ICD-10
MO HealthNet
Provider Resources

MO HealthNet Division (MHD)
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International Classification of Diseases (ICD)

- A set of codes to record and identify health conditions.
- Use the recording of ICD codes to see trends in health, track morbidity, and mortality.
- Insurers use ICD codes to classify conditions and determine reimbursement.
What is ICD-10?

- In 1990, the World Health Organization (WHO) recommended the ICD 10th edition diagnostic and procedure coding system.
- The diagnosis classification system was developed by the Centers for Disease Control (CDC) and Prevention for use in all United States of America health care treatment settings.
- WHO owns and publishes the classification.
Two Components ICD-10

- **ICD-10 CM ~ (Clinical Modification)**
  - Used for diagnosis coding.
  - Replaces ICD-9 Vol. 1 & 2

- **ICD-10 PCS ~ (Procedure Coding System)**
  - Used in hospital inpatient settings for inpatient procedure coding ONLY.
  - Replaces ICD-9 CM Vol. 3
Transition to ICD-10

- ICD-9 has limited information about participants’ medical conditions and hospital inpatient procedures.
- ICD-9 > 30 years old, contains outdated terms, and is inconsistent with current medical practice.
- ICD-9 structure limits the number of new codes that can be created, and many ICD-9 categories cannot be expanded.
ICD-10 for Everyone

- Diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA)
  - Not just those who submit Medicare or Medicaid claims!!
- Providers and billing services must comply with ICD-10:
  - All electronic transactions must use Version 5010 standards, which accommodates ICD-10 codes.
  - ICD-10 diagnosis codes must be used for all health care services provided in the U.S. ICD-10 procedure codes must be used for all hospital inpatient procedures.
Remember

- Claims with ICD-9 codes for services provided on or after 10/1/15, cannot be paid!
Use the Wrong Code Get...
A Few Things to Remember

- No changes
  - Health Care Procedure Coding System (HCPCS)
  - Current Dental Terminology (CDT)
ICD-9 State

- ICD-9 lacks the specificity & granularity needed to accurately reflect care provided.
- Technology & practice patterns have changed dramatically in 30 years.
- ICD-9 has run out of codes to accurately capture current medical practice.
ICD-10 State

- Updates terminology & disease classification consistent with current practice
- Expands flexibility for future updates based on technical advances
- Enhances: research, outcomes data captured, reporting
## ICD-9 vs. ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Codes – 14,000 +</th>
<th>ICD-10 Diagnosis Codes – 75,000 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 Characters</td>
<td>3-7 Characters</td>
</tr>
<tr>
<td>Character 1 is numeric or alpha (E or V)</td>
<td>Character 1 is alpha</td>
</tr>
<tr>
<td>Character 2 is numeric</td>
<td>Character 2 is numeric</td>
</tr>
<tr>
<td>Use of decimal after 3(^{rd}) character</td>
<td>Use of decimal after 3(^{rd}) character</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Characters 3-7 can be alpha or numeric</td>
</tr>
<tr>
<td></td>
<td>Letter U is not used</td>
</tr>
<tr>
<td></td>
<td>Use of dummy placeholder “X” for future code expansion</td>
</tr>
</tbody>
</table>


### ICD-10 Diagnosis Code Structure

<table>
<thead>
<tr>
<th>Category:</th>
<th>Sub-categories:</th>
<th>Valid code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial injury of knee and lower leg</td>
<td>Other superficial injuries of knee</td>
<td>Abrasion of the right knee, initial encounter</td>
</tr>
</tbody>
</table>
ICD-9 vs. ICD-10 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-9 Procedure Codes – 4,000 +</th>
<th>ICD-10 Procedure Codes – 87,000 +</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4 Characters</td>
<td>7 Characters</td>
</tr>
<tr>
<td>All characters are numeric</td>
<td>Alpha or numeric</td>
</tr>
<tr>
<td>All codes have at least 3 characters</td>
<td>Numbers 0 -9</td>
</tr>
<tr>
<td></td>
<td>Letters A-H, J-N, P-Z</td>
</tr>
<tr>
<td></td>
<td>Letters O &amp; I are omitted</td>
</tr>
<tr>
<td><strong>Example:</strong> Angioplasty has 3 codes</td>
<td><strong>Example:</strong> Angioplasty – 1298 coding combinations</td>
</tr>
</tbody>
</table>

The increase in the number of procedure codes is driven by the increased specificity, granularity & laterality contained within the ICD-10 codes.
ICD-10 Procedure Code Structure
When to Use ICD-10

- Claims should not span months. Bill September 2015, on one claim, and bill October 2015, on a separate claim.
  - Not just separate lines, but separate claims.
- The date of service (DOS) determines the code, not filing date.
- Due to Timely Filing requirements, MHD system allows ICD-9 and ICD-10 claims based off the DOS.
ICD-9 or ICD-10?

