ICD-10 High level Overview

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What is ICD-10?

- International Classification of Diseases, Tenth Revision
- Used for reporting diseases, injuries and causes of death - morbidity and mortality reporting.
- ICD-10 Clinical Modification (ICD-10-CM) for reporting diagnoses
- ICD-10 Procedure Coding System (ICD-10-PCS) for reporting inpatient procedures

Why Change?

- World Health Organization (WHO) supports ICD-10 only
- US is only nation still using ICD-9-CM for morbidity reporting
 - US uses ICD-10 for mortality reporting
- ICD-9-CM can no longer accommodate new codes
- ICD-9-CM was created 30 years ago
- Improved mortality reporting and bio-surveillance
 - 138 countries have adopted ICD-10 for morbidity data
 - ICD-10 better identifies new health threats such as anthrax, Severe Acute Respiratory Syndrome (SARS), and Monkey pox
 - Detail improves ability to develop rapid interventions for emerging diseases affecting international populations

Benefits of ICD-10

- 1. Increased classification specificity for newly identified disease entities & other advances
- 2. Ability to capture emerging technologies
- 3. Interoperability with Electronic Health Record (EHR) clinical vocabularies
- 4. Potential improvements in quality of health care and cost containment
- 5. Increased accuracy for "Pay 4 Performance" programs and "Never Events"

Comparison: ICD-9-CM vs. ICD-10-CM

	Key Differences	
	ICD-9 CM	ICD-10 CM
Number of Characters	3-5 Numeric & Alphanumeric	5-7 Alphanumeric
Approximate Number of Codes	13,000	120,000

ICD-9-CM	ICD-10-CM
813.22 – Fracture; Shaft, closed Ulna (alone) 813.33 – Fracture; Shaft, open Ulna (alone)	 S52.211 – Greenstick fracture of shaft of right ulna S52.212 – Greenstick fracture of shaft of left ulna S52.221 – Displaced transverse fracture of shaft of right ulna S52.222 – Displaced transverse fracture of shaft of left ulna S52.231 – Displaced oblique fracture of shaft of right ulna S52.232 – Displaced oblique fracture of shaft of left ulna

Comparison: ICD-9-CM Procedure Codes vs. ICD-10-PCS

Key Differences				
	ICD-9-CM	ICD-10-PCS		
Number of Characters	3-4 Numeric	7 Alphanumeric		
Approximate Number of Codes	4,000	200,000		

Excision of Inferior Vena Cava			
ICD-9-CM	ICD-10-PCS		
38.45 – Resection of vessel with replacement, thoracic vessel	06B00ZZ – Open excision		
	06B02ZZ – Open endoscopic excision		
	06B03ZZ – Percutaneous excision		
	06B04ZZ – Percutaneous endoscopic excision	6	

Impacts to State Medicaid Programs

- System Changes Systems which process or provide data related to claims and encounters; hold Medicaid policy; and downstream reporting systems
- Policy Impacts Policy which is used in determining benefits or guidelines for care; Criteria for reporting systems
- Education and Training Education and training of *all* personnel who use these codes to determine policy, reimbursement or denial of claims, outcome measures, contracts, and all other business requirements
- Education Education of all impacted trading partners and providers
- Hospital Contracts Contracts between Medicaids and hospitals which determine reimbursement based on inpatient procedure codes
- Documentation Impacts to guidelines, manuals, desk level procedures, etc...

Industry Feedback

- In general, the migration to ICD-10 is supported by the industry
- Timelines as proposed in the NPRM were thought to be too short given experiences with HIPAA 1 and other factors (i.e., budget constraints) which resulted in the revision of these dates in the final rule.
- Implementation of ICD-10 should be sequential and subsequent to 5010 (1/1/2011)

What's Next?

- ASC X12 version 5010 transaction <u>must be</u> <u>implemented prior to ICD-10</u>
- Plan development and implementation strategies