



Show Me the Money: ICD-10 and Payer Readiness

ICD-10 Documentation Excellence Series
March 3, 2015

- Thank you to today's panelists:

Mary Graham, LMSW

Director, Innovation and Education
Priority Health

Janet Mateo

Education and Outreach
WPS Medicare

Karen Popa, RN

Director, Patient Financial Services
Munson Medical Center

Dennis Winkler

Director, Technical Program
Management and ICD-10
Blue Cross/Blue Shield of Michigan

- Appraise payer readiness to accept claims in the ICD-10 environment.
 - Describe payer expectation of providers for claims processing to minimize payment delay.
 - Explain what is required by the payers to prove medical necessity in ICD-10.
 - Discuss findings from ICD-10 claims testing (if your organization has completed any testing).
-
- Panel Question and Answer

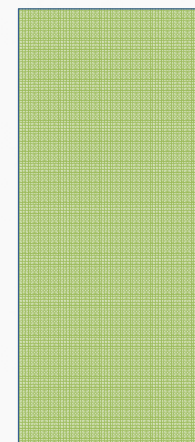
- **Panelist presentations:**
 - Janet Mateo
 - *WPS Medicare*
 - Mary Graham, LMSW
 - *Priority Health*
 - Dennis Winkler
 - *Blue Cross/Blue Shield of Michigan*
 - Karen Popa
 - *Munson Medical Center*

**HAVE A
QUESTION?**

Email your question to
icd10help@mhc.net
and our moderator will
bring it up during the panel
discussion.

**MUNSON MEDICAL CENTER
INSURANCE PAYER PANEL
MARCH 3, 2015**

JANET MATEO OUTREACH ANALYST



AGENDA

- ICD-10 End-to-End Testing/Issues Identified
- ICD-10 Acknowledgement Testing/Findings from Completed Testing
- ICD-10 Medical Necessity Requirements
- Tips to Prevent Claim Processing Delays

COUNTDOWN TO ICD-10

- Compliance date is 10/01/2015
- Resources
 - [SE1410 - ICD-10](#)
 - [CMS website](#)
 - www.cms.gov > Medicare > ICD-10
 - [WPS Medicare](#)
 - www.wpsmedicare.com > J8 MAC Part A > Claims > ICD-10



ACKNOWLEDGEMENT TESTING

- Upcoming testing weeks
 - March 2-6, 2015
 - June 1-5, 2015
- WPS Medicare will be appropriately staffed to handle increased call volume via the EDI Help Desk

ACKNOWLEDGEMENT TESTING

- Acknowledgment test claims can be submitted anytime up to the October 1, 2015, implementation date
 - Registration is not required for these virtual events

ACKNOWLEDGMENT TESTING RESULTS

- Acknowledgement Testing in November
- Approximately 500 testers participated
- Close to 13,700 claims submitted
- 87% of claims accepted by WPS Front End System

ICD-10 FRONT END TESTING

Weekly Totals	J5	J8
Part A Claims Received	1576	248
Part B Claims Received	344	1494
Part A Claims Accepted	1491	169
Part B Claims Accepted	208	894
Percentage Accepted	88%	61%
Files	34	24
Unique Submitters	22	14

02/25/2015

TOP 5 REASONS FOR REJECTS – ACKNOWLEDGMENT TESTING

- Invalid ICD-10 diagnosis code
 - Dates of service were prior to the effective date of code on the CEM reference file
- Invalid procedure code
 - Caused by CEM issue

TOP 5 REASONS FOR REJECTS - ACKNOWLEDGMENT TESTING

- Future dates of service used
 - Must use current dates
- Missing Data
 - Not necessarily related to ICD-10
- Other
 - Invalid data not related to ICD-10

END-TO-END TESTING

SE 1409

- Volunteers selected for upcoming ICD-10 End-to-End Testing
 - April 27 – May 1, 2015
- Additional opportunity for testing available
 - July 20 – 24, 2015



END-TO-END TESTING ISSUES

- During the January round of ICD-10 testing some of the following issues were identified:
 - Some submitters sent claims for beneficiaries that were not listed on the Volunteer Information Sheet
 - Claims were not processed

END-TO-END TESTING ISSUES

- Some claims hit edits and were sent Return to Provider (RTP) locations
 - Testing was considered finalized
- Some claims went to status locations that could not be worked
- Some claims used incorrect dates of service

END-TO-END TESTING ISSUES

- Some claims received with ICD-10 codes with dates prior to 10/1/2015
- Some providers sent duplicate claims

ICD-10 MEDICAL NECESSITY REQUIREMENTS

- The level of detail required in medical record documentation for ICD-10 and or PCS codes will require additional information
 - In order to code the service and support the treatment plan

ICD-10 MEDICAL NECESSITY REQUIREMENTS

- The patient record must include specific medical terminology and
 - Provide more detailed documentation
- Assess whether documentation currently in the medical record will support ICD-10 CM

