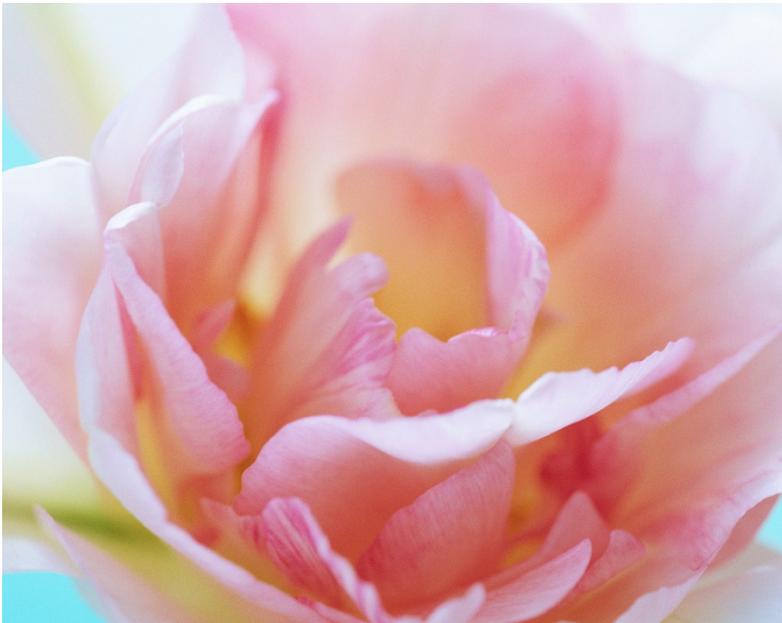




ICD-10 Provider Training



Jennifer Tucker, CPC
and
Amber Sark, CPC

Co-Coordiators for ICD-10
Conversion Project Montana
MMIS



What is ICD-10?

International Classification of Disease (ICD)

ICD-10

ICD is a set of diagnosis and inpatient procedure codes to the Tenth Edition of those code sets – or ICD-10 – the version currently used by most developed countries throughout the world.



Why and When?

- This transition is covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - **October 1, 2015**
- All covered entities under HIPAA are required to adopt the new ICD-10 codes for services provided on or after the compliance date.



About ICD-10

- The World Health Organization (WHO) publishes the ICD code set.
 - <http://www.who.int/whosis/icd10/index.html>
 - The WHO authorized a U.S. adaptation of the code set for government purposes.
- Currently the U.S. uses ICD-9 originally published in 1977
 - Adopted by the U.S. in 1979



About ICD-10

- In 1990 the WHO updated the ICD code set.
 - Creating ICD-10-CM (tenth edition, clinical modification)
 - Other countries began adopting ICD-10 in 1994.
- There are many differences between ICD-9 and ICD-10



	ICD-9-CM	ICD-10-CM
Code Length	3-5 Characters	3-7 Characters
Number of codes	Approximately 14,000 codes	Approximately 68,000 codes
Code make up	Digit 1 = alpha or numeric Digit 2-5 = numeric	Digit 1 = alpha Digit 2 = numeric Digit 3-7 = alpha or numeric
Expandability (space for new codes)	Limited	Flexible
Code detail	Vague	Very specific
Example of codes	E917.4 Striking against or struck accidentally by other stationary object without subsequent fall	W22.02XA Walked into lamppost, initial encounter

