



**Texas Department of Aging
and Disability Services**

ICD-9 to ICD-10 Conversion

Countdown To October 1, 2015

71 Days To Go



Goals of this Webinar

- Overview of ICD-10
 - Who, What and Why of ICD-10
 - The Basics
 - Overview of Changes
 - ICD-10 Code Structure
- DADS role now and ongoing
- Preparing for the Transition
 - Getting Ready for Transition
 - Impact of Non-Compliance
 - Form submission
 - Submission of Claims
- What DADS is doing to help providers prepare for transition
 - where to find additional resources and information
- Q/A



Overview of ICD-10



What is the ICD?

- The International Classification of Diseases (ICD) is a system for coding diseases, signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
- Developed by the World Health Organization (WHO) and is used internationally and maintained by the Centers for Disease Control (CDC), for use in the United States.
- Used world-wide to code and classify morbidity and mortality statistics, reimbursement systems, and automated decision support in health care.



Why is CMS Mandating This Change?

- Provides diagnosis and procedure codes that better reflect the patient's medical conditions and treatments
- Higher quality data to better assess medical care and outcomes and improve patient care and disease management
- Flexible and easier to update as technology, healthcare, and medicine continue to evolve



Who Must Use ICD-10 Codes?

- Required for anyone covered by the Health Insurance Portability and Accountability Act (HIPAA)
- Anyone who submits claims using diagnosis codes must make the switch.
- ICD-9 diagnosis and inpatient procedure codes cannot be used for services provided on or after Oct. 1, 2015.
- Includes State Medicaid Programs



When is the Implementation Date?

1. January 16, 2009 - U.S. Department of Health and Human Services (HHS) adopted the ICD-10 by final rule.
 - original compliance date of October 1, 2013.
2. September 5, 2012 - new compliance date of October 1, 2014.
 - gives providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition among all industry segments.
3. April 1, 2014 - HR 4302
 - October 1, 2014, “ICD-10 has been delayed, and may not be adopted prior to October 1, 2015.”
4. October 1, 2015- Go Live with ICD-10
 - *71 days to go!*



ICD-10 Overview of Changes

Diagnosis Codes	Procedure Codes	Number of Codes
ICD-9 3-5 characters	ICD-9 3-4 numeric digits	ICD-9 15,000 codes
ICD-10 3-7 characters	ICD-10 7 alphanumeric characters	ICD-10 155,000 allowable



