An Introduction to ICD-10 and Its Possible Effects on Medicare Secondary Payer Compliance

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Presenters

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Agenda

- ICD-10 Implementation History
- What is ICD-10?
- Benefits of ICD-10
- ICD-10-CM and ICD-10-PCS
- ICD-9 vs. ICD-10
- ICD-10 Impacting Public Policy Changes
- ICD-10 Conversion and MIR
- ICD-9 and ICD-10 MIR Lookup Tools
- ICD-9 and ICD-10 Effect on MSP
- ICD-10-CM and PCS Chapters and Categories
- Takeaways
ICD-10 Implementation History

8/22/2008
HHS proposes
HIPAA Administrative
Simplification:
Modification
to Medical Data
Code Set Standards
to Adopt ICD-10-CM
and ICD-10-PCS.

Aug-08

1/16/2009
HHS published final rule
to adopt ICD-10 as the HIPAA
standard code to replace ICD-9-CM.

Compliance date set
for 10/1/2013.

1/1/2012
Industry concerns prompt
HHS to delay ICD-10
compliance date to
10/1/2014.

Aug-12

4/1/2014
Congress enacted Protecting Access
to Medicare Act of 2014,
requiring the adoption of ICD-10
no sooner than 10/1/2015.

Aug-14

8/4/2014
HHS published final rule establishing
10/1/2015
as new ICD-10
compliance date.
What is ICD-10?

• A method of coding a patient’s state of health and institutional procedures.
• Developed by the World Health Organization (WHO) as International Classification of Diseases (ICD).
• ICD-9 was adopted by WHO in 1979. ICD-10 was adopted by WHO in 1990.
• Countries Using ICD-10 for Reimbursement or Case Mix
  – United Kingdom (1995)
  – Nordic countries (Denmark, Finland, Iceland, Norway, Sweden) (1994 –1997)
  – France (1997)
  – Australia (1998)
  – Belgium (1999)
  – Germany (2000)
  – Canada (2001)
Benefits of ICD-10

• Provides greater specificity of diagnosis-related groups, improves quality measurement and reporting capabilities, improves tracking of illnesses, and reflects greater accuracy of reimbursement for medical services.

• Its granularity will improve data capture and analytics of public health surveillance and reporting, national quality reporting, research and data analysis, and provide detailed data to inform health care delivery and health policy decisions.

• Reflects the advances in medicine and medical technology that U.S. physician specialty groups called for as they provided extensive input into the development of the ICD-10-CM code-set to capture more precise codes for the conditions they treat.

• Includes significant improvements over ICD-9-CM in coding primary care encounters, external causes of injury, mental disorders, and preventive health, just to name a few.
## ICD-10-CM and ICD-10-PCS

<table>
<thead>
<tr>
<th>ICD-10-CM for diagnosis coding</th>
<th>ICD-10-PCS for inpatient procedure coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>(replaces ICD-9-CM)</td>
<td>(replaces ICD-9-PCS)</td>
</tr>
</tbody>
</table>

**ICD-10-CM for diagnosis coding**

Clinical modification in all health care settings of WHO standard for diagnoses that is maintained by National Center for Health Statistics (NCHS) and is for specific use in the U.S.

- 3 to 7 digit code
- Code format similar to ICD-9
- Provides detailed injury information. For example, fractures codes are established to capture left vs. right side of body, initial vs. subsequent encounter, routine vs. delayed healing, and nonunion vs. malunion.

**ICD-10-PCS for inpatient procedure coding**

Inpatient procedures coding system in hospital settings developed and maintained by Centers for Medicare and Medicaid (CMS) in the U.S. only.

