Division of Federal Employees Compensation
ICD-10 Information

xerox

Main Objective

- The impact of the conversion to The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
- Create an awareness of ICD-10 CM-CM
- Create an awareness of ICD-10 CM-Procedure Coding System (PCS)

Timeline

- ICD-10 CM Applies to dates of service/discharge dates on or after 10/1/2015.
- Prior dates of service/discharge before 10/1/2015 remain ICD-9 CM.
- Bills with ICD-10 codes will be accepted for processing beginning 10/1/2015.

Why is ICD-9 CM Being Replaced?

- ICD-9 CM-CM is out of date and running out of space for new codes.
- Lacks specificity and detail.
- No longer reflects current medical practice.
- ICD-10 CM is the international standard to report and monitor diseases and mortality, making it important for the U.S. to adopt ICD-10 CM based classifications for reporting and surveillance.
- ICD codes are the core elements of Health Information Technology (HIT) systems, conversion to ICD-10 CM is necessary to fully realize benefits of HIT adoption.

Major Differences Between ICD-9 CM-CM and ICD-10 CM-CM

ICD – 9-CM	ICD – 10-CM
13,600 codes	69,000 codes
Code book contains 17 chapters	Code book contains 21 chapters
Consists of 3 to 5 characters	Consists of 3 to 7 characters
1st character is alpha or numeric	1st character is alpha
Only utilizes letters E and V	Utilizes all letters (except U)
Second, third, fourth, and fifth characters are always numeric	Second character is always numeric
	Third, fourth, fifth, sixth, and seventh characters can be alpha or numeric
Shorter code descriptions because of lack of specificity and abbreviated code titles	Longer code descriptions because of greater clinical detail and specificity and full code titles

Comparison of ICD-9 CM-CM and ICD-10 CM-CM Specificity

ICD-9 CM-CM CODE

A - Category of code

- Describes the type of disease or disorder

B - Etiology, anatomical site, and manifestation

- Describes the specificity of the category of code (normally the location)

A B

ICD-10 CM-CM CODE

A - Category of code

- Describes the type of disease or disorder

B - Etiology, anatomical site, and/or severity

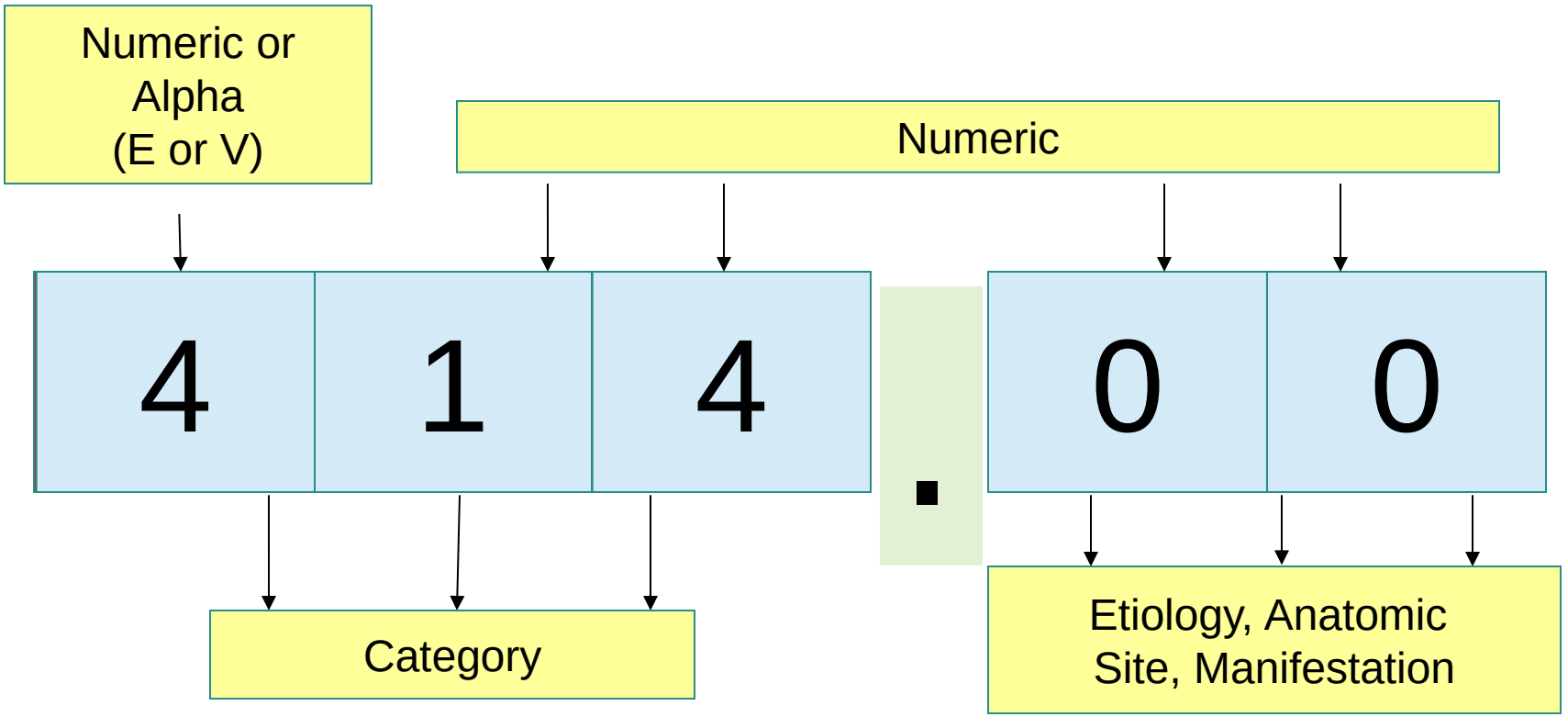
- Describes the specificity of the category of code (normally the location)

