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ICD-10 Provider Readiness Toolkit

An implementation guide for professional providers

✓ Planning checklists
✓ Documentation and coding tips
✓ Testing
✓ Industry resources

➤ The ICD-10 planning checklist

Keep up to date on ICD-10
Please visit the Centers for Medicare & Medicaid Services' ICD-10 website at
www.cms.gov/ICD10* for the latest news and resources to help you prepare including these
pages: http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10PlanningChecklist.pdf * and
http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html. *

With the ICD-10 transition deadline set for October 1, 2015, health care providers, payers, and
vendors need to focus on planning their ICD-10 transitions. Below is a checklist of essential
planning activities.

The ICD-10 planning checklist
Whether you've already started or are just beginning your ICD-10 transition, you will need to
thoughtfully plan for the transition and then communicate those strategies to internal staff and
external partners. Below are a few steps to help guide your planning process.

✓ **Seek resources about the ICD-10 transition.** CMS and professional and membership
   organizations have developed information and resources to guide you through ICD-10
   implementation.

✓ **Establish an ICD-10 project team.** This team will be responsible for overseeing the ICD-10
   transition, and will vary based on the size of your organization. Larger practices should have a
   team with representatives from different departments (for example: executive leadership,
   physicians and IT). Smaller practices may only have one or two individuals responsible for
   helping the practice make the switch to ICD-10.

✓ **Develop an ICD-10 communication and awareness plan.** This plan will map out how your
   organization will communicate with internal staff and external partners about ICD-10 throughout
   the transition.

✓ **Revisit and revise your implementation timeline.** Since the ICD-10 compliance deadline is
   now October 1, 2015, your timeline for ICD-10 implementation activities will need to be
   updated.

✓ **Share your implementation plans and timelines.** Discuss the new ICD-10 compliance
   deadline and share your revised implementation plans and timelines with internal staff and
   external partners to ensure transition activities are coordinated.

✓ **Share best practices and lessons learned**
   Communication and collaboration will help organizations as they transition to ICD-10. As you
   continue to plan, please share lessons learned and best practices with others in your area. You
   can do this through newsletters and social media as well as at conferences, workshops and
   other educational events. Remember, ICD-10 will affect everyone currently using ICD-9 codes.

➢ ICD-10 basics for medical practices checklist

http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Basics_for_Medical_Practices_060413%5B1%5D.pdf *

✓ **Identify your current systems and work processes that use ICD-9 codes.** This could include your clinical documentation, encounter forms and superbills, practice management system, electronic health record system, contracts, and public health and quality reporting protocols. It is likely that wherever ICD-9 codes now appear, ICD-10 codes will take their place.

✓ **Talk with your practice management system vendor about accommodations for ICD-10 codes.** Confirm with your vendor that your system has been upgraded to Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.

✓ **Contact your vendors.** Ask what updates they are planning to make to your practice management systems for ICD-10 and when they expect to have them ready to install.

✓ **Check your contracts** to see if upgrades are included as part of your agreement, amend as necessary. If you are in the process of making a practice management or related system purchase, ask if it is ready for ICD-10.

✓ **Discuss implementation plans with all your clearinghouses, billing services and payers to ensure a smooth transition.** Be proactive. Don't wait. Contact organizations you conduct business with such as your payers, clearinghouse or billing service. Ask about their plans for ICD-10 compliance and when they will be ready to test their systems for the transition.

✓ **Talk with your payers about how ICD-10 implementation might affect your contracts.** Because ICD-10 codes are much more specific than ICD-9 codes, payers may modify terms of contracts, payment schedules or reimbursement.

✓ **Assess staff training needs.** Identify the people in your office who use codes or need to know the new codes. There are a wide variety of training opportunities and materials available through professional associations, online courses, webinars and onsite training. If you have a small practice, think about teaming up with other local providers. For example, you might be able to provide training to a person from one practice, who can in turn train people in other practices. Coding professionals recommend that training take place approximately six months prior to the ICD-10 compliance deadline.

✓ **Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials and training.** Assess the costs of any necessary software updates, reprinting of superbills, trainings and related expenses.

✓ **Conduct test transactions using ICD-10 codes with your payers and clearinghouses.** Testing is critical. You will need to test claims containing ICD-10 codes to make sure they are being successfully transmitted and received by your payers and billing service.

http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallMediumChecklistTimeline.pdf *

The following is a checklist of ICD-10 tasks, including estimated timeframes for each task. Depending on your organization, many of these tasks can be performed on a compressed timeline or performed at the same time as other tasks.

This checklist is designed to provide a viable path forward for organizations just beginning to prepare for ICD-10. CMS encourages those who are ahead of this schedule to continue to progress forward.

