

Division of Energy Employees  
Occupational Illness  
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- ICD-9 CM-CM is out of date and running out of space for new codes.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

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
1 <sup>st</sup> character is alpha or numeric	1 <sup>st</sup> 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

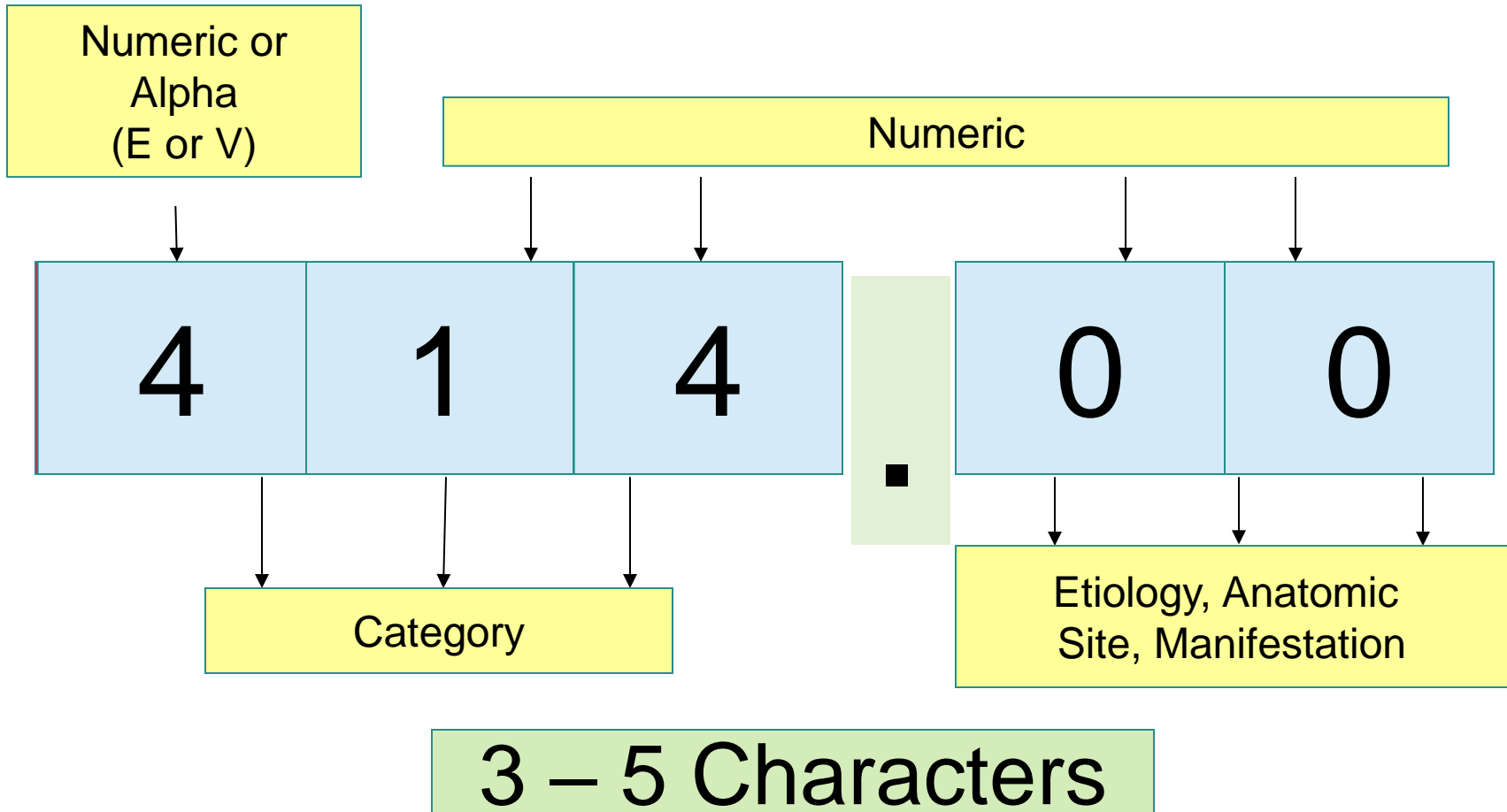


A

B

C

# ICD-9-CM Structure – Format



# ICD-10-CM Structure – Format

2 - 7 Numeric or Alpha

Category

Etiology, Anatomic Site, Severity

Added code extensions (7<sup>th</sup> 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
<b>0012</b> Administration of inhaled nitric oxide	<b>3EoF3SD</b> Introduction of Nitric Oxide Gas into Respiratory Tract, Percutaneous Approach
	<b>3EoF7SD</b> Introduction of Nitric Oxide Gas into Respiratory Tract, Via Natural or Artificial Opening
	<b>3EoF8SD</b> 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



A

B

## 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



A

B

C

D

E

F

G

# 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 DEEOIC 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 DEEIOC, 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.

HEALTH INSURANCE CLAIM FORM

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN  FECA  BLK LUNG  OTHER

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)

8. PATIENT STATUS: Single  Married  Other

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

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.

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

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

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)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

1	2	24. PROCEDURES, SERVICES, OR SUPPLIES				E	F	G	H	I	J	K			
		A	B	C	D										
MM	DD	YY	MM	DD	YY	of	of	(Explain Unusual Circumstances)	CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	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.)

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 #

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 3/88) APPROVED OMB-0938-0008 PLEASE PRINT OR TYPE FORM HCFA-1500 (12-90) FORM OWCP-1500 FORM RRB-1500



# 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



DRAFT - NOT FOR OFFICIAL USE

## HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> RES. CLING <input type="checkbox"/> OTHER <input type="checkbox"/>		10. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE MM   DD   YY		7. INSURED'S ADDRESS (No., Street)	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		8. RESERVED FOR NUCC USE	
5. PATIENT'S ADDRESS (No., Street)		9. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. INSURED'S POLICY GROUP OR FICA NUMBER		12. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
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: MM   DD   YY		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: _____ DATE: MM   DD   YY	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM   DD   YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM   DD   YY TO MM   DD   YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NAME: _____ 17b. NPI: _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM   DD   YY TO MM   DD   YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer A-L to service line below (A-E)) A. _____ B. _____ C. _____ ICD Ind. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____	
23. FEDERAL TAX I.D. NUMBER _____ SSN/EIN _____		24. PATIENT'S ACCOUNT NO. _____ ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED: _____ DATE: _____		26. SERVICE FACILITY LOCATION INFORMATION a. NPI: _____ b. _____	
27. BILLING PROVIDER INFO & PH# ( )		28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. Rsvd for NUCC Use	

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.



# 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.

The image shows a UB-04 medical billing form. Two red boxes highlight specific areas: one around block 67 (Diagnosis Codes) and another around block 74 (Surgical Procedure Codes). The form includes fields for patient information, insurance details, and a table for charges. The highlighted areas are:
 

- Block 67: A table with columns for 'DIAGNOSIS CODE', 'DATE', and 'ICD-9-CM CODE'.
- Block 74: A table with columns for 'SURGICAL PROCEDURE CODE', 'DATE', and 'ICD-9-CM CODE'.