

WEDI ICD-10 Forum

Introduction

July 29, 2009 – July 30, 2009

Jim Daley: BlueCross BlueShield of South Carolina

◆ **SME's and scribes:**

- Dave McCord: TM Floyd & Company
- Joe Nichols: VIPS
- Andrea Danes: CSG Government Solutions
- Gail Kocher: Blue Cross and Blue Shield Association
- Debbi Meisner: Emdeon
- Stanley Nachimson: Nachimson Advisors

Objectives

- ◆ Forum purpose:
 - Identify concerns
 - Begin to craft solutions
 - Identify best practices
 - Determine needs for additional assistance
 - Help set the stage for ICD-10-CM / PCS implementation
- ◆ Highly interactive workshop
- ◆ Audience discussion and feedback on key topics
- ◆ This session will:
 - Provide participants with valuable insights into what their organization will need to address
 - Will lay the groundwork for upcoming WEDI and overall industry activity

- ◆ Previous WEDI ICD-10 activity
 - White paper: March 2000
 - ICD-10 Forum: April 2006
 - PAG: September 2008
 - Breakouts: April 2009 Conference

◆ SNIP ICD-10 SWG and sub groups

- *Business issues
- *Clinical
- Crosswalks
- Education & Outreach
- *Impact Assessment
- Implementation
- Timeline

◆ Listservs created

◆ FAQ document published

* Awaiting co-chairs

- ◆ Rules of order
 - Active participation
 - Stay on point
 - No filibusters
 - No advertisements
 - Respect others
 - No questions are ‘dumb’
 - Abide by time restrictions
 - Enjoy the dialogue

◆ Planned topics for discussion

- Timeline
- Project team formation /governance
- Impact assessments
- Crosswalks
- Testing and transition
- Clinical
- Other

- ◆ **Agenda / Format**
- ◆ Wednesday, July 29
- ◆ 1:00 – 1:30 Welcome & Introductory Comments
- ◆ 1:30 – 2:45 Timeline
- ◆ 2:45 – 3:00 *Break*
- ◆ 3:00 – 4:30 Project team formation and governance]
- ◆ 4:30 – 5:00 Wrap up
- ◆ 5:15 – 6:10 Infomercial
- ◆ Thursday, July 30
- ◆ 8:00 – 8:05 Recap
- ◆ 8:05 – 9:15 Impact Assessment
- ◆ 9:15 – 10:15 Crosswalks
- ◆ 10:15 – 10:30 *Break*
- ◆ 10:30 – 12:00 Testing and transition
- ◆ 12:00 – 1:00 *Lunch*
- ◆ 1:00 – 2:15 Clinical considerations
- ◆ 2:15 – 2:30 *Break*
- ◆ 2:30 – 3:30 Other
- ◆ 3:30 – 4:00 Recap and next steps
- ◆ 4:00 Adjourn

◆ **Other potential discussion topics:**

- Workers comp; other products
- Public health
- Handling cross-compliance date situations
 - Eligibility versus claim
 - Interim billing prior to discharge
- Paper claims
- Role of clearinghouses and software vendors
- Impact to patients / members
- Outreach methods

◆ **Survey for additional topics**

Closing

- ◆ You are encouraged to
 - Join WEDI listservs
 - Participate in industry dialogue
- ◆ Co-chair contact information
 - * lisa@ybr.net
 - * jim.daley@bcbssc.com
 - * robert.stallings@us.pwc.com
 - * knavarro@uwhealth.org

* WEDI SNIP ICD-10 SWG co-chairs

Thank You!

WEDI ICD-10 Forum ICD-10 “Quick Start”

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◆ Alphabet Soup

- **ICD-9-CM**: Clinical modification used in U.S. Developed in 1970's, implemented 1979
 - Volume 1&2 diagnosis codes (used by all providers)
 - Volume 3 procedure codes (used by hospitals for inpatient reporting)
- **ICD-10**: Diagnosis classification system developed by the World Health Organization as a replacement to ICD-9; contains no procedure codes
- **ICD-10-CM**: U.S. clinical modification for the ICD-10 diagnosis classification system
- **ICD-10-PCS**: U.S. procedure classification system developed to replace ICD-9-CM vol 3
- **ICD-10-CA**: Canadian clinical modification for the ICD-10 diagnosis classification system
- **ICD-10-AM**: Australian clinical modification for the ICD-10 diagnosis classification system
- **CPT**: Current Procedural Terminology procedure coding system developed by the American Medical Association and used to report physician and other professional services as well as surgical procedures performed in hospital outpatient departments and other outpatient facilities
- **SNOMED-CT**: a comprehensive, multilingual, controlled clinical terminology, or common reference terminology