Planning, communication and assessment
Actions to take immediately
- ✓ Review ICD-10 resources from CMS, trade associations, payers and vendors
- ✓ Inform your staff and colleagues of upcoming changes (one month)
- ✓ Create an ICD-10 project team (one to two days)
- ✓ Identify how ICD-10 will affect your practice (one to two months)
- ✓ How will ICD-10 affect your people and processes? To find out, ask all staff members how and where they use or see ICD-9
- ✓ Include ICD-10 as you plan for projects like meaningful use of electronic health records
- ✓ Develop and complete an ICD-10 project plan for your organization (one to two weeks)
- ✓ Identify each task, including deadline and who is responsible
- ✓ Develop plan for communicating with staff and business partners about ICD-10
- ✓ Estimate and secure budget (potential costs include update to practice management systems, new coding guides and super bills, staff training) (two months)
- ✓ Ask your payers and vendors (software and systems, clearinghouses, billing services) about ICD-10 readiness (two months)
  - Review trading partner agreements
  - Ask about system changes, a timeline, costs and testing plans
  - Ask when they will start testing, how long they will need, and how you and other clients will be involved.
  - Select and retain vendors
- ✓ **Review changes in documentation requirements** and educate staff by looking at frequently used ICD-9 codes and new ICD-10 codes (ongoing)

Transition and testing
Actions to take through September 2015
- ✓ Conduct high-level training on ICD-10 for clinicians and coders to prepare for testing (for example, clinical documentation and software updates) (ongoing)
- ✓ Start testing ICD-10 codes and systems with your practice's coding, billing and clinical staff (nine months)
  - Use ICD-10 codes for the diagnoses your practice sees most often
  - Test data and reports for accuracy
- ✓ Monitor vendor and payer preparedness; identify and address gaps (ongoing)
- ✓ Begin testing claims and other transactions using ICD-10 codes with business trading partners such as payers, clearinghouses and billing services (10 months minimum)

Small and medium practices ICD-10 transition checklist (continued)

✓ Review coder and clinician preparations; begin detailed ICD-10 coding training (six to nine months)
✓ Work with vendors to complete transition to production-ready ICD-10 systems
✓ Complete transition and full compliance
✓ Complete ICD-10 transition for full compliance
  • ICD-9 codes continue to be used for services provided **before** October 1, 2015
  • ICD-10 codes required for services provided **on or after** October 1, 2015
  • Monitor systems and correct errors if needed

➤ Large practices: ICD-10 transition checklist

The following is a checklist of ICD-10 tasks, including estimated timeframes for each task. Depending on your organization, many of these tasks can be performed on a compressed timeline or performed at the same time as other tasks.

This checklist is designed to provide a viable path forward for organizations just beginning to prepare for ICD-10. CMS encourages those who are ahead of this schedule to continue to progress forward.

Planning, communication and assessment
Actions to take immediately:
✓ Review ICD-10 resources from CMS, trade associations, payers and vendors
✓ Inform your staff and colleagues of upcoming changes (one month)
✓ Create an ICD-10 project team (one month)
✓ **Identify how ICD-10 will affect your practice** (three months)
  • How will ICD-10 affect your people and processes? To find out, ask all staff members how and where they use and see ICD-9
  • Include ICD-10 as you plan for projects like meaningful use of electronic health records
✓ Develop and complete an ICD-10 project plan for your organization (one month)
  • Identify each task, including deadline and who is responsible
  • Develop plan for communicating with staff and business partners about ICD-10
✓ Estimate and **secure budget** (potential costs include update to practice management systems, new coding guides and super bills, staff training) (two months)
✓ **Ask your payers and vendors (software and systems, clearinghouses, billing services) about ICD-10 readiness** (two months)
  • Ask about system changes, a timeline, costs and testing plans
  • Ask when they will start testing, how long they will need and how you and other clients will be involved.
  • Review trading partner agreements
  • Select and retain vendors
  • **Review changes in documentation requirements** and educate staff by looking at frequently used ICD-9 codes and new ICD-10 codes (ongoing)

Large practices: ICD-10 transition checklist (continued)

Transition and testing
Actions to take from now to September 2015
- ✓ Conduct high-level training on ICD-10 for clinicians and coders to prepare for testing (for example, clinical documentation and software updates) (ongoing)
- ✓ Start testing ICD-10 codes and systems with your practices coding, billing and clinical staff (nine months)
  - Use ICD-10 codes for the diagnoses your practice sees most often
  - Test data and reports for accuracy
- ✓ Monitor vendor and payer preparedness, identify and address gaps (ongoing)
- ✓ Begin testing claims and other transactions using ICD-10 codes with business trading partners such as payers, clearinghouses and billing services (10 months minimum)
- ✓ Review coder and clinician preparations; begin detailed ICD-10 coding training (six to nine months)
- ✓ Work with vendors to complete transition to production-ready ICD-10 systems

