

TRANSITIONING FROM ICD-9 to ICD-10 CODES

Presented by:

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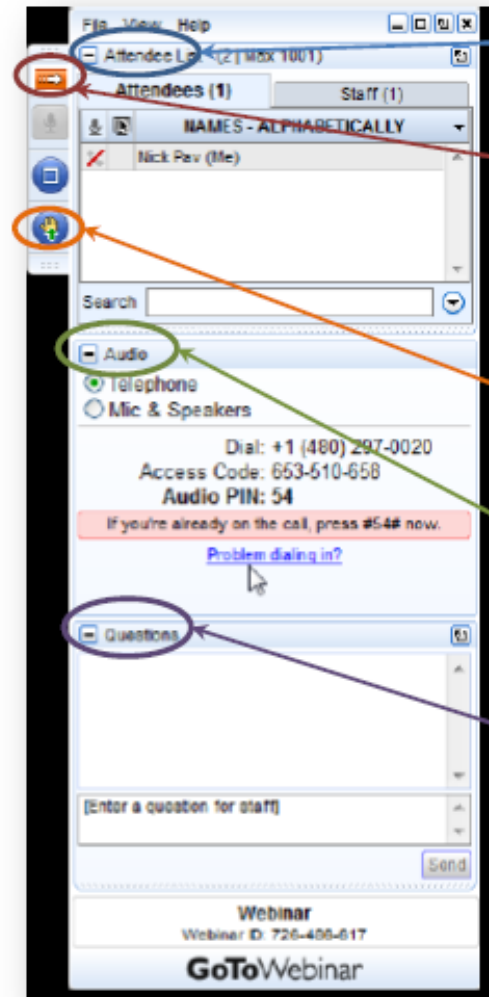


Transforming lives

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TOPICS

- Coding and System Changes
- Understanding the ICD-10 Format and Structure
- Covered Diagnostic Classifications
 - Phase 1: October 1, 2015 – April 1, 2016
 - Phase 2: Post-April 1, 2016 BHO Implementation
- Resources

CODING AND SYSTEM CHANGES

Why the change?

- The transition to ICD-10 is required by the Center of Medicaid/Medicare Services (CMS).
- ICD-10 coding affects a wide range of benefits:
 - ❖ **Reimbursement**—would enhance accurate payment for services rendered
 - ❖ **Quality**—would facilitate evaluation of medical processes and outcomes
 - ❖ **Flexible** enough to quickly incorporate emerging diagnoses and procedures
 - ❖ **Exact** enough to identify diagnoses and procedures precisely
- For Medicaid and third party billing
- ICD-10 codes offer many more classification options compared to those found in predecessor ICD-9.

Difference between DSM-5 and the ICD-10

- DSM-5 is for clinical diagnosis and ICD-10 codes are primarily for billing and reporting.
- The DSM-5 eliminates the distinction between substance abuse and substance dependence to substance use disorder mild, moderate, and severe.
- The DSM-5 crosswalks to the correct ICD-10 codes for reporting mild, moderate and severe substance use disorder
- Significantly more substance use diagnoses in the ICD-10 than there are in the DSM-5.
 - ❖ For example in the DSM-5 there are 9 diagnoses involving Cannabis. In the ICD-10 there are now 44 different possible diagnosis involving Cannabis

UNDERSTANDING ICD-10 FORMAT AND STRUCTURE

ICD-10 Code Structure

The current ICD-9 code for Cannabis-related disorder is 305.20 for mild or 304.30 for moderate or severe.

Beginning October 1, 2015 the ICD-10 diagnosis codes are required to be used. They have more specificity and have between 3 and 7 characters and always start with a letter:



For example:

F10 .50
Cannabis with Psychotic Disorder

Code Detail

- “Unspecified - Coding that does not fully define important parameters of the patient condition that could otherwise be defined given information available to the observer (clinician) and the coder.
 - “Unspecified” codes have acceptable, even necessary uses. The enrollee may be early in the course of evaluation
 - The claim may be coming from a provider who is not directly related to diagnosis of the patients condition
 - ❖ CDP does not have enough information yet for a more specific diagnosis.
- “Other Unspecified” – Use when the information in the medical record provided detail for which a specific code does not exist.
- Each health care encounter should be coded to the level of certainty for that encounter.