ICD-10 CM

- ✓7th S41.011 Laceration without foreign body of right shoulder
- ✓7th S41.012 Laceration without foreign body of left shoulder
- ✓7th S41.019 Laceration without foreign body of unspecified shoulder
- ✓6th S41.02 Laceration with foreign body of shoulder
- ✓7th S41.021 Laceration with foreign body of right shoulder
- ✓7th S41.022 Laceration with foreign body of left shoulder
- ✓7th S41.029 Laceration with foreign body of unspecified shoulder
- ✓6th S41.03 Puncture wound without foreign body of shoulder
- ✓7th S41.031 Puncture wound without foreign body of right shoulder
- ✓7th S41.032 Puncture wound without foreign body of left shoulder
- ✓7th S41.039 Puncture wound without foreign body of unspecified shoulder
- ✓6th S41.04 Puncture wound with foreign body of shoulder
- ✓7th S41.041 Puncture wound with foreign body of right shoulder
- ✓7th S41.042 Puncture wound with foreign body of left shoulder
- ✓7th S41.049 Puncture wound with foreign body of unspecified shoulder
- ✓6th S41.05 Open bite of shoulder
Bite of shoulder NOS
EXCLUDES1 superficial bite of shoulder (S40.27)
- ✓7th S41.051 Open bite of right shoulder
- ✓7th S41.052 Open bite of left shoulder
- ✓7th S41.059 Open bite of unspecified shoulder
- ✓5th S41.1 Open wound of upper arm
- ✓6th S41.10 Unspecified open wound of upper arm
- ✓7th S41.101 Unspecified open wound of right upper arm
- ✓7th S41.102 Unspecified open wound of left upper arm
- ✓7th S41.109 Unspecified open wound of unspecified upper arm
- ✓6th S41.11 Laceration without foreign body of upper arm
- ✓7th S41.111 Laceration without foreign body of right upper arm
- ✓7th S41.112 Laceration without foreign body of left upper arm
- ✓7th S41.119 Laceration without foreign body of unspecified upper arm
- ✓6th S41.12 Laceration with foreign body of upper arm
- ✓7th S41.121 Laceration with foreign body of right upper arm
- ✓7th S41.122 Laceration with foreign body of left upper arm

✓4th S42 Fracture of shoulder and upper arm

NOTE A fracture not indicated as displaced or nondisplaced should be coded to displaced

EXCLUDES1 traumatic amputation of shoulder and upper arm (S48.-)

A fracture not designated as open or closed should be coded to closed.

The appropriate 7th character is to be added to all codes from category S42.

- A initial encounter for closed fracture
- B initial encounter for open fracture
- D subsequent encounter for fracture with routine healing
- G subsequent encounter for fracture with delayed healing
- K subsequent encounter for fracture with nonunion
- P subsequent encounter for fracture with malunion
- S sequela

✓5th S42.0 Fracture of clavicle

- ✓6th S42.00 Fracture of unspecified part of clavicle
- ✓7th S42.001 Fracture of unspecified part of right clavicle
- ✓7th S42.002 Fracture of unspecified part of left clavicle
- ✓7th S42.009 Fracture of unspecified part of unspecified clavicle
- ✓6th S42.01 Fracture of sternal end of clavicle
- ✓7th S42.011 Anterior displaced fracture of sternal end of right clavicle
- ✓7th S42.012 Anterior displaced fracture of sternal end of left clavicle
- ✓7th S42.013 Anterior displaced fracture of sternal end of unspecified clavicle
Displaced fracture of sternal end of clavicle NOS
- ✓7th S42.014 Posterior displaced fracture of sternal end of right clavicle
- ✓7th S42.015 Posterior displaced fracture of sternal end of left clavicle
- ✓7th S42.016 Posterior displaced fracture of sternal end of unspecified clavicle
- ✓7th S42.017 Nondisplaced fracture of sternal end of right clavicle
- ✓7th S42.018 Nondisplaced fracture of sternal end of left clavicle
- ✓7th S42.019 Nondisplaced fracture of sternal end of unspecified clavicle
- ✓6th S42.02 Fracture of shaft of clavicle
- ✓7th S42.021 Displaced fracture of shaft of right clavicle
- ✓7th S42.022 Displaced fracture of shaft of left clavicle
- ✓7th S42.023 Displaced fracture of shaft of unspecified clavicle
- ✓7th S42.024 Nondisplaced fracture of shaft of right clavicle

*extracted from the Ingenix draft 2010 book

	ICD-9-CM	ICD-10-PCS
Code length	3-4 characters	7 alpha-numeric characters, all are required
Number of codes	Approximately 4,000 codes	Approximately 72,000 codes
Expandability (space for new codes)	Limited	Flexible
Code detail	Limited detail	More detail definitions on anatomy site, approach, device, and other information
Example of codes	741 Low Cervical C-Section	10D00Z1 Obstetrics, Pregnancy, Extraction, Products of Conception, Open Approach, No Device, Low Cervical

0 Medical and Surgical

9 Ear, Nose, Sinus

D Extraction Pulling or stripping out or off all or a portion of a body part by the use of force

