US DEPARTMENT OF LABOR

ICD-10 CM TRANSITION

Train the Trainer Reference Guide

**Energy Employees
Occupational Illness Compensation Program
(EEOICP)**

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1.1   Introduction

The ICD-10-CM is a statistical classification and coding system used to assign appropriate codes for signs, symptoms, injuries, diseases, and other medical conditions. ICD-codes are assigned, based on the DEEOIC's claimants medical documentation (records), including, but not limited to physician notes, diagnostic tests, and surgical reports. The transition to ICD-10-CM is federally mandated for all Health Insurance Portability and Accountability Act (HIPAA) covered entities such as providers, payers, software vendors, clearing houses, and third party billing services. The change affects the manner in which these entities code for diagnosis and inpatient surgical procedures. The purpose of this transition is due to the fact that ICD-9-CM reports non-specific data about patient's medical conditions and hospital inpatient procedures. ICD-10-CM allows for greater specificity and accuracy when reporting diagnoses.

1.2   Scope

On October 1, 2015, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) will transition to the new International Classification of Diseases, Tenth Revision, and Clinical Modification (ICD-10-CM) Coding System. Due to the ICD-10 transition, there will be a substantial increase in the number of codes that health care providers use when coding a patient's diagnosis. DEEOIC Claims Examiner (CE) staff will be trained on the ICD-10 guidelines and conventions, as well as fundamental knowledge of how to decipher, understand and accurately apply codes using ICD-10, this training is imperative to ensure accurate coding for accepted conditions. In summary, ICD-9-CM is being phased out because it is outdated and there is no longer space for new codes, lacks specificity and detail, is a 30 year old system and does not support the changes to new technology and medical diseases, and has been federally mandated by Congress.

1.3   ICD-10-CM Format and Structure

Some of the major differences between ICD-9-CM and ICD-10-CM is the significant increase in ICD code of diseases and the number of system chapters in the complete code set of the ICD-10-CM coding book. Within ICD-9-CM, the code book contained approximately 13,600 codes and 17 chapters. In ICD-10-CM, the code book contains approximately 69,000 codes and 21 chapters. The majority of codes listed in the ICD-10-CM are in the musculoskeletal and injury poisoning chapters.

ICD-10-CM allows for longer code description with greater clinical detail and specificity and full code titles. Whereas, ICD-9-CM lacked specificity and contained abbreviated code titles producing shorter descriptions.

> **Example of Coding Format**
> **ICD-9-CM**
> 143 Malignant neoplasm of gum
> > ➤   143.0 Upper gum
> > ➤   143.1 Lower gum
> **ICD-10-CM**
> C03 Malignant neoplasm of gum
> > ➤   C03.0 Malignant neoplasm of upper gum
> > ➤   C03.1 Malignant neoplasm of lower gum

ICD-10-CM codes consist of 3 to 7 characters and are represented by alpha and numeric.

ICD-10-CM	*ICD-9-CM*
69,000 codes	13,600 codes
21 chapters	17 chapters
Consists of 3 – 7 Characters	3 - 5 Characters
Character 1 is alpha (A-Z, not case sensitive)	First Character is numeric or alpha (E or V)
Character 2 is numeric	Characters 2-5 are numeric

Character 3 -7 are alpha or numeric	
Longer code description	Shorter code description

1.4 Laterality

ICD-10-CM coding structure allows for the appropriate identification of affected body part location (Left vs Right vs Bilateral) for specific diagnoses. Laterality codes are represented with the specific code digit as the final character of the code.

Location	Rule	Example
Right Side (RT)	Always last character "1"	H16.011 Central cornel ulcer, right eye
Left Side (LT)	Always last character "2"	H16.012 Central corneal ulcer, left eye
Bilateral (RT & LT)	Always last character "3" **If a bilateral code does not exist and the condition is bilateral, assign separate codes for both the left and right side	H16.013 Central corneal ulcer, bilateral

Diagnoses that will require Laterality

- Joint Pain
- Joint effusion
- Injury
- Fractures
- Dislocations
- Arthritis
- Cerebral infarction
- Extremity atherosclerosis
- Pressure ulcers
- Cancers, neoplasms (breast, lung, bones, etc.)

1.5   Coding Process
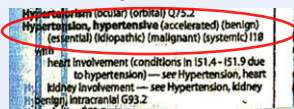
The ICD-10-CM code book retains the same traditional format and layout, index section view and tabular view, as the ICD-9-CM. The index section is found at the very front of the book and can be used to look-up a diagnosis. Diagnosis codes can be verified and confirmed by using the tabular sections (21 sections/chapters) which is found in the middle of the book after the index table.
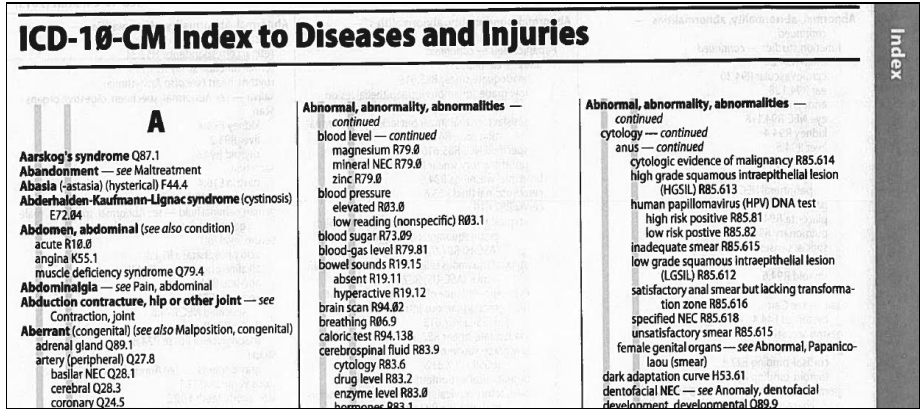
Index View Example
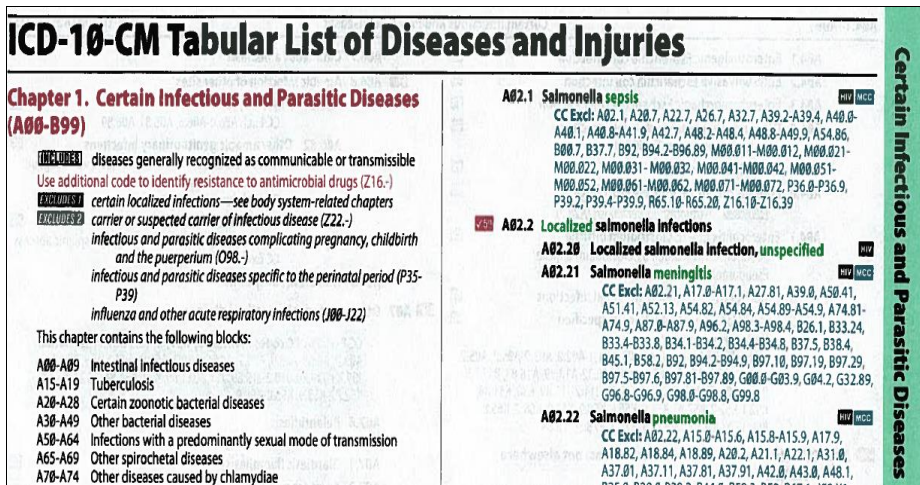
Tabular View Example

1.6   ECS Coding with ICD-10-CM

ICD-9-CM and ICD-10-CM codes can be assigned based on the claimants' medical documentation in the case file. Within the ECS development component for a new medical condition the user has the ability to select the ICD code type (ICD-9 or ICD-10), or can look up ICD-10 diagnosis, or conduct a manual entry of the ICD-10 code.