C - Extension

- 7th character for obstetrics, injuries, and external causes of injury

A B C

ICD-9-CM Structure – Format



3 – 5 Characters

ICD-10-CM Structure – Format

2 - 7 Numeric or Alpha

Category

Etiology, Anatomic Site, Severity

Added code extensions (7th character) for obstetrics, injuries, and external causes of injury

S 8 6 . 0 1 1 D

S= injuries, poisoning & certain other consequences of external causes related to single body regions.

S86= Injury of muscle, Fascia and tendon at Lower leg.

S86.0= Injury of Achilles tendon
S86.01= Strain of Achilles tendon
S86.011= Strain of right Achilles tendon

A= Initial Encounter
D= Subsequent Encounter
S= Sequels

S86.011D= Strain of right Achilles tendon, subsequent encounter

Major Differences Between ICD-9 CM Procedures and ICD-10 CM-PCS

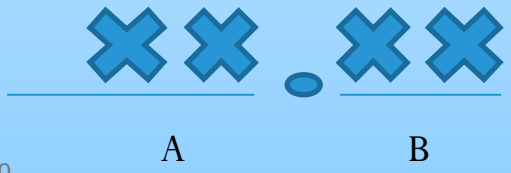
ICD – 9-CM	ICD – 10-PCS
3824 codes	71924 codes
3-4 characters	7 characters
All characters numeric	Characters can be alpha & numeric
All codes have at least 3 characters	Numbers 0-9 , Letters A-H, J-N, P-Z
0012 Administration of inhaled nitric oxide	3E0F3SD Introduction of Nitric Oxide Gas into Respiratory Tract, Percutaneous Approach
	3E0F7SD Introduction of Nitric Oxide Gas into Respiratory Tract, Via Natural or Artificial Opening
	3E0F8SD Introduction of Nitric Oxide into Respiratory Tract, Via Natural or Artificial Opening Endoscopic

Comparison of ICD-9 CM-CM and ICD-10 CM-PCS

ICD-9 CM-CM CODE

A classification system for surgical, diagnostic, and therapeutic procedures in hospitals and inpatient settings.