- 7 alphanumeric digit codes
- Code format substantially different from ICD-9
- Provides detailed information on procedures and distinct codes for all types of devices.
## ICD-9 vs. ICD-10

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 digits</td>
<td>7 digits and alphanumerics</td>
</tr>
<tr>
<td>3,824 Procedure codes</td>
<td>71,924 Procedure codes</td>
</tr>
<tr>
<td>14,025 Diagnosis codes</td>
<td>69,823 Diagnosis codes</td>
</tr>
<tr>
<td>Outdated technology</td>
<td>Updated technology and EHR</td>
</tr>
<tr>
<td>Inflexible in adding new codes</td>
<td>Flexible to add new codes</td>
</tr>
<tr>
<td>Diagnosis/injury detail is lacking</td>
<td>Specific diagnosis/injury information provided</td>
</tr>
<tr>
<td>Generic terms for body parts</td>
<td>Precise terms for body parts</td>
</tr>
<tr>
<td>Methodology and approach for treatment lacks detail</td>
<td>Precise detail on methodology and approach to treatment</td>
</tr>
<tr>
<td>Lack of detail to describe specific procedures</td>
<td>Specifically details methodology, body part, and diagnosis for procedures</td>
</tr>
</tbody>
</table>
Numerous workers’ compensation jurisdictions have adopted changes to billing (electronic and paper) rules/requirements, placing these rules in alignment with federal requirements utilizing ICD-10 codes.  
*States implementing ICD-10 billing requirements – CA, CO, GA, NY, NC, OH, and TX*

Similar to billing, workers’ compensation jurisdictions have also adopted changes to their EDI/State Reporting rules and requirements, also aligning them with usage of the ICD-10 codes.  
*States implementing ICD-10 State Reporting requirements – CA, OR, TX, and FL*

National billing and state reporting standards, such as NCPDP and IAIABC have adopted the “most current” federal ICD requirements into their standards.

States adopting drug formularies and nationally-recognized treatment guidelines may utilize ICD diagnosis and procedure codes for treatment compliance.
Poll Question #1
ICD-10 Conversion and Mandatory Insurer Reporting (MIR)

Beginning October 1, 2015

• Submission for claims with a CMS date of injury (DOI) on or after October 1, 2015 will require ICD-10-CM diagnosis codes on all production Claim Input Files (CIP), Direct Data Entry (DDE) and update records.

• Submission for claims with a CMS date of injury (DOI) prior to October 1, 2015 may include either all ICD-9-CM or all ICD-10-CM diagnosis codes. Responsible Reporting Entities (RREs) may not submit a combination of ICD-9-CM and ICD-10-CM diagnosis codes on one single record.

• RREs will not be required to convert or crosswalk ICD-9-CM codes submitted on previously accepted records to ICD-10-CM codes when submitting subsequent updates to those records.
ICD-9 and ICD-10 MIR Lookup Tools

<table>
<thead>
<tr>
<th>Revision</th>
<th>Code Type</th>
<th>ICD Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>202.44</td>
<td>Leukemic reticuloendotheliosis, lymph nodes of axilla and upper arm</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>224.4</td>
<td>Benign neoplasm of cornea</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>244.0</td>
<td>Postsurgical hypothyroidism</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>244.1</td>
<td>Other postsurgical hypothyroidism <strong>INVALID FOR NO-FAULT CLAIMS</strong> SECTION 111 REPORTING ONLY**</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Cause of Injury</td>
<td>E324.4</td>
<td>Other motor vehicle nontraffic accident while boarding and alighting injuring occupant of streetcar</td>
</tr>
<tr>
<td>ICD-10</td>
<td>Diagnosis</td>
<td>G24.4</td>
<td>Idiopathic orofacial dystonia</td>
</tr>
<tr>
<td>ICD-10</td>
<td>Diagnosis</td>
<td>692.244</td>
<td>Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>244.9</td>
<td>Unspecified acquired hypothyroidism <strong>INVALID FOR NO-FAULT CLAIMS</strong> SECTION 111 REPORTING ONLY**</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>282.44</td>
<td>Beta thalassemia</td>
</tr>
<tr>
<td>ICD-9</td>
<td>Diagnosis</td>
<td>372.44</td>
<td>Double ptorygium</td>
</tr>
</tbody>
</table>
ICD-9 and ICD-10 Effect on Medicare Secondary Payer

• Effective January 1, 2016, CMS added an additional limitation to Medicare claims payments when insurers or workers’ compensation entities report to CMS that they have Ongoing Responsibility for Medicals (ORM).

• In situations where an insurer or workers’ compensation entity reports to CMS that it has ongoing responsibility for medicals for specific care, CMS’ claims processing contractors will use the information to determine whether Medicare is able to make payment for those claims.