Medical - New				
Development Status	Not Started	Development Status Date		Note
Determination Status		Determination Date		
ICD Type	☐ ICD-9 ☑ ICD-10			BP Batch ID
ICD-10		Lookup ICD-10	Manual Entry ICD-10	EPS Batch ID
Condition				Benefits Awarded Date
Condition Type	Select a Condition		▼	
Diagnosis Date	/ / 🗓	Symptom Only	☐	Condition Filing Date
Eligibility Begin	/ / 🗓	Letterr Decision	☐	Claim Form Select Form
Eligibility End	/ / 🗓			
Part Type	☐ Part B ☐ Part E			
No creation or modification information available				Save Cancel

> ECS condition types will be pre-populated for both ICD-9 and ICD-10 codes. This is a new feature of ECS and will be implemented in ECS release 1.15 scheduled for 9/25/2015.

1.6.1 ICD-10-CM Coding with Specificity

When a specific condition, illness, etc., contains a 4th, 5th, 6th, or 7th digit, the Claims Examiner (CE) must use all available digits to identify the condition. When selecting ICD-9-CM or ICD-10-CM codes, the CE should always use the code that most specifically describes the medical condition reported. The CE should make every effort to accurately assign the specific diagnosis code based on medical records and medical documentation of the claimants claimed condition.

When sufficient medical and/or clinical information is not known or is unavailable to accurately assign a specific diagnosis code(s), the CE should make every attempt to contact the treating physician for a more definitive diagnosis. If the CE is unable to acquire a specific diagnosis code from the treating physician, they can select an unspecified code.

1.6.2 ECS Eligibility Begin Date

When assigning an ICD code medical condition in ECS, with the eligibility begin date **prior** to October 1, 2015, the CE will need to use ICD-9-CM coding. For example, if the medical records reflect hypertension, unspecified, and the eligibility begin date is

September 30, 2014, the CE enters "**401.9**" as the ICD-9-CM code in the ECS medical condition field. If the eligibility begin date is **on or after** October 1, 2015, the CE will use ICD-10-CM coding. For example, if the medical records list a primary diagnosis of hypertension and the eligibility begin date is October 1, 2015, the CE enters "**I10**" as the ICD-10-CM code in the medical condition field in ECS.

If the CE mistakenly enters a eligibility begin date for an ICD-10-CM medical condition where the date is prior to October 1, 2015, ECS will display an error that the eligibility begin date is before 10/1/2015 and that you can only enter an ICD-9-CM code for eligibility begin date prior to 10/1/2015.

Entering an ICD-10 code prior to October 1, 2015, will display a pop-up box stating that the eligibility begin date is before 10/1/2015 and that you can only enter an ICD-9 code.

1.7 Coding with Medical Code Expert

As another resource to look up or to verify an ICD-9-CM or ICD-10-CM, the CE can use the Medical Code Expert application by going to the website https://www.medicalcodeexpert.com to assist in the proper identification of a diagnosis.

Login with your assigned username and password
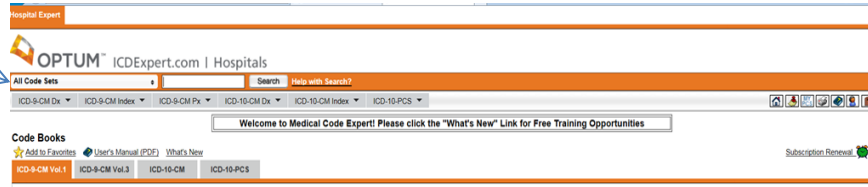
Try to look up "Asbestosis" using an ICD-9-CM code.

Step 1: Enter diagnosis code "**501**"
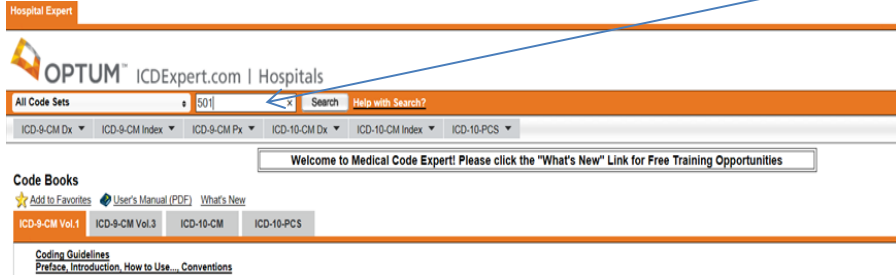
Once the ICD-9-CM code has been entered, it will display diagnosis description. From this view, you have the capability to view the appropriate ICD-10-CM that is cross-walked to the ICD-9-CM that you have entered.
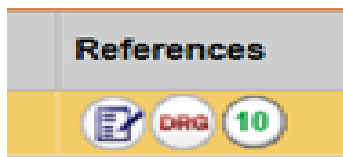
You can click on the [10] to display the ICD-10-CM code and description that is cross-walked to the ICD-9-CM that you entered.
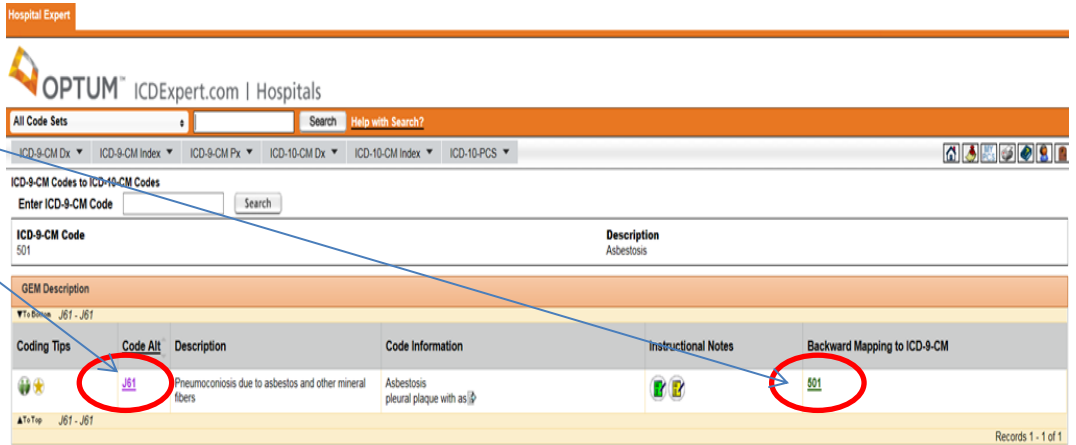
The result of the crosswalk will display the ICD-10-CM code under Code Alt column and also display the backward mapping to the ICD-9-CM code. You can also the diagnosis description (full or part) in the search box to obtain the same results.

1.8 NIOSH Referral Form

The NIOSH Referral Form has been updated to reflect both ICD-9-CM and ICD-10-CM coding.