ICD-10 Overview of Changes

Includes new conditions, treatments and technology

Includes greater specificity and granularity

Includes details like laterality and obstetrical trimester

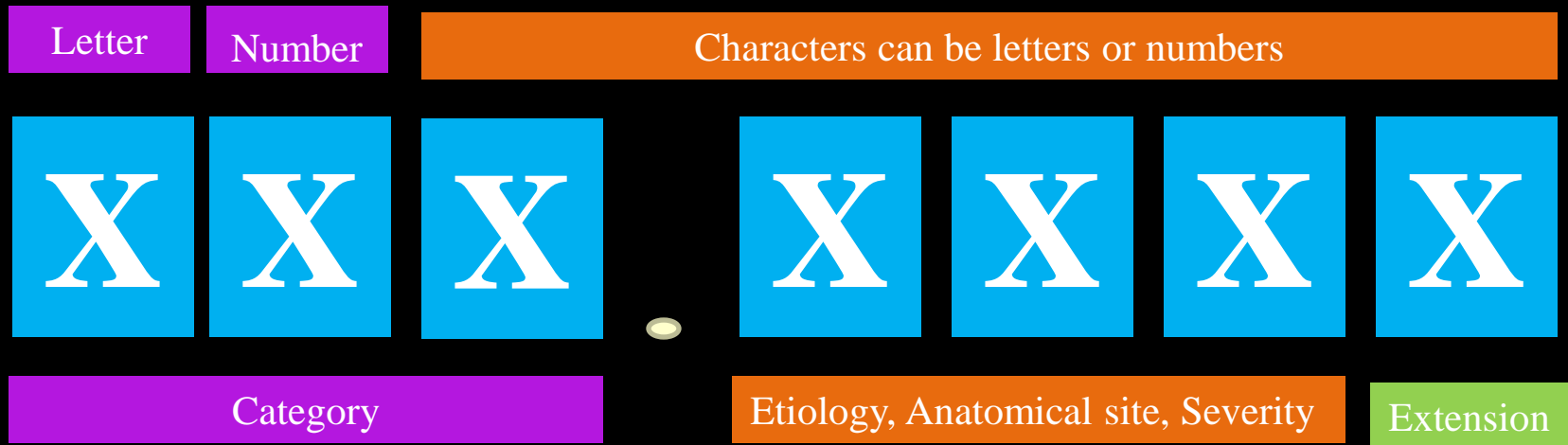
Groups injuries by anatomical site

Expands diagnosis code from 13,000 to 68,000 codes

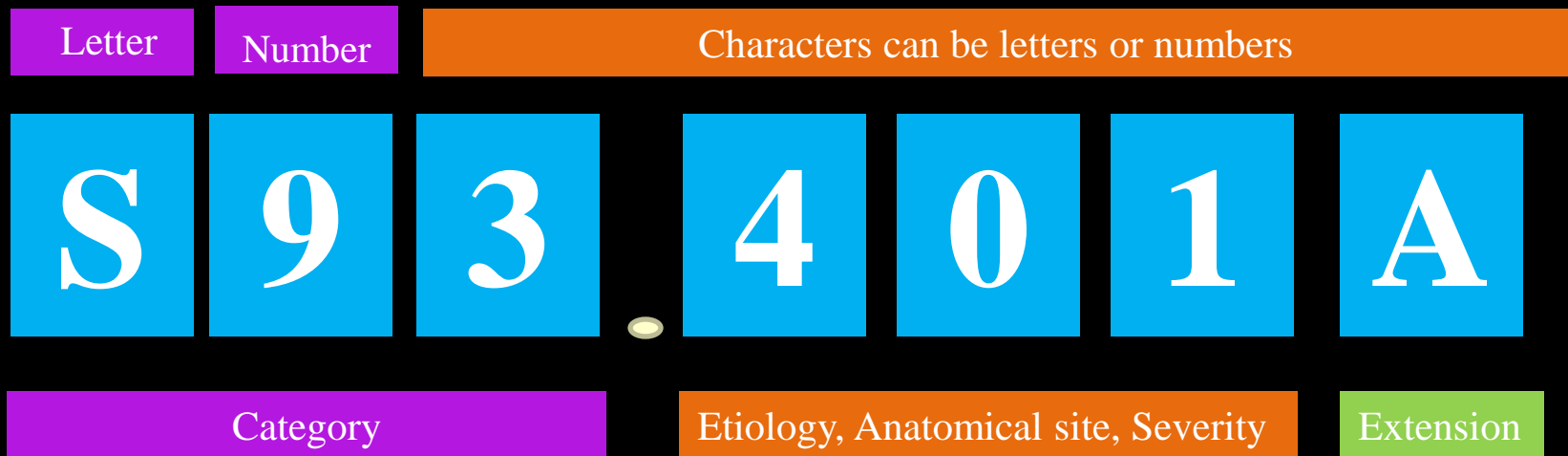
Expands procedure codes from 3,000 to 72,000 codes



ICD-10 Diagnosis Code Structure Overview



ICD-10 Diagnosis Sample



- S93.401- Sprain of unspecified ligament of right ankle, initial encounter.
- ICD 9- 845 ankle sprain
- ICD 10 – (required 5th 6th and 7th digits)



ICD-10-CM Code Structure

- A & B: Infectious and Parasitic Diseases
- C: Neoplasms
- D: Neoplasms, Blood, Blood-forming Organs
- E: Endocrine, Nutritional, Metabolic
- F: Mental and Behavioral Disorders
- G: Nervous System
- H: Eye and Adnexa, Ear and Mastoid Process
- I: Circulatory System
- J: Respiratory System
- K: Digestive System
- L: Skin and Subcutaneous Tissue
- M: Musculoskeletal and Connective Tissue