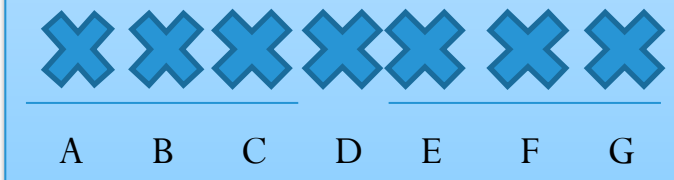
- A - Procedure index and procedure tabular
- B - Consist of two digits with one or two digits following the decimal point
- Format for procedure tabular is the same as Volume 1 disease tabular



ICD-10 CM-PCS CODE

Designed and developed to meet healthcare needs for procedure coding system

- Codes constructed from flexible code components (values) using Tables
- Codes are seven characters long
- Codes are alphanumeric



xerox

ICD-10 PCS Structure

Character	Character	Character	Character	Character	Character	Character
1	2	3	4	5	6	7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier
0	L	B	5	0	Z	Z

Bill Processing UB-04 Inpatient Bills

For FECA, inpatient UB-04 Bill Types with coverage dates that begin prior to 10/1/15 and end on or after 10/1/15, providers are required to submit a single bill using all ICD-10 CM codes for the entire bill.

Bill Processing UB-04 Outpatient Bills

For FECA, UB04 Outpatient Bill Types with coverage dates that begin prior to 10/1/15 and end on or after 10/1/15, providers are required to **split** the bill using all ICD-9 CM codes for the dates of service that include up to 9/30/2015 and submit a **second bill** for dates of service on or after 10/1/2015 with ICD-10 CM codes.

Bill Processing – CMS/OWCP 1500

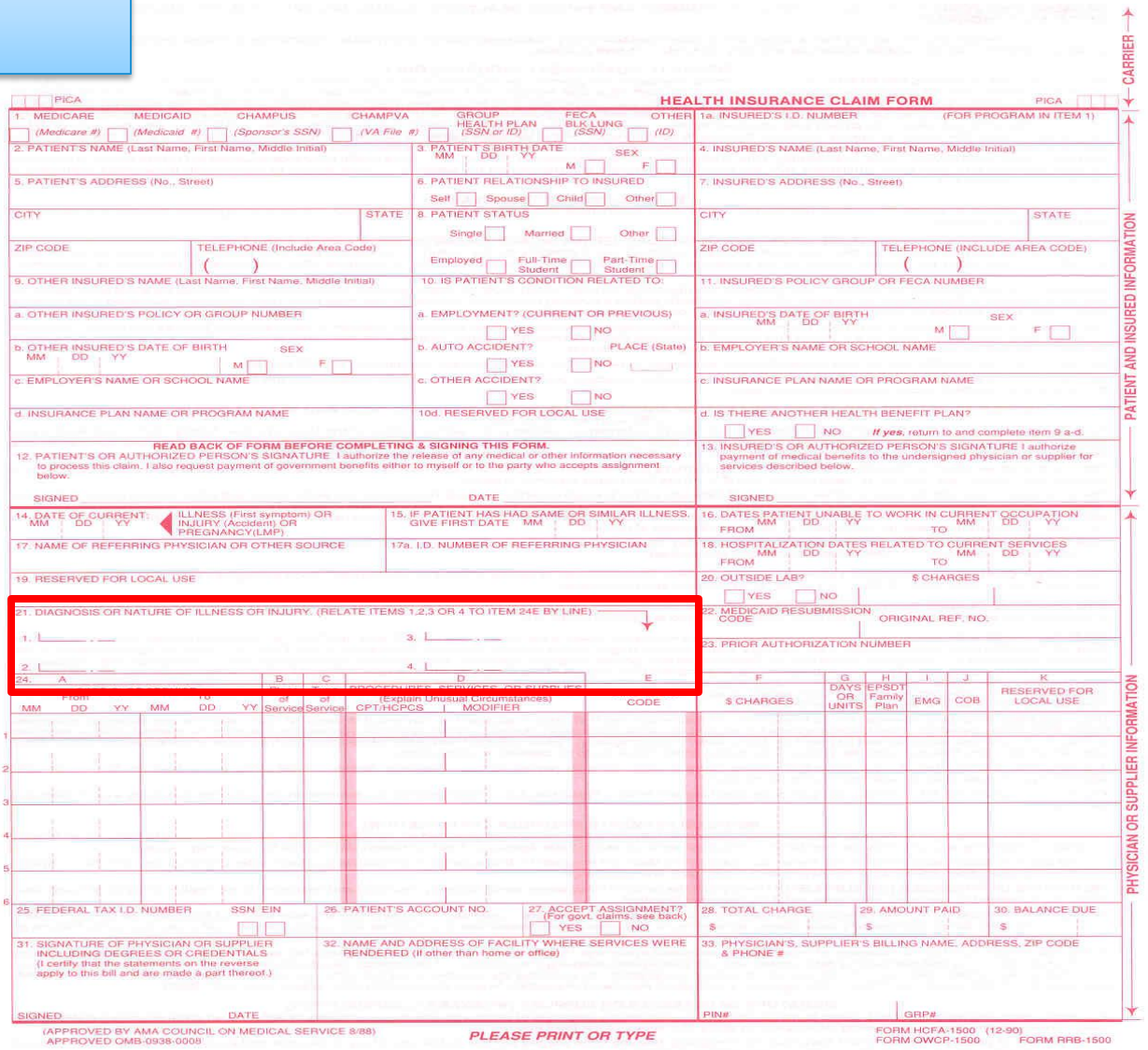
For CMS/OWCP 1500 :