5	EE Covered Cancer Information	Enter the EEs verified diagnosed cancer(s). Create a table (copy, cut, paste); for each primary cancer or secondary cancer for which there is an unknown primary.	
a	Primary or Secondary	Place an "X" (by clicking) in the box that best describes the cancer (Primary or Secondary)	
b	Cancer Description/Type	Enter the cancer description from the pathology/operative report, etc.	Chronic myelomonocytic leukemia, in remission
c	Associated ICD-9 Code	Enter the ICD-9 code that best describes the cancer	206.11
d	Associated ICD-10 Code	Enter the ICD-10 code that best describes the cancer	C93.11

1.9 Bill Processing Changes

In order to accommodate the ICD-10-CM transition, the CMS-1500 (HCFA-1500) has been revised to support the ICD-10-CM code set. The new CMS-1500 form includes a new field for indicating whether an ICD-9 or ICD-10 code is being used for billing purposes.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE

1.								1a. INSURED I.D. NUMBER	(For Program in Item 1)
MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)			

2. PATIENT'S NAME (Last, First, Middle Initial)   3. PATIENT'S BIRTH DATE   SEX   M   F   4. INSURED'S NAME (Last, First, Middle Initial)

5. PATIENT'S ADDRESS (Street, City, State, Zip)   6. PATIENT RELATIONSHIP TO INSURED   Self   Spouse   Child   Other   7. INSURED'S ADDRESS (Street, City, State, Zip)

8. RESERVED FOR NUCC USE

TELEPHONE (Include Area Code):   TELEPHONE (Include Area Code):

9. OTHER INSURED'S NAME (Last, First, Middle Initial)   10. PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED POLICY OR GROUP NUMBER   a. EMPLOYMENT? (Current or Previous)   Yes   No   a. INSURED'S DATE OF BIRTH   SEX   M   F

b. RESERVED FOR NUCC USE   b. AUTO ACCIDENT?   PLACE (State)   Yes   No   b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE   c. OTHER ACCIDENT?   Yes   No   c. INSURANCE PLAN NAME OR PROGRAM NAME

d. PATIENT'S PLAN OR PROGRAM NAME   10d. CLAIM CODES (Designated by NUCC)   d. IS THERE ANOTHER HEALTH BENEFIT PLAN?   Yes   No   If yes, complete items 9, 9a, and 9d.

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21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24e)   ICD Ind. [ ]

A.	B.	C.	D.
E.	F.	G.	H.
I.	J.	K.	L.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE   17a.   17b. NPI   18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE   FROM: TO:

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)   20. OUTSIDE LAB?   Yes   No $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24e)   ICD Ind. [ ]   22. RESUBMISSION CODE   ORIGINAL REF. NO.

A.	B.	C.	D.
E.	F.	G.	H.
I.	J.	K.	L.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE   B. PLACE OF   C.   D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)   E. DIAGNOSIS   F.   G. DAYS OR   H. EPSDT   I. ID   J. RENDERING

ICD Ind. will display "9" for ICD-9-CM or "0" for ICD-10-CM

The number of diagnosis codes that can be displayed on the new CMS-1500 has been expanded from 4 diagnosis' to 12 diagnosis'.

For inpatient services billed on the required UB-04 form with a **discharge date** on or after October 1, 2015 will be submitted with the appropriate ICD-10-CM diagnosis and surgical procedure codes. UB-04 bills that have a **discharge date** prior to October 1, 2015 will continue to utilize the ICD-9-CM diagnosis and surgical procedure codes.

For outpatient services billed on the UB-04 form with a **date of service** on or after October 1, 2015 will be submitted with the appropriate ICD-10-CM diagnosis codes. Outpatient services billed with a **date of service** prior to October 1, 2015 will continue to be billed with the ICD-9-CM diagnosis codes. Bills (CMS-1500 or Outpatient) cannot contain a combination of ICD-9-CM and ICD-10-CM on the same bill. Bills must be split if services cross over the ICD-10-CM implementation date (October 1, 2015).

Split Bill Example:

An outpatient bill that includes services provided within a date range of 9/20/2015 to 10/2/2015 would need to be split.

One bill will include only ICD-9-CM diagnosis codes between the dates of service 9/20/2015 to 9/30/2015.

Another bill will include on ICD-10-CM diagnosis codes between the dates of service 10/1/2015 to 10/2/2015.

1.10 Prompt Pay

Prompt Pay codes and External Impairment rating will not be affected by the ICD-10-CM transition. The existing ICD-9-CM Prompt Pay (PA) codes that are currently being used for CMC referrals will remain the same.

V49.8	CMC File Review
V48.8	CMC Impairment Rating
V68.2	Second Medical Opinion
V68.81	Medical Records
V70.9	External Impairment Rating

1.11 Treatment Suites

The treatment suites have been modified to recognize both ICD-9-CM and ICD-10-CM diagnosis codes. All existing ICD-9-CM codes are mapped to the equivalent ICD-10-CM code(s). There are some ICD-9 codes that are mapped to more than one ICD-10 code. There are also ICD-10 codes that map back multiple ICD-9 codes.

1.12 Medical Benefits Identification Card (MBIC)

To support the transition of ICD-10-CM, the MBIC has been redesigned to better protect the privacy and the confidentiality to our claimants. As a result, the medical conditions have been removed from the front of the card. The MBIC 10-digit card ID has been moved to the front card

where it is now more visible for the claimant and treating providers. In addition, the Benefit Identification Number (BIN) and DEEOIC Group ID have also been added to the front of the card to assist pharmacy providers when verifying coverage and submitting electronic point of sale (POS) transactions.

US Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation

Medical Benefits Identification Card
{[CLAIMANT NAME]}

Card ID Number:

Pharmacy BIN: 610084

DEEOIC Group ID #: OWCP1222

No Co-Pay/No Deductible
Verify Eligibility and Coverage at:
http://owcp.dol.acs-inc.com

MISUSE OF CARD PUNISHABLE BY LAW

1. This card is the property of the U.S. Government and its counterfeiting, alteration or misuse is a violation of Section 499, Title 18, U.S. Code.

2. Carry the card with you at all times and show it to your doctor, clinic, pharmacist or hospital when you are in need of medical services for your accepted condition(s).

3. Medical treatment authorized under the Energy Employees Occupational Illness Compensation Program Act is paid for by the U.S. Department of Labor. Call toll free (866) 272-2682 for specific information.

4. All bills should be submitted to the Energy Employees Occupational Illness Compensation Program, P.O. Box 8304, London, KY 40742-8304.

5. If found, drop in mailbox. Postage guaranteed. Return to: Energy Employees Occupational Illness Compensation Program, P.O. Box 8304, London, KY 40742-8304.

6. When using the DOL OWCP website (http://owcp.dol.acs-inc.com/) to request an authorization for medical services or to verify eligibility, your doctor must use the Card ID number located on the front of the card. Claimants can use this card ID number to access the DOL OWCP website.

1.13 Diagnosis Code Reference Sheet

DESCRIPTION	ICD-9 CODE	ICD-10 CODE	ICD-10 CONDITION TYPE
ANEMIA UNSPECIFIED	285.9	D64.9	AN
ASBESTOSIS	501	J61	AS
ASTHMA NOS	493.90	J45.909	RS
BASAL CELL CA SKIN EAR	173.21	C44.211 - C44.219	CN
BASAL CELL CA SKIN TRUNK	173.51	C44.510 - C44.519	CN
BASAL CELL CA SKN UP LMB	173.61	C44.611 - C44.619	CN
BERYLLIUM SENSITIVITY	V81.4	Z13.83	BS
BSL CEL SKN FACE NEC/NOS	173.31	C44.310 - C44.319	CN
CA IN SITU BREAST	233.0	D05.00 - D05.92	CN
CA IN SITU SCALP	232.4	D04.4	CN
CA IN SITU SKIN ARM	232.6	D04.60 - D04.62	CN
CA IN SITU SKIN EAR	232.2	D04.20 - D04.22	CN
CA IN SITU SKIN FACE NEC	232.3	D04.30 - D04.39	CN
CA IN SITU SKIN TRUNK	232.5	D04.5	CN
CHF NOS	428.0	I50.20 - I50.9	CS
CHR PUL MANIF D/T RADIAT	508.1	J70.1	RS
CHRONIC BERYLLIUM DISEASE	503	J63.6	BD
CHRONIC SILICOSIS	502	J62.8	CS
CLL (CHRONIC LYMPH LEUK)	204.10	C91.10	CL
COPD & EMPHYSEMA	496	J44.9	PD
DIABETES	250.00	E11.9 - E13.9	DI
EMPHYSEMA NEC	492.8	J43.0 – J43.9	RS
HEARING LOSS	389.00	H90.2	HL
SENSORINEURAL HEARING LOSS	389.10	H90.5	EM
HYPERTENSION NOS	401.9	I10	CS
HYPOTHYROIDISM NOS	244.9	E03.9	NM
INORG DUST PNEUMOCON NEC	503	J63.0 - J63.6	RS
LYMPHOID LEUKEMIA CHRONIC	204.10	C91.10	CN
LYMPHOPROLIFERAT DIS NOS	238.71	D47.3	CN
MAL MELANOMA ARM	172.6	C43.60 - D03.62	CN
MAL MELANOMA FACE NEC/NOS	172.3	C43.30 - D03.39	CN
MAL MELANOMA TRUNK	172.5	C43.59	CN
MAL NEO COLON	153.0	C18.3	CN
MAL NEO COLON NOS	153.9	C18.9	CN
MAL NEO KIDNEY	189.0	C64.1 – C64.9	CN
MAL NEO ASCEND COLON	153.6	C18.2	CN
MAL NEO BLADDER	188.0	C67.0	CN
MAL NEO BLADDER NEC	188.8	C67.8	CN

