Michigan Department of Health & Human Services
Provider Relations Department
ICD-10 Awareness & Training Team
September 1, 2015

With less than 30 days until the ICD-10 implementation date of **October 1st, 2015**, Michigan Department of Health and Human Services (MDHHS) wants to ensure providers are prepared for the transition.   Please refer to the below list of provider resources to assist your organization in a successful transition.

MDHHS ICD-10 Resource Documents

- [Where Do I Start](#)
- [What Everyone Should Know About ICD-10](#)
- [MDHHS ICD-10 Provider Preparation](#)
- [ICD-10 Provider Readiness Development Course](#)

MDHHS ICD-10 Resource Webcasts

- [ICD-10 Implementation: "Get Ready" General Overview Webcast](#)
- [ICD-10 Provider Readiness Webcast](#)
- [ICD-10 Provider Impacts Webcast](#)
- [ICD-10 Clinical Documentation Webcast](#)

Has your Organization tested with MDHHS?
MDHHS Testing for ICD-10 Is Critical

We strongly encourage you to participate in **B2B Testing** with MDHSS to ensure that your claims will adjudicate properly. It is the only way to recognize any deficiencies in your systems and correct all issues prior to the deadline. Please visit our website www.michigan.gov/5010icd10, Click the ICD-10 Button, Click Testing in MDCH Links for the following testing opportunities:

a. B2B Testing
b. Outpatient Scenario-Based Testing
c. Inpatient APR-DRG Comparative Testing

MDHHS ICD-10 Virtual Webinars

- **FINAL VIRTUAL Webinar Prior to Implementation**
- **Thursday, September 17, 2015 @ 10am**
  a. **Register Early** on our Website:
     - www.michigan.gov/medicaidproviders
     - Click Medicaid Provider Training Sessions in "Hot Topics"
  b. **Agenda includes Critical ICD-10 Industry Updates**:
     - **Provider Readiness Tools FOR ALL PROVIDERS**
     - **MDHHS Testing Updates:** Jim Kunz, MDHHS Testing Manager
     - **MDHHS Policy Updates**: Carmen Starkweather, MDHHS Policy Manager
     - **MDHHS Hospital Rates Updates** – Steve Ireland, Hospital Rate Review Manager

Provider Specific Information

Dental Providers

- Required to use ICD-10 Codes for Extractions & Anesthesia
- The Oral Cavity starts in the Digestive System
- Used for Medical Necessity
- Continue to use CDT Codes for reporting procedures on dental claims
- WEDI offers a great ICD-10 Training Module for Dental Providers
- https://www.wedi.org/forms/uploadFiles/2303D00000045.toc.Jan.14DentalWebinar.pdf

Transport Providers

- Required to have a Diagnosis Code per HIPAA
- Personnel are required to record signs, symptoms and complaints
- CMS will not be updating the Medical Condition Code list published in the Medicare Claims Processing Manual, Chapter 15, Section 40
- List currently in ICD 9- Format, must Crosswalk to ICD-10 using GEMs

DME Providers

- Allowed to span across ICD-9/ICD-10 Implementation based on FROM date of service
- MLN7492 and SE1408
- All other Claims with spanning will deny

ALL PROVIDERS - KEY POINT: ICD-10 IS DATE OF SERVICE DRIVEN

- No claim can contain both ICD-9 and ICD-10 codes
- No dual code reporting – any claims for dates of service after October 1, 2015 that contain ICD-9 codes will be rejected
- Process for determining correct code is same as ICD-9. Look up diagnostic term in Alphabetic Index, then Verify code number in Tabular List
- To be valid, ICD-10-CM diagnosis codes must be coded to the full number of characters required for that code

Helpful ICD-10 Clinical Documentation Concepts

The absolute goal is to obtain quality documentation which always supports Medicare's rule of payment which is driven by proof of medical necessity. Accurate and complete documentation of the patient's health status and condition is already standard practice by most clinicians. Therefore, it is the requirement of the physician to fully translate the patient assessment into the patient chart for accurate code assignment. Below are listed some major ICD-10 clinical documentation concept changes:

7th Character – Episode of Care

The use of a seventh character is a new convention used in ICD-10-CM and defines an encounter. The seventh character may be alpha or numeric and is used to provide additional information about the patient encounter:

- Used in certain chapters (Obstetrics, Injury, Musculoskeletal, Poisoning and External Cause)
- Has a different meaning depending on which section it is being used
- Must always be used in the 7th position
- When 7th character applies, codes missing the 7th character are invalid

Placeholder X

The seventh character must always be used in the seventh position. However, if a code has fewer than six characters and requires a seventh character extension, you must fill in all of the empty character spaces with a placeholder "X".

Multiple Codes, Single Condition

In some instances, it may be necessary to record multiple codes for a single condition. Notes in the Tabular List indicate whether it is required to report more than one code. These notes use language such as "Use additional code" or "Code first" ("Code first" indicates that the underlying condition must be coded first.). Please be aware that ICD-10 includes several combination codes, which are single codes used to classify two or more conditions that may often occur together.

A Word about Combination Codes

- Many more combination codes exist in ICD-10-CM than in ICD-9 and contain greater specificity
- One code may represent three or more different aspects of an illness or condition
- Reduces the number of codes necessary but requires sufficient documentation to assign the appropriate code
- Diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system

More about Unspecified Codes

- While documentation supporting accurate and specific codes will result in higher-quality data, nonspecific codes are still available for use when documentation does not support a higher level of specificity
- When sufficient clinical information to assign a more specific code is not known or available about a health condition, it is acceptable to report the appropriate "unspecified" code
- Unspecified codes should never be used for the convenience of the provider or the biller/coder

MDHHS RESOURCES

1. Visit MDHHS ICD-10 Website @ www.michigan.gov/5010icd10 >>click ICD10. Check regularly for other ICD-10 Resources:
    a. ICD-10 FAQs and Helpful ICD-10 Resource Documents
    b. General Equivalence Maps (GEMs): GEM Viewer
    c. Other Helpful Links
2. Join our ListServ in order to receive regular updates
    a. www.michigan.gov/medicaidproviders
    b. Click "Listserv Instructions" Button in "Hot Topics"
3. Visit Centers for Medicare and Medicaid Services'(CMS) Website for ICD-10 resources @ www.cms.gov/icd10
4. CMS Provider Resources: https://www.cms.gov/Medicare/coding/ICD10/ProviderResources.html
5. Review CMS's Road to ICD-10: http://www.roadto10.org/
6. Review Coalition for ICD-10 Website: http://coalitionforicd10.org/

ICD-10 QUESTIONS OR NEED HELP?

Contact us by email: MDHHS ICD-10 Provider Outreach:
- ICD-10 Awareness and Training Team: MDCH-ICD-10@michigan.gov
- MDHHS Provider Testing: MDCH-B2B-Testing@michigan.gov