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
7 Tympanic Membrane, Right 8 Tympanic Membrane, Left L Nasal Turbinate	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier
9 Auditory Ossicle, Right A Auditory Ossicle, Left	0 Open	Z No Device	Z No Qualifier
B Mastoid Sinus, Right C Mastoid Sinus, Left M Nasal Septum P Accessory Sinus Q Maxillary Sinus, Right R Maxillary Sinus, Left S Frontal Sinus, Right T Frontal Sinus, Left U Ethmoid Sinus, Right V Ethmoid Sinus, Left W Sphenoid Sinus, Right X Sphenoid Sinus, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier

0 Medical and Surgical

9 Ear, Nose, Sinus

H Insertion Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
D Inner Ear, Right E Inner Ear, Left	0 Open	S Hearing Device	1 Bone Conduction 2 Cochlear Prosthesis, Single Channel 3 Cochlear Prosthesis, Multiple Channel Y Other Hearing Device
N Nasopharynx	7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	B Airway	Z No Qualifier

ICD- 10 PCS

*extracted from
the Ingenix Draft
2010 book

Changes in ICD-10

- » Injuries are grouped by anatomical site rather than type of injury.
- » Certain diseases are reclassified to different chapters to reflect current medical knowledge.
- » New code definitions
- » ICD-9 V codes and E codes are incorporated into the main classification.
- » Changes in terminology (PCS)



Number of Codes

Clinical Area	ICD-9 Codes	ICD-10 Codes
Fractures	747	17,099
Poisoning and toxic effects	244	4,662
Pregnancy related conditions	1,104	2,155
Brain Injury	292	574
Diabetes	69	239
Migraine	40	44
Bleeding disorders	26	29
Mood related disorders	78	71
Hypertensive Disease	33	14
End Stage Renal Disease	11	5
Chronic Respiratory Failure	7	4



New Features of ICD-10

- » Laterality (Left, Right, Bilateral): This will not change the need for LT/RT modifiers.
- » Combination codes
- » Obstetric codes identify trimester instead of episode of care.
- » Character placeholder of “X” to allow for future expansion.
- » Two types of excludes notes
 - > Excludes 1: Code should NEVER be used
 - > Excludes 2: Condition is not part of the condition represented by the code but a patient may have both conditions at the same time.



Duplicate Codes

Duplicate ICD-10-CM and ICD-9-CM Codes

With code decimals removed, there are 39 codes that are duplicated between ICD-10-CM and ICD-9-CM, with each duplicate having a vastly different meaning. We bring this to your attention in order to minimize any confusion if dealing with data that contains codes that do not have decimal places.



ICD-9 CM	Description	ICD-10 CM	Description
E030	Unspecified Activity	E03.0	Congenital hypothyroidism with diffuse goiter
E802.0	Railway accident involving derailment without antecedent collision injuring railway employee	E80.20	Unspecified porphyria
E830.0	Accident to watercraft causing submersion injuring occupant of small boat, unpowered	E83.00	Disorder of copper metabolism, unspecified
E833.1	Fall on stairs or ladders in water transport injuring occupant of small boat, powered	E83.31	Familial hypophosphatemia
E835.9	Other and unspecified fall in water transport injuring unspecified person	E83.59	Other disorders of calcium metabolism
E896	Accident caused by controlled fire in other and unspecified building or structure	E89.6	Postprocedural adrenocortical (-medullary) hypofunction
**Note:	<i>This is not an all inclusive list</i>		

The transition will have an impact on who?

It will have a major impact on anyone who uses healthcare information that contains a diagnosis and/or inpatient procedure codes.



ICD-10 Will Change Everything

Will You Be Ready?

AAPC can help every aspect of your practice's transition to ICD-10. Whether you just want the basics or need complete implementation training, AAPC has a solution to fit your needs.

Physicians

- **Documentation:**
The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:**
Codes increase from 17,000 to 140,000. Physicians must be trained.

Clinical Area

- **Patient Coverage:**
Health plan policies, payment limitations, and new ABN forms are likely.
- **Superbills:**
Revisions required and paper superbills may be impossible.
- **ABNs:**
Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted and patients will require education.

Managers

- **New Policies and Procedures:**
Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- **Vendor and Payer Contracts:**
All contracts must be evaluated and updated.
- **Budgets:**
Changes to software, training, new contracts, new paperwork will have to be paid for.
- **Training Plan:**
Everyone in the practice will need training on the changes.