ICD-9-CM vs. ICD-10-CM Diagnosis: Comparison of Changes

◆ ICD-9-CM (vol. 1&2):

- ❑ Numeric with only letters
V and E used
- ❑ Maximum of 5 digits
- ❑ Minimum of 3 digits
- ❑ No laterality (Left vs. Right)

◆ ICD-10-CM:

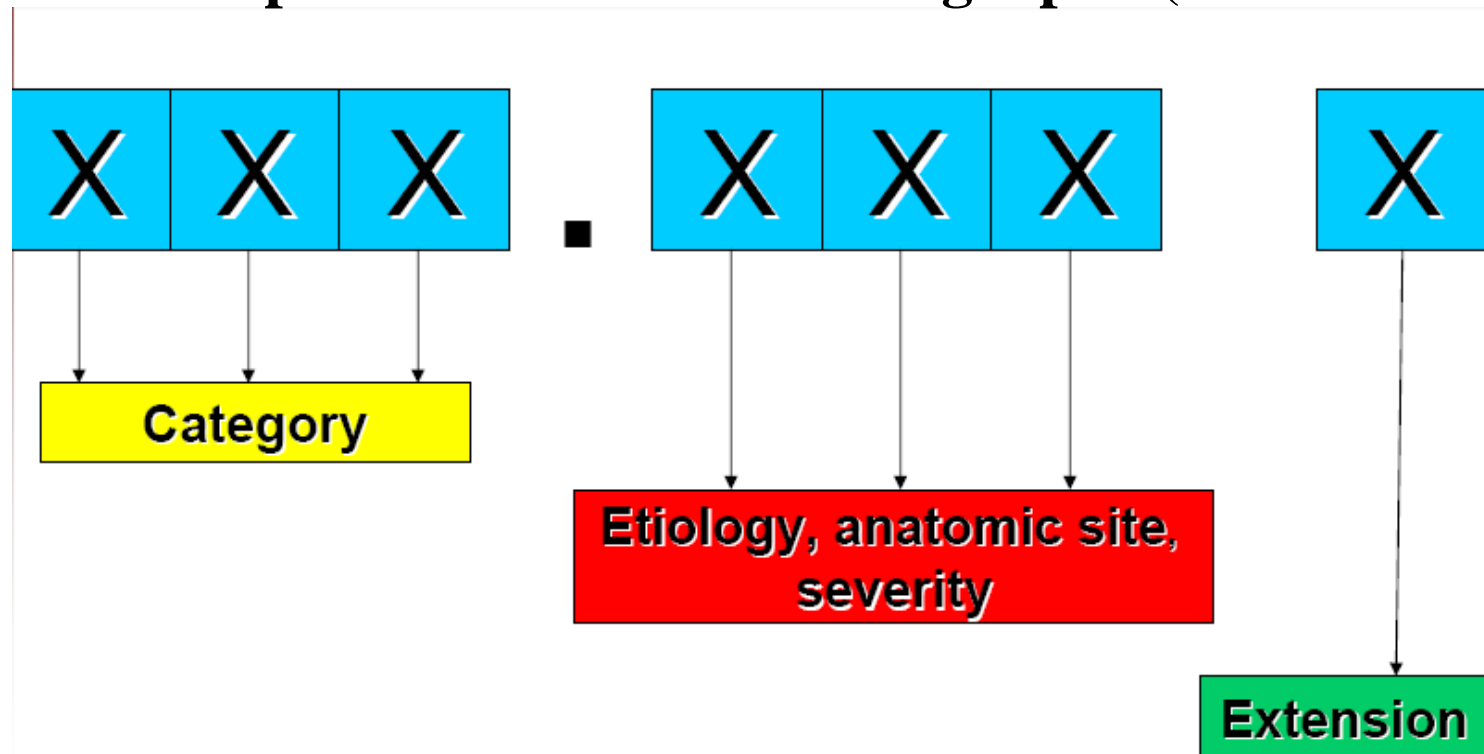
- ❑ All codes are alphanumeric with an alpha lead character
- ❑ Maximum of 6 digits plus extension
- ❑ Minimum of 3 digits
- ❑ Laterality

Example:

