



MORE INFORMATION ON ICD-10

The transition to the International Classification of Diseases version 10 (ICD-10) is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA) and **must be implemented by October 1, 2015**. MEDTRON dedicated the [Summer 2015 Newsletter](#) to listing the 'conventions' of ICD-10 for providers to review as well as an outline for ICD-10 training. Since our News Letter was published, several articles have been published with clarification regarding some provider/vendor concerns.

Unspecified Codes:

Originally, it was unclear if CMS would allow providers to utilize unspecified ICD-10 codes or would require specificity immediately upon implementation of ICD-10.

Per the *July 2015, Volume 16 No. 25 Part B Insider*:

On July 6, CMS and the AMA stated that they will not deny claims in the first year with wrong ICD-10 codes as long as the ICD-10 code used is from the correct group, i.e., family/category.

CMS and the AMA forged a partnership to help practices prior to ICD-10 implementation and will create a "communication and collaboration center" to resolve issues and address concerns. CMS will publish further guidance on submitting questions at a later date.

The *July 13 2015, Volume 29 No. 27 Part B News* further clarifies that although CMS will not deny claims that lack specificity, the required level of specificity is ill-defined and valid codes will still be required. How specific codes need to be to avoid denials is unclear as 'family' is not an appropriate term for ICD codes; the preferred term is 'category' or 'subcategory'.

By 'family' CMS appears to mean the three-digit code category heading for codes. For example, M16 is the heading for all codes for osteoarthritis of the hip, while M17 codes would describe all osteoarthritis of the knee. Even if CMS means 'category', for some specialties the concessions may not provide much relief because some codes may require up to seven characters to be valid.

**CMS promises further clarification including a provider call on August 27, 2015.
Providers are encouraged to participate.**

<http://www.eventsvc.com/blhtechnologies/register/c259b437-6014-4dcb-b4ea-cbb93b5c4b6c>

Diagnosis Codes per Charge/Claim:

The new CMS 1500 claim and new ANSI 5010 specifications for Electronic claims (EMC) format both designed to accommodate the ICD-10 requirements still only allow 4 ICD codes per charge line.

The Hard copy claims are limited to 6 charge line items whereas EMC allows the provider to send up to 50 charge line items per claim.

CMS 1500 field (box) 21 of the claim form accommodates 12 ICD codes which provides a "bank" of ICD codes for the provider to point to the appropriate diagnosis code via CMS 1500 field (box) 24E (which our system already accommodates); however, even with the display of 12 ICD codes only 4 can be "pointed to" per charge line item, i.e., the provider is still limited to 4 ICDs per charge line.

Many of the Carriers looking for HEDIS benefits are telling providers to add more ICD codes to a specific charge (service) line but the charge line still can only 'point' to 4 different ICD codes.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please A-L to service line below (24E))										22. RESUBMISSION CODE (ORIGINAL REF. NO)			
ICD-10 10													
23. PRIOR AUTHORIZATION NUMBER										24681357			
A. ICD-10		B. ICD-10		C. ICD-10		D. ICD-10		E. ICD-10		F. ICD-10			
T80.29XS		G44.051		A02.29		W55.49XS		Q53.21					
Z3A.01		I71.4		R19.30									
O28.2		H02.511											
24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE		C. PROCEDURE, SERVICE, OR SUPPLIES		D. DIAGNOSIS POINTER		E. RENDERING PROVIDER ID.#			
From To				SERV. EMS		(Explain Unusual Circumstances)		CHARGES		DAYS OR UNITS			
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER						
10	05	15	10	05	15	11		99214	25	ABCD	115 00 1	NPI	1477594596
10	05	15	10	05	15	11		20610		EFJ	25 00 1	NPI	1477594596
10	05	15	10	05	15	11		73520		GHI	150 00 2	NPI	1477594596
10	05	15	10	05	15	11		J1885		CF	10 00 1	NPI	1477594596
												NPI	
												NPI	

MEDTRON Screens:

MEDTRON plans to release the new ICD-10 screens later this summer. MEDTRON/Timeshare clients will receive a 'Request for Update' form which must be completed and returned for updates to be installed.

MEDDATA clients: no action needed.

NOTE: For purposes of this example, each diagnosis code begins with the same letter as the diagnosis pointer, i.e., diagnosis pointer A has diagnosis code A421 listed.

Remember, ICD-10 codes all start with an alpha character.

As described in the Summer News Letter, the MEDPM screens have been enhanced to allow placement of 12 diagnosis codes on a charge line item; however, each charge line item can only have 4 diagnosis codes 'pointed to' on a claim. Up to 12 diagnosis codes per charge line item are housed in the patients history for reference.

See below example, 12 diagnosis codes have been listed, and all 12 have been assigned a pointer.

Note the message in yellow and pointers in yellow reminding user that only the first 4 will go on the claim specific to the charge line item.

```

FRONT DESK CHARGE ENTRY          99  Date: 08/13/15
                                     DEV  Time: 09:57:17
                                     User: RICK071315
Patient #/Name: 20284076 ADAMS, BO
Ticket #/Date: 202471 10/13/2015
1st 4 Dx Ptrs go to Claim
A A0104 TYPHOID ARTHRI  B B4081 BLASTOMYCOTIC  C C4A20 MERKEL CELL CA
D D390 NEOPLASM UNCER  E E503 VIT A DEFIC CO  F F801 EXPRESSIVE LAN
G G212 SEC PARKINSONI  H H30012 FOCAL CR INFLA  I I5022 CHRONIC SYSTOL
J J631 BAUXITE FIBROS  K K31819 ANGIODYSPLASIA  L L2083 INFANTILE ACUT
TrnCd TrnDate Description Qty ChgAmt Method
99213 10/13/2015 QV/OP VISIT, EP LEVEL 3/5 1 16600 Standard
Dx Ptrs: A D E H I B E J L C K G Prv: 152 DENYCAR Ast: (F4)
CPT/Mds: 99213 RfSc: AARSTAD (F4)
PrvAuth: 158798546 (F4) Ins: Y A/A: Y Y H/S: N H/P: N
I MEDICARE PRI/IN POS: OF OFFICE LOC: F1 FAMILY
Note the 4 the user pointed to.
Allow Amt: 41.53 Co-Pay Information Prev Bal -----> .00
Eft Date: 4/01/2012 Type ---> PCP Today's Chgs --> 235.00
Exp Date: Value - Today's Adjs --> .00
O/R -----> Today's Pmts --> .00
BALANCE -----> 235.00
F3=Exit F8=Hist/Demo F9=Upd Pat Info F24=More Keys
DE403C-01
    
```