Complete transition for full compliance
By October 1, 2015
- ✓ Complete ICD-10 transition for full compliance
- ✓ ICD-9 codes continue to be used for services provided **before** October 1, 2015
- ✓ ICD-10 codes required for services provided **on or after** October 1, 2015
- ✓ Monitor systems and correct errors if needed

➢ Communicating with your software vendors checklist

http://www.cms.gov/Medicare/Coding/ICD10/Downloads/CommunicatingwithYourSoftwareVendor.pdf *

An important step in preparing for the transition to ICD-10 is to talk with any software vendors you use to be sure they are ready to provide the support you need. Contact your vendor to discuss their ICD-10 implementation plans and timelines for system upgrades, testing, staff training and on-going support. This will allow you to plan your implementation activities, budget and timeline accordingly.

To help you get the conversation started, below are key questions to consider asking an existing vendor or a new vendor about their ICD-10 plans.

Existing vendors
- ✓ Will a mapping or cross walk strategy be used between ICD-9 and ICD-10 codes sets?
- ✓ What is your timeline for system modifications and what do those modifications include?
- ✓ Will you continue to support applications or are you discontinuing some products in the wake of the ICD-10 transition?
- ✓ Are there any new hardware requirements associated with ICD-10-related software changes?
- ✓ Will training be provided for any new ICD-10-related functionality, and is there a charge?
- ✓ Is there a phased approach for implementing ICD-10?

Communicating with your software vendors (continued)

Ask new vendors

- ✓ How does your product simplify my organization's transition to ICD-10?
- ✓ How does the functionality offered by your system compare with my current system?
- ✓ Does your implementation require a complete system conversation?
- ✓ Based on what I already have in place, how much will it cost to convert to your system?
- ✓ What are the costs of maintenance for your product?
- ✓ Who in this area is using your current system? (Talking to the vendor's existing clientele in your area about their experience with that vendor may help you identify if the vendor's services are a good fit for your organization.)
- ✓ What kind of product quality guarantees do you offer, and are these guarantees included in the contract?
- ✓ What is your timeframe for implementation?

An important step in preparing for the change to ICD-10 is to talk with any software vendors, clearinghouses or billing services you use to be sure they are ready to provide the support you need. Your vendors will need to have products and services on a schedule that allows adequate time for you to conduct testing.

- ✓ **Start the conversation with your vendors.** Talk with your vendors now to be sure that you can count on them to:
  - Have fully functional, compliant products and services ready in plenty of time to allow for thorough ICD-10 testing
  - Help you avoid potential reimbursement issues and interruptions to workflow

- ✓ **Ask your vendors** to establish a comprehensive approach that will deliver compatible products when you need them. Points to consider discussing with your vendors include:
  - System upgrades and replacements needed to accommodate ICD-10
  - Cost involved and whether upgrades will be covered by existing contracts
  - When upgrades or new systems will be available for testing and implementation
  - Customer support and training that they will provide
  - How their products and services will accommodate both ICD-9 and ICD-10 as you work with claims for services provided both before and after the transition deadline for code sets

- ✓ **Talking to your vendors** now about ICD-10 will help ensure that your transition goes smoothly.

There are many professional, clinical and trade associations offering a wide variety of ICD-10 information, educational resources and checklists. Call or check the websites of your associations and other industry groups to see what resources are available.

The CMS website also has official resources to help you prepare for ICD-10. CMS will continue to add new tools and information to the site throughout the course of the transition. Visit www.cms.gov/ICD10.

➢ Simple steps to improve clinical documentation

On October 1, 2015, your practice and the clearinghouses, payers and billing companies that you work with will need to use ICD-10 codes. One way to help your practice prepare for ICD-10 is to improve how you document your clinical services. This will help you and your coding staff become more accustom to the specific, detailed documentation needed to assign ICD-10 codes.

✓ Take a look at documentation for the codes used most often in your practice, and work with your coding staff to determine if the documentation would be specific and detailed enough to select the best ICD-10 codes. For example, laterality is expanded in ICD-10-CM. Therefore, clinical documentation for diagnoses should include information on which side of body is affected (right, left or bilateral).