• Insurers and workers’ compensation entities that notify Medicare that they have ORM are strongly encouraged to report accurate ICD-9 or ICD-10 codes as Medicare’s claims. Processing contractors will use this information to pay or deny payment accordingly.
ICD-9 and ICD-10 Effect on Medicare Secondary Payer

• Conditional payments and set aside allocations will be affected by ICD-10.

• There should be less confusion as to whether a payment made by CMS is or is not related to a claim, as the detail of ICD-10 codes should help to answer same.

• There should be less disagreement as to whether specific treatment should or should not be included in MSA.
Case Study

The Claimant

- On 1/26/2006, the claimant suffered injuries to his right shoulder, right wrist, right hand and neck, along with cumulative trauma injuries to the left shoulder, bilateral knees, lumbar spine, hips, and feet.
- He was also receiving treatment for headaches, hypertension and hearing loss, which were unrelated to the claim.

Proposed Settlement

- 1/30/2015 – A proposed settlement was submitted to CMS in the amount of $140,000 that included a Medicare Set Aside (MSA) amount of $85,867.
- Medical records submitted to support the proposed settlement amount stopped on 3/12/2013.
Case Study

CMS Response

• CMS asked for updated medical records from both authorized and unauthorized physicians, which identified continued treatment for headaches, high blood pressure and hearing loss
• CMS determined that $155,862 adequately considered Medicare’s interests rather than the proposed amount
• CMS included funds in the MSA for continued treatment of the headaches, high blood pressure and hearing loss despite the fact that medical and payout records showed that no payments had been made for these conditions as related to the workers’ compensation claim.
Case Study

Requested Review of CMS Determination

- The parties provided CMS with copies of legal documents, which outlined the compensable diagnoses
- 2/12/2016 – CMS indicated that since the Responsible Reporting Entity (RRE), under Section 111, had been and continued to report that they have ongoing responsibility (ORM) for the claimant’s headaches, hypertension, and hearing loss, CMS will not remove those items/services from the MSA

Takeaway

- CMS will now require inclusion of the medical care born from such misreported ICD-9 or ICD-10 codes in MSAs
- Many organizations gather ICD-9 and ICD-10 codes from their bill review process for MIR purposes.
  - It is critical that data be compared with the claim information
  - If the ICD-9 or ICD-10 codes coming out of the insurer’s billing process do not match the claimant’s compensable injuries/impairments and are not corrected, the cost for treatment of such unrelated medical codes will find their way into your MSA.
Poll Question #2
## ICD-10-CM Chapters and Categories

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certain Infectious and Parasitic Diseases (A00-B99)</td>
</tr>
<tr>
<td>2</td>
<td>Neoplasms (C00-D49)</td>
</tr>
<tr>
<td>3</td>
<td>Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)</td>
</tr>
<tr>
<td>4</td>
<td>Endocrine, Nutritional, and Metabolic Diseases (E00-E89)</td>
</tr>
<tr>
<td>5</td>
<td>Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)</td>
</tr>
<tr>
<td>6</td>
<td>Diseases of the Nervous System (G00-G99)</td>
</tr>
<tr>
<td>7</td>
<td>Diseases of the Eye and Adnexa (H00-H59)</td>
</tr>
<tr>
<td>8</td>
<td>Diseases of the Ear and Mastoid Process (H60-H95)</td>
</tr>
<tr>
<td>9</td>
<td>Diseases of the Circulatory System (I00-I99)</td>
</tr>
<tr>
<td>10</td>
<td>Diseases of the Respiratory System (J00-J99)</td>
</tr>
<tr>
<td>11</td>
<td>Diseases of the Digestive System (K00-K95)</td>
</tr>
<tr>
<td>12</td>
<td>Diseases of the Skin and Subcutaneous Tissue (L00-L99)</td>
</tr>
</tbody>
</table>
# ICD-10-CM Chapters and Categories