Nurses

- **Forms:**
Every order must be revised or recreated.
- **Documentation:**
Must use increased specificity.
- **Prior Authorizations:**
Policies may change, requiring training and updates.

Lab

- **Documentation:**
Must use increased specificity.
- **Reporting:**
Health plans will have new requirements for the ordering and reporting of services.

Billing

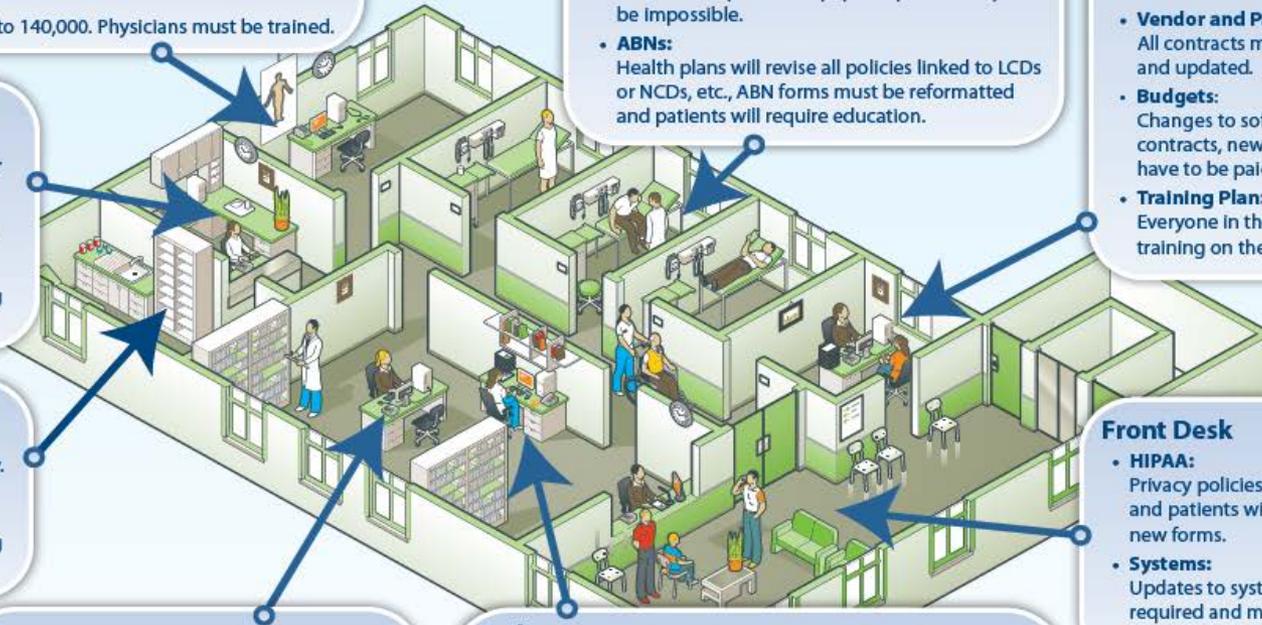
- **Policies and Procedures:**
All payer reimbursement policies may be revised.
- **Training:**
Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

Coding

- **Code Set:**
Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.
- **Clinical Knowledge:**
More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.
- **Concurrent Use:**
Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.

Front Desk

- **HIPAA:**
Privacy policies must be revised and patients will need to sign the new forms.
- **Systems:**
Updates to systems are likely required and may impact patient encounters.



The benefits of utilizing ICD-10!

Converting to ICD-10 provides more specific data and better reflects current medical practice.

- ICD-9 provides limited data about patients medical conditions and hospital inpatient procedures.
- ICD-9 is 30 years old and has outdated and obsolete terms.

ICD-10 accommodates newly developed diagnoses and procedures, and innovations in technology and treatment.



The benefits of utilizing ICD-10!

With these updates ICD-10 will make the billing process more streamlined and efficient. In addition, it enhances coding accuracy and specificity to classify anatomic site, cause, and severity.

This in turn informs healthcare providers of patient history, which provides more effective case management and coordination of care.