DESCRIPTION	ICD-9 CODE	ICD-10 CODE	ICD-10 CONDITION TYPE
MAL NEO BLADDER-LATERAL	188.2	C67.2	CN
MAL NEO BREAST NEC	174.8	C50.811 - C50.819	CN
MAL NEO BREAST NOS	174.9	C50.911 - C50.919	CN
MAL NEO BREAST UP-OUTER	174.4	C50.411 - C50.419	CN
MAL NEO BRONCH/LUNG NEC	162.8	C34.80 - C34.82	CN
MAL NEO BRONCH/LUNG NOS	162.9	C34.90	CN
MAL NEO CECUM	153.4	C18.0	CN
MAL NEO ESOPHAGUS NOS	150.9	C15.9	CN
MAL NEO FEMALE BREAST	174.0	C50.011 - C50.019	CN
MAL NEO GLOTTIS	161.0	C32.0	CN
MAL NEO LIVER, PRIMARY	155.0	C22.0 - C22.8	CN
MAL NEO LOWER 3RD ESOPH	150.5	C15.5	CN
MAL NEO LOWER LOBE LUNG	162.5	C34.30 - C34.32	CN
MAL NEO LYMPH INTRA-ABD	196.2	C77.2	CN
MAL NEO LYMPH-HEAD/NECK	196.0	C77.0	CN
MAL NEO MAIN BRONCHUS	162.2	C34.00	CN
MAL NEO MIDDLE LOBE LUNG	162.4	C34.2	CN
MAL NEO OVARY	183.0	C56.9	CN
MAL NEO PANCREAS	157.0	C25.0	CN
MAL NEO PANCREAS NOS	157.9	C25.9	CN
MAL NEO PROSTATE	185	C61	CN
MAL NEO RECTOSIGMOID JCT	154.0	C19	CN
MAL NEO RECTUM	154.1	C20	CN
MAL NEO SCALP/SKIN NECK	173.40	C44.40	CN
MAL NEO SIGMOID COLON	153.3	C18.7	CN
MAL NEO SKIN ARM	173.60	C44.601 - C44.609	CN
MAL NEO SKIN EAR	173.20	C44.201 - C44.209	CN
MAL NEO SKIN EYELID	173.10	C44.101 - C44.109	CN
MAL NEO SKIN FACE NEC	173.30	C44.300 - C44.309	CN
MAL NEO SKIN LEG	173.70	C44.701	CN
MAL NEO SKIN LIP	173.00	C44.00	CN
MAL NEO SKIN NOS	173.90	C44.90	CN
MAL NEO SKIN TRUNK	173.50	C44.500 – C44.509	CN
MAL NEO STOMACH CARDIA	151.0	C16.0	CN
MAL NEO STOMACH NOS	151.9	C16.9	CN
MAL NEO THYROID	193	C73	CN
MAL NEO TRACHEA/BRONCH/LUNG	162.0	C33	CN
MAL NEO TRANSVERSE COLON	153.1	C18.4	CN
MAL NEO UPPER LOBE LUNG	162.3	C34.10 – C34.12	CN

DESCRIPTION	ICD-9 CODE	ICD-10 CODE	ICD-10 CONDITION TYPE
MYELOID LEUKEMIA ACUTE	205.00	C92.00 - C92.A0	CN
OT MALIGNANT NEOPLASM SKIN	173.00	C44.00	CN
OTH LYMP UNSP XTRNDL ORG	202.80	C82.50 - C86.4	CN
OTHER LUNG DISEASE NEC	518.89	J98.4	RS
OTHER MALIGNANT LYMPHOMAS	202.80	C82.50 - C86.4	CN
PARKINSON'S DISEASE	332.0	G20 - G21.4	PK
PLEURAL PLAQUES	V15.84	J92.0 - J92.9	PP
PLEURISY W/O EFFUS OR TB	511.0	J86.9 - R09.1	RS
PNEUMOCONIOSIS NOS	505	J64 – J65	RS
POSTINFLAM PULM FIBROSIS	515	J84.10 - J84.89	RS
SCREEN-RESPIR COND NEC	V81.4	Z13.83	HF
SEC MAL NEO BRAIN/SPINE	198.3	C79.31	CN
SECOND MALIG NEO LIVER	197.7	C78.7	CN
SECONDARY MALIG NEO BONE	198.5	C79.51 – C79.52	CN
SECONDARY MALIG NEO LUNG	197.0	C78.00 - C78.02	CN
SECONDARY MALIG NEO NEC	198.89	C79.89 - C79.9	CN
SENSORNEUR LOSS BILATERAL	389.18	H90.3	EM
SILICA PNEUMOCON NEC	502	J62.0 – J62.8	RS
SQM CEL SKN FACE NEC/NOS	173.32	C44.320 - C44.329	CN
SQUAM CELL CA SKN UP LMB	173.62	C44.621 - C44.629	CN

Disclaimer: ICD codes should be verified using the following website https://www.medicalcodeexpert .com/expert
or the ICD-10 CM coding book.

