10 mapping services](#).

 ICD-9 to ICD-10 ICD-10 to ICD-9

Enter Code:

GO

Disclaimer: This tool is based on the General Equivalency Mapping (GEM) files published by CMS, and is not intended to be used as an ICD10 conversion, ICD-10 mapping, or ICD-9 to ICD-10 crosswalk tool. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or

ICD-10 CODE

 ICD-9 to ICD-10
 ICD-10 to ICD-9

ICD-10

[Home](#) > [ICD-10 Implementation](#) > [ICD-10 Codes](#) > Code Online Translator Tool

ICD-10 Code Translator

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ICD-9 to ICD-10

ICD-10 to ICD-9

Enter Code:

GO

ICD-9 632 > ICD-10

CODE

DESCRIPTOR

O02.1

Missed abortion

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ICD-10 CODE CONVERSION

ICD-9 to ICD-10
 ICD-10 to ICD-9

GO




Add this ICD-10 code

Implementation

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Codes

10 Implementation

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[Home](#) > [ICD-10 Implementation](#) > [ICD-10 Codes](#) > Code Online Translator Tool

ICD-10 Code Translator

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Note: For a better explanation of the code format, please refer to our [ICD-10 conversion and mapping tutorial](#). For help with mapping, consider our [ICD-10 mapping services](#).

 ICD-9 to ICD-10

 ICD-10 to ICD-9
Enter Code:

ICD-10 002.1 > ICD-9
CODE
DESCRIPTOR

632

Missed abortion

Disclaimer: This tool is based on the General Equivalency Mapping (GEM) files published by CMS, and is not intended to be used as an ICD10

ICD-10 CODE CONVERSION
 ICD-9 to ICD-10

 ICD-10 to ICD-9



ICD-10

Crosswalking Examples

Hospital Procedures Codes

ICD-9-CM-PCS Codes

Examples

- 01.23 Reopening Craniotomy Site
- 12.12 – Other Iridotomy

ICD-10-PCS Codes

Examples

- 0WJ10ZZ – Inspection of Cranial Cavity – Open approach
- 089C30Z – Drainage of Right Iris with Drainage Device Percutaneous Approach
- 089C3ZZ – Drainage of Right Iris Percutaneous Approach
- 089D30Z – Drainage of Left Iris with Drainage Device Percutaneous Approach... **add'l codes as well**

Hospital Procedures Codes

ICD-9-Procedure Code

Examples

- 17.12 – Laparoscopic repair of indirect Inguinal Hernia with graft or prosthesis

ICD-10-PCS Codes

Examples

- 0YU547Z – Supplement Right Inguinal Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
- 0YU54JZ – Supplement of Right Inguinal Region with Synthetic Substitute, Percutaneous Endoscopic Approach ... **add'l codes as well**

Physician Codes

ICD-9-CM Code

Examples

- 250.53-Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled

ICD-10-CM Codes

Examples

- 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
- E10.321 =Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- E10.329 =Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema...**add'l codes as well**



Specified vs. Unspecified

Specified Codes

- The question Providers should ask themselves about the code:
 - *“Does the code reflect as accurately and precisely as possible the patient’s condition or the services performed to maintain or improve that condition?”*
- Please keep in mind:
 - The use of codes with a greater number of characters does not necessarily provide greater specificity. Example...
 - Some codes that are only 3 characters are very specific while some that are 7 characters are very vague.
 - A91- *Denque hemorrhagic fever*
 - T75.89XD- *Other specified effects of external causes, subsequent encounter*
 - Always choose the most specific code possible for each encounter
 - Be sure to document the side of the body involved or document that it is bilateral, if applicable

Specified vs. Unspecified examples

ICD-9-CM Code

- 808.3-Open fracture of pubis



ICD-10-CM Codes

- S32.511B-Fracture of superior rim of right pubis, initial encounter for open fracture
- S32.512B-Fracture of superior rim of left pubis, initial encounter for open fracture
- S32.591B-Other specified fracture of right pubis, initial encounter for open fracture.. **add'l codes as well**

CODES ARE: **COVERED BY DCH**

The **ICD-10 book** maps 808.3 to the codes indicated on the right, in addition to others.



Specified vs. Unspecified examples

ICD-9-CM Code

- 808.3-Open fracture of pubis



ICD-10-CM Codes

- S32.501B-Unspecified fracture of right pubis, initial encounter for open fracture
- S32.502B-Unspecified fracture of left pubis, initial encounter for open fracture
- S32.509B-Unspecified fracture of unspecified pubis, initial encounter for open fracture ... **add'l codes as well**

The **GEMs tool** maps to the codes indicated on the right, in addition to others.

CODES ARE: **NOT COVERED BY DCH**





Differences Between Subsequent & Sequela Visits

Subsequent Codes vs. Sequela Codes

- **Subsequent Codes**
 - A subsequent visit is any encounter beyond the initial visit for the same diagnosis.
- **Sequela Codes (Late Effect)**
 - A sequela is the residual effect (condition produced [by]) the acute phase of an illness or injury. There is no limit on the sequela codes that can be used. The residual may be apparent early or it may occur months or years later such as that due to previous injury. Coding of sequela generally requires two codes sequenced in the following order.
 - The condition or nature of the sequela [illness or injury that caused the sequela] is sequenced first, the sequela code is sequenced second.