- Bills with dates of service on or after 10/1/15 are required to utilize ICD-10 CM diagnosis codes.
- Bills with dates of service prior to 10/1/15 continue to utilize ICD-9 CM diagnosis codes.
- Bills cannot contain a combination of both ICD-9 CM and ICD-10 CM codes.

CMS/OWCP 1500

DOL will continue to accept the CMS/OWCP 1500 form from Professional Service Providers.

Can only list up to 4 diagnosis.



PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B PLACE of Service	C TYPE of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1												
2												
3												
4												
5												
6												

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

PIN# GRP#

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) APPROVED OMB-0938-0008

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90) FORM OWCP-1500 FORM RRB-1500

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

xerox

Bill Processing – CMS 1500

For CMS 1500 :

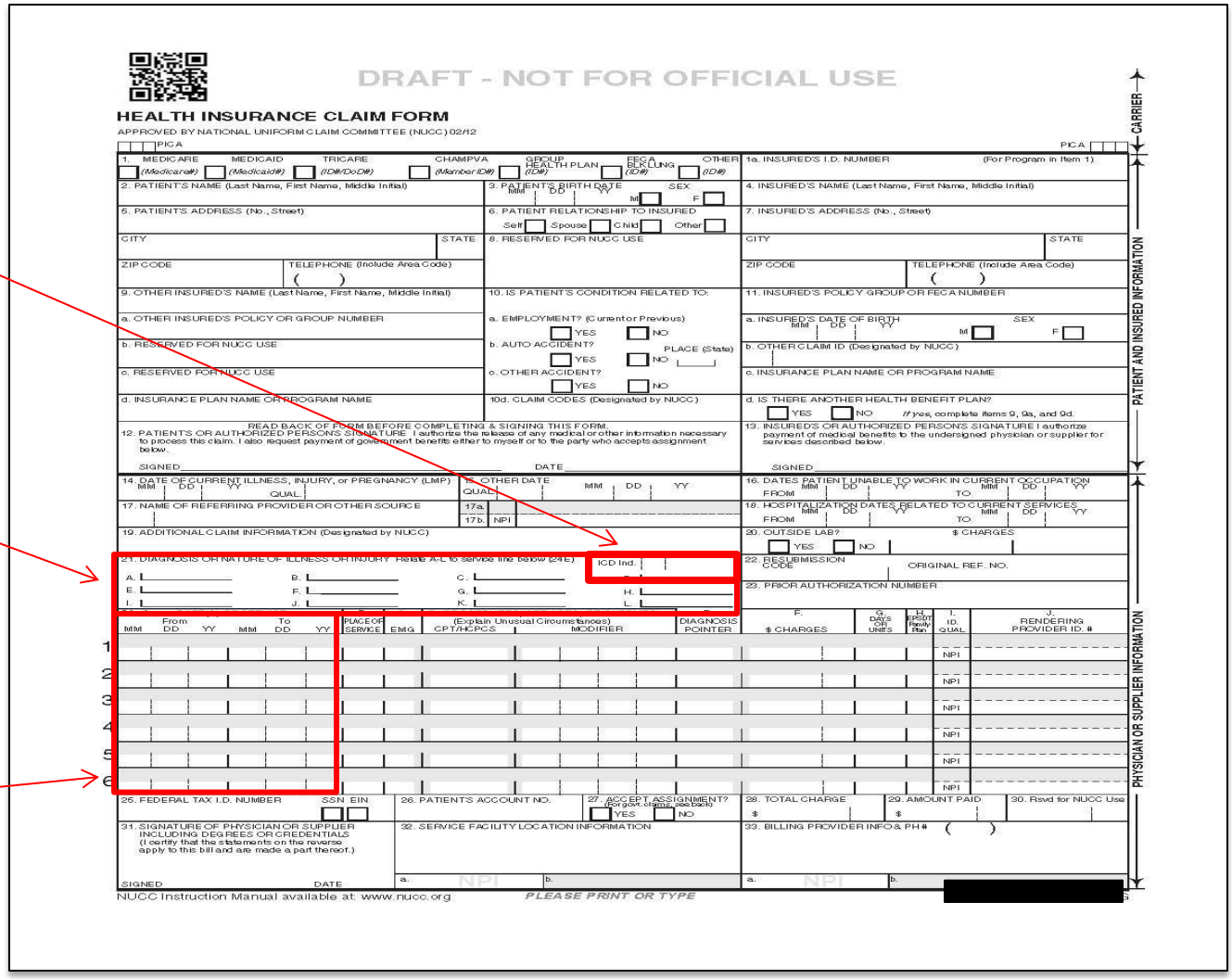
- Bills with dates of service on or after 10/1/15 are required to utilize ICD-10 CM diagnosis codes.
- Bills with dates of service prior to 10/1/15 continue to utilize ICD-9 CM diagnosis codes.
- Bills cannot contain a combination of both ICD-9 CM and ICD-10 CM codes.
- ICD Indicator (9 or 0) is a required field in box 21

CMS 1500

ICD Indicator (9 or 0) is a required field in box 21

