Division of Federal Employees Compensation
ICD-10 Information
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- ICD-9 CM-CM is out of date and running out of space for new codes.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

<table>
<thead>
<tr>
<th>ICD – 9-CM</th>
<th>ICD – 10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,600 codes</td>
<td>69,000 codes</td>
</tr>
<tr>
<td>Consists of 3 to 5 characters</td>
<td>Consists of 3 to 7 characters</td>
</tr>
<tr>
<td>1st character is alpha or numeric</td>
<td>1st character is alpha</td>
</tr>
<tr>
<td>Only utilizes letters E and V</td>
<td>Utilizes all letters (except U)</td>
</tr>
<tr>
<td>Second, third, fourth, and fifth characters are always numeric</td>
<td>Second character is always numeric</td>
</tr>
<tr>
<td>Shorter code descriptions because of lack of specificity and abbreviated code titles</td>
<td>Longer code descriptions because of greater clinical detail and specificity and full code titles</td>
</tr>
</tbody>
</table>
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)

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
ICD-9-CM Structure – Format

**Numeric or Alpha (E or V)**

**Numeric**

```
4 1 4 0 0
```

- **Category**
- **Etiology, Anatomic Site, Manifestation**

**3 – 5 Characters**
ICD-10-CM Structure – Format

2 - 7 Numeric or Alpha

**Category**

**Etiology, Anatomic Site, Severity**

**A** = Initial Encounter

**D** = Subsequent Encounter

**S** = Sequels

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

**Added code extensions (7\text{th} character) for obstetrics, injuries, and external causes of injury**

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

S86.01D = Strain of right Achilles tendon, subsequent encounter
## Major Differences Between ICD-9 CM Procedures and ICD-10 CM-PCS

<table>
<thead>
<tr>
<th>ICD – 9-CM</th>
<th>ICD – 10-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3824 codes</td>
<td>71924 codes</td>
</tr>
<tr>
<td>3-4 characters</td>
<td>7 characters</td>
</tr>
<tr>
<td>All characters numeric</td>
<td>Characters can be alpha &amp; numeric</td>
</tr>
<tr>
<td>All codes have at least 3 characters</td>
<td>Numbers 0-9, Letters A-H, J-N, P-Z</td>
</tr>
<tr>
<td><strong>0012</strong> Administration of inhaled nitric oxide</td>
<td><strong>3EoF3SD</strong> Introduction of Nitric Oxide Gas into Respiratory Tract, Percutaneous Approach</td>
</tr>
<tr>
<td></td>
<td><strong>3EoF7SD</strong> Introduction of Nitric Oxide Gas into Respiratory Tract, Via Natural or Artificial Opening</td>
</tr>
<tr>
<td></td>
<td><strong>3EoF8SD</strong> Introduction of Nitric Oxide into Respiratory Tract, Via Natural or Artificial Opening Endoscopic</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

10
## ICD-10 PCS Structure

<table>
<thead>
<tr>
<th>Character</th>
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<th>Character</th>
<th>Character</th>
<th>Character</th>
<th>Character</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Section</td>
<td>Body</td>
<td>Root</td>
<td>Body</td>
<td>Approach</td>
<td>Device</td>
<td>Qualifier</td>
</tr>
<tr>
<td></td>
<td>System</td>
<td>Operation</td>
<td>Part</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>L</td>
<td>B</td>
<td>5</td>
<td>0</td>
<td>Z</td>
<td>Z</td>
</tr>
</tbody>
</table>
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.
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.
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.
DOL will continue to accept the CMS/OWCP 1500 form from Professional Service Providers.

Can only list up to 4 diagnosis.
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.
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.
• 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.
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.