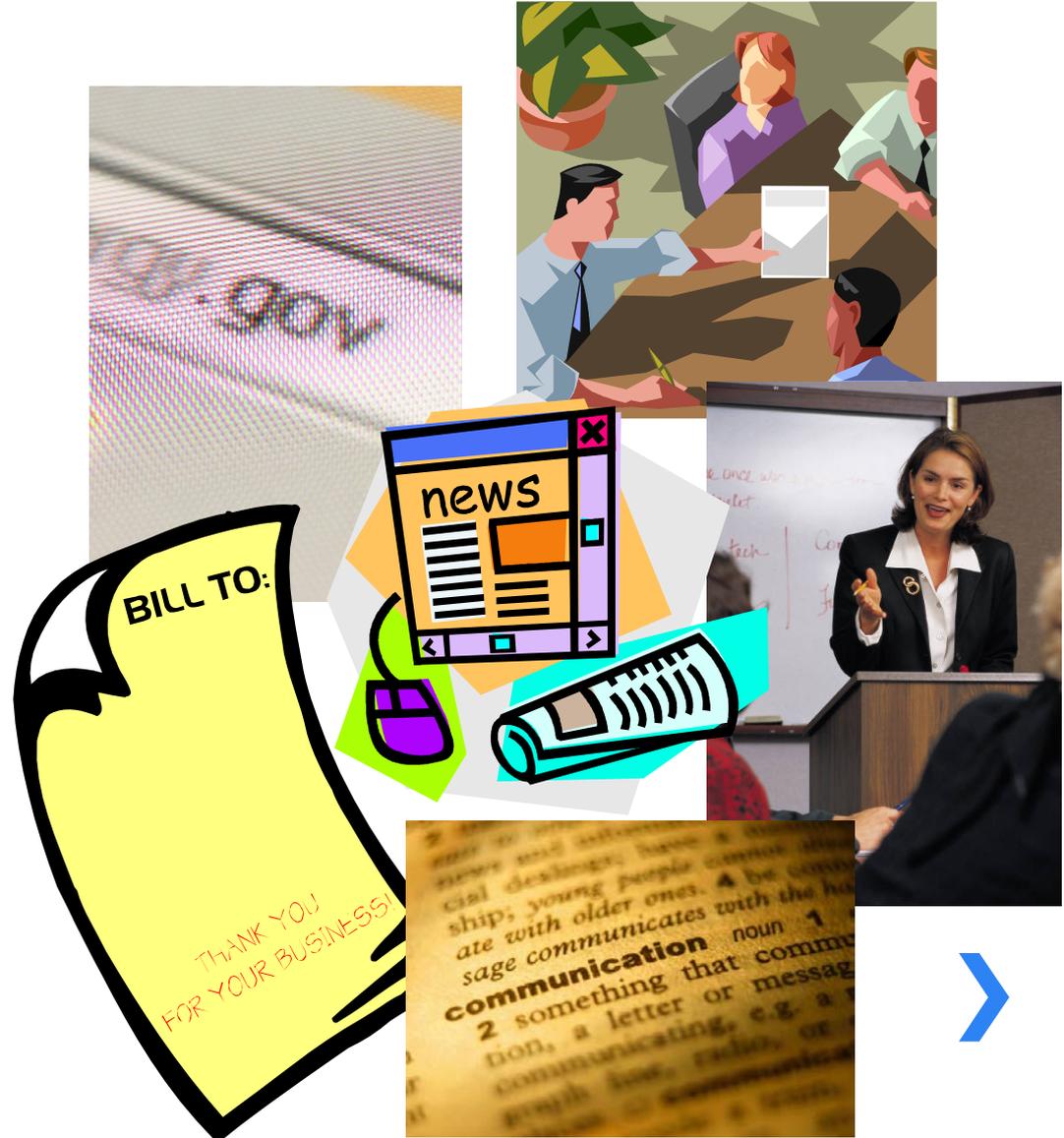
What is Montana Doing?

- We have created a team
 - The Montana MMIS ICD-10 Conversion Project Co- Coordinators
 - Work Group team comprised of Xerox, Department Staff and Certified Coders
- We have identified all areas where ICD-9 is currently being addressed or used and are in the process of updating.
- We are working with Xerox, Department staff, vendors, clearinghouses and providers to ensure a smooth transition.