Sources: <http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD10SmallandMediumPractices508.pdf>



Subsequent vs. Sequela Code Examples

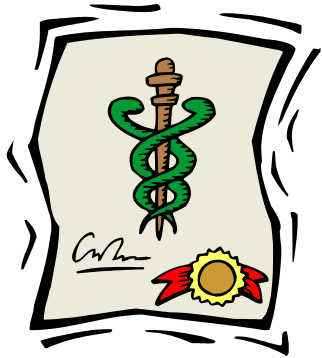
- **Subsequent Code Examples:**
 - **Initial:**
 - S82.821A- Torus fracture of lower end of right fibula, initial encounter for closed fracture
 - **Subsequent:**
 - S82.821G - Torus fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
- **Sequela Codes (Late Effect) Examples:**
 - **Initial:**
 - I63.031A – Cerebral infarction due to thrombosis of right carotid artery
 - **Immediate sequela:**
 - I69.320S - Aphasia following cerebral infarction
 - **Immediate and Late sequela:**
 - I69.352S – Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side





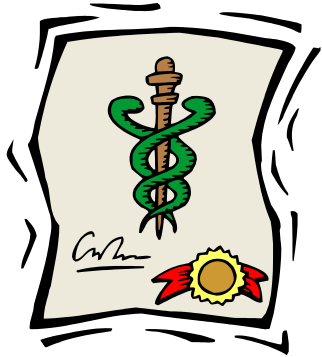
Benefits & Rewards of ICD-10 Compliance

Benefits of ICD-10



- ICD-10 will play a critical role in aligning the definitions of services and care rendered
- ICD-10 will help stop Fraud and Abuse
 - More effective detection and investigation of potential fraud or abuse and proof of intentional fraud
 - Modify edits to support correct coding with greater sensitivity and specificity to help prevent fraud and abuse
- ICD-10 is easier and more flexible for future updates
- ICD-10 enhances coding accuracy and specificity to classify anatomic site, etiology, and severity
- ICD-10 provides better analyses for disease patterns and response to public health outbreaks

Rewards of ICD-10 Compliance



- Continued cash flows with claims processed and paid
- Financial statement stability, credit worthiness
- Increased efficiencies in administrative, billing and reimbursement processes
- Reduced coding errors due to increased specificity
- Improvement in patient care management
- Increased health care IT system ROI and value, increased productivity
- Increased capability to prevent and detect health care fraud and abuse



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Resources

ICD-10 Training Resources



ICD-10 Resources

- Centers for Medicare & Medicaid Services (CMS)
CMS Overview
 - CMS ICD-10 Implementation Planning Guides/Checklist
 - HHS, CMS ICD-10 Final Rule
 - CMS, HHS Complete list of code sets for ICD-10-CM and ICD-10-PCS; Final Rule and Official ICD-10-CM Guidelines
 - www.cms.hhs.gov/ICD10
- World Health Organization (WHO) ICD-10 Page
 - <http://www.who.int/classifications/icd/en/>
- HP Enterprise Services Statewide Workshops
 - Check Georgia <http://mmis.georgia.gov> for future ICD-10 workshops



More ICD-10 Resources

- DCH Resources
 - DCH Website for ICD-10 Webinars/Downloads
<http://dch.georgia.gov/it-events>
 - DCH ICD-10 FAQs & Fact Sheet
<http://dch.georgia.gov/icd-10>
 - DCH Provider Resources
<http://dch.georgia.gov/providers>
- HP Enterprise Services Statewide Workshops
 - Check Georgia <http://mmis.georgia.gov> for future ICD-10 workshops



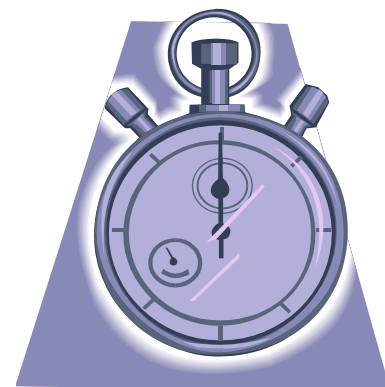
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ICD-10 Transition & Testing

Georgia Medicaid -- DCH

DCH & ICD-10 Testing

- **DCH is on track for October 1, 2014 compliance**
 - Areas of Impact within DCH/Georgia Medicaid
 - Coverage and payment determinations, policies, plan structure
 - Statistical reporting, actuarial projections, fraud and abuse monitoring, quality measurements
 - Georgia Medicaid Management Information System (GAMMIS) remediation
 - Testing with Georgia Medicaid
 - Trading Partners and Billing Services
 - 4th Quarter 2013
 - Providers
 - 1st Quarter 2014
 - To become a test site, e-mail your interest to icd10project@dch.ga.gov





Register Now for Upcoming ICD-10 Webinars

- September 10, 2013 - Medicaid Policy Update & ICD-10
- September 17, 2013 - Testing Readiness with DCH (for Trading Partners)
- September 25, 2013 - Testing Readiness with DCH (for Providers)
- October 15, 2013 - Pre-Testing Readiness & Trouble-Shooting
- October 29, 2013 - Open Discussion

To register for the above webinars: Visit <http://dch.georgia.gov/it-events>

Each webinar is scheduled for up to one hour, 10:30 – 11:30 a.m. ET.
Unless otherwise noted, all webinars are targeted to Providers and Trading Partners.
Please be advised that webinar dates and times are subject to change.

Thank You!

- Join us as an ICD-10 Beta Test Site, e-mail us at:
 - icd10project@dch.ga.gov
- Join our mailing list at:
 - AskDCH@dch.ga.gov for ICD-10 events and updates
- We welcome your questions and comments at:
 - icd10project@dch.ga.gov

Questions & Comments

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