1.14 Special Exposure Cohort (SEC) Coding Reference Sheet

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
141.0	MAL NEO TONGUE BASE	c01	CN
142.0	MALIG NEO PAROTID	c07	CN
142.1	MALIG NEO SUBMANDIBULAR	c08.0	CN
142.2	MALIG NEO SUBLINGUAL	c08.1	CN
142.8	MAL NEO MAJ SALIVARY NEC	c08.9	CN
142.9	MAL NEO SALIVARY NOS	c08.9	CN
145.3	MAL NEO SOFT PALATE	c05.1	CN
146.0	MALIGNANT NEOPL TONSIL	c09.9	CN
146.1	MAL NEO TONSILLAR FOSSA	c09.0	CN
146.2	MAL NEO TONSIL PILLARS	c09.1	CN
146.3	MALIGN NEOPL VALLECULA	c10.0	CN
146.6	MAL NEO LAT OROPHARYNX	c10.2	CN
146.7	MAL NEO POST OROPHARYNX	c10.3	CN
146.8	MAL NEO OROPHARYNX NEC	c10.8	CN
146.9	MALIG NEO OROPHARYNX NOS	c10.9	CN
147.0	MALIGNANT NEO NASOPHARYNX	c11.0	CN
147.1	MAL NEO POST NASOPHARYNX	c11.1	CN
147.2	MAL NEO LAT NASOPHARYNX	c11.2	CN
147.3	MAL NEO ANT NASOPHARYNX	c11.3	CN
147.8	MAL NEO NASOPHARYNX NEC	c11.8	CN
147.9	MAL NEO NASOPHARYNX NOS	c11.9	CN
148.0	MAL NEO POSTCRICOID	c13.0	CN
148.1	MAL NEO PYRIFORM SINUS	c12	CN
148.2	MAL NEO ARYEPIGLOTT FOLD	c13.1	CN
148.3	MAL NEO POST HYPOPHARYNX	c13.2	CN
148.8	MAL NEO HYPOPHARYNX NEC	c13.8	CN
148.9	MAL NEO HYPOPHARYNX NOS	c13.9	CN
149.0	MAL NEO PHARYNX NOS	c14.0	CN
149.1	MAL NEO SOFT PALATE	c14.2	CN
149.8	MAL NEO OTHER	c14.8	CN
150.0	MAL NEO CERVICAL ESOPHAG	c15.3	CN
150.1	MAL NEO THORACIC ESOPHAG	c15.4	CN
150.2	MAL NEO ABDOMIN ESOPHAG	c15.5	CN
150.3	MAL NEO UPPER 3RD ESOPH	c15.3	CN
150.4	MAL NEO MIDDLE 3RD ESOPH	c15.4	CN
150.5	MAL NEO LOWER 3RD ESOPH	c15.5	CN
150.8	MAL NEO ESOPHAGUS NEC	c15.8	CN

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
150.9	MAL NEO ESOPHAGUS NOS	c15.9	CN
151.0	MAL NEO STOMACH CARDIA	c16.0	CN
151.1	MALIGNANT NEO PYLORUS	c16.4	CN
151.2	MAL NEO PYLORIC ANTRUM	c16.3	CN
151.3	MAL NEO STOMACH FUNDUS	c16.1	CN
151.4	MAL NEO STOMACH BODY	c16.2	CN
151.5	MAL NEO STOM LESSER CURV	c16.5	CN
151.6	MAL NEO STOM GREAT CURV	c16.6	CN
151.8	MALIG NEOPL STOMACH NEC	c16.8	CN
151.9	MALIG NEOPL STOMACH NOS	c16.9	CN
152.0	MALIGNANT NEOPL DUODENUM	c17.0	CN
152.1	MALIGNANT NEOPL JEJUNUM	c17.1	CN
152.2	MALIGNANT NEOPLASM ILEUM	c17.2	CN
152.3	MAL NEO MECKEL'S DIVERT	c17.3	CN
152.8	MAL NEO SMALL BOWEL NEC	c17.8	CN
152.9	MAL NEO SMALL BOWEL NOS	c17.9	CN
153.0	MAL NEO HEPATIC FLEXURE	c18.3	CN
153.1	MAL NEO TRANSVERSE COLON	c18.4	CN
153.2	MAL NEO DESCEND COLON	c18.6	CN
153.3	MAL NEO SIGMOID COLON	c18.7	CN
153.4	MALIGNANT NEOPLASM CECUM	c18.0	CN
153.5	MALIGNANT NEO APPENDIX	c18.1	CN
153.6	MALIG NEO ASCEND COLON	c18.2	CN
153.7	MAL NEO SPLENIC FLEXURE	c18.5	CN
153.8	MALIGNANT NEO COLON NEC	c18.8	CN
153.9	MALIGNANT NEO COLON NOS	c18.9	CN
154.0	MAL NEO RECTOSIGMOID JCT	c19	CN
154.1	MALIGNANT NEOPL RECTUM	c20	CN
154.8	MAL NEO RECTUM/ANUS NEC	c21.8	CN
155.0	MALIGNANT NEOPLASM OF LIVER	c22.8	CN
155.1	MAL NEO INTRAHEPAT DUCTS	c22.1	CN
155.2	MALIGNANT NEO LIVER NOS	c22.9	CN
156	MALIG NEO GALLBLADDER	c23	CN
156.1	MAL NEO EXTRAHEPAT DUCTS	c24.0	CN
156.2	MAL NEO AMPULLA OF VATER	c24.1	CN
156.8	MALIG NEO BILIARY NEC	c24.8	CN

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
156.9	MAL NEO BILIARY TRACT, UNSPECIFIED	c24.9	CN
157.0	MAL NEO PANCREAS HEAD	c25.0	CN
157.1	MAL NEO PANCREAS BODY	c25.1	CN
157.2	MAL NEO PANCREAS TAIL	c25.2	CN
157.3	MAL NEO PANCREATIC DUCT	c25.3	CN
157.4	MAL NEO ISLET LANGERHANS	c25.4	CN
157.8	MALIG NEO PANCREAS NEC	c25.8	CN
157.9	MALIG NEO PANCREAS NOS	c25.9	CN
162.0	MALIGNANT NEO TRACHEA	c33	CN
162.2	MALIG NEO MAIN BRONCHUS	c34.00	CN
162.3	MAL NEO UPPER LOBE LUNG	c34.10	CN
162.4	MAL NEO MIDDLE LOBE LUNG	c34.2	CN
162.5	MAL NEO LOWER LOBE LUNG	c34.30	CN
162.8	MAL NEO BRONCH/LUNG NEC	c34.80	CN
162.9	MAL NEO BRONCH/LUNG NOS	c34.90	CN
165.0	MAL NEO UPPER RESPIRATORY TRACK	c39.0	CN
170.0	MAL NEO SKULL/FACE BONE	c41.0	CN
170.1	MALIGNANT NEO MANDIBLE	c41.1	CN
170.2	MALIG NEO VERTEBRAE	c41.2	CN
170.3	MAL NEO RIBS/STERN/CLAV	c41.3	CN
170.4	MAL NEO LONG BONES ARM	c40.00	CN
170.5	MAL NEO BONES WRIST/HAND	c40.10	CN
170.6	MAL NEO PELVIC GIRDLE	c41.4	CN
170.7	MAL NEO LONG BONES LEG	c40.20	CN
170.8	MAL NEO BONES ANKLE/FOOT	c40.30	CN
170.9	MALIG NEOPL BONE NOS	c41.9	CN
174.0	MALIG NEO NIPPLE	c50.019	CN
174.1	MAL NEO BREAST-CENTRAL	c50.119	CN
174.2	MAL NEO BREAST UP-INNER	c50.219	CN
174.3	MAL NEO BREAST LOW-INNER	c50.319	CN
174.4	MAL NEO BREAST UP-OUTER	c50.419	CN
174.5	MAL NEO BREAST LOW-OUTER	c50.519	CN
174.6	MAL NEO BREAST-AXILLARY	c50.619	CN
174.8	MALIGN NEOPL BREAST NEC	c50.819	CN
174.9	MALIGN NEOPL BREAST NOS	c50.919	CN
175.0	MAL NEO MALE NIPPLE	c50.029	CN
175.9	MAL NEO MALE BREAST NEC	c50.929	CN
176.4	LUNG - KAPOSI'S SARCOMA	c46.50	CN
183.0	MAL NEO OVARY	c56.9	CN