Covered Diagnostic Classifications Effective October 1, 2015

Current Billing Instructions until October 1, 2015

CMS-1500 Field Number	Diagnosis Code	Criteria for Assessments, Youth, or Pregnant Clients with Diagnosis of Substance Abuse
Limited to assessment and outpatient treatment services.		
	<p>Enter one of the following:</p> <p>30390 (alcohol dependency). 30490 (drug dependency). 30500 (alcohol abuse).* 30590 (drug abuse).*</p> <p>A diagnosis code is required on each line billed.</p>	<p>Assessments for any client</p> <p style="text-align: center;">OR</p> <p>For youth between the ages of 10 and 20, both of the following must be met: Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of substance abuse or substance dependence.</p> <p>Medical necessity criteria as stated in American Society of Addiction Medicine (ASAM) Patient Placement Criteria must be met.</p> <p style="text-align: center;">OR</p> <p>The client is pregnant.</p>

Transition Plan for ICD-10 Codes

DBHR Policy Decision to phase in ICD-10 codes

- October 2015 – April 1, 2016 there are 18 codes available
- April 1, 2016 (BHO Implementation) there will be over 100 codes available for greater specificity in the diagnosis.
- DBHR is not excluding SUD treatment for any of the SUD diagnosis as long as there is medical necessity and treating that diagnosis is within scope of practice of the CDP.
- Beginning October 1, 2015 reimbursement for abuse (mild substance use disorder) diagnosis in treatment services apply to all adults.
- There will be no changes in TARGET.

ProviderOne Billing Screen

The diagnosis are still to be entered in the same fields that were used for the ICD-9 codes.

- Enter the appropriate ICD-9 diagnosis code or codes.

Diagnosis Codes:	* 1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	<input type="text"/>	6:	<input type="text"/>
	7:	<input type="text"/>	8:	<input type="text"/>	9:	<input type="text"/>	10:	<input type="text"/>	11:	<input type="text"/>	12:	<input type="text"/>

➤ Notes:

- At least 1 diagnosis code is required for all claims.
- ProviderOne will allow up to 12 ICD-9 diagnosis codes.
- Do not enter decimal points to DX codes. ProviderOne will add these in once the claim is submitted.

Billings

- Service Dates drive code changes not billing date.
- ICD-9 codes will be in effect until September 30, 2015.
- Beginning October 1, 2015 ICD-10 will be required.
 - ❖ For Example:
 - ✓ For services provided on September 28, 2015 but billing doesn't happen till after October 1, 2015 use ICD9 codes.
 - ✓ For Services provided October 1, 2015 will be billed using the ICD10 codes.
- Third party insurances will use all available ICD-10 codes starting October 1, 2015.

ABUSE (Mild)

ICD-9		ICD-10	
305.00	Alcohol abuse, unspecified	F10.10	Alcohol abuse, uncomplicated
305.50	Opioid abuse, unspecified	F11.10	Opioid abuse, uncomplicated
305.20	Cannabis abuse, unspecified	F12.10	Cannabis abuse, uncomplicated
305.40	Sedative, hypnotic or anxiolytic abuse, unspecified	F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
305.60	Cocaine abuse, unspecified	F14.10	Cocaine abuse, uncomplicated
305.70	Amphetamine or related acting sympathomimetic abuse, unspecified	F15.10	Other stimulant abuse, uncomplicated
305.30	Hallucinogen abuse, unspecified	F16.10	Hallucinogen abuse, uncomplicated
305.90	Inhalant abuse, unspecified	F18.10	Inhalant Abuse, Uncomplicated

DEPENDENCE (Moderate or Severe)

ICD-9		ICD-10	
303.90	Other and unspecified alcohol dependence, unspecified	F10.20	Alcohol dependence, uncomplicated
304.00	Opioid type dependence, unspecified	F11.20	Opioid dependence, uncomplicated
304.30	Cannabis dependence, unspecified	F12.20	Cannabis dependence, uncomplicated
304.10	Sedative, hypnotic or anxiolytic dependence, unspecified	F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
304.20	Cocaine dependence, unspecified	F14.20	Cocaine dependence, uncomplicated
304.40	Amphetamine and other psychostimulant dependence, unspecified	F15.20	Other stimulant dependence, uncomplicated
304.50	Hallucinogen dependence, unspecified	F16.20	Hallucinogen dependence, uncomplicated
304.60	Inhalant dependence, unspecified	F18.20	Inhalant Dependence, Uncomplicated
	Psychoactive substance dependence,		Other psychoactive substance

Phase 2 – BHO Implementation

- April 1, 2016
- Provides more detail than “unspecified” to include:
 - ❖ With intoxication delirium
 - ❖ With intoxication with perceptual disturbance
 - ❖ With *-induced mood disorder
 - ❖ With *-induced psychotic disorder with delusions
 - ❖ With *-induced psychotic disorder with hallucinations
 - ❖ With *-induced psychotic disorder sleep disorder
 - ❖ With unspecified *-induced disorder

RESOURCES

For more information:

- DBHR Website, Providers webpage:
<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/contractors-and-providers>
- Current Medicaid Billing Instructions and appropriate ICD-10 codes are available through the DBHR Website or at the following link:
http://www.hca.wa.gov/medicaid/billing/Documents/guides/substance_abuse_disorder_bi.pdf
- ICD-10 files, information and general equivalence mappings between ICD-10 and ICD-9,
<http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>
- Converting ICD-9 to ICD-10 codes:
<http://www.icd10data.com/Convert>
- You may also submit related questions to: icdinquiries@dshs.wa.gov

QUESTIONS????

Thank you for your participation