This course will provide basic awareness training on ICD-10, BMS’ planning and implementation phases, and a general overview of ICD-10’s impact.
In this course, we will look at the following:

<table>
<thead>
<tr>
<th>ICD Definition</th>
<th>Myths and Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is ICD-10?</td>
<td>ICD-10 Benefits</td>
</tr>
<tr>
<td>What do we use now?</td>
<td>Who will this impact?</td>
</tr>
<tr>
<td>History/Future of ICD-10</td>
<td>Examples</td>
</tr>
<tr>
<td>Why the change?</td>
<td>ICD-10 Delay</td>
</tr>
</tbody>
</table>
ICD Definition

International Classification of Diseases (ICD): ICD is the standard diagnostic tool for the analysis of the health of population groups, health management, and clinical purposes.

www.who.int/classifications/icd/en/
What is ICD-10?

ICD-10 is a coding system with two sets of codes:

ICD-10 Clinical Modifications (CM) - the set of diagnosis/external cause/encounter codes which will be used to define illness, injury, and disease for all healthcare settings.

ICD-10 Procedure Classification System (PCS) - the set of codes, specific to the United States only, which will be used to define procedures, devices, and technology utilized during an inpatient stay.
Beginning no earlier than October 1, 2015, ICD-10-CM codes must be used to bill on all claims, including outpatient claims based on dates of service and inpatient claims based on dates of discharge. ICD-10-PCS procedure codes must be used for inpatient services. It is imperative that providers continue transition efforts in order to implement the ICD-10 code sets on all HIPAA transactions.
What Do We Use Now?

International Classification of Diseases – Ninth Revision (ICD-9) is the current code system.
History of ICD-10

- World Health Organization (WHO) updated to ICD-10 in 1992
- Other industrialized countries began adopting ICD-10 in 1994
- The United States partially adopted ICD-10 in 1999 for mortality/morbidity reporting
- ICD-10-CM will replace ICD-9 Volumes 1 & 2
- ICD-10-PCS will replace ICD-9 Volume 3
Why is ICD-9 changing to ICD-10?

ICD-9 is over 30 years old, in many instances uses outdated and obsolete terms, and is inconsistent with current medical practice.

ICD-9 structure limits the number of new codes that can be created.
Some Myths and Facts about the change to ICD-10

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Procedural Terminology (CPT) will be replaced by ICD-10-PCS.</td>
<td>ICD-10-PCS will be used for facility reporting of hospital inpatient procedures and will not affect the use of CPT.</td>
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<td>ICD-10-CM/PCS was developed without clinical input.</td>
<td>The development of ICD-10-CM/PCS involved significant clinical input. A number of medical specialty societies contributed to the development of the coding systems.</td>
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<tr>
<td>The increased number of codes in ICD-10-CM/PCS will make the new coding system impossible to use.</td>
<td>Just as an increase in the number of words in a dictionary doesn’t make it more difficult to use, the greater number of codes in ICD-10-CM/PCS doesn’t necessarily make it more complex to use. In fact, the greater number of codes in ICD-10-CM/PCS make it easier for you to find the right code.</td>
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ICD-10 Benefits

- Updates the terminology and disease classifications
- Provides the capability for more accurate coding and specificity and should reduce the number of payer inquiries to providers
- Greater opportunity for auditing agencies (Office of Inspector General, CMS, Medicaid Program Integrity, etc.) to identify fraud and abuse

Improved accuracy, granularity, and specificity of data, which will lead to:

- Better understanding of population health and ‘at risk’ population
- Improved care and disease management
- Enhanced accuracy of quality measures
ICD-10 Impacts Anyone Affected by Healthcare

- **Providers** – All HIPAA-covered entities such as (but not limited to) a hospital, doctor, clinic, nurse, or any other medical professional delivering healthcare to patients.

- **Health Plans** – Medicaid, Medicare, and commercial plans such as Aetna, Blue Cross Blue Shield, etc.

- **Beneficiaries** – Any individual receiving healthcare services which require use of a diagnosis and/or procedure code.

- **Payers** – Includes all payers and entities dealing with healthcare reporting/data.
Examples of ICD-10 Changes

- Includes new conditions, treatments, and technology
- Offers greater specificity and granularity
- Adds details like laterality (left/right) and obstetrical trimester
- Groups injuries by anatomical site
- Expands number of diagnosis codes from 13,000 to 68,000
- Increases number of procedure codes from 3,000 to 72,000
In April 2014, President Barack Obama signed the "Protecting Access to Medicare Act of 2014," H.R. 4302, which includes a mandate to delay the conversion to ICD-10.

Specifically, the bill states that "The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD–10 code sets."
Don’t Stop…..it’s still coming!

Despite the delay, it is imperative to keep moving forward with the ICD-10 transition to maintain momentum and meet the new compliance date.

• Don’t stop working!
• Don’t stop preparing for testing!
• Don’t stop checking the West Virginia ICD-10 website for updates!
Additional Resources

- West Virginia Medicaid ICD-10 website – https://www.wvmmis.com/SitePages/ICD-10%20Transition.aspx
- ICD-10 Email – ICD10@wv.gov
- AAPC – http://www.aapc.com/icd-10
- ICD Conversion Tool – http://www.icd10data.com/Convert
- ICD-10 Delay Legislation – H.R. 4302 (see section 212)