✓ Below are additional examples of the specific information needed to accurately code the following common diagnoses:

Diabetes mellitus:
- Type of diabetes
- Body system affected
- Complication or manifestation
- If Type 2 diabetes, long-term insulin use

Fractures:
- Site
- Laterality
- Type
- Location

Injuries:
- External cause — Provide the cause of the injury; when meeting with patients, ask and document how the injury happened.
- Place of occurrence — document where the patient was when the injury occurred, for example, the patient was at home, at work or in a car.
- External cause status — indicate if the injury was related military, work or other

✓ Remember, ICD-10 will not affect the way you provide patient care. It will just be important to make your documentation as detailed as possible since ICD-10 gives more specific choices for coding diagnoses. The information is likely already being shared by the patient during your visit.
- It's just a matter of recording it for your coding staff. Good documentation will also help reduce the need to follow up on submitted claims, saving you time and money.

➤ Planning for ICD-10: review how you use ICD-9 codes

http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ReviewHowYouUseICD9Codes.pdf *

ICD-10 codes will replace ICD-9 codes for all health care services on or after October 1, 2015. To make sure you are ready to use the new code set, you will want to review how and where you currently use ICD-9 codes. Wherever you see ICD-9 today, you will need to transition to ICD-10.

✓ **Developing your ICD-9 list**
   Ask your clinical and administrative staff to develop a list of places they encounter ICD-9 codes in their work. This exercise will acquaint your practice with how the switch to ICD-10 will affect your daily work.

✓ **Reviewing your list**
   Once you have a master list of where your office uses ICD-9 codes, you can assess how and where you will need to make changes to be ready for the transition to ICD-10.
   As you review your list, make sure you have accounted for the use of ICD-9 codes in:

✓ **Authorizations and precertifications**
   - Physician orders
   - Medical records
   - Super bills and encounter forms
   - Practice management and billing systems
   - Coding manuals
   - Public health reporting

➤ How will my practice benefit from ICD-10?

http://www.roadto10.org/?page_id=75 *

Prepping for the compliance date is critical
ICD-10 will provide an enhanced platform for physician practice. As of October 1, 2015, the ICD-10 coding classification will become the new baseline for clinical data, clinical documentation, claims processing and public health reporting. Understanding patient encounters and preparing for the transition will be critical to the financial sustainability of each practice.

- The benefits of ICD-10 begin with enhanced clinical documentation enabling physicians to better capture patient visit details and lead to better care coordination and health outcomes.

- Ultimately, better data paves the way for enhanced quality and greater effectiveness of patient care and safety. While the transition to ICD-10 will require work, it is temporary. The benefits of ICD-10 will affect everything from patient care to each practice's bottom line.

Clinical

- Informs better clinical decisions as better data is documented, collected and evaluated

- Provides new insights into patients and clinical care due to greater specificity, laterality and more detailed documentation of patient diseases

- Enables patient segmentation to improve care for higher-acuity patients

- Improves design of protocols and clinical pathways for various health conditions

- Improves tracking of illnesses and severity over time

- Improves public health reporting and helps to track and evaluate the risk of adverse public health events

- Drives greater opportunity for research, clinical trials and epidemiological studies

Operational

- Enhances the definition of patient conditions, providing improved matching of professional resources and care teams and increasing communications between providers

- Affords more targeted capital investment to meet practice needs through better specificity of patient conditions
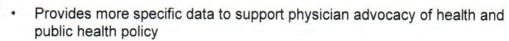
- Supports practice transition to risk-sharing models with more precise data for patients and populations

Professional

- Provides clear objective data for credentialing and privileges

- Captures more specific and objective data to support professional maintenance of certification reporting across specialties

- Improves specificity of measures for quality and efficiency reporting

- Aids in the prevention and detection of health care fraud and abuse

- Provides more specific data to support physician advocacy of health and public health policy

Financial

- Allows better documentation of patient complexity and level of care, supporting reimbursement for care provided

- Provides objective data for peer comparison and utilization benchmarking

- May reduce audit risk exposure by encouraging the use of diagnosis codes with a greater degree of specificity as supported by the clinical documentation

- The transition to ICD-10 will require focused effort and attention.

(Source: 2014 *Draft ICD-10-CM Official Guidelines for Coding and Reporting*)

Chapter 1 - Certain infectious and parasitic diseases

Terminology changes:

- The term "sepsis" (ICD-10-CM) has replaced the term "septicemia" (ICD-9-CM)
- "Urosepsis" is a nonspecific term and is not coded in ICD-10-CM. Should a provider use this term, he or she must be queried for clarification.
- Infections resistant to antibiotics require the use of an additional code for any associated drug resistance only if the infection code does not identify drug resistance (Z16 category, resistance to antimicrobial drugs if the infection code does not identify drug resistance).
- Expansion of the codes to reflect manifestations of the disease

Chapter 2 - Neoplasms

- Classification improvements
- Code expansions
- Significant expansions or revisions related to:
  - Identifying laterality for some of the neoplasm sites
  - Malignant neoplasm of male breast codes

Chapter 3 - Diseases of the blood and blood-forming organs and certain isorders involving the immune mechanism

- Code expansions
- Updates to medical terminology
- Anemia is the most common condition included in this chapter. The use of specific terminology is important in applying codes for this condition.
- Procedural complications affecting the spleen are included in Chapter 3 of ICD-10-CM.

