ICD-9 to ICD-10 Conversion

Countdown To October 1, 2015
71 Days To Go
Goals of this Webinar

- Overview of ICD-10
  - Who, What and Why of ICD-10
  - The Basics
  - Overview of Changes
  - ICD-10 Code Structure
- DADS role now and ongoing
- Preparing for the Transition
  - Getting Ready for Transition
  - Impact of Non-Compliance
  - Form submission
  - Submission of Claims
- What DADS is doing to help providers prepare for transition
  - where to find additional resources and information
- Q/A
Overview of ICD-10
What is the ICD?

• The International Classification of Diseases (ICD) is a system for coding diseases, signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

• Developed by the World Health Organization (WHO) and is used internationally and maintained by the Centers for Disease Control (CDC), for use in the United States.

• Used world-wide to code and classify morbidity and mortality statistics, reimbursement systems, and automated decision support in health care.
Why is CMS Mandating This Change?

- Provides diagnosis and procedure codes that better reflect the patient's medical conditions and treatments

- Higher quality data to better assess medical care and outcomes and improve patient care and disease management

- Flexible and easier to update as technology, healthcare, and medicine continue to evolve
Who Must Use ICD-10 Codes?

• Required for anyone covered by the Health Insurance Portability and Accountability Act (HIPPA)

• Anyone who submits claims using diagnosis codes must make the switch.

• ICD-9 diagnosis and inpatient procedure codes cannot be used for services provided on or after Oct. 1, 2015.

• Includes State Medicaid Programs
When is the Implementation Date?

   • original compliance date of October 1, 2013.

   • gives providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition among all industry segments.

3. April 1, 2014 - HR 4302
   • October 1, 2014, “ICD-10 has been delayed, and may not be adopted prior to October 1, 2015.”

4. October 1, 2015- Go Live with ICD-10
   • 71 days to go!
ICD-10 Overview of Changes

**Diagnosis Codes**
- ICD-9: 3-5 characters
- ICD-10: 3-7 characters

**Procedure Codes**
- ICD-9: 3-4 numeric digits
- ICD-10: 7 alphanumeric characters

**Number of Codes**
- ICD-9: 15,000 codes
- ICD-10: 155,000 allowable
ICD-10 Overview of Changes

- Includes new conditions, treatments and technology
- Includes greater specificity and granularity
- Includes details like laterality and obstetrical trimester
- Groups injuries by anatomical site
- Expands diagnosis code from 13,000 to 68,000 codes
- Expands procedure codes from 3,000 to 72,000 codes
ICD-10 Diagnosis Code Structure Overview

Letter | Number | Characters can be letters or numbers

| X | X | X | X | X | X |

Category | Etiology, Anatomical site, Severity | Extension
ICD-10 Diagnosis Sample

- **S93.401** - Sprain of unspecified ligament of right ankle, initial encounter.
- ICD 9- 845 ankle sprain
- ICD 10 – (required 5th 6th and 7th digits)
ICD-10-CM Code Structure

- A & B: Infectious and Parasitic Diseases
- C: Neoplasms
- D: Neoplasms, Blood, Blood-forming Organs
- E: Endocrine, Nutritional, Metabolic
- F: Mental and Behavioral Disorders
- G: Nervous System
- H: Eye and Adnexa, Ear and Mastoid Process
- I: Circulatory System
- J: Respiratory System
- K: Digestive System
- L: Skin and Subcutaneous Tissue
- M: Musculoskeletal and Connective Tissue
ICD-10-CM Code Structure

- N: Genitourinary System
- O: Pregnancy, Childbirth and the Puerperium
- P: Certain Conditions Originating in the Perinatal Period
- Q: Congenital Malformations, Deformations and Chromosomal Abnormalities
- R: Symptoms, Signs and Abnormal Clinical and Lab Findings
- S: Injury, Poisoning, Certain Other Consequences of External Causes
- T: Injury, Poisoning, Certain Other Consequences of External Causes
- U: no codes listed, will be used for emergency code additions
- V, W, X, Y: External Causes of Morbidity (homecare will only have to code how patient was hurt; other settings will also code where injury occurred, what activity patient was doing)
- Z: Factors Influencing Health Status and Contact with Health Services (similar to current "V-codes")
Impact on DADS and Programs Services and Systems
All of DADS Programs and Services Providers Will Be Affected By ICD-10

- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Community Living Assistance Supports and Service (CLASS)
- Deaf-Blind with Multiple Disabilities (DBMD)
- Medically Dependent Children’s Program (MDCP)

- Intermediate Care Facility for Individuals with Intellectual Disabilities or related conditions (ICF/IID)
- State Supported Living Centers (SSLC)
- Local IDD Authorities (LIDDA)
- Assisted Living Facilities (ALF)
- Community Care for the Aged and Disabled Programs
- Nursing Facilities (NF)
- Hospice
- HCSSA Providers
- Families
DADS Systems Changes

Systems Remediated

- Service Authorization System (SAS)
- Service Authorization System online (SASO)
- SAS Batch
- Intellectual Disabilities Client Assessment REgistration (ID CARE)
- Hospice/Smartforms
- Aged & Disabled (A&D) Data Mart
- Claims II
- QAI Datamart (not yet deployed)
- Impacts for CARE and AVATAR

Forms

- ID/RC: Intellectual Disability / Related Conditions Assessment (Form 8578; CFC-8578)
- MN/LOC: Medical Necessity / Level of Care
- MDS: Minimum Data Set
Information For ICF/IID Providers
&
What You Need to Know to Prepare
Intellectual Disability and Related Conditions Assessment (ID/RC)

- All ID/RCs (form 8578) submitted with effective dates prior to 10/1/15 will be required to have ICD-9 diagnostic codes only.

- All ID/RCs (form 8578) submitted with effective dates of 10/1/15 or later be required to have ICD-10 diagnostic codes only.

- Due to system changes for accepting ICD 10 diagnostic codes, ICF/IID providers must not enter ID/RCs with an effective date on or after October 1, 2015 into the Texas Medicaid and Healthcare Partnership (TMHP) provider portal until August 28, 2015 or later.

- ID/RCs with multiple diagnoses will be required to have diagnosis codes of the same version for each diagnosis included (e.g. ICD-9 or ICD-10).
New Enrollments

- Any new entry into the Provider Portal on or after October 1, 2015 must be in version 10.

- If an ID/RC is submitted for an enrollment into an ICF/IID on or after Oct. 1, for a requested effective date prior to Oct, 1st. The submission date will dictate the version (ICD-10). A LIDDA must notate in the Review Tab, along with the requested effective date, the appropriate ICD-9 code.

- For these cases, a LIDDA must provide 2 ID/RCs to the ICF/IID provider. One form must include an individual’s ICD-9 diagnostic code and one form must include an individual’s ICD-10 diagnostic code, each attested to by a physician.

- One form can be filled out and copied with the exception of the population of diagnostic information contained in fields 19, 20, 22, 23, 24, 26 and 27.

Texas Department of Aging and Disability Services
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Primary Diagnosis Code</td>
<td>5180</td>
</tr>
<tr>
<td>21 Version Code</td>
<td>9</td>
</tr>
<tr>
<td>19 Primary Diagnosis Description</td>
<td>MODERATE INTELLECTUAL DISABILITY</td>
</tr>
<tr>
<td>21b 2nd Diagnosis Code</td>
<td></td>
</tr>
<tr>
<td>21ba 2nd Diagnosis Version Code</td>
<td>9</td>
</tr>
<tr>
<td>21a 2nd Diagnosis Description</td>
<td></td>
</tr>
<tr>
<td>22 Onset Date</td>
<td>06/1967</td>
</tr>
<tr>
<td>24 Medical Diagnosis/DBMD Second Condition Code</td>
<td>34510</td>
</tr>
<tr>
<td>25 Medical Diagnosis/DBMD Second Condition Version Code</td>
<td>9</td>
</tr>
<tr>
<td>23 Medical Diagnosis/DBMD Second Condition</td>
<td>GRAND MAL W/O INTRACT</td>
</tr>
<tr>
<td>27 Psychiatric Diagnosis/Additional Diagnosis Code</td>
<td>25990</td>
</tr>
<tr>
<td>28 Psychiatric Diagnosis/Additional Diagnosis Version Code</td>
<td>9</td>
</tr>
<tr>
<td>26 Psychiatric Diagnosis/Additional Diagnosis(es)</td>
<td>AUTISTIC DISORDER</td>
</tr>
</tbody>
</table>
New Enrollments (Purpose Code 2)

When a LIDDA selects 2 for the Purpose Code, field 59 is populated with the current date.