- ICD-9 and ICD-10 codes may not be billed on same claim
- DOS prior to 10/1/15, use ICD-9 code
  - On or before 9/30/15
- DOS on or after 10/1/15, use ICD-10 code
Date Span on Claims

Medical, Outpatient, Home Health, Dental, and Professional Crossover claim types:
(Start Date, From Date, Through Date)

- From and Through Date of Service will be used to determine whether the diagnosis code set value must be ICD-9 or ICD-10.

- ICD-9 Codes: From Date of Service and Through Date of Service are prior to October 1, 2015. (September 30, 2015, and prior)

- ICD-10 Codes: On and after October 1, 2015.
Date Span on Claims

Medical and for Professional Crossover claim types for Durable Medical Equipment (DME): (Start Date, From Date)

- From Date of Service will be used to determine whether the diagnosis code set value must be ICD-9 or ICD-10.

- ICD-9 Codes: From Date of Service are prior to October 1, 2015. (September 30, 2015, and prior)

- ICD-10 Codes: On and after October 1, 2015.
Date Span on Claims

Inpatient, Nursing Home, or Institutional Crossover claim types:
(Discharge Date, End Date, Through Date)

- Through Date of Service will be used to determine whether the diagnosis code set value must be ICD-9 or ICD-10.
  - ICD-9 Codes: Through Date of Service or Discharge Date is prior to October 1, 2015. (September 30, 2015, and prior)
  - ICD-10 Codes: Through Date of Service or Discharge Date is On and after October 1, 2015.
MHD Outreach

- Provider outreach in various areas of the state.
- Publish bulletins, hot tips, and other outreach of the ICD-10 transition.
- Calls to providers to determine their ICD-10 readiness.
- Hosting a test region for the submission of ICD-10 claims.
- Ready to accept ICD-10 compliant claims in 837 batches.
- Free, online, ICD-10 compliant claims billing software through the www.eMOMED.com.

- **REMINDER:** ICD-10 is effective October 1, 2015.
ICD Resources

- www.CMS.gov/ICD10
- www.roadto10.org
- www.CDC.gov
- www.AHIMA.org
- www.ICD10watch.com
- www.AAPC.com
- http://www.wedi.org/
- www.wedi.org/topics/icd-10
- www.Healthcareitnews.com
- www.ICD10Monitor.com
- https://www.aapc.com/icd-10/codes/
National Resources for ICD-10

- ICD-10 is a national initiative and has been supported by CMS and many associations
  - www.cms.gov/medicare/coding/icd10

- Translation websites and CMS code lists/GEMS
  - https://www.aapc.com/icd-10/codes/
Monday, October 26, 2015

CMS Issues Clarifying Questions and Answers Related to the July 6, 2015 CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities

In response to questions from the health care community, CMS has developed a Frequently Asked Questions (FAQ) document that provides clarification on the most commonly asked questions related to the joint CMS/AMA announcement. Please view the FAQs, for more guidance.
Verify the ICD-10 Code is a Valid, Billable Code

Verify the ICD-10 Code is a Valid, Billable Code
Verify the ICD-10 Code is a Valid, Billable Code
Ongoing Updates for ICD-10

➢ CMS
  ▪ Sign up for CMS email updates: https://subscriptions.cms.hhs.gov/accounts/USCMS/subscriber/new?topic_id=USCMS_608

➢ MHD
  ▪ Sign up for MHD email updates: https://public.govdelivery.com/accounts/MODSS/subscriber/new
Guidance

CMS Code list and Guidelines:

American Medical Association (AMA) Guidance:
http://www.ama-assn.org/ama

CDC:
http://www.cdc.gov/nchs/icd/icd10cm.htm

AAPC:
https://www.aapc.com/icd-10/
Translation websites may assist in narrowing down the potential ICD-10 codes. The provider should still verify the selected code reflects the condition of the participant.

- [https://www.aapc.com/icd-10/codes/](https://www.aapc.com/icd-10/codes/)

Be aware of the disclaimers on the site.
Example ICD-10 Translation

➢ Type 1 Diabetes Mellitus without complications
  ▪ ICD-9: 250.1
  ▪ ICD-10: E10.9 (E109)
Note: For a better explanation of the code format, please refer to our ICD-10 conversion and mapping tutorial. For help with mapping, consider our ICD-10 mapping services.