CLINICAL DOCUMENTATION REQUIREMENTS

The screenshot shows the WPS Medicare website interface. At the top left is a map of Michigan and the WPS Medicare logo. The main navigation bar includes links for Policy, Fees, Training, Claims (highlighted), Departments, News, Resources, FAQs, and Forms. A search bar is located at the top right. The breadcrumb trail reads: Home » J8 MAC Part A » Claims » Icd 10 » Clinical Documentation Requirements. The left sidebar contains a 'Claims' menu with sub-links for Claims Submission, Claims Processing, Claims Tools, CMS Secure Net Access Portal (C-SNAP), Direct Data Entry (DDE), Interactive Voice Response (IVR), Denials and Rejections, and ICD-10. Below this is a 'FYI Database' section and a 'CHAT NOW' button. The main content area is titled 'Clinical Documentation Requirements' and includes a sub-heading 'Why is clinical documentation important?' followed by a bulleted list of reasons. Below the list are three paragraphs of text explaining the importance of documentation for Medicare providers under ICD-10-CM and PCS codes.

Contact Us | C-SNAP website | CMS website | eNews | Site Map

Search J8 MAC Part A

WPS Search Tips

Michigan and Indiana Providers

Policy Fees Training **Claims** Departments News Resources FAQs Forms

Home » J8 MAC Part A » Claims » Icd 10 » Clinical Documentation Requirements

Claims

- Claims Submission
- Claims Processing
- Claims Tools
 - CMS Secure Net Access Portal (C-SNAP)
 - Direct Data Entry (DDE)
 - Interactive Voice Response (IVR)
- Denials and Rejections
- ICD-10

FYI Database

CHAT NOW
M-F: 11am - 3pm ET
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Clinical Documentation Requirements

Why is clinical documentation important?

- Documentation is critical for patient care
- Validates the patient care provided
- Serves as a legal document
- Quality Reviews
- Compliance with CMS, Tricare and other payers' regulations and guidelines
- Impacts coding, billing and reimbursement

Medicare requires that ALL medical conditions be evaluated, diagnosed and treated as well as a patient's health history, past & present illness and outcomes documented in the patient's medical record. The implementation of ICD-10-CM and PCS brings with it new documentation requirements that will have a significant impact on your practice. Medicare providers will no longer be able to depend on old documentation habits.

The level of detail required in medical record documentation for ICD-10-CM and or PCS codes will require in most cases, additional information in order to code the service and support the treatment plan. The patient record must include specific medical terminology and provide more detailed documentation. It is important to identify your current documentation deficiencies when reporting diagnoses in the medical record documentation. Since ICD-10-CM is expanded and has up to seven digits of specificity, providers need to assess whether your documentation currently in the medical record will support ICD-10-CM by the compliance date.

Providers should know that cross walking/mapping should not be used as a substitute for learning and fully implementing ICD-10-CM or PCS into their practice. There is information that can be lost or gained when ICD-9-CM and ICD-10-CM codes are cross walked or mapped to one another.

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QUICK REFERENCES



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HEALTH INSURANCE®
J8 MAC Part A

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Claims

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[CMS Secure Net
Access Portal \(C-
SNAP\)](#)

[Direct Data Entry
\(DDE\)](#)

[Interactive Voice
Response \(IVR\)](#)

[Denials and Rejections](#)

[ICD-10](#)

FYI Database



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Clinical Documentation Quick References

[CMS PAHCOM National Webinar: Clinical Documentation](#)

[CMS Simple Steps to Improve Clinical Documentation](#)

[Health Condition Categories](#)

[CMS How Will ICD-10 Affect Clinical Documentation?](#)

[AAPC Documentation Example](#)

[AHIMA Electronic Documentation Templates Support ICD-10-CM/PCS Implementation](#)

[CMS ICD-10 PCS Guidelines for Coding and Reporting](#)

[Home](#) | [Web Help](#) | [Feedback](#) | [About WPS](#)

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CLAIM SUBMISSION ALTERNATIVES

- PC-ACE PRO32 Free Software
 - Available to providers that do not complete the necessary system changes to submit claims with ICD-10 codes by October 1, 2015
 - Software has been updated to support ICD-10 codes
 - Does not provide coding assistance
 - Allows providers to submit claims in ICD-10 claim submission format

TIPS TO PREVENT CLAIM PROCESSING DELAYS

- Claim should have all data elements necessary
 - For type of bill and services billed
- Data submitted should be accurate and complete
 - HIC number, NPI number, etc.