ICD-9 or ICD-10 diagnosis codes must be listed in box 21 or bill will be returned

Valid DOS must be listed in box 24 or bill will be returned.



DRAFT - NOT FOR OFFICIAL USE

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL

15. OTHER DATE QUAL MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	EMG	C. (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	D. DIAGNOSIS POINTER	E. $ CHARGES	F. DAYS OR UNITS	G. EPSDT Family Plan	H. ID. QUAL	I. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER

xerox

UB-04

- Effective August 31, 2015, UB-92 Form will no longer be accepted. Bills submitted on the UB-92 form will be returned to the provider.
- Bills cannot contain a combination of both ICD-9 CM and ICD-10 CM codes.
- For UB-04 bills; the bill type and coverage dates are used to determine whether the bill should utilize the ICD-9 CM or ICD-10 CM code sets.
  - UB-04 bills with coverage dates prior to 10/1/15 continue to utilize ICD-9 CM diagnosis and surgical procedure codes.
  - UB-04 bills with coverage dates on or after 10/1/15 must utilize ICD-10 CM diagnosis and surgical procedure codes.

UB-04

Diagnosis codes are required in block 67. Missing/invalid diagnosis codes will be returned.

When billing for a surgery, Surgical Procedure codes are required in block 74. Invalid surgical procedure codes will be returned.