MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# ICD-10
# Provider Training

Jennifer Tucker, CPC
and
Amber Sark, CPC

Co-Coordinators for ICD-10 Conversion Project Montana MMIS

# 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

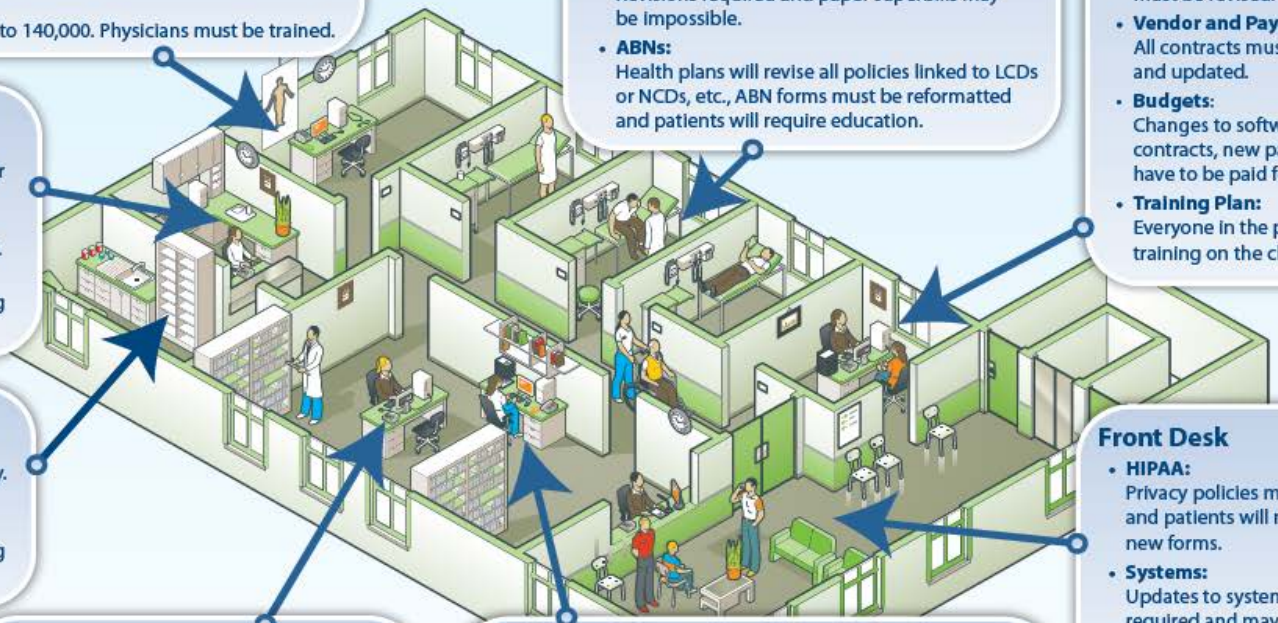
- **Documentation:**
  The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- **Code Training:**
  Codes increase from 17,000 to 140,000. Physicians must be trained.

### 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.



### 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.

### 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.

### 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.

www.aapc.com/icd-10

AAPC

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# 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)

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# 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 |

*Health Data Consulting 2012

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# 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: This is not an all inclusive list*** | | | |

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# Documenting for ICD-10

* Examples of laterality documentation differences
  * **Sufficient:** "patient complains of hearing loss (right); large right cerumen impaction"
  * **Needs more:** "patient presents with glaucoma and senile cataract"
    * Is the glaucoma and cataracts right, left, or bilateral?

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# New 1500 Claim Form

http://medicaidprovider.hhs.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
- N 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.

SIGNED _____ DATE _____

services described below.

SIGNED _____

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

15. OTHER DATE QUAL. MM DD YY

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

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? ☐ YES ☐ NO $ CHARGES

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 From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | NPI | |
| 2 | | | | | | | | | NPI | |
| 3 | | | | | | | | | NPI | |
| 4 | | | | | | | | | NPI | |
| 5 | | | | | | | | | NPI | |
| 6 | | | | | | | | | NPI | |

PHYSICIAN OR SUPPLIER INFORMATION

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 $

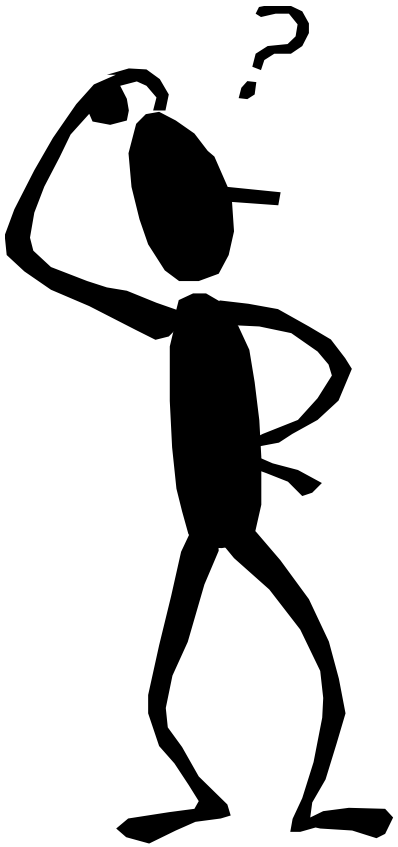
30. Rsvd for NUCC Use

SAMPLE

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# Website references

* http://medicaidprovider.hhs.mt.gov/providerpages/icd10.shtml
  * http://medicaidprovider.hhs.mt.gov/providerpages/providertype/providertype.shtml
* http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10
* wedi information
  * http://www.wedionline.org/icd-10/default.aspx?utm_source=WEDI&utm_medium=WEDI-2-18-14&utm_content=WEDI&utm_campaign=WEDI-2-18-14
  * http://www.wedi.org/forms/MeetingCalendar/index?meetingTypes=9&meetingTypes=11&meetingTypes=12?utm_source=WEDI&utm_medium=WEDI-2-18-14&utm_content=WEDI&utm_campaign=WEDI-2-18-14
  * http://www.wedi.org/knowledge-center?utm_source=WEDI&utm_medium=WEDI-2-18-14&utm_content=WEDI&utm_campaign=WEDI-2-18-14
* http://www.icd10data.com/

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

# Questions