Communication

- Website
- Claim Jumper
- Notices
- Trainings



Montana Medicaid Website

<http://medicaidprovider.hhs.mt.gov/>



Montana Medicaid

[New or Existing
Provider Enrollment](#)

[Log in to Montana
Access to Health](#)

Member Information Provider Information

- [5010 HIPAA Information](#)
- [Claim Instructions](#)
- [Claim Jumper Newsletter](#)
- [Contact Us](#)
- [Definitions and Acronyms](#)
- [Early and Periodic Screening, Diagnosis and Treatment](#)
- [Electronic Billing](#)
- [Electronic Health Records Incentives](#)
- [Emergency Services](#)
- [Enhanced Payment](#)
- [FAQs](#)
- [Forms](#)
- [Health Improvement Program](#)
- [ICD-10 Information](#)
- [Medicaid Fraud and Abuse](#)
- [Medicaid Information](#)
- [National Provider Identifier](#)

Montana Medicaid Provider Information

What's New on the Website This Week

Web Postings

A list of the [documents posted to the website](#) for the current week.

Announcements

Current Resource-Based Relative Value Scale (RBRVS)

- 07/2014 [July 2014 RBRVS Fee Schedule \(PDO7292014\)](#)

DPHHS Medicaid Fee Schedule Date Change Rule Hearing Effective October 1, 2014

The rule hearing for Medicaid fee schedule date change (MAR 37-683) has been set for August 13, 2014.

The proposed rule is located on the Department website at <http://www.mtrules.org/gateway/ShowNoticeFile.asp?TID=5822>.

Proposed fee schedules are available on the [Proposed Fee Schedules](#) page.

Upcoming Fall 2014 Provider Fair Training

Provider Relations is preparing for the 2014 Fall Training sessions and would appreciate your suggestions on information to include.

Please take a few minutes to provide feedback on what topics should be included in the upcoming trainings.



Montana Medicaid

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- [Emergency Services](#)
- [Enhanced Payment](#)
- [FAQs](#)
- [Forms](#)

ICD-10 Information

Announcements and Upcoming Events

Announcements

- [ICD-10 Final Rule](#)

From the link: This final rule implements section 212 of the Protecting Access to Medicare Act of 2014 by changing the compliance date for the international Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, including the Official ICD-10-CM Guidelines for Coding and Reporting, and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding, including the Official ICD-10-PCS Guidelines for Coding and Reporting, from October 1, 2014 to October 1, 2015. It also requires the continued use of the International Classification of Diseases, 9th Revision, Clinical Modification, Volumes 1 and 2 (diagnoses), and 3 (procedures) (ICD-9-CM), including the Official ICD-9-CM Guidelines for Coding and Reporting, through September 30, 2015.

-  [Montana Medicaid ICD-10 Readiness Survey IV
Take our ICD-10 Readiness IV Survey!](#)
- [ICD-10 Documentation and Coding Concepts](#)
- [ICD-10 Readiness Courses](#)
- [ICD-10: A Quick Course for Non-Coders](#)

Nurse First

Passport to Health

Plan First

Presumptive Eligibility

Provider Locator Search

Resources by Provider Type
(manuals, fee schedules,
notices, etc)

Site Map

Team Care

Terminated/Excluded
Medicaid Provider
Enrollments

Training

Upcoming Events

Web Links



Tutorials

Web Portal Registration
Web Portal Navigation

Introduction

Are You Ready for ICD-10 Diagnosis Coding?

Have you ever seen someone who was struck by a turtle? With the new ICD-10 codes you will have a code specifically for being struck by a turtle:

W59.22XA

Contact with turtles, struck by turtle, initial encounter



If you had provided services to someone who was struck by a turtle, under ICD-9 diagnosis coding, you would have billed:

E906.8

Other specified injury caused by animal

ICD-10 is much more detailed than the ICD-9 codes that are currently in use.

There is a lot of information available regarding ICD-10, and this webpage will be a great source of information to help you keep up on the conversion to ICD-10 for Montana Medicaid. Additional links are in the ICD-10 Informational Links panel below.

Encourage your health care professionals to begin documenting their services in more detail **now!** This will result in a smoother transition for the provider when ICD-10 is implemented on October 1, 2015.

ICD-10 Informational Resources

ICD-10 Implementation Success Initiative

To help your ICD-10 implementation efforts, the American Association of Professional Coders (AAPC), the Workgroup for Electronic Data Interchange (WEDI), and the Centers for Medicare and Medicaid Services (CMS) have developed an ICD-10 Implementation Success Initiative.

