



ICD-10 Overview

February 7, 2011

Agenda

- What is ICD-10?
- Benefits of ICD-10
- Early Implementation Activities
- **Timeline**
- Next Steps
- Discussion: Best Practices



Worldwide ICD-10 Usage

The World Health Organization (WHO) adopted ICD-10 in 1990. Since then, 136 countries have adopted ICD-10. The United States still uses ICD-9.



The Basics: What is ICD-10?

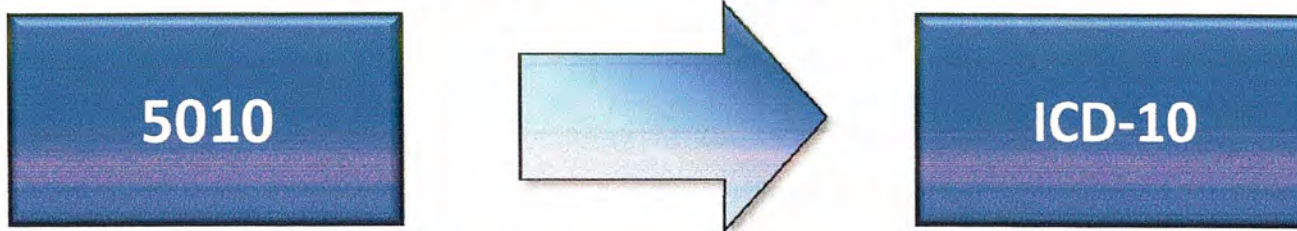
In 1990, the WHO approved the 10th Classification of the International Classification of Diseases (ICD), which is known as ICD-10.

What is ICD-10?	Why Change? 	Dates
<ul style="list-style-type: none"> • One of several different coding systems in health care • ICD-10 CM : Patient Diagnosis (i.e., the patient's condition/disease/injury) is referenced in Volume 1 and 2 and maintained by National Center for Health Statistics (NCHS) a division of the Centers for Disease Control and Prevention (CDC) • ICD-10 PCS: Procedures for Inpatient Settings (i.e., the action that a provider performs on the patient) replaces Volume 3, maintained by CMS 	<ul style="list-style-type: none"> • Federal regulation • All HIPAA-covered entities must use ICD-10 codes for information they transmit electronically • ICD-9 is outdated (adopted in 1979) • More information per code • Better support for analysis • Improved ability to look at risk and severity • More consistent with the rest of the world 	<ul style="list-style-type: none"> • Published Final Regulation (45 CFR 162.1002) : January 16, 2009 • Effective Date: March 17, 2009 • Compliance Date: October 1, 2013 <ul style="list-style-type: none"> • Outpatient services are based on the Date of Service • Inpatient services are based on the Date of Discharge • Code Freeze Date: October 1, 2011 

The Basics: ICD-10 Key Facts

Processing 5010 transactions is a prerequisite to processing ICD-10 claims as the current HIPAA transaction standards (i.e., 4010) cannot accommodate the longer ICD-10 code characters. Coordination is necessary between the 5010 and ICD-10 projects to identify impacted transactions, systems, trading partners, and data mapping to implement 5010 and ICD-10 successfully.