Disclaimer: This tool is based on the General Equivalency Mapping (GEM) files published by CMS, and is not intended to be used as an icd10 conversion, ICD-10 mapping, or or ICD-9 to ICD-10 crosswalk tool. Keep in mind that while many codes in ICD-9-CM map directly to codes in ICD-10, in some cases, a clinical analysis may be required to determine which code or codes should be selected for your mapping. Always review mapping results before applying them.
Google ICD-10 code

Many may have multiple ICD-10 code choices, so choose the most appropriate code

Suppurative and unspecified otitis media H66-

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)

Includes
• suppurative and unspecified otitis media with myringitis

Clinical Information
• Inflammation of the middle ear with purulent discharge.

▶ H66 Suppurative and unspecified otitis media
  ▶ H66.0 Acute suppurative otitis media
    ▶ H66.00 Acute suppurative otitis media without spontaneous rupture of ear drum
      ▶ H66.001 ....... right ear
      ▶ H66.002 ....... left ear
      ▶ H66.003 ....... bilateral
      ▶ H66.004 ....... recurrent, right ear
      ▶ H66.005 ....... recurrent, left ear
      ▶ H66.006 ....... recurrent, bilateral
      ▶ H66.007 ....... recurrent, unspecified ear
  ▶ H66.008 ....... unspecified ear
Web Based Translations

- ICD-9 to 10 Bidirectional Crosswalk Tool
  - 2016 ICD-10 CM Codes
  
  http://icd10cmcode.com/icd9to10conversion.php

Caution and Disclaimers!
Please use the two steps below to translate ICD-9-CM and ICD-10-CM codes. Please note this tool is not designed to provide perfect matches between the two coding systems. In fact, except for a minority of cases, perfect matches between the ICD-9-CM and ICD-10-CM coding systems do not exist.

**ICD-9-CM <= ICD-10-CM CODE TRANSLATION TOOL**

1. Select Conversion Type
   - ICD-9 to ICD-10

2. ICD Code # to be Translated
   - 250.01

[Translate Code]

Just launched!!! You are invited to join our **ICD-10 codes discussion forum**.

**IMPORTANT**: The ICD-10-CM code/s returned below is/are not completely equivalent to 250.01.

<table>
<thead>
<tr>
<th>ICD 10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E10.9</td>
<td>Type 1 diabetes mellitus without complications</td>
</tr>
</tbody>
</table>
Clinician should have Legible and Detailed Documentation to chose the Appropriate Code
What codes should the Provider Use?

- Access Translation Sites to crosswalk the ICD-9 code to ICD-10 Code. Take the ICD-10 code to the CMS mapping, AAPC coding books, and ALL resources to determine the family code ranges. Find the code that demonstrates the clinician’s documentation of the service rendered.

- To determine the appropriate and valid code, follow CMS and coding guidelines, and the clinician’s documentation from the services rendered.

- Sign up for CMS and MHD email notifications to receive updates.
  - Reference MHD Provider Manuals, Bulletins, and Hot Tips.
  - Remember these are suggested codes, and the provider needs to ensure they represent the condition/services rendered to the participant.
MHD Provider Participant Page

- Access Provider and Participant webpage: http://dss.mo.gov/mhd/providers/.
- This page provides links and resources. Access the provider manuals, hot tips, bulletins, and all program provisions from this page.
Provider Participation

Providers must be enrolled in the MO HealthNet program to provide medical services. Those who participate in the MO HealthNet Program agree to accept MO HealthNet payment as reimbursement in full for any services provided to MO HealthNet participants. A participant cannot be billed for the difference between the MO HealthNet payment and the provider’s billed charges. MO HealthNet Managed Care services are provided in accordance with the terms and conditions of the contract between MHD and the MO HealthNet Managed Care health plans. Participants enrolled in MO HealthNet Managed Care access services through the health plan’s provider network. The health plan network may include providers not enrolled in the fee-for-service program.

Provider Quick Links

- Hot Tip of the Week
- Electronic Health Records Incentive Program
- Pre-Certification Criteria Documents
- Implementation of 5010 and D.0
- Payment for Primary Care Services

Provider Options

Education and Billing

- RA remark codes and claim adjustment reason codes
- Nursing Facility Claims FAQ
- MO HealthNet Training Workshops updated 08/05/15
  - Training Booklets
- Webinars Training
General Information

- Exempt Diagnosis Table
- Fee Schedules
- Outpatient Hospital Radiology Fee Schedule, updated 06/10/15
- MO HealthNet Guide — Puzzled by the Terminology? updated 07/07/15
  This printable guide explains the various MO HealthNet terms and codes.
- Benefit Matrix
  shows the various benefits for each of the MO HealthNet programs, and if they also have cost sharing or any co-pays.
- Provider FAQ

Provider Enrollment

- Apply to become a MO HealthNet provider
- Civil rights, compliance information
- Enrollment guide, information and requirements for new applicants and existing providers
- Provider Enrollment FAQ

Provider Manuals
Provider Bulletins and Hot Tips

Provider Bulletin Webpage:

Hot Tips Webpage:
Access this Provider Bulletin for ICD-10 Information

International Classification of Diseases (ICD) 10th Revision

CONTENTS

- Implementation Date for ICD-10
- Implementation Date for Prior Authorizations
- Claims Processing and Testing
ICD-10 is Nearly Here!