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)</td>
</tr>
<tr>
<td>14</td>
<td>Diseases of Genitourinary System (N00-N99)</td>
</tr>
<tr>
<td>15</td>
<td>Pregnancy, Childbirth, and the Puerperium (O00-O9A)</td>
</tr>
<tr>
<td>16</td>
<td>Certain Conditions Originating in the Perinatal Period (P00-P96)</td>
</tr>
<tr>
<td>17</td>
<td>Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)</td>
</tr>
<tr>
<td>18</td>
<td>Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)</td>
</tr>
<tr>
<td>19</td>
<td>Injury, poisoning, and certain other consequences of external causes (S00-T88)</td>
</tr>
<tr>
<td>20</td>
<td>External Causes of Morbidity (V00-Y99)</td>
</tr>
<tr>
<td>21</td>
<td>Factors influencing health status and contact with health services (Z00-Z99)</td>
</tr>
<tr>
<td>S00-S09</td>
<td>Injuries to the head</td>
</tr>
<tr>
<td>S10-S19</td>
<td>Injuries to the neck</td>
</tr>
<tr>
<td>S20-S29</td>
<td>Injuries to the thorax</td>
</tr>
<tr>
<td>S30-S39</td>
<td>Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals</td>
</tr>
<tr>
<td>S40-S49</td>
<td>Injuries to the shoulder and upper arm</td>
</tr>
<tr>
<td>S50-S59</td>
<td>Injuries to the elbow and forearm</td>
</tr>
<tr>
<td>S60-S69</td>
<td>Injuries to the wrist, hand and fingers</td>
</tr>
<tr>
<td>S70-S79</td>
<td>Injuries to the hip and thigh</td>
</tr>
<tr>
<td>S80-S89</td>
<td>Injuries to the knee and lower leg</td>
</tr>
<tr>
<td>S90-S99</td>
<td>Injuries to the ankle and foot</td>
</tr>
</tbody>
</table>
## Injuries to Head – Superficial Injury of Scalp

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S00</td>
<td>Superficial injury of head</td>
</tr>
<tr>
<td>S00.0</td>
<td>Superficial injury of scalp</td>
</tr>
<tr>
<td>S00.00</td>
<td>Unspecified superficial injury of scalp</td>
</tr>
<tr>
<td>S00.01</td>
<td>Abrasion of scalp</td>
</tr>
<tr>
<td>S00.02</td>
<td>Blister (nonthermal) of scalp</td>
</tr>
<tr>
<td>S00.03</td>
<td>Contusion of scalp</td>
</tr>
<tr>
<td>S00.04</td>
<td>External constriction of part of scalp</td>
</tr>
<tr>
<td>S00.05</td>
<td>Superficial foreign body of scalp</td>
</tr>
<tr>
<td>S00.06</td>
<td>Insect bite (nonvenomous) of scalp</td>
</tr>
<tr>
<td>S00.07</td>
<td>Other superficial bite of scalp</td>
</tr>
</tbody>
</table>
ICD-10-CM: Clinical Modification

- Digit 1 is alpha (not case sensitive) – Section
- Digit 2 is numeric – Body System
- Digit 3 is alpha (not case sensitive) or numeric – Injury
- Digit 4 is alpha (not case sensitive) or numeric – Etiology
- Digit 5 is alpha (not case sensitive) or numeric – Location
- Digit 6 is alpha (not case sensitive) or numeric – Laterality
- Digit 7 is alpha (not case sensitive) or numeric – Extension
### Differences Between ICD-9-CM and ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9-CM for Fracture of Humerus</th>
<th>ICD-10-CM for Fracture of Humerus</th>
</tr>
</thead>
<tbody>
<tr>
<td>812 Fracture of humerus</td>
<td>S42 Displaced Traverse Fracture</td>
</tr>
<tr>
<td>812.2 Closed fracture of shaft or unspecified part of humerus</td>
<td>S42.3 Displaced Traverse Fracture, Humerus</td>
</tr>
<tr>
<td>812.21 Closed fracture of shaft of humerus</td>
<td>S42.32 Displaced Traverse Fracture, Humerus Shaft</td>
</tr>
<tr>
<td></td>
<td>S42.321 Displaced Traverse Fracture, Humerus Shaft, Right Arm</td>
</tr>
<tr>
<td></td>
<td>S42.321A Displaced Traverse Fracture, Humerus Shaft, Right Arm; Initial treatment encounter for closed fracture</td>
</tr>
</tbody>
</table>
ICD-10-CM Specificity