- | | | |
|-------------|---------|---|
| ❑ ICD-9-CM | 821.01 | Closed Fracture of shaft of femur |
| ❑ ICD-10-CM | S72.344 | Displaced spiral fracture of shaft of right femur |

ICD-10-CM Structure:

3 to 6 position code with leading alpha (+ extension)



Note: ICD-9-CM diagnosis was 3 to 5 position numeric except V and E

ICD-9-CM vs. ICD-10-PCS Inpatient Procedural: Comparison of Changes

◆ ICD-9-CM (vol. 3):

- ❑ Minimum of 3 digits / maximum of 4 digits; decimal point after the second digit
- ❑ Numeric

Example:

Laparoscopic appendectomy

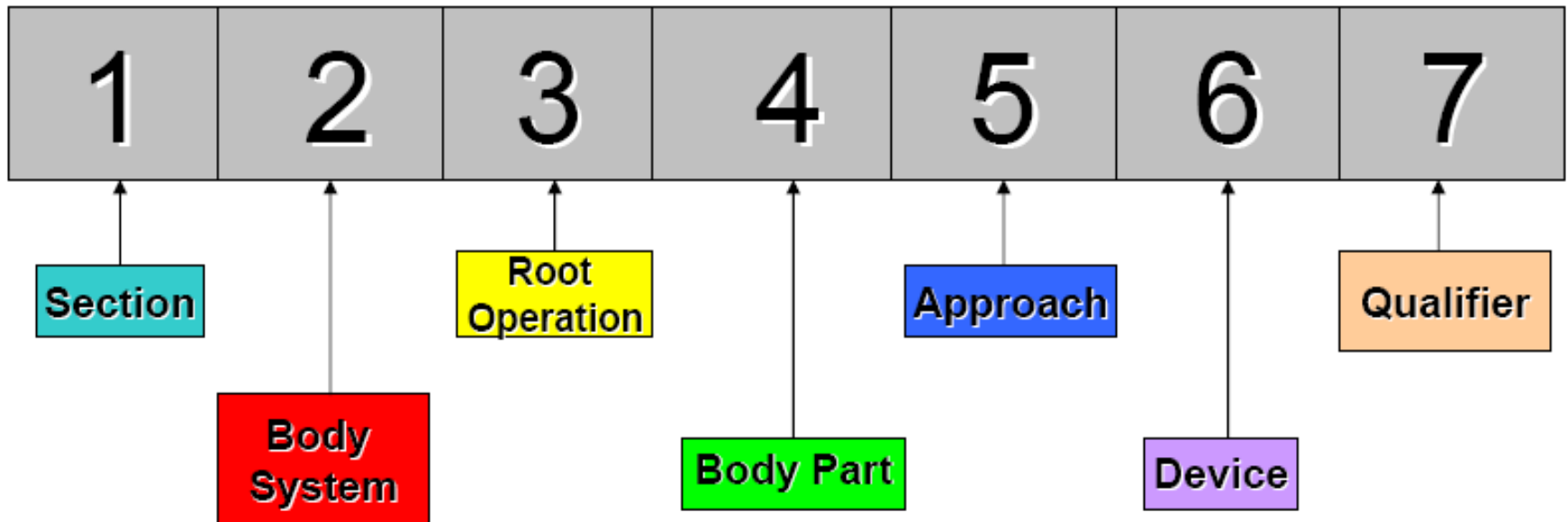
- ❑ ICD-9-CM 47.01
- ❑ ICD-10-PCS ODTJ4ZZ
- ❑ CPT-4 44970

◆ ICD-10-PCS:

- ❑ Minimum / maximum: 7 digits; no decimal point
- ❑ Alphanumeric with all codes starting with three alphanumeric characters