Chapter 4 — Endocrine, nutritional and metabolic diseases

- ICD-10-CM diabetes mellitus codes are now combination codes that include the type of diabetes (1 or 2), the body system affected and complications affecting the body system.
- Use as many codes within a particular category as necessary to describe all of the complications of the disease.
- Diabetes mellitus (E08-E13) is no longer classified as controlled or uncontrolled in ICD-10-CM.
- With ICD-10-CM, there are five category codes for diabetes mellitus:
  - E08 — Diabetes mellitus due to underlying conditions
  - E09 — Drug- or chemical-induced diabetes mellitus
  - E10 — Type 1 diabetes mellitus
  - E11 — Type 2 diabetes mellitus
  - E13 — Other specified diabetes mellitus
- Overweight and obesity codes:
  - The classification for overweight and obesity has been expanded in ICD-10-CM to include:
    - Obesity due to excess calories
    - Morbid (severe) obesity due to excess calories
    - Drug-induced obesity
    - Morbid (severe) obesity due to alveolar hypoventilation — overweight
- An additional code (Z68 category) is used to identify the body mass index, if known.

A chapter-by-chapter look at the ICD-10-CM code set — key updates (continued)

Chapter 5 — Mental, behavioral and neurodevelopmental disorders
- Classification improvements (different categories)
- Code expansions:
    - Most notably, other isolated or specific phobias
- Updates to medical terminology:
    - "Bipolar I disorder, single manic episode" will change to "manic episode."
    - "Undersocialized conduct disorders, aggressive" will become "conduct disorder childhood-onset type."
- "Nicotine dependence" will be updated to identify specific tobacco products (cigarettes, chewing tobacco and other tobacco).

Chapter 6 — Diseases of the nervous system
- ICD-10-CM devotes Chapter 6 to diseases of the nervous system. The sense organs (eye/adnexa and ear/mastoid processes) have their own chapters in ICD-10-CM.
- Classification improvements (significant changes to sleep disorders)
- Code expansions (for example, Alzheimer's and headaches)
- Updates to medical terminology (epilepsy, seizures)
- Codes for transient ischemic attack are now included in the nervous system chapter.
- Codes for migraine have been expanded to fifth and sixth characters to indicate if the migraine is intractable and to provide additional specificity within the code description.

Chapter 7 — Diseases of the eye and adnexa
- Diseases of the eye and adnexa are a new chapter in ICD-10-CM.
- Terminology improvements (bringing terms up to date)
- Revisions to identify laterality:
    - Many of the codes have laterality designation and, in some instances, bilateral designation for diseases of the eye.
    - A code for unspecified site is also provided should the site not be identified in the medical record.

Chapter 8 — Diseases of the ear and mastoid process
- Diseases of the ear and mastoid process are a new chapter in ICD-10-CM.
- There is greater specificity and detail in the codes.
- Many of the codes have laterality designation.

Chapter 9 — Diseases of the circulatory system
- A new category has been added for coding a subsequent acute myocardial infarction, which is an MI that occurs within 28 days of a previous acute MI.
- The time frame for assigning the acute MI code is 28 days in ICD-10-CM.
- Terminology used to describe several cardiovascular conditions has been revised to reflect more current medical practice.
- A major change is the classification of hypertension, which in ICD-9-CM was classified by type:
    - Benign, malignant or unspecified
    - That classification is not required in ICD-10-CM because there is only one code for hypertension in ICD-10; the code is I10 — essential (primary) hypertension.

A chapter-by-chapter look at the ICD-10-CM code set — key updates (continued)

Chapter 10 — Diseases of the respiratory system
- Modifications have been made to specific categories that bring the terminology up to date with current medical practice.
    - Emphysema now contains codes with "panlobular" and "centrilobular" in their descriptions.
    - Asthma is now classified as "mild intermittent", "mild persistent," "moderate persistent" and "severe persistent."
- Specificity has been increased for diseases like influenza and acute bronchitis.
- Coding notes have been updated to require the coder to include information about tobacco use or dependence, where applicable.
- Procedural complications that affect the respiratory system are now included in this chapter in ICD-10-CM.