ICD-10-CM Code Structure

- N: Genitourinary System
- O: Pregnancy, Childbirth and the Puerperium
- P: Certain Conditions Originating in the Perinatal Period
- Q: Congenital Malformations, Deformations and Chromosomal Abnormalities
- R: Symptoms, Signs and Abnormal Clinical and Lab Findings
- S: Injury, Poisoning, Certain Other Consequences of External Causes
- T: Injury, Poisoning, Certain Other Consequences of External Causes
- U: no codes listed, will be used for emergency code additions
- V, W, X, Y: External Causes of Morbidity (homecare will only have to code how patient was hurt; other settings will also code where injury occurred, what activity patient was doing)
- Z: Factors Influencing Health Status and Contact with Health Services (similar to current "V-codes")



Impact on DADS and Programs Services and Systems



All of DADS Programs and Services Providers Will Be Affected By ICD-10

- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Community Living Assistance Supports and Service (CLASS)
- Deaf-Blind with Multiple Disabilities (DBMD)
- Medically Dependent Children's Program (MDCP)
- Intermediate Care Facility for Individuals with Intellectual Disabilities or related conditions (ICF/IID)
- State Supported Living Centers (SSLC)
- Local IDD Authorities (LIDDA)
- Assisted Living Facilities (ALF)
- Community Care for the Aged and Disabled Programs
- Nursing Facilities (NF)
- Hospice
- HCSSA Providers
- Families



DADS Systems Changes

Systems Remediated

- Service Authorization System (SAS)
- Service Authorization System online (SASO)
- SAS Batch
- Intellectual Disabilities Client Assessment REGistration (ID CARE)
- Hospice/Smartforms
- Aged & Disabled (A&D) Data Mart
- Claims II
- QAI Datamart (not yet deployed)
- Impacts for CARE and AVATAR

Forms

- ID/RC: Intellectual Disability / Related Conditions Assessment (Form 8578; CFC-8578)
- MN/LOC: Medical Necessity / Level of Care
- MDS: Minimum Data Set



Information For ICF/IID Providers
&
What You Need to Know to Prepare



Intellectual Disability and Related Conditions Assessment (ID/RC)

- All ID/RCs (form 8578) submitted with effective dates prior to 10/1/15 will be required to have ICD-9 diagnostic codes only.
- All ID/RCs (form 8578) submitted with effective dates of 10/1/15 or later be required to have ICD-10 diagnostic codes only.
- Due to system changes for accepting ICD 10 diagnostic codes, ICF/IID providers must not enter ID/RCs with an effective date on or after October 1, 2015 into the Texas Medicaid and Healthcare Partnership (TMHP) provider portal until August 28, 2015 or later.
- ID/RCs with multiple diagnoses will be required to have diagnosis codes of the same version for each diagnosis included (e.g. ICD-9 or ICD-10).



New Enrollments

- Any new entry into the Provider Portal on or after October 1, 2015 must be in version 10.
- If an ID/RC is submitted for an enrollment into an ICF/IID on or after Oct. 1, for a requested effective date prior to Oct, 1st. The submission date will dictate the version (ICD-10). A LIDDA must notate in the Review Tab, along with the requested effective date, the appropriate ICD-9 code.
- For these cases, a LIDDA must provide 2 ID/RCs to the ICF/IID provider. One form must include an individual's ICD-9 diagnostic code and one form must include an individual's ICD-10 diagnostic code, each attested to by a physician.
- One form can be filled out and copied with the exception of the population of diagnostic information contained in fields 19, 20, 22, 23, 24, 26 and 27.



ID/RC Assessment

ID/RC 8578 Assessment

Current Status: Processed/Complete Name: SETH ROBERTSON DLN: 151828001240


Form Actions:

