TRANSITIONING FROM ICD-9 to ICD-10 CODES

Presented by:
Michael Langer, Office Chief, Behavioral Health and Prevention

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Webinar Controls

- **Attendee List** - Displays all the participants in-session.

- **Grab Tab** – Allows you to open/close the Control Panel, mute/unmute your audio (if the organizer has enabled this feature) and raise your hand.

- **Hand** – Click to raise hand. Click again to lower.

- **Audio pane** – Displays audio format. Click Settings to select telephone devices.

- **Questions pane** – Allows attendees to submit questions and review answers (if enabled by the organizer). Broadcast messages from the organizer will also appear here.
TOPICS

- Coding and System Changes
- Understanding the ICD-10 Format and Structure
- Covered Diagnostic Classifications
  - Phase 1: October 1, 2015 – April 1, 2016
  - Phase 2: Post-April 1, 2016 BHO Implementation
- Resources
CODING AND SYSTEM CHANGES
Why the change?

• The transition to ICD-10 is required by the Center of Medicaid/Medicare Services (CMS).

• ICD-10 coding affects a wide range of benefits:
  ❖ **Reimbursement**—would enhance accurate payment for services rendered
  ❖ **Quality**—would facilitate evaluation of medical processes and outcomes
  ❖ **Flexible** enough to quickly incorporate emerging diagnoses and procedures
  ❖ **Exact** enough to identify diagnoses and procedures precisely

• For Medicaid and third party billing

• ICD-10 codes offer many more classification options compared to those found in predecessor ICD-9.
Difference between DSM-5 and the ICD-10

• DSM-5 is for clinical diagnosis and ICD-10 are codes are primarily for billing and reporting.

• The DSM-5 eliminates the distinction between substance abuse and substance dependence to substance use disorder mild, moderate, and severe.

• The DSM-5 crosswalks to the correct ICD-10 codes for reporting mild, moderate and severe substance use disorder.

• Significantly more substance use diagnoses in the ICD-10 than there are in the DSM-5.
  
  ❖ For example in the DSM-5 there are 9 diagnoses involving Cannabis. In the ICD-10 there are now 44 different possible diagnosis involving Cannabis.
UNDERSTANDING ICD-10 FORMAT AND STRUCTURE
ICD-10 Code Structure

The current ICD-9 code for Cannabis-related disorder is 305.20 for mild or 304.30 for moderate or severe.

Beginning October 1, 2015 the ICD-10 diagnosis codes are required to be used. They have more specificity and have between 3 and 7 characters and always start with a letter:

For example:

F10
Cannabis with .50 Psychotic Disorder
Code Detail

• “Unspecified - Coding that does not fully define important parameters of the patient condition that could otherwise be defined given information available to the observer (clinician) and the coder.
  
  • “Unspecified” codes have acceptable, even necessary uses. The enrollee may be early in the course of evaluation
  • The claim may be coming from a provider who is not directly related to diagnosis of the patient's condition
    • CDP does not have enough information yet for a more specific diagnosis.

• “Other Unspecified” – Use when the information in the medical record provided detail for which a specific code does not exist.

• Each health care encounter should be coded to the level of certainty for that encounter.
Covered Diagnostic Classifications
Effective October 1, 2015
# Current Billing Instructions until October 1, 2015

<table>
<thead>
<tr>
<th>CMS-1500 Field Number</th>
<th>Diagnosis Code</th>
<th>Criteria for Assessments, Youth, or Pregnant Clients with Diagnosis of Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Limited to assessment and outpatient treatment services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessments for any client</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For youth between the ages of 10 and 20, both of the following must be met:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clients must have a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnosis of substance abuse or substance dependence.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical necessity criteria as stated in American Society of Addiction Medicine (ASAM) Patient Placement Criteria must be met.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The client is pregnant.</td>
</tr>
</tbody>
</table>

Enter one of the following:
- 30390 (alcohol dependency).
- 30490 (drug dependency).
- 30500 (alcohol abuse).*
- 30590 (drug abuse).*

A diagnosis code is required on each line billed.
Transition Plan for ICD-10 Codes

DBHR Policy Decision to phase in ICD-10 codes

• October 2015 – April 1, 2016 there are 18 codes available

• April 1, 2016 (BHO Implementation) there will be over 100 codes available for greater specificity in the diagnosis.

• DBHR is not excluding SUD treatment for any of the SUD diagnosis as long as there is medical necessity and treating that diagnosis is within scope of practice of the CDP.

• Beginning October 1, 2015 reimbursement for abuse (mild substance use disorder) diagnosis in treatment services apply to all adults.

• There will be no changes in TARGET.
ProviderOne Billing Screen

The diagnosis are still to be entered in the same fields that were used for the ICD-9 codes.

- At least 1 diagnosis code is required for all claims.
- ProviderOne will allow up to 12 ICD-9 diagnosis codes.
- Do not enter decimal points to DX codes. ProviderOne will add these in once the claim is submitted.
Billings

- Service Dates drive code changes not billing date.
- ICD-9 codes will be in effect until September 30, 2015.
- Beginning October 1, 2015 ICD-10 will be required.

