



ICD-10-CM Training Module for Dental Practitioners

Presented by Workgroup for Electronic Data Interchange

Disclaimer

This presentation is for discussion and educational purposes only and is not intended to be used as legal advice. If you have legal questions or concerns please consult with your appropriate legal counsel.

Presentation Goals

Understanding Standard Code Sets

- How Procedure Codes differ from Diagnostic Codes
- Why it is important

Understanding ICD-10 Diagnostic Codes

- How they differ from ICD-9
- The benefits of adoption

Implementing ICD-10 in Dental Practices

- Transition roadmap to minimize impact
- Suggested resources

HIPAA Transactions and Code Sets Regulations



- Determine the Organization and Contents of Electronic Transactions
- HIPAA Requires the use of Standard Codes in Electronic Transactions

HIPAA Transactions and Code Sets Regulations



Standard Codes Can Be Used To Indicate

- The Type of Services Offered by a Provider
- A Procedure or Service
- Equipment or Goods Used During Provision of the Service
- A Diagnosis

Code Sets Facts

- In Dentistry, CDT Procedure Codes are the Codes Used to Report Services Provided to Patients
- Dental Specialists Who Submit Medical Claims Use CPT Codes to Report Medical Procedures
- The HIPAA Standard Diagnostic Code Set for all Transactions has been the International Classification Of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Since 2003

More Code Sets Facts

- Prior to the 5010 HIPAA Transactions, dental claims did not support the transmission of a diagnosis code
- Currently, diagnosis may be required as supportive information for the dental claim
- Dental specialists need to provide a diagnosis code when submitting a claim to a medical plan

Uses of Diagnostic Coding

- Provides a rationale for a service, drug, device, or procedure entered in a claim or encounter
- Captures clinical data to support public health activities and development of evidence-based practices
- Model appropriate clinical decision making in teaching hospitals

Additional Uses of Diagnostic Coding



- Reports clinical findings and identifies diagnoses and treatments
- Enables clinical data collection from diverse healthcare settings
- Facilitates payment of claims related to the oral - systemic connection

Classifications

- Classifications or Classification Taxonomies organize diseases, procedures and related entities for easy retrieval

- Classifications can also be referred to as “Output” code sets
 - ❖ CPT
 - ❖ CDT
 - ❖ ICD-9-CM
 - ❖ ICD-10-CM
 - ❖ ICD-10-PCS

International Classification of Diseases - ICD Codes



- ICD codes were originally designed for reporting mortality statistics
- Physicians, medical examiners and coroners have used ICD codes since the early 1900s
- ICD codes were used by hospitals and were updated periodically to meet their needs

More About ICD Codes

- Physicians began using ICD codes in 1989 for Medicare claim submission for reimbursement of outpatient procedures

- ICD codes are now used for
 - Administrative functions
 - Epidemiologic studies
 - Protocols
 - Decision support

More About ICD Codes

- Today ICD codes are used to describe diagnoses associated with procedures and enable
 - Facilitation of payment for health care services
 - Evaluation of patients' use of health care facilities
 - Studies of health care costs
 - Research on health care quality
 - Prediction of health care trends
 - Planning for future needs

ICD-9 and ICD-9-CM

- ICD-9 codes are published in the World Health Organization's (WHO) International Classification of Diseases, Ninth Revision
- ICD-9-CM stands for International Classification of Diseases, Ninth Revision, Clinical Modification - the US version of ICD-9

ICD-9-CM

- ICD-9-CM is divided into three volumes
 - Volumes 1 and 2 relate to diagnoses classification
 - Volume 3 relates to the inpatient procedure classification

What Does an ICD-9-CM Code Look Like?



- ICD-9-CM code is a three-to-five digit number
- It may or may not include a decimal point and one or two digits to the right of the decimal

The History of ICD-9-CM

- ICD-9-CM was developed in the 1970's
- ICD-9-CM codes were adopted as a HIPAA code set in 2000 for reporting in standard transactions
 - Diagnoses
 - Diseases
 - Other health problems

ICD-9-CM Limitations

- Parts of ICD-9-CM are running out of room
 - Each three-digit category can have only 10 subcategories
 - In some categories there are no numbers left to assign

ICD Timeline for HIPAA Transactions



- **On October 1, 2014** the ICD-10-CM replaces ICD-9-CM as the HIPAA standard diagnostic code
- **Use of ICD-10-CM will be a “situational requirement” for electronic dental claims**
- **Dentists may or may not need to use an ICD-10-CM code in addition to a CDT procedure code to obtain payment**
 - This will be due to the presence of a systemic condition that necessitates particular oral health services

ICD-10-CM – What is Different?

- ICD-10 was implemented by WHO in 1993
- ICD-10-CM stands for International Classification of Diseases, Tenth Revision, Clinical Modification - the US version of ICD -10
- ICD-10-CM is more detailed and contains more diagnostic concepts than ICD-9-CM
 - ICD-9-CM includes approximately 13,600 codes
 - ICD-10-CM includes approximately 69,000 codes

ICD-10-CM and PCS

- **There are two sets of codes in ICD-10**
 - ICD 10 CM – Clinical Modification
 - ❖ These codes may be used in medicine and dentistry
 - ICD 10 PCS – Procedure Coding System – will be used in hospitals only
- **Dentistry will continue its use of CDT Codes for reporting procedures on dental claims**

ICD-10-CM Benefits and Capabilities



- Currently, ICD-10-CM is used only for reporting mortality data
- Full implementation of ICD-10-CM will bring the United States in alignment with worldwide coding practices
- ICD-10 offers greater coding specificity and accuracy
- Increases the capability to measure healthcare quality, safety and efficiency

ICD-10-CM Benefits and Capabilities

- Includes space to accommodate future advances and expansion
- Improves the ability to track and monitor international public health threats
- Enables better analysis of disease patterns and treatment outcomes
- Provides enhanced detail that should streamline claim processing

When to Use an ICD-10-CM Code?