Diagnosis

20	Primary Diagnosis Code	<input type="text" value="3180"/>	<input type="button" value="Q"/>
21	Version Code	<input type="text" value="9"/>	
19	Primary Diagnosis Description	<input type="text" value="MODERATE INTELLECTUAL DISABILI"/>	
21b	2nd Diagnosis Code	<input type="text"/>	<input type="button" value="Q"/>
21ba	2nd Diagnosis Version Code	<input type="text" value="9"/>	
21a	2nd Diagnosis Description	<input type="text"/>	
22	Onset Date	<input type="text" value="08/1967"/>	
24	Medical Diagnosis/DBMD Second Condition Code	<input type="text" value="34510"/>	<input type="button" value="Q"/>
25	Medical Diagnosis/DBMD Second Condition Version Code	<input type="text" value="9"/>	
23	Medical Diagnosis/DBMD Second Condition	<input type="text" value="GRAND MAL W/O INTRACT"/>	
27	Psychiatric Diagnosis/Additional Diagnosis Code	<input type="text" value="29900"/>	<input type="button" value="Q"/>
28	Psychiatric Diagnosis/Additional Diagnosis Version Code	<input type="text" value="9"/>	
26	Psychiatric Diagnosis/Additional Diagnosis(es)	<input type="text" value="AUTISTIC DISORDER"/>	



New Enrollments (Purpose Code 2)

PROV/INDIVIDUAL INFO		DIAGNOSTICS	ASSESSMENT DATA
		LA/DADS REVIEW	
Purpose Code Information			
13	 Purpose Code	2 = No Current Assessment ▼	

- When a LIDDA selects 2 for the Purpose Code, field 59 is populated with the current date.
- The requested date is the date being used for validation of the diagnosis code and version.

Requested Begin and End Dates		
59	Requested Begin Date	7/21/2015 
60	Requested End Date	



Requesting effective dates prior to Oct. 1 during the transition

ID/RC 8578 Assessment

Current Status: Name:JOHNNY ELLIOTT DLN:0

Form Actions:

PROV/INDIVIDUAL INFO	DIAGNOSTICS	ASSESSMENT DATA	PHYSICIAN EVALUATION
	LA/DADS REVIEW	ENROLLMENT DATA	

Diagnosis	
20	Primary Diagnosis Code <input type="text" value="F99"/> <input type="button" value="Q"/>
21	Version Code <input type="text" value="10"/>
19	Primary Diagnosis Description <input type="text" value="MENTAL DISORDER, NOT OTHERWISE"/>
21b	2nd Diagnosis Code <input type="text"/> <input type="button" value="Q"/>
21ba	2nd Diagnosis Version Code <input type="text"/>
21a	2nd Diagnosis Description <input type="text"/>
22	Onset Date <input type="text"/>

- The magnifying glass to the right of the diagnosis code data field is used for the description look-up.
- The version is populated based upon the code entered and it is not editable.



Code Conversions

- For some ICD-9 codes, there will be an ICD-10 code that directly corresponds to the individual's established diagnosis.
 - One-to-one or many-to-one
- Some do not directly convert. Providers must obtain the ICD-10 code from a physician who must attest to the individual's diagnosis by signing the ID/RC.
 - One-to-many and one-to-approximate



Intellectual Disability Codes

Diagnosis	ICD-9 code	ICD-10 code
Mild ID	317	F70
Moderate ID	318.0	F71
Severe ID	318.1	F72
Profound ID	318.2	F73
Unspecified ID	319	F79



Code Conversions (cont.)

- DADS has developed a conversion widget for codes that have a direct match: “ICD Conversion Code Lookup for Related Conditions”
 - Can be found at the DADS ICD-10 webpage <http://www.dads.state.tx.us/providers/icd10/index.cfm>
- For all other ICD diagnostic codes, including codes not found on the DADS-approved related conditions list, DADS is not providing a conversion chart.



Claims Submission Beginning Oct. 1

- Program providers will be required to submit any forms with ICD-10 codes for any services or authorizations effective October 1, 2015 and after.
- For LTC, as opposed to acute care, claims are not tied to diagnosis code. However, all claims have to have valid ICD codes.
- Providers can submit claims between October 1, 2015 and October 1, 2016, using the following ICD-10 code:
 - **Z76.89 - Persons encountering health services in other specified circumstances**
- Once an individual's ID/RC contains a valid ICD-10 code, program providers can use that established ICD-10 code for claims submission.