Chapter 11 — Diseases of the digestive system
- A number of new subcategories have been added to this chapter.
- Codes for Crohn's disease have been expanded to specify site, if a complication is present, and what that complication is.
- Some terminology changes and revisions to the classification of specific digestive conditions have occurred in ICD-10-CM as well:
    - The term "hemorrhage" is used when referring to ulcers.
    - The term "bleeding" is used when classifying gastritis, duodenitis, diverticulosis and diverticulitis.

Chapter 12 — Diseases of the skin and subcutaneous tissue
- This chapter has been restructured to bring together groups of diseases that are related to one another.
- Pressure ulcer codes are combination codes that identify the site and stage of the ulcer.
- Procedural complications of the skin and subcutaneous tissue are included in Chapter 12.

Chapter 13 — Diseases of the musculoskeletal system and connective tissue
- Most of the codes within this chapter have site and laterality designations.
- ICD-10-CM identifies three different causes for pathological fractures: "neoplastic disease," "osteoporosis" and other specified disease.
- ICD-10-CM introduces the seventh character that describes type of encounter, or the state of a fracture's healing and any sequelae. Some codes in this chapter will have the seventh character applied.

Chapter 14 — Diseases of the genitourinary system
- Procedural complications affecting the genitourinary system are included in Chapter 14.
- In some of the categories, specificity is based on the gender of the patient.
- Laterality is used to identify conditions under N60 category, "benign mammary dysplasia."

Chapter 15 — Pregnancy, childbirth and the puerperium
- The final character in most codes in this chapter indicates trimester of pregnancy rather than the current episode of care as with ICD-9-CM. Trimesters are defined as:
    - First trimester — less than 14 weeks 0 days
    - Second trimester — 14 weeks 0 days to less than 28 weeks 0 days
    - Third trimester — 28 weeks 0 days until delivery
- Supervision of care for high-risk pregnancy is now classified to this chapter.

A chapter-by-chapter look at the ICD-10-CM code set — key updates (continued)

Chapter 16 — Certain conditions originating in the perinatal period
- Different codes are used for "light for gestational age" and "small for gestational age."
- Codes for assigning birth trauma have been expanded to include more specificity.

Chapter 17 — Congenital malformations, deformations and dhromosomal abnormalities
- Modifications have been made to specific categories that bring the terminology up to date with current medical practice.
- Codes have been expanded to include more specificity.

Chapter 18 — Symptoms, signs, and abnormal clinical and laboratory findings
- Many categories in this chapter could be designated as:
    - "Not otherwise specified"
    - "Unknown etiology"
    - "Transient"
- There are codes to identify a patient's coma scale.
- There are a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis.

Chapter 19 — Injury, poisoning and certain other consequences of external causes
- Injuries are grouped by body part rather than category of injury as they were in ICD-9-CM.
- Laterality is specified in this chapter.
- ICD-10-CM introduces a seventh character requirement that describes the type of encounter. Most categories in this chapter use the seventh character requirement. Most categories in this chapter (see below for fractures) have three, seventh character values of:
    - A — Initial encounter
    - D — Subsequent encounter
    - S — Sequela
    - For traumatic fractures, there are additional seventh character requirements depending upon the type of fracture and complication. Some of these character descriptions are based on the Gustilo open-fracture classification.
- Codes for underdosing are new in ICD-10-CM. Underdosing refers to taking less of a medication than is prescribed by a provider or less than the manufacturer's instructions. Codes for underdosing should not be assigned as principal or first-listed codes.

Chapter 20 — External causes of morbidity
- External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies.
- These codes capture how the injury or health condition was caused, the intent, the place where the event occurred, the activity of the patient at the time of the even, and the person's status.
- These codes are secondary codes for use in any health care setting and are not used as a principal (or first-listed) diagnosis.

A chapter-by-chapter look at the ICD-10-CM code set — key updates (continued)

Chapter 21 — Factors influencing health status and contact with health services

- These codes are used in any health care setting. Z codes may be used as either a first-listed or principal diagnosis code in the inpatient setting, or secondary code, depending on the circumstances of the encounter. Certain Z codes may only be used as first-listed or principal diagnosis in certain situations. Refer to *Official Coding Guidelines* for details.
- Categories include contact or exposure, vaccinations, status, history, observation, screening, aftercare, follow-up, donor, counseling and encounters for obstetrical and reproductive services, newborn and infants, routine and administrative, and miscellaneous.

➤ Clinical documentation tips

It all begins with correct documentation
Documentation must be clear that the encounter was face-to-face and performed by an acceptable provider.

Remember that documentation needs to clearly demonstrate the condition of the patient and not merely the numeric value of the ICD-9 diagnosis.