- Many dental payers offer increased benefits for services associated with certain systemic conditions
 - The increased benefit is tied to additional services or increased frequency in provided treatment
 - Plans may allot increased benefits for complex services

How to Use an ICD-9-CM or ICD-10-CM Code?



- Some dental plans may cover specific dental procedures that may minimize the risks associated with the connection between the patient's oral and systemic health conditions
 - Example: Patients with health conditions such as pregnancy, diabetes, chronic heart disease, and certain cancer treatments may be eligible for an additional prophylaxis
- Not all plans may cover additional benefits for these conditions

How to Report an ICD Code?

Example

- If the patient is diabetic and is eligible for an additional prophylaxis per year, the claim may include

- Procedure code D1110 – *prophylaxis – adult*
- ICD-9-CM Diagnostic code – 250.0 *Diabetes mellitus*

- If the ICD-10-CM codes are implemented

- It may be possible to use E08.630 *Diabetes due to underlying condition with periodontal disease*

Why Use ICD-10

- Individual or customized plans based on patient health conditions are on the rise
- The industry is looking for ways to streamline processing

ICD-10-CM Dental Diagnosis Code Examples



- K00 Disorders of tooth development and eruption (excludes embedded and impacted teeth – see K01.)
 - K00.0 Anodontia
 - K00.1 Supernumerary teeth

- K02 Dental Caries
 - K02.5 Dental caries on pit and fissure surface
 - ❖ K02.51 Dental caries on pit and fissure surface limited to enamel

In Today's Processing World

- Let's examine a case involving a diabetic patient
 - The dentist's primary diagnosis is periodontal disease with complications resulting from Type 2 diabetes
 - Without diagnosis codes, the dentist either has to include supporting documentation in the form of x-rays, chart information, and/or by-report procedures to obtain increased benefit allowances
 - Collecting, submitting and tracking the additional information costs both providers and payers time and money

ICD-10-CM Impact

- For dentists who submit electronic claims
 - It may be necessary to update billing systems to support use of ICD-10-CM
 - **Test** electronic claim submission with ICD-10 codes well in advance of October 1, 2014 deadline
- Paper claims are not regulated by HIPAA
 - The change to ICD-10-CM will impact paper claims
 - Updated claim forms are a necessity
 - The 2012 ADA Claim Form allows entry of diagnosis code information.

How to Minimize the Impact

- Contact your system vendors early and often about the ICD-10-CM upgrades
- Do all necessary upgrades and tests well in advance of October 1, 2014
- Implement the new claim form
- Familiarize billing staff with new completion instructions

How to Minimize the Impact

- Pay attention to patients' dental plans' communications regarding ICD-10-CM
- Participating providers may or may not need to implement ICD-10-CM in advance of October 1, 2014
- Start now!

Transition Road Map*

Planning and Communication

- Identify stakeholders
- Meet with staff to discuss the effect of ICD-10, identify responsibilities
- Establish transition plan

Assessment

- Assess business process impact
- Assess training needs, create training plan
- Evaluate vendor

Operational Implementation

- Implement business and/or technical modifications
- Provide training
- Ensure readiness

Transition

- Complete transition or “go live”
- Provide ongoing support

What Does ICD-10-CM Mean for Dental Paper Claims Submissions?



- The newest ADA Claim Form contains a column for diagnostic information
- Staff will need to know how to enter the diagnostic information properly
- The newest form with completion instructions is available
 - ADA catalog www.adacatalog.org or call (800) 947-4746

Changes to ADA Claim Form Preview



										21. Date of Birth (MM/DD/CCYY)				22. Gender <input type="checkbox"/> M <input type="checkbox"/> F		23. Patient ID/Account # (Assigned by Dentist)						
RECORD OF SERVICES PROVIDED																						
24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity		26. Tooth System		Tooth face		29. Procedure Code		29a. Diag. Pointer		29b. Qty.		30. Description				31. Fee				
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
33. Missing Teeth Information (Place an "X" on each missing tooth.)										34. Diagnosis Code List Qualifier				ICD-9 = B; ICD-10 = AB)				31a. Other Fee(s)				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A	C		32. Total Fee	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B	D			
35. Remarks																						

Enter a letter ("A" through "D") to point to a diagnosis entered in 34a.

Enter "AB" in #34 to indicate ICD-10-CM codes

Enter ICD-10-CM diagnostic codes on lines A-D in box 34a.

Helpful Web Links

- Workgroup for Electronic Data Interchange (WEDI)
 - <http://www.wedi.org>
- General ICD-10 Information
 - <http://www.cms.gov/ICD10/>
- American Dental Association
 - <http://www.ada.org>
- National Committee on Vital and Health Statistics (NCVHS)
 - <http://www.ncvhs.hhs.gov/>
- Transactions and Code Sets Regulations
 - http://www.cms.gov/TransactionCodeSetsStandards/02_TransactionsandCodeSetsRegulations.asp
- World Health Organization (WHO) Resource page
 - <http://www.who.int/classifications/icd/en/>

More Helpful Web Links

- American Academy of Professional Coders (AAPC)
 - <http://www.aapc.com/ICD-10/>
- American Health Information Management Association (AHIMA)
 - <http://www.ahima.org/>
- American Medical Association (AMA) ICD-10 Resource page
 - <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page>
- CMS-0013-P-HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS
 - <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>

Thank You For Your Attention!

Questions?