5010 is a prerequisite to ICD-10



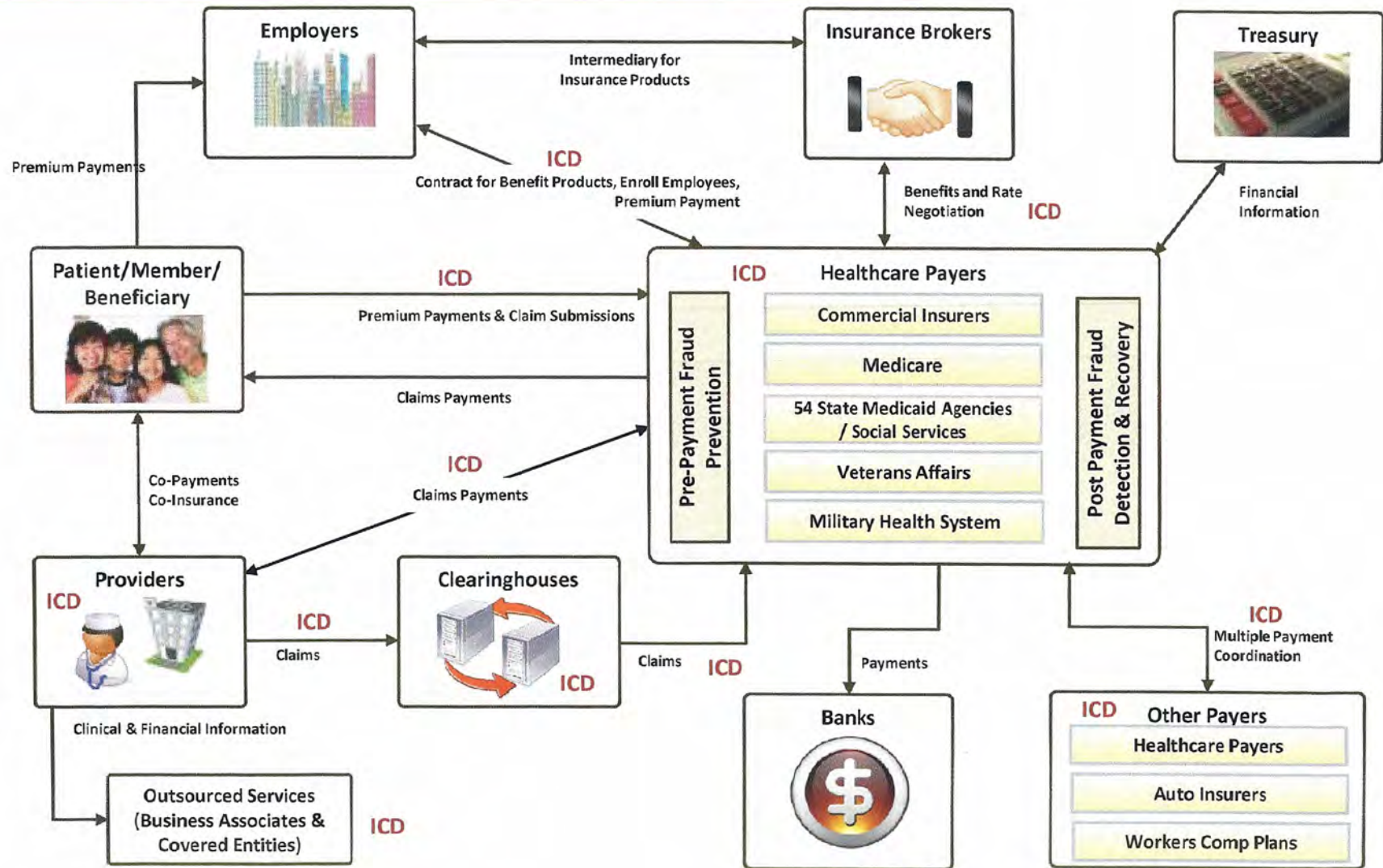
- X12 Version 4010/4010A1 transactions cannot carry ICD-10 codes
- Only X12 Version 5010 can accommodate ICD-10 codes
- 5010 also enhances diagnosis reporting
 - Separates principal diagnosis, admitting diagnosis, external cause of injury and reason for visit
- Increases number of ICD occurrences on 837 claims

Many HIT Initiatives have Direct Dependencies with the ICD-10 Transition

- National Electronic Disease Surveillance System (NEDSS)
- State Specific Quality Improvement Organizations
- External Quality Review Organizations
- Value Based Purchasing
- Implementation of the American Recovery and Reinvestment Act
- Patient Registries



ICD-10 Impacts Across the Industry



ICD-9 vs. ICD-10 Diagnosis Codes

ICD-9-CM Diagnosis Codes

ICD-10-CM Diagnosis Codes

3 to 5 digits	➔	7 digits
Alpha "E" and "V" on 1 st character only	➔	Alpha or numeric for any code character
No place holder characters	➔	Include place holder characters ('x')
Terminology	➔	Similar
Index and Tabular Structure	➔	Similar
Coding Guidelines	➔	Somewhat similar
Approximately 14,000 codes	➔	Approximately 69,000 codes
Severity parameters limited	➔	Extensive inclusion of severity parameters
Does not include laterality (Right vs. Left)	➔	Common definition of laterality
Combination codes limited	➔	Combination codes common



ICD-9-CM vs. ICD-10-PCS Procedure Codes

ICD-9-CM Procedure Codes		ICD-10-PCS Procedure Codes
3 to 4 digits	➔	7 digits
Not Structured	➔	Structured (Complex)
Approximately 4,000 codes	➔	Approximately 72,000 codes
Chapter 3 of ICD-9-CM	➔	Managed separately from ICD-10-PCS
Diagnosis included	➔	Diagnosis excluded
NOS and NEC common	➔	NOS and NEC uncommon
Uses eponyms and named procedures	➔	Avoids eponyms and named procedures
Uses "combination" codes	➔	Avoids "combination" codes

Example Difference in Diagnosis Granularity

- ICD-9 code - Striking against or struck accidentally in sports without subsequent fall (E917.0)
- 24 ICD-10-CM Detail Codes

- | | |
|---|--|
| ▶ W21.00 Struck by hit or thrown ball, unspecified type | ▶ W21.11 Struck by baseball bat |
| ▶ W21.01 Struck by football | ▶ W21.12 Struck by tennis racquet |
| ▶ W21.02 Struck by soccer ball | ▶ W21.13 Struck by golf club |
| ▶ W21.03 Struck by baseball | ▶ W21.19 Struck by other bat, racquet or club |
| ▶ W21.04 Struck by golf ball | ▶ W21.210 Struck by ice hockey stick |
| ▶ W21.05 Struck by basketball | ▶ W21.211 Struck by field hockey stick |
| ▶ W21.06 Struck by volleyball | ▶ W21.220 Struck by ice hockey puck |
| ▶ W21.07 Struck by softball | ▶ W21.221 Struck by field hockey puck |
| ▶ W21.09 Struck by other hit or thrown ball | ▶ W21.81 Striking against or struck by football helmet |
| ▶ W21.31 Struck by shoe cleats | ▶ W21.89 Striking against or struck by other sports equipment |
| ▶ Stepped on by shoe cleats | ▶ W21.9 Striking against or struck by unspecified sports equipment |
| ▶ W21.32 Struck by skate blades | |
| ▶ Skated over by skate blades | |
| ▶ W21.39 Struck by other sports foot wear | |
| ▶ W21.4 Striking against diving board | |