For all documented diagnoses, consider the acronym: **M.E.A.T.**
Include details on how you either:

- **M**anage and **M**onitor the condition
- **E**valuate the condition
- **A**ssess the condition
- **T**reat the condition

M.E.A.T. documentation, on actively treated conditions, must be on the date of service.

Summing up documentation:

- **State the diagnosis to the highest level of specificity.**
- **Create a clear relationship to the diagnosis; show a clear, causal relationship between any condition and its respective manifestations.**
- **Include chronic conditions related to health status.**
- **Use "history" status only when appropriate.**
- **State status of the condition or disease (for example: new, stable, controlled or managed).**
- **Reflect diagnoses relevant to the encounter or office visit in the assessment.**
- **Define what the treatment plan is.**

Top ten professional ICD-9 to ICD-10 mappings are found below

Top 10	ICD-9	Description ICD-9	ICD-10	Description ICD-10
1	250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	E11.9	Type 2 diabetes mellitus without complications
			E13.9	Other specified diabetes mellitus without complications
2	724.2	Lumbago	M54.5	Low back pain
3	V76.12	Other screening mammogram	Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
4	839.20	Closed dislocation, lumbar vertebra	M99.13	Subluxation complex (vertebral) of lumbar region
			S33.0xxA	Traumatic rupture of lumbar intervertebral disc, initial encounter
			S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter
			S33.100A	Dislocation of unspecified lumbar vertebra, initial encounter
			S33.100A	Subluxation of L1/L2 lumbar vertebra, initial encounter
			S33.100A	Dislocation of L1/L2 lumbar vertebra, initial encounter
			S33.100A	Subluxation of L2/L3 lumbar vertebra, initial encounter
			S33.100A	Dislocation of L2/L3 lumbar vertebra, initial encounter
			S33.100A	Subluxation of L3/L4 lumbar vertebra, initial encounter
			S33.100A	Dislocation of L3/L4 lumbar vertebra, initial encounter
			S33.100A	Subluxation of L4/L5 lumbar vertebra, initial encounter
			S33.100A	Dislocation of L4/L5 lumbar vertebra, initial encounter
5	V20.2	Routine infant or child health check	Z00.21	Encounter for routine child health examination with abnormal findings
			Z00.129	Encounter for routine child health examination without abnormal findings
6	739.3	Nonallopathic lesions, lumbar region	M99.03	Segmental and somatic dysfunction of lumbar region
7	739.1	Nonallopathic lesions, cervical region	M99.01	Segmental and somatic dysfunction of cervical region
8	401.9	Unspecified essential hypertension	I10	Essential (primary) hypertension
9	786.50	Chest pain, unspecified	R07.9	Chest pain, unspecified
10	V70.0	Routine general medical examination at a health care facility	Z00.00	Encounter for general adult medical examination without abnormal findings
			Z00.01	Encounter for general adult medical examination with abnormal findings

The highlighted codes indicate the individual ICD-9 code that is being mapped to one or many ICD-10 codes.

(Source of ICD-9-CM to ICD-10-CM mappings: CMS.org General Equivalence Mappings (GEMs), 2014). Top volume claims identified from Blue Cross Blue Shield of Michigan's claim database.

Professional testing

Blue Cross is also offering a medical-scenario-based, professional testing tool for providers or for facilities that are billing for professionals. This testing will help the professional with hands-on ICD-10 coding practice that represents high-volume claims by specialty that they are most likely to encounter.

- The testing tool will continue to be available through the ICD-10 implementation on October 1, 2015
- Testing is done through the Web; no special software or lengthy test requirements are needed.
- It is "content based" and "specialty specific," which means that providers will be presented with several medical scenarios to code in ICD-10. Providers can register for more than one specialty.
- Blue Cross will provide a peer group report of the codes selected for the same scenario.

We recommend that the people completing the tests have familiarity with the ICD-10 code set and that they either have a code book or other needed references or tools to complete this testing.

If you would like to learn more about these testing tools, we invite you to join one of our weekly WebEx demonstrations of the testing tools and outcome reports. Please contact us at ICD-10providertesting@bcbsm.com to register for an upcoming WebEx demonstration. They are scheduled every Tuesday from 1 pm to 2 p.m. Eastern time through December 2014. When registering, please note the date of you'd like to participate. You will receive an email confirmation.