- Diabetes mellitus (ICD-9-CM category 250) has been split into different category codes
  - E08 Diabetes mellitus due to underlying condition
  - E09 Drug or chemical induced diabetes mellitus
  - E10 Type 1 diabetes mellitus
  - E11 Type 2 diabetes mellitus
  - E13 Other specified diabetes mellitus
- Diabetes mellitus codes are expanded to include the classification of the diabetes and the manifestation (4th and 5th digit)
  - E08.22 Diabetes mellitus due to an underlying condition with diabetic chronic kidney disease
  - E09.52 Drug induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
  - E10.11 Type 1 diabetes mellitus with ketoacidosis with coma
  - E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy
  - E13.31 Other specified diabetes mellitus with unspecified diabetic retinopathy
    - E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
ICD-10-CM Detail

- Acute tonsillitis expanded at the fourth character (to indicate organism) and fifth character (to indicate acute and recurrent) levels in ICD-10-CM
  
  J03.0  Acute streptococcal tonsillitis
  J03.00  Acute streptococcal tonsillitis unspecified
  J03.01  Acute recurrent streptococcal tonsillitis

- Carpal tunnel syndrome laterality – Left versus Right
  
  G56.0  Carpal Tunnel Syndrome
  G56.00  Carpal Tunnel Syndrome, unspecified upper limb
  G56.02  Carpal Tunnel Syndrome, left upper extremity
ICD-10-CM Variables

Sports injuries now coded with sport and reason for injury:

- W21.00 Struck by hit or thrown ball, unspecified type
- W21.01 Struck by football
- W21.02 Struck by soccer ball
- W21.03 Struck by baseball
- W21.04 Struck by golf ball
- W21.05 Struck by basketball
- W21.06 Struck by volleyball
- W21.07 Struck by softball
- W21.09 Struck by other hit or thrown ball
- W21.11 Struck by baseball bat
- W21.12 Struck by tennis racquet
- W21.13 Struck by golf club
- W21.19 Struck by other bat, racquet or club
ICD-10 Code Examples

ICD-10-CM W17.89 – Other fall from one level to another
This is a non-specific code that should not be used to indicate a diagnosis. There are codes with greater detail.

Applicable to a fall from a:
• Cherry picker
• Lifting device
• Mobile elevated work platform
• Sky lift

Coding Rules
W17.89 describes the circumstance causing an injury, not the nature of the injury.

Child codes
W17.89XA – initial encounter
W17.89XD – subsequent encounter
W17.89XA – sequele
ICD-10 Code Examples

ICD-10-CM W00.1XXA – Fall from stairs or steps due to ice and snow, initial encounter
This is a specific code that can be used to specify a diagnosis.

Abbreviated Form
Fall from stairs and steps due to ice and snow, init enctr

Coding Rules
W00.1XXA describes the circumstance causing an injury, not the nature of the injury.
ICD-10-PCS: Procedure Coding System

- New Procedure Coding Reporting System
- A U.S. creation not used anywhere else
- Change from 5 to 7 positions
- Each position has a specific meaning

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section</td>
<td>Body System</td>
<td>Root Operation</td>
<td>Body Part</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
</tr>
</tbody>
</table>
ICD-10-PCS Chapters and Categories Content

• 0 Medical and Surgical
• 1 Obstetrics
• 2 Placement
• 3 Administration
• 4 Measurement and Monitoring
• 5 Extracorporeal Assistance and Performance
• 6 Extracorporeal Therapies
• 7 Osteopathic
• 8 Other Procedures
• 9 Chiropractic

• B Imaging
• C Nuclear Medicine
• D Radiation Therapy
• F Physical Rehabilitation and Diagnostic Audiology
• G Mental Health
• H Substance Abuse Treatment
ICD-10-PCS  0 Medical and Surgical

- 00  Central Nervous System
- 01  Peripheral Nervous System
- 02  Heart and Great Vessels
- 03  Upper Arteries
- 04  Lower Arteries
- 05  Upper Veins
- 06  Lower Veins
- 07  Lymphatic Systems
- 08  Eye
- 09  Ear, Nose, Sinus
## ICD-10-PCS 0 Medical and Surgical