This initiative is comprised of a [searchable public database](#) of ICD-10 issues for submission, help prioritizing those issues, and a series of educational [webinars](#) and [articles](#) available as a resource to highlight prominent ICD-10 conversion issues and trends.

The searchable database is easy to use. Once you submit your issue, it is reviewed, and once approved, it is made available online. If you provide your name and contact information, WEDI will also follow up with you directly.

Understanding how the new codes and coding standards impact diagnosis and inpatient procedures is imperative to the transition to ICD-10. We encourage you to use this resource for your organization!

Informational Links

Several associations that are publishing information on ICD-10 coding. Below are links we believe you will find useful. **The Department of Public Health and Human Services does not promote one organization/association over another.**

- [American Health Information Management Association \(AHIMA\)](#)
- [American Association of Professional Coders \(AAPC\)](#)
- [World Health Organization Electronic ICD-10 Training Tool](#)
- [Centers for Disease Control and Prevention](#)

There are also many guides to implementation of the ICD-10. The Centers for Medicare and Medicaid Services (CMS) have published information that is helpful to all provider types and payers.

- [CMS ICD-10 Implementation Guides](#)
 - [Small/Medium Practice \(PDF\)](#)
 - [Large Practice](#)
 - [Small Hospitals](#)
- [CMS ICD-10 Information](#)
- [CMS Implementation Timelines](#)
- [ICD-10-CM Classification Enhancements](#)
- [How to Identify How ICD-10 Codes Will Affect Your Medical Practice](#)
- [Four Steps to Make ICD-10 Easier for Small Practices](#)
- [Road to 10: The Small Physician Practice's Route to ICD-10](#)

Additional information about ICD-10 is available on these websites.

- [3M Informational Site – ICD10Watch](#)
- [3M Health Information Systems](#)
- [ACOG Coding](#)
- [AMA Information](#)

If you need help converting ICD-9 and ICD-10 codes, there are free conversion tools to assist you. These tools are only to assist you in *code selection*, not to directly code for you. Some clinical analysis may be required to choose the most accurate code.

- [ICD-10Data.com](#)
- [AAPC ICD-10 Code Translator](#)



Healthy People. Healthy Communities.

Department of Public Health & Human Services

Resources (06/12/2014)

Provider Notices

- [06/12/2014 ICD-10 Delay](#)
- [01/29/2014 Centers for Medicare and Medicaid Services \(CMS\) ICD-10 Provider Readiness Assessment Update](#)
- [11/26/2013 ICD-10 Readiness](#)

Training

- [ICD-10 Provider Training PDF \(2014\)](#)
- [ICD-10 Basics MLN Connects Call 8/22/13 \(1:19:35\)](#)
- [ICD-10 Implementation for Physicians, Partial Code Freeze, and MS-DRG Conversion \(19:14\)](#)
- [Begin Transitioning to ICD-10 in 2013 \(1:23:11\)](#)

Contact Information

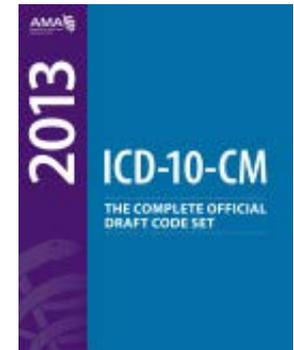
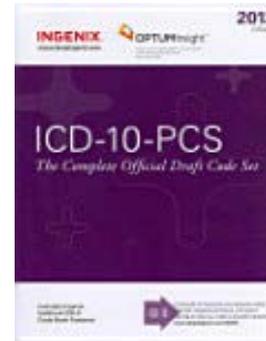
If you have questions regarding ICD-10 readiness, please contact:

Amber Sark	Jennifer Tucker
406.442.6969	406.442.6969
asark@mt.gov	jtucker2@mt.gov

Coding Reference Materials

Some coding reference materials

- ICD-10-CM hard copy book
- ICD-10-PCS hard copy book
- CMS <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>



Record Keeping Tip

Healthcare professionals are encouraged to begin documenting in detail the events of the service. Increased documentation of patient conditions guide the physician to specific details about diagnoses.

- This will result in increased specificity in order to code records seamlessly for ICD-10 and ultimately minimize the impact to billing and denials making an easier transition for your practice.