TIPS TO PREVENT CLAIM PROCESSING DELAYS

- Claim should be billed in accordance with current Internet-Only Manual instructions
- Claim should be billed within the timely filing requirement period

TIPS TO PREVENT CLAIM PROCESSING DELAYS

- Follow billing instructions outlined in Special Editions Article SE 1325 for split billing
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf>

WPS MEDICARE UPDATES

02/25/2015

ICD-10



WPS Medicare
HEALTH INSURANCE
J8 MAC Part A

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Claims

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ICD-10

ICD-10 Update

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

[Road to 10](#)

General ICD-10 Information

[What is ICD-10?](#)

[Final Rule](#)

[Why the switch from ICD-9 CM to ICD-10-CM and ICD-10-PCS?](#)

[ICD-10 v. ICD-9](#)

[Quick References](#)

Small Providers

[Time Is Ticking, But you Can Still Make it](#)

[Small Provider Quick References](#)

Specialty Providers

Additional Links

[ICD-10](#)

[Readiness
Survey](#)

02/25/2015

CERT PROGRAM IDENTIFIED ERRORS

The screenshot displays the WPS Medicare J8 MAC Part A website. At the top left is the WPS Medicare logo with the text "HEALTH INSURANCE" and "J8 MAC Part A". Below the logo is a map of Michigan and Indiana and the text "Michigan and Indiana Providers". To the right of the logo is a search bar for "J8 MAC Part A" and a "Search" button. Further right are links for "Contact Us", "C-SNAP website", "CMS website", "eNews", and "Site Map". Below the search bar are "WPS Search Tips" and a "Share / Save" button. A navigation menu includes "Policy", "Fees", "Training", "Claims", "Departments", "News", "Resources", "FAQs", and "Forms". The breadcrumb trail reads "Home » J8 MAC Part A » Departments » Comprehensive Error Rate Testing (CERT)".

Departments

- Appeals
- Audit & Reimbursement (A&R)
- Comprehensive Error Rate Testing (CERT)**
- Customer Service
- Electronic Data Interchange (EDI)
- Financial Reporting
- Fraud & Abuse
- Freedom of Information (FOI)
- Medical Review
- Medicare Compliance
- Medicare Secondary Payer (MSP)
- Provider Enrollment
- Recovery Auditor

FYI Database

CHAT NOW
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Comprehensive Error Rate Testing (CERT)

Welcome to the WPS Medicare Comprehensive Error Rate Testing (CERT) Program web page.

WPS Medicare (Part A) CERT Point of Contact (POC)

For CERT questions, contact the WPS Medicare Part A CERT Point of Contact (POC) at Medicare.cert.part.a@wpsic.com. If you are requesting review results, include the Claim Identification number (CID) in your e-mail if available. Please do not include protected health information (PHI).

What is CERT?

The Centers for Medicare & Medicaid Services (CMS) designed the Comprehensive Error Rate Testing (CERT) program to improve the processing and medical decision making involved with payment of Medicare claims.

CERT Articles

Valuable WPS Medicare guidance related to coding, billing, and documentation issues currently resulting in CERT error findings

CERT Identified Errors

Visit this section to find the most current and detailed CERT error findings for WPS Medicare processed claims. This information can serve as a valuable educational tool for self- auditing to prevent potential documentation and billing issues and avoid costly recoupments.

CERT Resources and Links

Additional CERT related information, including links to the Centers for Medicare & Medicaid Services (CMS) and CERT contractor Websites, education, and instructions for contacting your WPS Medicare CERT "Point of Contact".

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CERT TASK FORCE

- MACs collaborate to educate
- Goal: reduce National payment error rate
- Departments > CERT > CERT A/B MAC Outreach & Education Task Force



C-SNAP ENHANCEMENTS

- Appeals status
- Discharge Status
- Submitting documentation through C-SNAP
 - For Medical Review ADRs and Probes only

FUNCTIONALITY & BENEFITS

- Functionality
 - Upload your Medical Documentation
 - For claims associated with a Probe
 - For an Additional Development Request (ADR)
 - For a returned to provider (RTP) claim requesting Medical Documentation
- Verify Documentation Submitted
 - View submitted documentation for up to 75 days
 - Verify the status of the review

FUNCTIONALITY & BENEFITS

- Benefits
 - Free
 - No printing costs
 - No postage costs
 - No esMD costs
 - Time Saving
 - Reduced records preparation time
 - No paper forms to fill out

FUNCTIONALITY & BENEFITS

- Benefits
 - Instant Confirmation
 - Receive a confirmation number
 - Links directly to claim
 - No lost records
 - No fax issues
 - No Shipping Delay
 - Reduce days to payment
 - Available 24/7
 - For documentation submission

Q&A

You have questions...
I have answers...

DISCLAIMER

This program is presented for informational purposes only.

Current Medicare regulations will always prevail.

The Payers Collaboration, a consortium of health insurers, has announced that the group has joined together to aid physicians and other health care providers in the transition to the ICD-10 code sets.

The Centers for Medicare & Medicaid Services has mandated Oct. 1, 2015, as the date to switch from the ICD-9 to ICD-10 diagnosis and inpatient procedure codes.