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
188.0	MAL NEO BLADDER-TRIGONE	c67.0	CN
188.1	MAL NEO BLADDER-DOME	c67.1	CN
188.2	MAL NEO BLADDER-LATERAL	c67.2	CN
188.3	MAL NEO BLADDER-ANTERIOR	c67.3	CN
188.4	MAL NEO BLADDER-POST	c67.4	CN
188.5	MAL NEO BLADDER NECK	c67.5	CN
188.6	MAL NEO URETERIC ORIFICE	c67.6	CN
188.7	MALIG NEO URACHUS	c67.7	CN
188.8	MALIG NEO BLADDER NEC	c67.8	CN
188.9	MALIG NEO BLADDER NOS	c67.9	CN
189.0	MALIG NEOPL KIDNEY	c64.9	CN
189.1	MALIG NEO RENAL PELVIS	c65.9	CN
191.0	MALIGN NEOPL CEREBRUM	c71.0	CN
191.1	MALIG NEO FRONTAL LOBE	c71.1	CN
191.2	MAL NEO TEMPORAL LOBE	c71.2	CN
191.3	MAL NEO PARIETAL LOBE	c71.3	CN
191.4	MAL NEO OCCIPITAL LOBE	c71.4	CN
191.5	MAL NEO CEREB VENTRICLE	c71.5	CN
191.6	MAL NEO CEREBELLUM NOS	c71.6	CN
191.7	MAL NEO BRAIN STEM	c71.7	CN
191.8	MALIG NEO BRAIN NEC	c71.8	CN
191.9	MALIG NEO BRAIN NOS	c71.9	CN
193	MALIGN NEOPL THYROID	c73	CN
197.0	SECONDARY MALIG NEO LUNG	c78.00	CN
197.3	SEC MALIG NEO RESP NEC	c78.39	CN
198.0	SECOND MALIG NEO KIDNEY	c79.00	CN
198.5	SECONDARY MALIG NEO BONE	c79.51, c79.52	CN
200.00	RETICULOSARCOMA	c83.39	CN
200.10	LYMPHOSARCOMA	c83.50	CN
200.20	BURKITT'S TUMOR OR LYMPHOMA	c83.79	CN
200.80	OTLYMPHOSARCOMA/RETICULOSAR	c83.39	CN
202.00	NODULAR LYMPHOMA	c82.99	CN
202.10	MYCOSIS FUNGOIDES	c84.09	CN
202.20	SEZARY'S DISEASE	c84.19	CN
202.30	MALIGNANT HISTIOCYTOSIS	c96.A	CN
202.40	LEUKEMIC RETICULOENDOTHEL	c94.40	CN
202.50	LETTERER-SIWE DISEASE	c96.0	CN
202.60	MALIGNANT MAST CELL TUMORS	c96.2	CN

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
202.70	PERIPHERAL T-CELL LYMPHOMA	c84.49	CN
202.80	OTHER MALIGNANT LYMPHOMAS	c85.89	CN
202.90	OT MAL NEO LYMPHOID/HISTIO	c96.z	CN
203.00	MULTIPLE MYELOMA	c90.00	CN
203.10	PLASMA CELL LEUKEMIA	c90.10	CN
203.80	OT IMMUNOPROLIF NEOPLASM	c88.8	CN
204.00	LYMPHOID LEUKEMIA ACUTE	c91.00	CN
204.20	LYMPHOID LEUKEMIA SUBACUTE	c91.z0	CN
204.80	OTHER LYMPHOID LEUKEMIA	c91.z0	CN
204.90	UNSPEC LYMPHOID LEUKEMIA	c91.90	CN
205.00	MYELOID LEUKEMIA ACUTE	c92.90	CN
205.10	MYELOID LEUKEMIA CHRONIC	c92.10	CN
205.20	MYELOID LEUKEMIA SUBACUTE	c92.z0	CN
205.30	MYELOID SARCOMA	c92.30	CN
205.80	OTHER MYELOID LEUKEMIA	c92.z0	CN
205.90	UNSPECIFIED MYELOID LEUKEMIA	c92.90	CN
206.00	MONOCYTIC LEUKEMIA ACUTE	c93.00	CN
206.10	MONOCYTIC LEUKEMIA CHRONIC	c93.10	CN
206.20	MONOCYTIC LEUKEMIA SUBACUTE	c93.90	CN
206.80	OTHER MONOCYTIC LEUKEMIA	c93.z0	CN
206.90	UNSPEC MONOCYTIC LEUKEMIA	c93.90	CN
207.00	AC ERYTHREMIA/ERYTHROLEUKEM	c94.00	CN
207.10	CHRONIC ERYTHREMIA	L53.8	CN
207.20	MEGAKARYOCYTIC LEUKEMIA	c94.20	CN
207.80	OTHER SPECIFIED LEUKEMIA	c94.80	CN
208.10	LEUKEMIA UNSPECIFIED TYPE CH	c95.10	CN
200.80	Lymphosarcoma unspecified site extrandoal organ sites	C83.00	CN
200.81	Lymphosarcoma and reticulosarcoma of lymph nodes of head face and neck	C83.01	CN
200.82	Other named variants of Lymphosaroma and Reticulosarcoma of Intrathoracic Lymph nodes	C83.02	CN
200.83	Other named variants of Lymphosarcoma and Reticulosarcoma of Intra-Abdonminal Lymph nodes	C83.03	CN

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
200.84	Other named variants of Lymphosarcoma and Reticulosarcoma of Lymph Nodes of Axilla and Upper Limb	C83.04	CN
200.85	Other named variants of Lymphosarcoma and Reticulosarcoma of Lymph Noes of Inguinal Region and Lower Limb	C83.05	CN
200.86	Other named variants of Lymphosarcoma and Reticulosarcoma of Intrapelvic Lymph Nodes	C83.06,C83.36,C83.86,C83.96	CN
200.87	Other named variants of Lymphosarcoma and Reticulosarcoma of Spleen	C83.07,C83.37,C83.87,C83.97	CN
200.88	Other named variants of Lymphosarcoma and Reticulosarcoma of Lymph nodes of Multiple Sites	C83.08,C83.38,C83.88,C83.98	CN
230.0	CA IN SITU ORAL CAV/PHAR	D00.00	CN
230.1	CA IN SITU ESOPHAGUS	D00.1	CN
230.2	CA IN SITU STOMACH	D00.2	CN
230.3	CA IN SITU COLON	D01.0	CN
230.4	CA IN SITU RECTUM	D01.2	CN
230.7	CA IN SITU BOWEL NEC/NOS	D01.49	CN
230.8	CA IN SITU LIVER/BILIARY	D01.5	CN
230.9	CA IN SITU GI NEC/NOS	D01.7	CN
231.0	CA IN SITU LARYNX	D02.0	CN
231.1	CA IN SITU TRACHEA	D02.1	CN
231.2	CA IN SITU BRONCHUS/LUNG	D02.20	CN
233.0	CA IN SITU BREAST	D05.90	CN
233.39	Carcinoma in situ, other female genital organ	D07.39	CN
233.7	CA IN SITU BLADDER	D09.0	CN
233.9	CA IN SITU URINARY NEC	D09.19	CN
234.8	CA IN SITU NEC	D09.8	CN
238.4	POLYCYTHEMIA VERA	D45	CN
238.6	PLASMACYTOMA NOS	D47.z9	CN
238.76	Myelofibrosis with Myeloid Metaplasia	D47.1	