Example Difference in Diagnosis Granularity

- **This new granularity has positive and negative effects: besides offering greater specificity for diagnoses and procedures, it is a real problem for mapping old codes to new. A single ICD-9 code could be one of several ICD-10 codes.**

- **For example: 250.61 a diabetes mellitus patient, not stated as uncontrolled, with Type I neurological complications could now be coded as:**
 - E10.40 Type I diabetes mellitus with diabetic neuropathy, unspecified
 - E10.41 Type I diabetes mellitus with diabetic mononeuropathy
 - E10.44 Type I diabetes mellitus with diabetic amyotrophy
 - E10.49 Type I diabetes mellitus with other diabetic neurological complications

What is GEMs?

CMS contracted with 3M to develop General Equivalency Mappings (GEMs) files to assist in the translation between ICD-10 and ICD-9.

GEMs are:

- A public domain reference mapping designed to give the health care industry:
 - Bi-directional mapping between ICD-9 and ICD-10 diagnosis and institutional procedure codes
 - To provide a start in the process of identifying codes that would represent as accurately as possible the original intent of the ICD-9 or ICD-10 source code for crosswalking purposes.
 - To provide a tool to identify the appropriate set or group of codes in ICD-10 that would be equivalent to the initial intent of a similar set or group of ICD-9 codes

Code Categorization Comparison for Fracture of the Radius

ICD-9 Definition: 33 Codes for Fracture of the Radius	ICD-10 Definition: 1818 Codes for Fracture of the Radius	Using GEMs
<p>2 codes for Colles' fracture</p> <p>2 codes for Torus fracture of the Radius</p> <p>1 codes for Pathologic fracture of the Radius</p> <p>6 codes for fracture of the Forearm</p> <p>22 codes for other fractures of the Radius</p>	<p>48 codes for Colles' fracture</p> <p>48 codes for Barton's fracture</p> <p>48 codes for Smith's fracture</p> <p>48 codes for Radial Styloid fracture</p> <p>48 codes for Galeazzi's fracture</p> <p>36 codes for Torus fracture of the Radius</p> <p>18 codes for Stress fracture of the Radius</p> <p>18 codes for Greenstick fracture of the Radius</p> <p>90 codes for Pathologic fracture of the Radius</p> <p>45 codes for Bent Bone fracture of the Radius</p> <p>216 codes for Growth Plate fracture of the Radius</p> <p>663 codes for other fractures of the Radius</p>	<p>Mapping ICD-9 to ICD-10</p> <ul style="list-style-type: none"> • Results in 76 codes • Uses a forward map where ICD-9 is the source code <p>Mapping ICD-10 to ICD-9</p> <ul style="list-style-type: none"> • Results in 353 codes • Uses a backward map where ICD-9 is the target code

Fracture of the Radius



ICD-10 Benefits and ICD-9-CM Limitations



- **ICD-10 codes refine and improve SMA operational capabilities and processing**
 - Detailed health reporting and analytics: cost, utilization, and outcomes
 - Detailed information on condition, severity, co-morbidities, complications, and location
 - Expanded coding flexibility by increasing code length to seven characters
 - Classifies code detail to process payments and reimbursements accurately
 - Embedded detail informs healthcare providers and health plans of patient incidence and history, improving case management and care coordination
 - Supports greater analysis of risk and severity



- **ICD-9-CM limits operations, reporting, and analytic processes**
 - Follows a 1970s outdated medical coding system
 - Lacks clinical specificity to process claims and reimbursements accurately and effectively
 - Fails to capture detailed healthcare data analytics
 - Restricted to three to five characters, limiting the ability to account for complexity and severity

ICD-10 Advantages lead to SMAs' Business Advantages

ICD-10 advantages

- Detailed medical concepts
- Enhanced categorization models
- Granularity in severity and risk definitions
- Greater forward flexibility
- Enhanced clinical information integration

ICD-10 advantages lead to SMA health plan and business advantages

- Established Compliance Model
- Improved Contracting
- Enhanced Network Management
- Enhanced Fraud, Waste, Abuse Prevention and Detection
- Enhanced ability to predict risk population
- Improved Claims Payment Accuracy and Efficiency
- Opportunity to Improve Coding Practices among Providers
- More Accurate Understanding of Population Health
- Opportunity to Improve Precision and Accuracy of Payment Policies
- Opportunity to Improve Accuracy of Quality Measures
- Opportunity to Improve Care and Disease Management



ICD-10 Impacts People, Processes, and Technology

Coordinate with vendors, providers and contractors/fiscal agents to remediate ICD-10 impacts for both business/policy and technology.