Humana, Blue Cross Blue Shield of Michigan, United HealthCare, Priority Health and Health Alliance Plan (HAP) have combined resources to offer valuable information to the provider community. Transitioning to ICD-10 does not have to be overly costly or burdensome.

The Payers Collaboration plans a series of hour-long webinars by specialty every other Thursday at noon Eastern time. They are set to begin with Family Practice, General Practice and Internal Medicine on March 5th. To register for this webinar go to:

<https://cc.readytalk.com/r/fnc23r7o1e9k&eom>

Among the benefits of the webinars:

Drill down into diagnosis codes common to specialties and see how they are affected by ICD-10.

Suggested transition checklists help minimize disruption in the move to ICD-10.

Free ICD-10 testing options offered to help assess coding proficiency.

Confidence that the payers will be prepared to handle ICD-10 coded claims and encounters on Oct. 1, 2015.

CME credits are not offered for these webinars.

Preparing for ICD-10

For technical difficulties during the webinar, please contact: 800-843-9166

Technical difficulties during the webinar

- If you experience technical difficulties during the webinar, please contact:

ReadyTalk Customer Care

Phone: 800.843.9166

Email: help@readytalk.com

Who we are and why we're here

- The Payers Collaboration is a group of payers working together to provide a resource for providers in their ICD-10 readiness activity.
- We are working as one voice to provide valuable information to the provider community about transitioning to ICD-10 and show that the transition doesn't have to be overly costly or burdensome.



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Disclaimer

This presentation is intended only for information use accompanying a live teleconference by the Payer Collaboration (Collaboration). No copy or use of this presentation should occur without expressed permission from the Collaboration. While our best efforts are to provide accurate and useful information, the Collaboration makes no claim, promise, or guarantee of any kind about the accuracy, completeness, or adequacy of the content of the presentation and expressly disclaims liability for errors and omissions in such content.

As diagnostic codes changes annually, you should reference the current version of coding guidelines for the most detailed and up-to-date information. The information contained in this presentation is intended for informational purposes only.

The Collaboration has no liability or responsibility to any person or entity with respect to any loss or damage caused by the use of this seminar, including but not limited to any loss of revenue, interruption of service, loss of business or indirect damages resulting from the use of this program. The Collaboration makes no guarantee that the use of this program will prevent differences of opinion or disputes with Medicare or other third party payers as to the amount that will be paid to providers of service.

The material is designed and provided to communicate information about coding and documentation in an educational format and manner. The presenter(s) are not providing or offering legal advice, but rather, practical and useful information and tools in the area of clinical documentation, data quality and coding. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful.

Questions during the webinar

Questions regarding today's webinar covering Family Medicine, Internal Medicine and Primary Care can be emailed to:

HAP_ICD10_COMMS@hap.org

Questions during the webinar

Questions will be answered and posted on the following websites:

- **Blue Cross Blue Shield:**

- **HAP:**
<https://www.hap.org/providers/icd10.php>

- **Humana:**
Humana.com/providerwebinars

- **Priority Health:**
<http://www.priorityhealth.com/provider/news-and-education/icd-10>

- **UnitedHealthcare:**

ICD-10 in a nutshell

- **The ICD-10 implementation is scheduled for Oct. 1, 2015**
- All HIPAA-covered health care entities must begin using ICD-10 code sets in place of ICD-9 code sets for:
 - Outpatient claims with a service date of 10/1/15 or after
 - Inpatient claims with a discharge date of 10/1/15 or after
- These are diagnostic codes (to define conditions and diseases) as well as procedure codes (for inpatient procedures)

Implementation delays

ICD-10 implementation has been delayed several times but the current implementation date is October 1, 2015.

Why so many delays?

- The most common reason cited for delaying ICD-10 is the complexity and cost involved on the health care provider side .
- Another reason is the possibility of rejected claims due to noncompliance and the impact on health care providers and cash flow.

Provider and Payer Concerns

Everyone agrees that disruption to the claims processing system is the greatest danger of ICD-10 implementation

- It could lead to cash flow problems and disruptions
- It could also increase inquiries and resources straining health plans resources

We need to work together to ensure that all stakeholders are ready to minimize disruption

“It can cost (a provider office) \$80k to transition from ICD-9 to ICD-10”

- We too have heard “facts” like this, but believe that this figure assumes implementation, planning, and costs that will not be seen by the majority of health care providers.
- For most specialties, cost are much lower

UnitedHealthcare findings

<http://www.medscape.com/viewarticle/839670>

Notable Code Changes for

- Family Medicine
- Internal Medicine
- Primary Care

General Changes

- Updated terminology
- Format of codes
 - Diagnosis Codes range from 3-7 characters. Procedure Codes are always 7 characters.
 - All diagnosis codes begin with an alpha character
- Addition of laterality in several chapters
- 7th character requirement
- X as a place holder (required for code to be complete)