September 8, 2015

Starting with dates of service on October 1, 2015, and later, claims will require an International Classification of Diseases (ICD), 10th Revision, Clinical Modification (CM)/Procedure Coding System (PCS), medical diagnosis and/or inpatient procedure code. While October 1, 2015, is fast approaching, there is still time to transition to ICD-10. Centers for Medicare & Medicaid Services (CMS) provide many free tools and resources at www.cms.gov/icd10.

The ICD-10 Quick Start Guide outlines 5 steps health care professionals should take to prepare for ICD-10.

On August 7, 2015, CMS posted a complete list of the 2016 ICD-10-CM valid codes and code titles in the 2016 Code Descriptions in Tabular Order ZIP file on the 2016 ICD 10-CM and General Equivalence Mappings (GEMs) web page. Access the file named “icd10cm_2016.txt” in the ZIP file for the list. A similar list of the 2016 ICD-10-PCS valid codes and code titles is available in the 2016 PCS Long and Abbreviated Titles ZIP file on the 2016 ICD-10 PCS and GEMs web page. See the file named “icd10pcs_codes_2016.txt” in the ZIP file for the list.

Use of Unspecified Codes in ICD-10-CM Resources:

- MLN Matters® Article SE1518, “Information and Resources for Submitting Correct ICD-10 Codes to Medicare”
- ICD-10 Basics MLN Connects National Provider Call - Call Materials from August 22, 2013
- More ICD-10 Coding Basics MLN Connects Call - Call Materials from June 4, 2014
- ICD-10 Coding Basics MLN Connects Video - January 2014
Updated Provider Manuals

http://manuals.momed.com/manuals/
MHD Changes

- Processing of Part A/C Institutional Crossover Claims will now use the Medicare covered days multiplied by the Medicaid per diem from the pricing file to determine payment.
Prior Authorizations

- The provider should not have obtain another Prior Authorization
Reminders

- No Special Checks for providers documenting the incorrect ICD code on the claims.
- Provider must identify the correct ICD Code
“You have to solve this problem by yourself. You can’t call tech support.”
Resources and Contact Information
Technical Help Desk

- MHD Help Desk, (573) 635-3559
- Email: internethelpdesk@momed.com
- Technical support and assistance for issues with www.emommed.com.
- Establish required electronic claims and RA formats, network communication, HIPAA trading partner agreements
Provider Communications Unit

(573) 751-2896

- Email through the MHD web portal: www.emomed.com.

- Contact with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.
Provider Education

(573) 751-6683

- Email: MHD.provtrain@dss.mo.gov.
- Inquiries regarding education, training assistance and scheduling

- Register for Training Today!
  http://dss.mo.gov/mhd/providers/education/.
Pharmacy & Clinical Services

(573) 751-6963

- Email: clinical.services@dss.mo.gov.
- Policy development, benefit design, coverage decisions, provider and program policy inquiries
- Pharmacy & Medical Pre-Certification Help Desk
  (800) 392-8030
- Pharmacy Clinical Authorizations, Edit Overrides, Medical Pre-Certifications.
CyberAccess

- Account setup or technical questions
  - (888) 581-9797 or (573) 632-9797
  - Email: cyberaccesshelpdesk@xerox.com

- CyberAccess web address:
  https://www.cyberaccessonlinen.net/cyberacce

- CyberAccess helpful Tips:
Missouri Medicaid Audit and Compliance (MMAC)

(573) 751-3399

- Email: http://mmac.mo.gov/
- Conducts investigations into allegations of fraud, waste and abuse by providers and participants

PO Box 6500
Jefferson City, MO 65102-6500
Provider Enrollment Unit

➢ Email: mmac.providerenrollment@dss.mo.gov.

➢ Located within MMAC Division

➢ Inquiries regarding enrollment applications, changes to Provider Master File (addresses, tax identification, ownership, individual's name, practice name, National Provider Identification (NPI) number)
ICD-10 Diagnosis Codes

- Z56.6 – Other physical & mental strain related to work (ICD-10 CM)
ICD-10 Diagnosis Codes
ICD-10 Diagnosis Codes

“Skip all that medical mumbo jumbo and just give it to me straight, Doc. What’s the ICD-10 code for this?”