- For Example:
  ✓ For services provided on September 28, 2015 but billing doesn’t happen till after October 1, 2015 use ICD9 codes.
  ✓ For Services provided October 1, 2015 will be billed using the ICD10 codes.

- Third party insurances will use all available ICD-10 codes starting October 1, 2015.
### ABUSE (Mild)

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>305.00</td>
<td>Alcohol abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F10.10 Alcohol abuse, uncomplicated</td>
</tr>
<tr>
<td>305.50</td>
<td>Opioid abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F11.10 Opioid abuse, uncomplicated</td>
</tr>
<tr>
<td>305.20</td>
<td>Cannabis abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F12.10 Cannabis abuse, uncomplicated</td>
</tr>
<tr>
<td>305.40</td>
<td>Sedative, hypnotic or anxiolytic abuse,</td>
</tr>
<tr>
<td></td>
<td>unspecified</td>
</tr>
<tr>
<td>305.60</td>
<td>Cocaine abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F13.10 Sedative, hypnotic or anxiolytic</td>
</tr>
<tr>
<td></td>
<td>abuse, uncomplicated</td>
</tr>
<tr>
<td>305.70</td>
<td>Amphetamine or related acting sympathomimetic abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F14.10 Cocaine abuse, uncomplicated</td>
</tr>
<tr>
<td>305.30</td>
<td>Hallucinogen abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F15.10 Other stimulant abuse, uncomplicated</td>
</tr>
<tr>
<td>305.90</td>
<td>Inhalant abuse, unspecified</td>
</tr>
<tr>
<td></td>
<td>F16.10 Hallucinogen abuse, uncomplicated</td>
</tr>
<tr>
<td></td>
<td>F18.10 Inhalant Abuse, Uncomplicated</td>
</tr>
</tbody>
</table>
## DEPENDENCE (Moderate or Severe)

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Description</th>
<th>ICD-10</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>303.90</td>
<td>Other and unspecified alcohol dependence, unspecified</td>
<td>F10.20</td>
<td>Alcohol dependence, uncomplicated</td>
</tr>
<tr>
<td>304.00</td>
<td>Opioid type dependence, unspecified</td>
<td>F11.20</td>
<td>Opioid dependence, uncomplicated</td>
</tr>
<tr>
<td>304.30</td>
<td>Cannabis dependence, unspecified</td>
<td>F12.20</td>
<td>Cannabis dependence, uncomplicated</td>
</tr>
<tr>
<td>304.10</td>
<td>Sedative, hypnotic or anxiolytic dependence, unspecified</td>
<td>F13.20</td>
<td>Sedative, hypnotic or anxiolytic dependence, uncomplicated</td>
</tr>
<tr>
<td>304.20</td>
<td>Cocaine dependence, unspecified</td>
<td>F14.20</td>
<td>Cocaine dependence, uncomplicated</td>
</tr>
<tr>
<td>304.40</td>
<td>Amphetamine and other psychostimulant dependence, unspecified</td>
<td>F15.20</td>
<td>Other stimulant dependence, uncomplicated</td>
</tr>
<tr>
<td>304.50</td>
<td>Hallucinogen dependence, unspecified</td>
<td>F16.20</td>
<td>Hallucinogen dependence, uncomplicated</td>
</tr>
<tr>
<td>304.60</td>
<td>Inhalant dependence, unspecified</td>
<td>F18.20</td>
<td>Inhalant Dependence, Uncomplicated</td>
</tr>
<tr>
<td></td>
<td>Psychoactive substance dependence, unspecified</td>
<td></td>
<td>Other psychoactive substance dependence, Uncomplicated</td>
</tr>
</tbody>
</table>

Note: The above table lists various dependences grouped under the headings of alcohol, opioid, cannabis, sedative, cocaine, amphetamine, hallucinogen, inhalant, and other psychoactive substances.
Phase 2 – BHO Implementation

• April 1, 2016

• Provides more detail than “unspecified” to include:
  ❖ With intoxication delirium
  ❖ With intoxication with perceptual disturbance
  ❖ With *-induced mood disorder
  ❖ With *-induced psychotic disorder with delusions
  ❖ With *-induced psychotic disorder with hallucinations
  ❖ With *-induced psychotic disorder sleep disorder
  ❖ With unspecified *-induced disorder
RESOURCES
For more information:

• DBHR Website, Providers webpage:  

• Current Medicaid Billing Instructions and appropriate ICD-10 codes are available through the DBHR Website or at the following link:  

• ICD-10 files, information and general equivalence mappings between ICD-10 and ICD-9,  
  http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm

• Converting ICD-9 to ICD-10 codes:  
  http://www.icd10data.com/Convert

• You may also submit related questions to: icdinquiries@dshs.wa.gov
QUESTIONS????

Thank you for your participation