Infectious and Parasitic Diseases

- HIV now B20 (ICD-9 was 042)
- When coding sepsis or AIDS review the Coding Guidelines and the notes at the category level selection
- Bacterial and viral infectious agents (B95-B97) are used at supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere

Diabetes Mellitus

- Combination codes
- No longer classified as “controlled” or “uncontrolled”
- “Inadequately,” “out of control,” or “poorly controlled”
 - *Code to Diabetes, by type, with hyperglycemia*

Mental, Behavioral and Neurodevelopmental Disorders

- Unique codes for alcohol and drug use, abuse and dependence
- “Continuous” or “Episodic” no longer classified
- History of drug or alcohol dependence coded as “in remission”
- Combination codes
- New codes for blood alcohol level, Y90 category

Diseases of Eye and Adnexa

- Concept of laterality:
 - Right
 - Left
 - Bilateral
 - Unspecified

- Age-related instead of senile cataract

Diseases of Eye and Adnexa

- Bilateral glaucoma with same type and stage
 - Use bilateral glaucoma code
 - Report only the code for the type of glaucoma
 - Seventh character for the stage

- Bilateral glaucoma with different types or stages
 - Assign laterality code as appropriate for each eye, having different type or stage

Diseases of Ear and Mastoid Process

Otitis media

- Use additional code for any associated perforated tympanic membrane (H72 category)

- Use additional code to identify:
 - Exposure to environmental tobacco smoke (Z77.22)
 - Exposure to tobacco smoke in the perinatal period (P96.81)
 - History of tobacco use (Z87.891)
 - Occupational exposure to environmental tobacco smoke (Z57.31)
 - Tobacco dependence (F17.-)
 - Tobacco use (Z72.0)

Diseases of Circulatory System

- Type of hypertension (benign and malignant) is not used
 - Only one code in ICD-10: I10, Essential Hypertension
- Terminology changed to STEMI (ST elevation myocardial infarction) and time frame for encounters reduced from 8 weeks to 4 weeks or less
- I21 Initial STEMI
- I22 Subsequent STEMI
 - See Coding Guidelines regarding sequencing of codes depending on circumstances when a subsequent STEMI occurs.

Diseases of Respiratory System

- New terminology for asthma:
 - Mild intermittent
 - Mild persistent
 - Moderate persistent
 - Severe persistent

- Additional code notes in this section

Diseases of Genitourinary System

- Urosepsis in ICD-9 coded to 599.0 (for urinary tract infection)
- No code for Urosepsis in ICD-10, consult with provider to code to condition

Family Practice

What will be different?

- Otitis Media
 - ICD-9 382.9 Unspecified otitis media
 - ICD-10 H66.9 Otitis media, unspecified
 - H66.90 Otitis media, unspecified ear
 - H66.91 Otitis media, right ear
 - H66.92 Otitis media, left ear
 - H66.93 Otitis media, bilateral

Laterality in documentation is required to assign the most specific code.

Family Practice

What will be different?

- Diabetes Type II

 - ICD-9 250.02 Diabetes mellitus without mention of complication type II

 - ICD-10 E11.9 Type 2 diabetes mellitus, without complications

There are 40 Type 2 diabetes mellitus codes.

Additional code for insulin use (Z79.4)

Family Practice

What will be different?

□ GERD

ICD-9 530.81 Esophageal reflux

ICD-10

K21.0 Gastro-esophageal reflux disease with
esophagitis

Reflux esophagitis

K21.9 Gastro-esophageal reflux disease without
esophagitis

Esophageal reflux NOS

Family Practice

What will be different?

- Hemorrhoids

ICD-9

455.X Hemorrhoids

ICD-10

K64.0 First degree hemorrhoids

K64.1 Second degree hemorrhoids

K64.2 Third degree hemorrhoids

K64.3 Fourth degree hemorrhoids

K64.4 Residual hemorrhoids skin tags

K64.8 Other hemorrhoids

K64.9 Unspecified hemorrhoids

Family Practice

What will be different?

- Obesity

 - ICD-9

 - 278.00 Obesity, unspecified

 - 278.01 Morbid obesity

 - 278.02 Overweight

 - 278.03 Obesity hypoventilation syndrome

 - ICD-10

 - E66.01 Morbid (severe) obesity due to excess calories

 - E66.09 Other obesity due to excess calories

 - E66.1 Drug-induced obesity

 - E66.2 Morbid (severe) obesity with alveolar hypoventilation

 - E66.3 Overweight

 - E66.8 Other obesity

 - E66.9 Obesity, unspecified

Family Practice

What will be different?

- Conjunctivitis

ICD-9 372.30 Conjunctivitis, unspecified

ICD-10 H10.9 Unspecified conjunctivitis

Type and laterality will determine the correct code to select.

