

ICD-10 and Medicaid

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- ▲ What is ICD?
- ▲ History of ICD
- ▲ Why Change?
- ▲ Regulator Process
- ▲ Differences in Version 9 and 10
- ▲ Impacts on Medicaid Systems
- ▲ Impacts on Medicaid Policy
- ▲ First Steps toward ICD-10

International Classification of Diseases (ICD)

- **Coding to classify**
 - Diseases
 - Signs and symptoms
 - abnormal findings
 - Complaints
 - social circumstances
 - and external causes of injury or disease.

- **Used world-wide for**
 - morbidity and mortality statistics
 - reimbursement systems
 - automated decision support in medicine

- **Designed to promote international comparability.**

- ▲ 1893 Introduced as Classification of Causes of Death
- ▲ 1898 American Public Health Association (APHA) Recommended
- ▲ 1948 World Health Organization (WHO) Assume Responsibility
- ▲ 1949 Sixth revision expanded to two volumes
 1. International Cause of Death
 2. International Classification of Diseases
- ▲ 1977 WHO published ICD-9
 - ▲ National Center for Health Statistics (NCHS) extended the code set to three volumes to include hospital procedure codes
- ▲ 1992 WHO published ICD-10
 - ▲ Adopted in all G8 countries except United States
 - ▲ 1999 – US began to use for Mortality reporting only
- ▲ 2003 NCHS created clinical modification of ICD-10
 - ▲ ICD-10-CM for diagnosis codes (replaces volumes 1 and 2)
 - ▲ ICD-10-PCS for procedure codes (replaces volume 3)



Why Change from ICD-9-CM?



- ▲ Lack of Specificity and Detail
- ▲ Running Out of Space
- ▲ Limited Structural Design
- ▲ Obsolete
- ▲ Hampers Ability to Compare
- ▲ Can't support transition to Interoperable Health Data Exchange

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NCVHS recommended adoption of ICD-10-CM and ICD-10-PCS to HHS with a 2 year implementation period following the final rule

HHS Follows Five Steps:

1. Secretary accepts the NCVHS recommendation
2. Federal Government publishes NPRM
3. Public has 30-60 days to submit comments
4. Federal Government analyzes comments
5. Federal government publishes final rule

Two year implementation window after the effective date, which is 60 days after publication in final rule.

Differences in Version 9 and 10



	Version 9	Version 10
Diagnosis Codes		
Nomenclature	ICD-9-CM Vol. 1&2	ICD-10-CM
Length	3-5 Alpha/Numeric	5-7 Alpha/Numeric
# of Codes	13,500	120,000
Procedure Codes		
Nomenclature	ICD-9-CM Vol. 3	ICD-10-PCS
Length	3-4 Numeric	7 Alpha/Numeric
# of Codes	4,000	200,000

Example of ICD-9 VS ICD-10 Diagnosis



ICD-9-CM		ICD-10-CM	
930.0	Corneal Foreign Body	T15.00X*	Foreign Body in Cornea, unspecified eye
		T15.01X*	Foreign body in Cornea, right eye
		T15.02X*	Foreign body in Cornea, left eye

* A = Initial Encounter

D = Subsequent Encounter

S = Sequela (a disease or disorder that is caused by a preceding disease or injury in the same individual)

36 – Operations on Vessels of Heart

**36.15 Single internal mammary-coronary artery bypass
Anastomosis (single): mammary artery to coronary
artery
thoracic artery to coronary artery**

Example of ICD-10 Procedure



02100Z8 Bypass, one coronary artery to internal mammary, right, open

Position	Function	Example
1	Identifies Section of ICD-10 (16 sections)	0 = Medical and Surgical
2	Identifies Body System	2 = Heart and Great Vessels
3	Identifies root operation or underlying objective of procedure	1 = Bypass
4	Identifies to Body Part	0 = One Coronary artery
5	Identifies Approach	0 = Open
6	Identifies Device Used	Z = None
7	Identifies Qualifier	8 = Internal Mammary, Right

MMIS

- Reference File
- Claims Editing
- DRG Grouping
- Prior Authorization Processing
- Reporting
- Interfaces

Other systems

- Decision Support System
- SURS

- ▲ Diagnosis Code Restrictions
- ▲ Procedure Code Restrictions
- ▲ Special Requirements by Diagnosis Code
- ▲ Pricing

▲ Assess Medicaid Systems

- Where are diagnosis/surgical procedure codes used?
- How are they used?
- Where is remediation required?
- How much/what kind of historical information needs to be retained?

▲ Assess Medicaid Policies

- Which Medicaid policies are driven by diagnosis/surgical procedure codes?
- Where are those policies implemented in your system?
- What decisions need to be made in implementing new diagnosis/surgical codes?
- Who will make those decisions?



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