Resources for Providers

Texas Department of Aging
and Disability Services



DADS ICD-10 Webpage

<http://www.dads.state.tx.us/providers/icd10/>

The screenshot shows a web browser displaying the Texas Department of Aging and Disability Services (DADS) website. The page is titled "ICD-10 Transition" and features a navigation menu with links for Home, About DADS, Help for Texans, Doing Business with DADS, Forms & Handbooks, Links, and Contact Us. The main content area is divided into two columns. The left column contains a sidebar with links for "What is ICD-10?", "Communications", "ICD-10 Conversion Code Lookup for Related Conditions", "Q&A: Count Down to ICD-10", "Resources & Handbooks", "Training Resources", "Contact", "Subscribe to Email Updates", "ICD-10 Transition Home", and "Resources for DADS Service Providers Home". The right column contains the main text, which includes a "What is ICD-10?" section, a "Health care providers covered by HIPAA will switch from ICD-9 to ICD-10 on Oct. 1, 2015." section, an "ICD-10 consists of two parts:" section, a "How is ICD-10 Better than ICD-9?" section, and a "Greater Detail" section. A banner at the bottom of the page reads "Are you ready? The ICD-10 transition is Oct. 1, 2015." with an image of a doctor's hands.

Feedback | Subscribe | Español

Home About DADS Help for Texans Doing Business with DADS Forms & Handbooks Links Contact Us

ICD-10 Transition

What is ICD-10?
Communications
ICD-10 Conversion Code Lookup for Related Conditions
Q&A: Count Down to ICD-10
Resources & Handbooks
Training Resources
Contact
Subscribe to Email Updates
ICD-10 Transition Home
Resources for DADS Service Providers Home

Are you ready?
The ICD-10 transition is
Oct. 1, 2015.

What is ICD-10?

Health care providers in the United States use the International Classification of Diseases (ICD) to record diseases, signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases in patient medical records. They also use it to code medical diagnoses and procedures for care management and billing purposes.

Health care providers covered by HIPAA will switch from ICD-9 to ICD-10 on Oct. 1, 2015.

ICD-10 consists of two parts:

- Clinical Modification (CM) diagnosis coding, which is used in all U.S. health care settings
- Procedural Coding System (PCS) for inpatient procedures

How is ICD-10 Better than ICD-9?

ICD-10 provides greater detail, applies consistent use of terminology, and introduces other improvements. As a result, healthcare providers will make better clinical decisions and may accurately measure patient outcomes and care.

ICD-10 provides improved data for understanding causes of health conditions. The update to ICD-10 allows for efficient tracking of health care and public health trends, monitoring quality of care issues, and evaluating health outcomes. It affects how providers design payment systems, process claims, and identify fraud or abuse.

Greater Detail

ICD-10 provides a greater level of detail, including:



Code Look up for Related Conditions

ICD-10 Conversion Code Lookup for Related Conditions

ICD Conversion Code Lookup for Related Conditions

This code lookup is a tool for program providers to find ICD-10 codes that directly correspond to ICD-9 codes on the **DADS-approved Diagnostic Codes for Persons with Related Conditions List**. It is not intended as a comprehensive conversion chart for all ICD codes. You can find more information on [code mapping and conversion on the CMS website](#).

ICD-9 Diagnosis Code:

Some codes do not have a direct conversion. If the ICD-9 code you enter does not show up in the code lookup, it does not have a direct ICD-10 match. For codes not found in this code lookup, please coordinate with a physician to obtain a valid ICD-10 diagnosis code.

Subscribe to Email Updates

[If you want to subscribe to this page, click here](#). DADS contracts with a company called [Gov-delivery, Inc.](#), to provide email updates. When you sign up for email updates, you are giving your information to both DADS and to GovDelivery. When DADS has your information, it is subject to the [DADS privacy policy](#). When GovDelivery has your information, it is subject to their privacy policy. Read the [GovDelivery privacy policy](#).



Other Resources For Providers

- General Information on ICD-10
- Q&A
- Resources and Handbooks
- Training Resources
- Communications
 - Information Letters
 - Physician Letter
- Webinars
- Provider Alerts
- Can be accessed from DADS Providers Webpage
- ICD-10 DADS-approved related conditions list



ICD10@DADS.STATE.TX.US

HTTP://WWW.DADS.STATE.TX.US/PROVIDERS/ICD10/

July 21, 2015

Texas Department of Aging
and Disability Services