Resources

ICD-10-CM Guidelines:

<http://cms.gov/Medicare/Coding/ICD10/Downloads/icd10cm-guidelines-2015.pdf>

MedlinePlus website:

<http://www.nlm.nih.gov/medlineplus/>

CMS General Equivalency Mapping (GEM)

<https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>

What you can do

- Let's walk through a process in which you can create your own specialty based ICD-10 translations

Start with a checklist

- Obtain a list of your most commonly use ICD-9 codes
- Use existing tools to develop a list of viable ICD-10 codes
- Create job aid or superbills of those ICD-10 codes
- Study those codes to understand the level of detail needed in the medical record
- Make sure that medical record documentation supports ICD-10 codes
- Use existing content-based testing environments and practice ICD-10 coding of those scenarios

Note: This transition activity is not the end game solution, but it will minimize immediate disruption and get you over the hump for 10/1/15.

Super-Bill Example

Example: ICD-9 vs ICD-10 super-bill

ICD-9-CM Codes	ICD-10-CM Codes
250.70 Diabetes with peripheral circulatory disorders, type II or unspecified type not stated as uncontrolled	E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
443.81 Peripheral angiopathy in diseases classified elsewhere	
V58.67 Long-term (current) use of insulin	Z79.4 Long term (current) use of insulin

Reference: <http://www.aapc.com/ICD-10/crosswalks/pdf-documents.aspx>

Example

- A 37 year old female presents to the clinic for evaluation of her headaches. She states they are frequent and it doesn't seem that anything in particular triggers them. The physician exams the patient and determines she has chronic intractable tension-type headaches.

Example - Process

- Index: Headache
 - Tension (-type)
 - Chronic
 - Intractable

Example Process (cont'd.)

Haymaker's lung J67.0
Hb (abnormal)
Bart's disease D56.0
disease — see Disease, hemoglobin
trait — see Trait
Head — see condition
Headache R51
allergic NEC G44.89
associated with sexual activity G44.82
stabbing (primary) G44.85
tension (-type) G44.209
chronic G44.229
intractable G44.221
not intractable G44.229
episodic G44.219
intractable G44.211
not intractable G44.219
intractable G44.201
not intractable G44.209

✓ 5th G44.2 Tension-type headache

✓ 6th G44.20 Tension-type headache, unspecified

G44.201 Tension-type headache, unspecified, intractable

G44.209 Tension-type headache, unspecified, not intractable
Tension headache NOS

✓ 6th G44.21 Episodic tension-type headache

G44.211 Episodic tension-type headache, intractable

G44.219 Episodic tension-type headache, not intractable
Episodic tension-type headache NOS

Content-based testing links

You can register at the following sites:

□ Humana:

<http://hureg.providercodingimpact.com/Registration.aspx>

□ BCBSM:

bcbsmicd10providerregistry.highpoint-solutions.com

□ Michigan Dept of Community Health:

[http://www.michigan.gov/mdch/
0,1607,7-132-2945_42542_42543_42546_42552_42696-256928--,00.html#Testing](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42552_42696-256928--,00.html#Testing)

Questions during the webinar

Questions regarding today's webinar covering Family Medicine, Internal Medicine and Primary Care can be emailed to:

HAP_ICD10_COMMS@hap.org

Thank you!



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Payer Collaboration Schedule - Tentative

All webinars are from 12:00-1:00 PM EST

Specialty	Host	Date
Family practice/General Practice/Internal Medicine	HAP	3/5/2015
Pediatric	Humana	3/19/2015
OBGYN/Midwife	BCBSM	4/2/2015
Chiropractic	Priority Health	4/16/2015
Orthopedics/Ortho surgery/Podiatry	UHC	4/30/2015
Psychiatry/Clinical Psych/Psychology	TBD	5/14/2015
OT/PT/Speech/Physical Med/Rehab	TBD	5/28/2015
Ophthalmology/Optomety/ENT/Audiology	TBD	6/11/2015
Dermatology	TBD	6/25/2015
Gen Surgery/Vascular/Thoracic/Plastic Surgery	TBD	7/9/2015
Allergy/Immunology/Rheumatology/ Endocrine	TBD	7/23/2015
Urology/Nephrology/Gastroenterology	TBD	8/6/2015
Cardio/Pulmonary	TBD	8/20/2015
Radiation Oncology/Hematology/Oncology	TBD	9/3/2015
Internal Medicine/Infectious Disease	TBD	9/17/2015

ICD-10

OCTOBER 1, 2015

ICD-10 Tuesday Grand Rounds Presentation
Karen Popa, RN
Patient Financial Services Director

March 3, 2015

Medical Necessity is key to:



- **Compliance**

- Do the right thing at the right time
- Avoid audits

- **Revenue**

- Avoid denials
 - *Accounts for half of hospital lost revenue (HFMA)*
- Streamline cash flow

- **Savings (saved work=saved money)**

- Get it right the first time...less rework

Some denials can be recovered...
...but rework & resubmission still costs

- Denied claims are
 - returned to a coder to review,
 - Result in Calls/Faxes to the physician,
 - Re-coding, etc.
- Denied claims cause
 - Lost productivity
 - Resource drain – delay completion of current work
 - Handling record multiple times
- Cost is about \$25+ per claim

So why is Medical Necessity compliance difficult?