ICD-9 CODE	ICD-9 DESCRIPTION	ICD-10 CODE	CONDITION TYPE
238.79	LYMPHOPROLIFERAT DIS NOS	z47.z9	
273.3	MACROGLOBULINEMIA	c88.0	
209.03	Malignant carcinoid tumor of the ileum	c7A.012	
209.17	Malignant carcinoid tumor of the rectum	c7A.026	
209.27	Malignant carcinoid tumor of the hindgut NOS	c7A.096	
209.10	Malignant carcinoid tumor of the appendix, large intestine and rectum	c7A.029	
209.12	Carcinoid Tumor of the Cecum	C7A.029	
209.13	Carcinoid Tumor of the ascending Colon	C7A.022	
209.14	Carcinoid Tumor of the Transverse Colon	C7A.023	
209.15	Carcinoid Tumor of the Descending Colon	C7A.024	
209.16	Carcinoid Tumor of the Sigmoid Colon	C7A.025	
209.17	Carcinoid Tumor of the Rectum	C7A.026	
209.21	Carcinoid Tumor of the Bronchus and Lung	C7A.090	
209.22	Carcinoid Tumor of the Thymus	C7A.091	
209.23	Carcinoid Tumor of the Stomach	C7A.092	
209.24	Carcinoid Tumor of the Kidney	C7A.093	
230.4	CA IN SITU RECTUM	D01.2	
238.71	ESSENTIAL THROMBOCYTOSIS	D47.3	
238.72	LOW GRADE MYELODYSPLASTIC SYNDROME	D46.9	
238.73	HIGH GRADE MYELODYSPLASTIC SYNDROME	D46.22	
238.74	MYELODYSPLASTIC SYNDROME WITH 5Q DELETION	D46.c	
238.75	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	D46.9	
273.3	Waldenstrom's Macroglobulinemia	C88.0	

Coding Tips

- It is essential to use both the Index and Tabular List when locating and assigning a code. Never code strictly from the alphabetical index. Always confirm your code choice in the tabular list to in ensure the most appropriate code choice selection.

- The Index does not always provide the full code. Selection of the full code, including laterality and any applicable seventh character can only be done in the Tabular list. A dash (-) at the end of an Index entry indicates that additional characters are required. Even if a dash is not included at the Index entry, it is necessary to refer to the Tabular list to verify that no seventh character is required.

ANEMIAS

Anemias are coded by type: deficiency, hemolytic, aplastic, etc. This needs to be documented clearly.

DIABETES

Diabetes codes in ICD-10-CM are greatly expanded, and are combination codes. In ICD-9-CM, it was appropriate to "code also" related manifestations of diabetes, but in ICD-10_CM, these area all reported in one code. All cause and effects of diabetes and any manifestations must be clearly documented by the provider. In ICD-10-CM, Diabetes is coded by "Type" Type 1 (E10) vs. Type 2 (E11), with Type 2 being the default for Diabetes, NOS.

NEOPLASMS

To properly code a neoplasm, documentation needs to establish is the neoplasm is: benign, in-situ, malignant, or of uncertain histologic behavior. If malignant, any secondary (metastatic) (spreading) sites should also be determined and coded.

LATERALITY

When appropriate, codes specify anatomical location of issue/problem as pertaining to the right side, left side, or unspecified in ICD-!)-CM. The final character indicates laterality (when applicable) in ICD-10-CM. The right side is usually represented with a "1;" the left is usually represented with a "3." Unspecified laterality may be represented with a "0" or a "9," depending on where it is used.

4th-6th CHARACTERS

The fourth-sixth characters in ICD-10-CM codes define a more specific site, etiology (or origin), and manifestation or current state of the disease or problem.

7Th CHARACTER

7th Character extensions are used to communicate the episode of care (sequelae) for obstetrics, injuries, and external causes of injuries. The 7th character may be different based on the chapter that is using the 7 characters. If a 7th character is ever required, the choice for the character can be found in the pink instruction box above the section in the tabular. Whenever applying a 7th character, it must always be in the 7th position. If there are less than 6 characters being used, then a placeholder "X" will be used as many times as necessary to allow the 7th character to appear in the correct 7th position of the code.

CASE STUDIES

CASE STUDY #1

Primary cancer of the vulva

CASE STUDY #2

Patient 80 years old is seen for follow up esophageal cancer of the upper third of the esophagus

CASE STUDY #3

Patient was treated at the dermatologist for basal cell carcinoma of the skin of the chin.

CASE STUDY #4

Patient suffers from hypertension that is uncontrolled.

CASE STUDY #5

Patient with Renal failure

CASE STUDIES ANSWER SHEET

CASE STUDY #1

ANSWER: ICD-10-CM code -- C51.9

CASE STUDY #2

ANSWER: ICD-10-CM code-- C15.3

CASE STUDY #3

ANSWER: ICD-10-CM code-- C44.319

CASE STUDY #4

ANSWER: ICD-10-CM code-- I10

CASE STUDY #5

ANSWER: ICD-10-CM code-- N19

NOTES

ICD-10-CM Slide Presentation

Slide 1

Department of Labor
ICD-10 Overview

Dionne Perry, CPC
Division of Energy Employees
Occupational Illness Compensation
Department of Labor
September 2015

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Slide 2

Main Objectives:

- Understanding Change to ICD-10-CM

- ICD-10 General Guidelines

- DEEOIC's Bill Processing Procedures

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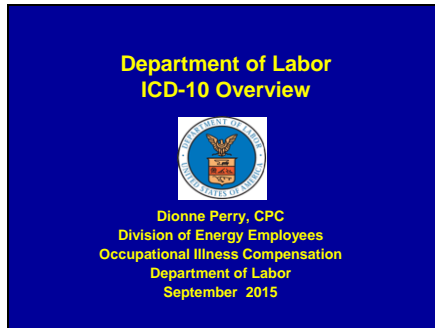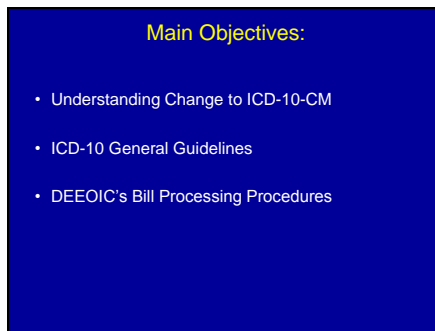
Slide 3

Effective October 1, 2015:

- ICD-10-CM will replace ICD-9-CM Volumes 1 and 2 for reporting diagnoses.

- ICD-10-PCS will replace ICD-9-CM volume 3 for reporting hospital inpatient procedures.

No impact on Current Procedure Coding (CPT) or Healthcare Common Procedure Coding System (HCPCS)

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Slide 4

ICD-10-CM Facts:

- ICD-10-CM consists of 21 chapters compared to 17 chapters in ICD-9-CM.

- ICD-10-CM is very similar to ICD-9-CM by way of look up and basic guideline information.

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Slide 5

Where are most of the ICD-10-CM codes?
- The majority of codes listed in ICD-10-CM are in the musculoskeletal and injury/poisoning section.

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Slide 6

Why Is ICD-9-CM Being Replaced?

- Federally Mandated by Congress

- ICD-9-CM is outdated and running out of space for new codes.

- Lacks specificity and detail.

- 30 year old system, technology and medical conditions have changed

Slide 7

Who will be affected?

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by HIPAA (Health Insurance Portability and Accountability Act).

This change includes: Providers, Payers, Software vendors, Clearinghouses, and third-party billing services.