Professional specialty scenario's available for testing

• Allergy/Immunology	• Nurse Practitioner
• Audiologist	• Obstetrics & Gynecology
• Cardiovascular Disease	• Occupational Therapist
• Certified Nurse Midwife	• Ophthalmology
• Chiropractic	• Optometry
• Clinical Psychologist	• Orthopedic Surgery
• Dermatology	• Otolaryngology
• Emergency Medicine	• Pediatric Medicine
• Endocrinology	• Physical Medicine and Rehabilitation
• Family Practice	• Physical Therapist
• Gastroenterology	• Plastic and Reconstructive Surgery
• General Practice	• Podiatry
• General Surgeon	• Psychiatry
• Group Practice	• Psychologist
• Hematology	• Pulmonary Disease
• Hematology-Oncology	• Radiation Oncology
• Infectious Disease	• Rheumatology
• Internal Medicine	• Thoracic Surgery
• Nephrology	• Urology
• Neurology	• Vascular Surgery

➤ Industry resources — quick references

The following resources provide additional information that may be relevant to your practice. These resources are intended to supplement the information presented within your action plan.

Industry websites with ICD-10 information*
Center for Medicare and Medicaid Services (CMS)
cms.gov/icd10
Blue Cross Blue Shield of Michigan (BCBSM)
bcbsm.com/icd10
American Hospital Association (AHA)
aha.org
American Association Professional Coders (AAPC)
aapc.org
Health Information and Management Systems Society (HIMSS)
himss.org
American Health Information Management Association (AHIMA)
ahima.org
California Health Information Association (CALHIA)
calhia.org
Workgroup on Electronic Interchange (WEDI)
wedi.org

Background and general ICD-10 Information*
- CMS NARHC Presentation: ICD-10 – Rural or Urban; It Impacts All Providers
- CMS PAHCOM National Webinar: ICD-10 – The Provider Perspective
- CMS – The ICD-10 Transition: An Introduction
- CMS – ICD-10 Basics for Medical Practices
- CMS – ICD-10 Basics for Small and Rural Practices
- HIMSS – 5010/ICD-10 Background

Clinical documentation*
- CMS PAHCOM National Webinar: Clinical documentation
- CMS – Simple Steps to Improve Clinical Documentation
- Health Condition Categories

Coding*
- AAPC – ICD-10 Codes
- Medicare Learning Network ICD-10-CM/PCS The Next Generation of Coding
- CMS ICD-10-PCS Code News Update

ICD-10-CM codes and GEMS*
- 2014 ICD-10-CM Index to Diseases and Injuries
- 2014 ICD-10-CM Tabular List of Diseases and Injuries
- CMS – 2014 ICD-10-CM and GEMs
- CDC – International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
- WEDI – WEDI SNIP ICD-10 Crosswalks Primer White Paper
- WEDI – ICD-10 Crosswalks White Paper: Treasure Map to ICD-10 Resources

Implementation — small and medium practice*
- CMS – Small and Medium Practices: ICD-10 Transition Checklist
- Road to 10: Implementation Guide
- Medscape – ICD-10: A Guide for Small and Medium Practices (requires Medscape Log-in)

- Medscape – ICD-10: A Roadmap for Small Clinical Practices (requires Medscape Log-in)
- Medscape – ICD-10: Small Practice Guide to a Smooth Transition (requires Medscape Log-in)

Latest News*
- CMS – Latest News

Legislation*
- CMS -Statute and Regulations

Newsletters*
- CMS – ICD-10 Industry Email Updates

Payers*
- CMS – Payer Resources
- CMS – Communicating with Your Payers About ICD-10
- CMS - Medicaid Resources
- CMS – Medicare Fee-for-Service Provider Resources

Superbill*
- AAPC - http://downloads.aapc.com/superbill-icd10.pdf

Testing*
- CMS – End-to-End Testing
- AMA – Testing Your Readiness for ICD-10
- HIMSS – ICD-10 Testing
- HIMSS/WEDI – ICD-10 National Pilot Program

Training*
- AAPC – ICD-10 Training
- AHIMA – ICD10 Training That's Right for You
- HIMSS – Training Plan

Vendors*
- CMS – Vendor Resources
- CMS – Communicating with Your Software Vendor
- CMS – Questions to Ask Your Systems Vendors about ICD-10
- CMS – Talking to Your Vendors About ICD-10: Tips for Medical Practices
- HIMSS – ICD-10 Vendor Readiness: Vital Vendors
- WEDI – WEDI ICD-10 Vendor Resource Directory

Version 5010*
- CMS – Versions 5010 and D.0 & 3.0
- CMS – Version 5010 Resources
- WEDI – ICD-10 Impact to HIPAA Transactions

Webinars*
- CMS – YouTube Channel
- HIMSS – Webinars & Events
- HIMSS – ICD-10 Provider Podcast
- PAHCOM – CMS Partnership Webinar Recordings (ICD-10)

NOTE: Also check with your specialty societies and associations.
*Blue Cross Blue Shield of Michigan does not control these websites or endorse its general content.