- **Medical necessity policies change**
 - are different from payer to payer
- **Medical necessity rules can be complex**
- **Integrating policies into existing software & workflows is difficult**
- **Incomplete documentation or wrong codes on encounter form or order**
- **Adjusting to new code requirements with I-10**

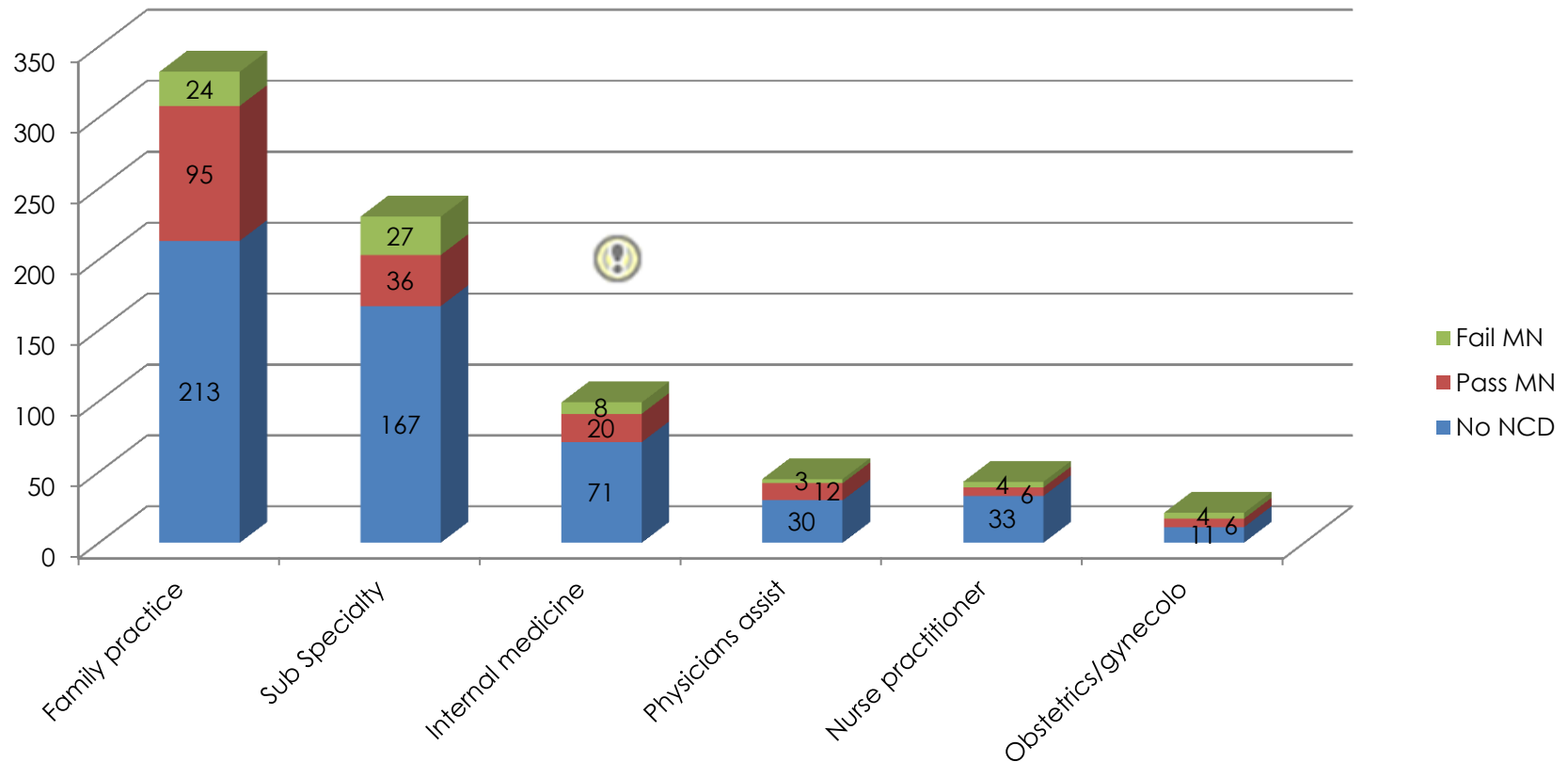
So, what about ICD-10 policies?