New 1500 Claim Form

<http://medicaidprovider.hs.mt.gov/providerpages/forms.shtml>

- 5010 HIPAA Information
- Claim Instructions
- Claim Jumper Newsletter
- Contact Us
- Definitions and Acronyms
- Early and Periodic Screening, Diagnosis and Treatment
- Electronic Billing
- Electronic Health Records Incentives
- Emergency Services
- Enhanced Payment
- FAQs
- Forms
- Health Improvement Program
- ICD-10 Information
- Medicaid Fraud and Abuse
- Medicaid Information
- National Provider Identifier
- Nurse First
- Passport to Health
- Plan First
-  Presumptive Eligibility
- Provider Locator Search

[Adjustment Request Form \(03/2013\)](#)

[Ambulance Trip Log \(01/2008\)](#)

[Attachment Cover Sheet for Paperwork \(03/2013\)](#)

[Authorization for Health Disclosure \(03/2003\)](#)

[Blanket Denial Request for TPL \(07/2012\)](#)

[CMS-1450 UB 04 \(03/2007\)](#)

- [UB-04 Samples](#)

[CMS-1500 \(03/2007\)](#)

08/05 Version

Beginning April 1, 2014, this version will no longer be accepted.

- [CMS-1500 Samples](#)

08/05 version includes samples for members with Medicaid only and Medicaid and Medicare, TPL, or Medicare Supplement

[CMS-1500 \(01/2013\)](#)

02/2012 Version

Beginning April 1, 2014, this version will be accepted.

[CSCT Team Enrollment/Re-Enrollment \(04/2013\)](#)

[Back to Top](#) ↑

[Forms D-F \(01/2014\)](#)

to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

services described below.

SIGNED _____ DATE _____

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
MM DD YY
QUAL. _____

15. OTHER DATE
MM DD YY
QUAL. _____

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a. _____
17b. NPI _____

17a. _____
17b. NPI _____

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? \$ CHARGES
 YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____
A. _____ B. _____ C. _____ D. _____
E. _____ F. _____ G. _____ H. _____
I. _____ J. _____ K. _____ L. _____

22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____

23. PRIOR AUTHORIZATION NUMBER _____

24. A.	DATE(S) OF SERVICE			B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E.	F.	G.	H.	I.	J.
	From	To	YY									
MM	DD	YY	MM	DD	YY							
1												NPI
2												NPI
3												NPI
4												NPI
5												NPI
6												NPI

25. FEDERAL TAX I.D. NUMBER
SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?
(For govt. claims, see back)
 YES NO

28. TOTAL CHARGE
\$

29. AMOUNT PAID
\$

30. Rsvd for NUCC Use

PHYSICIAN OR SUPPLIER INFORMATION

ICD-10 Overview



Physician Perspectives



Webcasts



FAQ

Quick References

Template Library

Events

BUILD YOUR ACTION PLAN



Share Your Story

Want to share your success story or lessons learned?

[Send it to us](#) and it may be included on this site to help guide other physicians on the Road to ICD-10.

[\(Read Disclaimer\)](#)

On July 31st, 2014, the U.S. Department of Health and Human Services (HHS) issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.



CMS has created "Road to 10" to help you jump start the transition to ICD-10.

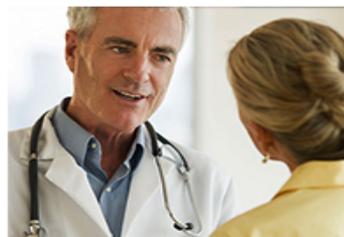
Built with the help of small practice physicians, "Road to 10" is a no-cost tool that will help you:

- Get an overview of ICD-10 by accessing the links on the left
- Explore Specialty References by selecting a specialty below
- Click the BUILD YOUR ACTION PLAN box to create your personal action plan

To get started and learn more about ICD-10, navigate through the links on the left side of the page. If you're ready to start building an action plan, select the BUILD YOUR ACTION PLAN box.

Specialty References

Select a profile below to explore the common codes, primers for clinical documentation, clinical scenarios, and additional resources associated with each specialty. You can also get started on your own plan now by choosing BUILD YOUR ACTION PLAN below.



Family Practice



Pediatrics



OB/GYN



Cardiology



Website references

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Questions?