Once user enters through this charge, the system will rearrange the diagnosis codes per the pointers, i.e., A will move to the first position, D will move to the second position, F will move to the third position, etc.; the Dx Ptrs fields will be reordered as well.

REMINDER:

Although 12 diagnosis codes will display in patient history for this charge, only the first 4 will go on the claim whether hard copy or electronic. *Using more ICD codes for a charge line provides user with more known ICD codes for medical necessity or correct claims.*

FRONT DESK CHARGE ENTRY Date: 08/13/15 DEV Time: 09:57:17 User: RICK071315

Patient #/Name: 20284076 ADAMS, BO Ticket #/Date: 202471 10/13/2015 1st 4 Dx Ptrs go to Claim

A A0104	TYPHOID ARTHRI	B D390	NEOPLASM UNCER	C F801	EXPRESSIVE LAN
D H30012	FOCAL CR INFLA	E I5022	CHRONIC SYSTOL	F B4081	BLASTOMYCOTIC
G E503	VIT A DEFIC CO	H J631	BAUXITE FIBROS	I L2083	INFANTILE ACUT
J C4A20	MERKEL CELL CA	K K31819	ANGIODYSPLASIA	L G212	SEC PARKINSONI

TrnCd TrnDate Description Qty ChgAmt Method

99213 10/13/2015 OV/OP VISIT, EP LEVEL 3/5 1 16600 Standard

Dx Ptrs: A B C D E F G H I J K L Prv: 152 DENYCAR Ast: (F4)

CPT/Mds: 99213 RfSc: AARSTAD (F4)

PriAuth: 158798546 (F4) Ins: Y A/A: Y Y H/S: N H/P: N

FinCls: MI MEDICARE PRI/IN POS: OF OFFICE LOC: F1 FAMILY

Clm Ref: (F4) Adl Prv: N (Y/N)

Allow Amt:	41.53	Co-Pay Information	Prev Bal	----->	.00
Eft Date:	4/01/2012	Type ---> PCP	Today's Chgs -->		235.00
Exp Date:		Value -	Today's Adjs -->		.00
		O/R ---->	Today's Pmts -->		.00
			BALANCE ----->		235.00

F3=Exit F8=Hist/Demo F9=Upd Pat Info F24=More Keys DE403C-01

If 12 diagnosis codes are listed, but not all 'pointed to' on the charge, when user enters through the charge, the system will warn user that not all diagnosis codes are pointed to, then rearrange the diagnosis codes per the pointers and the diagnosis codes not pointed to will be removed from display and not processed to charge line item history view.

FRONT DESK CHARGE ENTRY Date: 08/14/15 DEV Time: 15:17:31 User: ANGELASA

Patient #/Name: 843680 ABADIE, LENA Ticket #/Date: 489541 08/02/2015 1st 4 Dx Ptrs go to Claim

A A421	ABDOMINAL ACTI	B B4489	OTHER FORMS OF	C C4A12	MCC OF LEFT EV
D D3A095	BENIGN CARCINO	E E70338	ALBINISM W/HEM	F F10182	ALCOHOL ABUSE
G G40909	EPILEPSY UNS N	H H4063X3	GLAUC D/T RX B	I I25119	ASHD NATIV CA
J J45909	UNSPECIFIED AS	K K8021	CALCU GB W/O C	L L89100	PRESS ULCER UN

TrnCd TrnDate Description Qty ChgAmt Method

99203 10/13/2015 OV/OP VISIT, NP LEVEL 3/5 1

Dx Ptrs: A D F H I K Prv: BPD DONNELLY

CPT/Mds: 99203 RfSc: (F4)

PriAuth: (F4) Ins: Y A/A: Y Y H/S: N H/P: N

FinCls: MI MEDICARE/INSURA POS: OF OFFICE LOC: 01 METAIRIE

Clm Ref: (F4) Adl Prv: N (Y/N)

Allow Amt:	110.24	Co-Pay Information	Prev Bal	----->	.00
Eft Date:		Type ---> Specialist	Today's Chgs -->		810.00
Exp Date:		Value -	Today's Adjs -->		.00
		O/R ---->	Today's Pmts -->		.00
			BALANCE ----->		810.00

COPAY IMPACT: MULTI INS

F3=Exit F8=Hist/Demo F9=Upd Pat Info F24=More Keys DE403C-01

****NOTE - Not all diagnoses are included in pointer arr.**

MEDEHR Clients: Begin reviewing your encounter templates now for updates to the new ICD-10 codes.

Resources:

- Medlearn Matters, SE1408: [Screening for Hepatitis C Virus \(HCV\) in Adults – Implementation of Additional CWF and SSMs Edits](#)
- Part B News: <http://pbn.decisionhealth.com/>
- Part B Insider: <http://www.partbinsider.com/>

Contact Software Support for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609