<table>
<thead>
<tr>
<th>Code</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>0B</td>
<td>Respiratory System</td>
</tr>
<tr>
<td>0C</td>
<td>Mouth and Throat</td>
</tr>
<tr>
<td>0D</td>
<td>Gastrointestinal System</td>
</tr>
<tr>
<td>0F</td>
<td>Hepatobiliary and Pancreas</td>
</tr>
<tr>
<td>0G</td>
<td>Endocrine System</td>
</tr>
<tr>
<td>0H</td>
<td>Skin and Breast</td>
</tr>
<tr>
<td>0J</td>
<td>Subcutaneous and Fascia</td>
</tr>
<tr>
<td>0K</td>
<td>Muscles</td>
</tr>
<tr>
<td>0L</td>
<td>Tendons</td>
</tr>
<tr>
<td>0M</td>
<td>Bursae and Ligaments</td>
</tr>
<tr>
<td>0N</td>
<td>Head and Facial Bones</td>
</tr>
<tr>
<td>0P</td>
<td>Upper Bones</td>
</tr>
<tr>
<td>0Q</td>
<td>Lower Bones</td>
</tr>
<tr>
<td>0R</td>
<td>Upper Joints</td>
</tr>
<tr>
<td>0S</td>
<td>Lower Joints</td>
</tr>
<tr>
<td>0T</td>
<td>Urinary System</td>
</tr>
<tr>
<td>0U</td>
<td>Female Reproductive System</td>
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<tr>
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ICD-10-PCS  G Mental Health

- GZ1 Psychological Tests
- GZ2 Crisis Intervention
- GZ3 Medication Management
- GZ5 Individual Psychotherapy
- GZ6 Counseling
- GZ7 Family Psychotherapy
- GZB Electroconvulsive Therapy
- GZC Biofeedback
- GZF Hypnosis
- GZG Narcosynthesis
- GZH Group Psychotherapy
- GZJ Light Therapy
ICD-10-PCS Specificity

ICD-10-PCS for Laparoscopic Appendectomy (0DTJ4ZZ)

0  Medical and Surgical (Section)
D  Gastrointestinal (Body System)
T  Resection (Root Operation)
J  Appendix (Body Part)
4  Percutaneous endoscopic (Approach)
Z  No device (Device)
Z  No qualifier (Qualifier)
ICD-10-PCS Specificity

ICD-10-PCS for Total Right Hip Replacement (0SR9O3Z)

0   Medical and Surgical (Section)
S   Lower Joints (Body Systems)
R   Replacement (Root Operation)
9   Right Hip Joint (Body Part)
O   Open (Approach)
3   Synthetic Substitute (Device)
Z   No Qualifier (Qualifier)
ICD-10-PCS  001 Options for Digits 4 thru 7

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<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
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<td>K Nonautologous Tissue Substitute</td>
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Poll Question #3
Takeaways

- Effective 10/1/2015
- ICD-10-CM is new coding system for treatment in clinical settings
- ICD-10-PCS is new coding system for procedures in hospital settings
- From 18,000 existing codes to over 140,000 codes (with a structure to accommodate thousands of additional codes)
- Full description, greater detail and consistency within each code set
- Uses modern terminology for descriptions, based on modern technology
- Captures more specific data, therefore allows deeper analysis of data
- Expect workers’ compensation jurisdictions to adopt
  - ICD-10 changes to billing (electronic and paper) rules/requirements
  - Changes to their EDI/reporting rules and requirements to align ICD-10 codes
- Expect states adopting drug formularies and nationally-recognized treatment guidelines to utilize ICD-10 diagnosis and procedure codes for compliance
Resources

  - Features fact sheets, FAQs, and implementation guides, timelines, and checklists.
- Transition from ICD-9-CM to ICD-10
  - [https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html](https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/index.html)
- CMS Implementation Planning
- 2015 ICD-10 CM and ICD-10 CPS Codes and General Equivalent Mappings
- Validating Section 111 Mandatory Insurer Reporting Codes
  - [http://www.section111.cms.hhs.gov](http://www.section111.cms.hhs.gov)
Thank you

Questions?

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