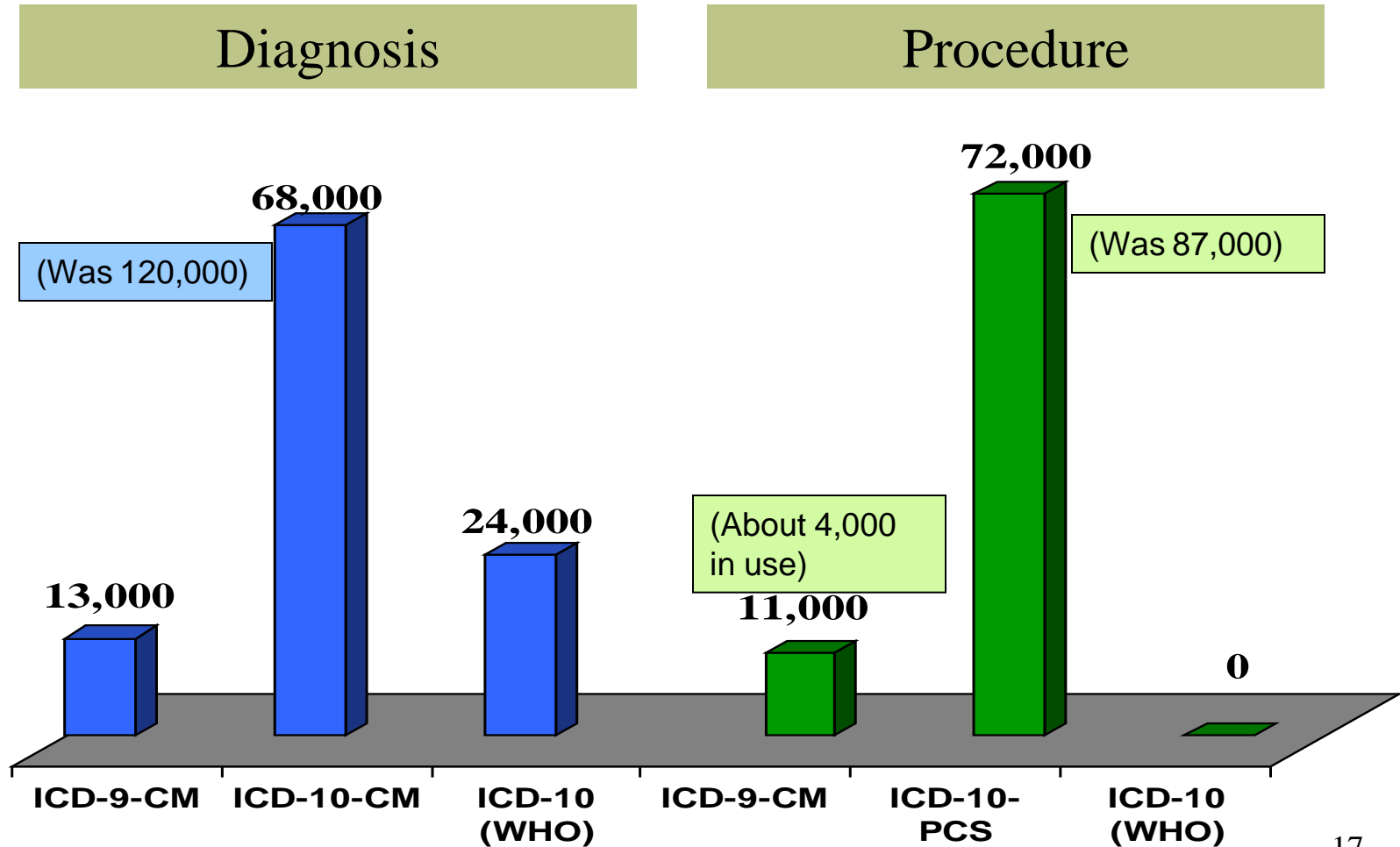
ICD-10-PCS Structure

7-position alphanumeric code



Note: ICD-9-CM procedure code was 3 to 4 position numeric

Code Set Counts



“ICD-10” Summary

Today: 4010

Current HIPAA Standard
Electronic Transaction Version

Not capable of handling ICD-10
Procedure and Diagnosis Codes

Today: ICD-9-CM

ICD-9-CM vol 1&2 (Diagnosis)

3-5 digits

(e.g. 821.01 – Closed Fracture of shaft of femur)

~13,000 unique codes

ICD-9-CM vol 3 (Procedure)

3-4 digits

(e.g. 47.01 – Laparoscopic appendectomy)

~11,000 unique codes

Tomorrow: 5010

Allows for ICD-10 Procedure
and Diagnosis Codes in HIPAA
Standard Electronic
Transactions

Tomorrow: “ICD-10”

ICD-10-CM (Diagnosis)

3-6 alphanumeric plus qualifier

(e.g. S72.344 – Displaced spiral fracture of
shaft of right femur)

~68,000 unique codes

ICD-10 PCS (Procedure)

7 alphanumeric

(e.g. ODTJ4ZZ – Laparoscopic appendectomy)

~72,000 unique codes