Slide 8

Major Differences Between ICD-9-CM and ICD-10-CM:

ICD – 9-CM	ICD – 10-CM
13,600 codes	69,000 codes
Code book contains 17 chapters	Code book contains 21 chapters
Consists of 3 to 5 characters	Consists of 3 to 7 characters
1st character is alpha or numeric	1st character is alpha
Only utilizes letters E and V	Utilizes all letters (except U)
Second, third, fourth, and fifth characters are always numeric	Second character is always numeric
	Third, fourth, fifth, sixth, and seventh characters can be alpha or numeric
Shorter code descriptions because of lack of specificity and abbreviated code titles	Longer code descriptions because of greater clinical detail and specificity and full code titles

Slide 9

ICD-10 Structure

- ICD-10-CM codes consist of 3 – 7 characters
  - Character 1 is alpha (A – Z, not case sensitive)
  - Character 2 is numeric
  - Character 3-7 is either alpha (not case sensitive) or numeric

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Slide 10

Examples of ICD-9-CM versus ICD-10-CM Neoplasms Codes:

- **ICD-9-CM**
  - 143 Malignant neoplasm of gum
    - 143.0 Upper gum
    - 143.1 Lower gum

- **ICD-10-CM**
  - C03 Malignant neoplasm of gum
    - C03.0 Malignant neoplasm of upper gum
    - C03.1 Malignant neoplasm of lower gum

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Slide 11

Coding Process Remains the Same

- The ICD-10-CM code book retains the same traditional format
  - Index
  - Tabular
- Process of coding is unchanged
  - Look up a condition in the Index
  - Confirm the code in the Tabular

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Slide 12

Biggest Change

Laterality! left vs. right vs. bilateral

- For bilateral sites, the final character of the codes in ICD-10-CM indicate laterality.
- Right side is always character 1 (RT)
- Left side is always character 2 (LT)
- Bilateral code is always character 3 (RT & LT)

Neoplasms Laterality:
    Laterality – Left Versus Right
    – H16.011 Central cornel ulcer, right eye
    – H16.012 Central corneal ulcer, left eye
    – H16.013 Central corneal ulcer, bilateral

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Slide 13

Diagnoses that will require Laterality

Joint Pain
Joint effusion
Injury
Fractures
Dislocations
Arthritis
Cerebral infarction
Extremity atherosclerosis
Pressure ulcers
Cancers, neoplasms (breast, lung, bones, etc.)

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Slide 14

Coding Specificity

When a specific condition, illness, etc., contains a 4th, 5th, 6th, or 7th digit, the CE must use all available digits to identify the condition.

When selecting ICD-9 or ICD-10 codes, the CE should always use the code that most specifically describes the medical condition reported.

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Slide 15

Unspecified Codes

- Diagnosis codes should be assigned as specifically and accurately as possible based on available medical record(s).

- When sufficient clinical information is not known or available, CE can select unspecified code.

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Slide 16

ICD-10-CM Coding Examples:

Hypertension
Step 1
Look up term in Alphabetic Index:
Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10

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Slide 17

ICD-10-CM Coding Examples

Hypertension (con't)
Step 2
Verify code in Tabular:
I10 Essential (primary) hypertension

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Slide 18

MEDICAL CODE EXPERT

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Slide 19

The CE can use the Medical Code Expert application by going to the website https://www.medicalcodeexpert.com to assist in the proper identification of a diagnosis.

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Slide 20

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Slide 21

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Slide 22

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Slide 23

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Slide 24

ECS Module

Slide 25

ECS Eligibility Begin Date:

- If a medical condition appears in ECS with a eligibility begin date prior to October 1, 2015, the CE uses ICD-9-CM coding For example, if the medical records document hypertension, unspecified, and the eligibility begin date is September 30, 2014, the CE enters (401.9) as the ICD-9-CM code in the ECS medical condition field.

- If the status effective date is on or after October 1, 2015, the CE uses ICD-10-CM coding. For example, if the medical records list a primary diagnosis of hypertension and the eligibility begin date is October 1, 2015, the CE enters (I10), as the ICD-10-CM code in the medical condition field in ECS.

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Entering an ICD-10 code prior to October 1, 2015, will display a pop-up box stating that the eligibility begin date is before 10/01/2015 and that you can only enter an ICD-9 code.

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ECS Condition Types

- ECS condition types will be pre-populated for both ICD-9 and ICD-10 Codes. This change will occur in ECS release 1.15, scheduled for implementation on 09/25/2015

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NIOSH

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Niosh Referral

Enter the associated ICD-9 AND ICD-10 CODE

5	EE Covered Cancer Information	Enter the EEs verified diagnosed cancer(s). Create a table (copy, cut, paste); for each primary cancer or secondary cancer for which there is an unknown primary.	
a	Primary or Secondary	Place an "X" (by clicking) in the box that best describes the cancer (Primary or Secondary)	
b	Cancer Description/Type	Enter the cancer description from the pathology/operative report, etc.	Chronic myelomonocytic leukemia, in remission
c	Associated ICD-9 Code	Enter the ICD-9 code that best describes the cancer	206.11
d	Associated ICD-10 Code	Enter the ICD-10 code that best describes the cancer	C93.11

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Bill Processing Changes

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HCFA 1500 Changes:

The HCFA 1500 claim form often referred to as the "CMS-1500 has been revised to accommodate the ICD-10-CM code set.

The new HCFA 1500 form includes a new field for indicating whether an ICD-9 or ICD-10 code is being used, and expands the number of possible diagnosis codes listed on the HCFA 1500 form from 4 to 12.

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**Inpatient Bills:
UB-04**

Inpatient bills with a discharge date on or after 10/1/15 are required to utilize ICD-10 diagnosis codes and ICD-10 surgical procedure codes.

Inpatient bills with a discharge date prior to 10/1/15 continue to utilize ICD-9 diagnosis and surgical procedure codes.

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Outpatient Bills:
UB-04

Outpatient bills with dates of service on or after 10/1/15 are required to utilize ICD-10 diagnosis codes.

Outpatient bills with dates of service prior to 10/1/15 continue to utilize ICD-9 diagnosis codes

Bills cannot contain a combination of both ICD-9 and ICD-10 codes, so bills must be split if services crossover the ICD-10-CM implementation date.

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Prompt Pay/External Impairment Coding

- No changes will occur. We will continue to use existing PA codes:
- Examples:
  - **V49.8** **CMC File Review**
  - **V49.8** **CMC Impairment Rating**
  - **V68.2** **Second Medical Opinions**
  - **V68.81** **Medical Records**
  - **V70.9** **External Impairment Rating**

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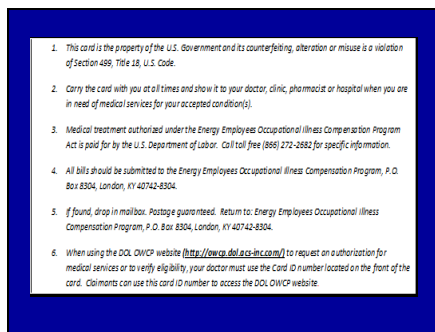_____

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Treatment Suites:

- The treatment suites have been modified to recognize both ICD-9-CM and ICD-10-CM diagnosis codes. All existing ICD-9-CM codes are mapped to the equivalent ICD-10-CM code(s). There are some ICD-9 codes that are mapped to more than one ICD-10 code. There are also ICD-10 codes that map back multiple ICD-9 codes.
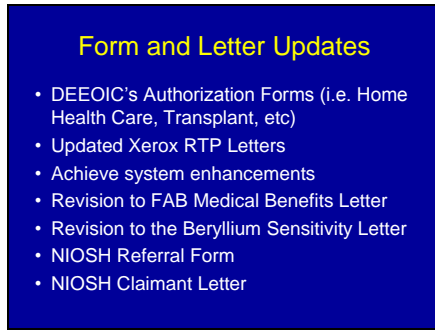
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Form and Letter Updates

- DEEOIC's Authorization Forms (i.e. Home Health Care, Transplant, etc)
- Updated Xerox RTP Letters
- Achieve system enhancements
- Revision to FAB Medical Benefits Letter
- Revision to the Beryllium Sensitivity Letter
- NIOSH Referral Form
- NIOSH Claimant Letter

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Medical Provider Notifications

- Website Announcements (i.e. DEEOIC/ Xerox, OWCP)
- ICD-10 Countdown Clock
- Power Point Presentation (DEEOIC Website)
- Medical Provider Newsletter (Monthly Newsletter)
- IVR Message
- MBIC Provider Notification Mailing

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Questions ?

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