- **Most ICD-10 Local Coverage Determinations (LCD) and National Coverage Determinations (NCD) are already published**
- **CMS's intent is not to change coverage – just make an I-10 version of the I-9 policy.**
- **MACs are taking the time to review and revise LCDs – some of the rules have changed**

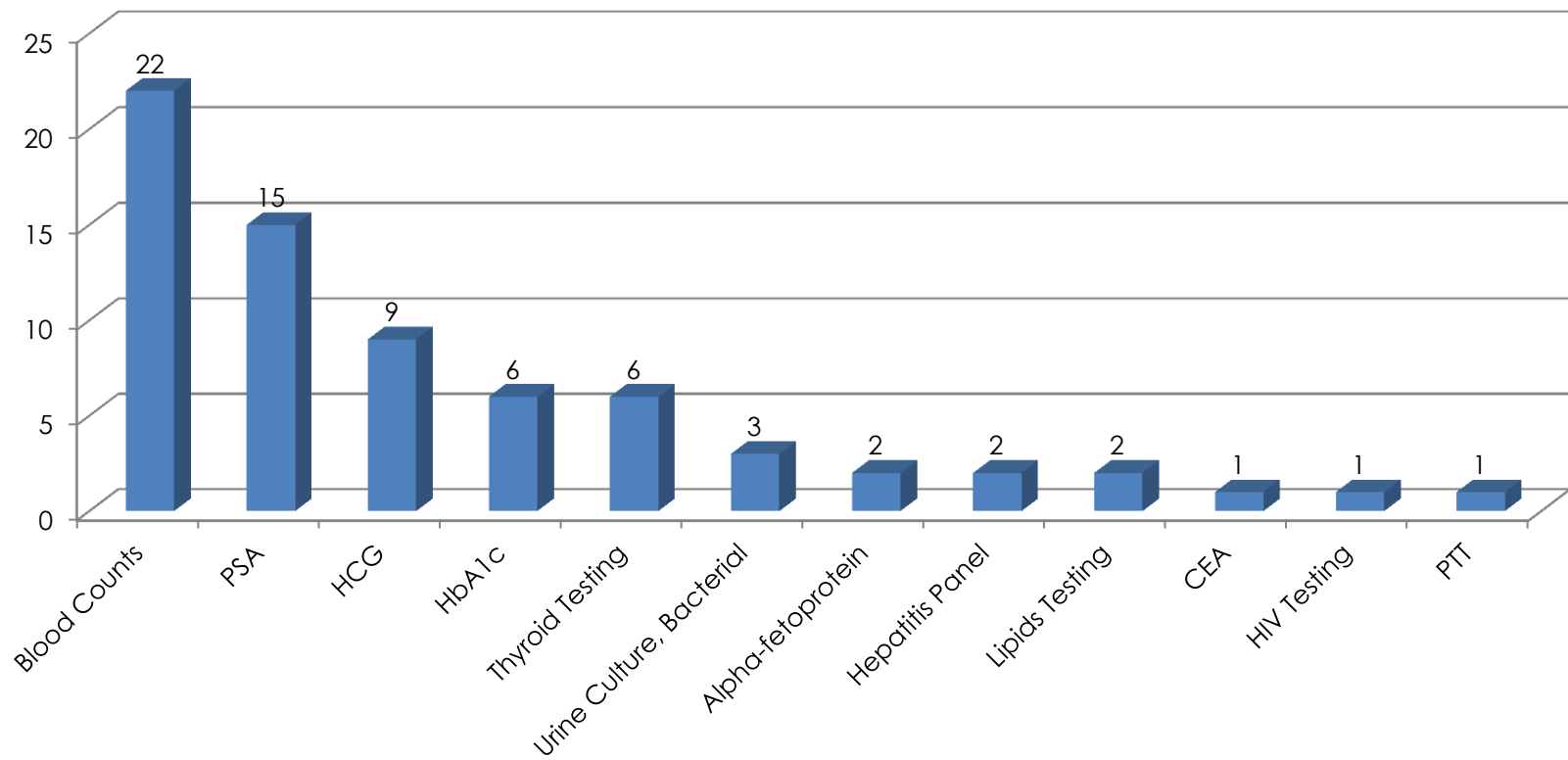
<http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>

Dual Coded Lab Accounts N=770



Dual Coded Lab Tests Failed Medical Necessity

Dec 14



Blood Count Failed Medical Necessity

ICD 9 code

2859 Anemia, unspecified

28860 Leukocytosis, unspecified

2875 Thrombocytopenia,
unspecified

ICD 10 code

D649 Anemia, unspecified

D72829 Leukocytosis, unspecified

D696 Thrombocytopenia,
unspecified

How to increase specificity:

Acute or chronic

Due to specific condition

Other signs/symptoms

Increasing Specificity



HAVE A QUESTION?

Email your question to icd10help@mhc.net and our moderator will bring it up during the panel discussion.



Mary Graham, LMSW
Director, Innovation and Education
Priority Health



Karen Popa, RN
Director, Patient Financial Services
Munson Medical Center

Janet Mateo
Education and Outreach
WPS Medicare



Dennis Winkler
Director, Technical Program Management
and ICD-10
Blue Cross/Blue Shield of Michigan