The requested date is the date being used for validation of the diagnosis code and version.
### Requesting effective dates prior to Oct. 1 during the transition

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Primary Diagnosis Code</td>
</tr>
<tr>
<td>21</td>
<td>Version Code</td>
</tr>
<tr>
<td>19</td>
<td>Primary Diagnosis Description</td>
</tr>
<tr>
<td>21b</td>
<td>2nd Diagnosis Code</td>
</tr>
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</tr>
<tr>
<td>21a</td>
<td>2nd Diagnosis Description</td>
</tr>
<tr>
<td>22</td>
<td>Onset Date</td>
</tr>
</tbody>
</table>

- The magnifying glass to the right of the diagnosis code data field is used for the description look-up.
- The version is populated based upon the code entered and it is not editable.
Code Conversions

- For some ICD-9 codes, there will be an ICD-10 code that directly corresponds to the individual’s established diagnosis.
  - One-to-one or many-to-one

- Some do not directly convert. Providers must obtain the ICD-10 code from a physician who must attest to the individual’s diagnosis by signing the ID/RC.
  - One-to-many and one-to-approximate
## Intellectual Disability Codes

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-9 code</th>
<th>ICD-10 code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild ID</td>
<td>317</td>
<td>F70</td>
</tr>
<tr>
<td>Moderate ID</td>
<td>318.0</td>
<td>F71</td>
</tr>
<tr>
<td>Severe ID</td>
<td>318.1</td>
<td>F72</td>
</tr>
<tr>
<td>Profound ID</td>
<td>318.2</td>
<td>F73</td>
</tr>
<tr>
<td>Unspecified ID</td>
<td>319</td>
<td>F79</td>
</tr>
</tbody>
</table>
DADS has developed a conversion widget for codes that have a direct match: “ICD Conversion Code Lookup for Related Conditions”

- Can be found at the DADS ICD-10 webpage [http://www.dads.state.tx.us/providers/icd10/index.cfm](http://www.dads.state.tx.us/providers/icd10/index.cfm)

- For all other ICD diagnostic does, including codes not found on the DADS-approved related conditions list, DADS is not providing a conversion chart.
• Program providers will be required to submit any forms with ICD-10 codes for any services or authorizations effective October 1, 2015 and after.

• For LTC, as opposed to acute care, claims are not tied to diagnosis code. However, all claims have to have valid ICD codes.

• Providers can submit claims between October 1, 2015 and October 1, 2016, using the following ICD-10 code:
  • **Z76.89 - Persons encountering health services in other specified circumstances**

• Once an individual’s ID/RC contains a valid ICD-10 code, program providers can use that established ICD-10 code for claims submission.
Resources for Providers
DADS ICD-10 Webpage

http://www.dads.state.tx.us/providers/icd10/
Code Look up for Related Conditions

ICD-10 Conversion Code Lookup for Related Conditions

ICD Conversion Code Lookup for Related Conditions

This code lookup is a tool for program providers to find ICD-10 codes that directly correspond to ICD-9 codes on the DADS-approved Diagnostic Codes for Persons with Related Conditions List. It is not intended as a comprehensive conversion chart for all ICD codes. You can find more information on code mapping and conversion on the CMS website.

ICD-9 Diagnosis Code: 

Some codes do not have a direct conversion. If the ICD-9 code you enter does not show up in the code lookup, it does not have a direct ICD-10 match. For codes not found in this code lookup, please coordinate with a physician to obtain a valid ICD-10 diagnosis code.

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Other Resources For Providers

- General Information on ICD-10
- Q&A
- Resources and Handbooks
- Training Resources
- Communications
  - Information Letters
  - Physician Letter
- Webinars
- Provider Alerts
- Can be accessed from DADS Providers Webpage
- ICD-10 DADS-approved related conditions list