Office of MaineCare Services:
ICD-10 Preparation for Mental Health Agencies & Behavioral Health Practices

February 2014
What is ICD-10?

ICD-10 is the tenth revision of the International Classification of Diseases (ICD) published by the World Health Organization (WHO). The Federal government has mandated that the healthcare industry upgrade from ICD-9 to ICD-10 by **October 1, 2014**.

### Key Differences and Changes

- ICD-10 is a much more complex scheme of classifying diseases reflecting recent advances in disease detection and treatment.
- ICD-10 involves fundamental coding changes, from 3-5 digit numeric codes in ICD-9 to 3-7 digit alphanumeric codes in ICD-10.
- ICD-9 codes are used by many providers and payers in business processes and technology systems. Changes may be required to support ICD-10.
  - Providers need to make changes to their processes and technology in order to continue uninterrupted transactions with payers, including MaineCare.
  - MaineCare is currently making changes to its processes and systems to be ready for ICD-10.
The transition to ICD-10 will have a significant impact on Mental Health Agencies and Behavioral Health Practices. Possible impacts are described below.

**ICD and DSM**
- Most mental and behavioral health providers are familiar with using the Diagnostic and Statistical Manual of Mental Disorders (DSM) to code diagnoses instead of ICD codes.
- Currently, mental and behavioral health providers are required to use ICD-9 for billing purposes, however many providers may not realize this because many payers will accept DSM-IV codes.
- The federal mandate to implement ICD-10 means that all healthcare providers, including mental and behavioral health providers, must use ICD-10 codes in HIPAA transactions for dates of service on or after October 1, 2014 or claims will be denied.
- DSM-V contains both equivalent ICD-9 codes and equivalent ICD-10 codes; providers may find this to be a useful tool in preparing for ICD-10.

**Forms, Policies, & Processes**
- Any ICD-9 or DSM-based paper or electronic forms should be replaced by ICD-10-based forms.
- Because ICD-10 is more granular than ICD-9, clinical documentation needs to contain more detailed information regarding patients’ health conditions to support accurate coding in ICD-10.
- Providers may wish to modify auditing processes to manage and track claim payment delays or increased denials and authorizations that result from the ICD-10 transition.

The transition to ICD-10 will have a significant impact on Mental Health Agencies and Behavioral Health Practices. Possible impacts are described below.

**Staff Readiness & Training**

- All staff need to understand the mandate to upgrade to ICD-10 and the compliance date of October 1, 2014.
- All staff need to be aware that all claims for dates of service on or after October 1, 2014 must be submitted with ICD-10 codes or they will deny.
- Most staff need to be able to identify ICD-10 codes and learn the new codes that are likely to be commonly used within the practice.
- Psychologists, psychiatrists, clinical social workers, etc. need to be educated about the detailed documentation required to code ICD-10 appropriately.
- Billing staff need to be fluent in coding ICD-10; certified coders will need to attend training to upgrade their certification to ICD-10.
- Providers may experience a reduction in productivity as staff become familiar with ICD-10 coding and concepts and how to document medical history.

**Vendors & Software**

- The ICD-10 transition will affect all of the systems that use ICD-9, such as practice management systems, and EHR systems.
- In clearinghouse relationships, the following HIPAA transactions will be affected:
  - 270/271 Healthcare Eligibility Inquiry and Response
  - 278 Healthcare Services Review
  - 834 Benefit Enrollment Transaction
  - 837 Professional Claim
  - Institutional Claim
- Providers should consult with vendors, including clearinghouses, billing services, and software vendors, to confirm ICD-10 readiness of their systems.
How Mental Health Agencies & Behavioral Health Practices Can Prepare for ICD-10

Providers can prepare for this transition by taking key actions.

### Awareness and Assessment
- Identify the ICD-10 codes likely to be most commonly used by your practice (see next page for resources).
- Begin keeping a log of where ICD-9 or DSM codes are currently used in your practice (e.g., paper forms, software programs, etc.); this will help you identify where you need to make updates for ICD-10.
- Identify vendors you may need to contact to discuss updates for ICD-10 (e.g., practice management and EHR software vendors).
- Make a list of staff members who will likely require training (e.g., those who interact with ICD-9 codes, DSM codes, or clinical documentation in their jobs).

### Requirements and Design
- Document changes that need to be made to business processes, policies, software, and paper and electronic forms.
- Consider opportunities to make coding more efficient.
- Identify what type of training each staff member will need (e.g., certified coders, clinicians, front desk, etc.) and search for available training programs and tools (see next page for resources).
- Contact vendors (e.g., clearinghouses, trading partners, practice software) to discuss readiness and steps each party needs to take.

### Implementation and Testing
- Make changes to business processes, policies, software, and paper and electronic forms.
- Ensure that staff attend/take the necessary training.
- Continue close coordination with vendors and confirm vendor readiness.
- Contact payers and other business partners to arrange for testing ICD-10 claims.
- Conduct testing; if issues arise, work with payers, business partners, and vendors to identify and fix problems.
Identifying Commonly Used Codes

There are many sources available for identifying commonly used ICD-9 codes.

- The ICD-10 code set is a full replacement of the ICD-9 code set.
- In most cases, there is an approximate one-to-one match, but not always. One ICD-9 code may correspond to many ICD-10 codes.
- Providers are encouraged to search for code mapping sources.

**General Equivalence Mappings (GEMs)**

- The Centers for Medicare and Medicaid Services has provided a tool, called General Equivalence Mappings (GEMs), that can assist providers in determining which ICD-10 codes to use.
- GEMs defines reasonable matches for mappings between ICD-9 and ICD-10.
- GEMS is available for free on the CMS website.

**Other Tools**

- Providers are encouraged to research more information independently by searching on the web for ICD-10 codes related to their service type.
- Also remember, DSM-V contains equivalent ICD-10 codes.
- Some example sources are:
  - AAPC
  - AMA
## Resources For Mental Health Agencies & Behavioral Health Practices

*Visit the following sites for more information:*

<table>
<thead>
<tr>
<th>Organization</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Health Information Management Association</td>
<td><a href="http://www.ahima.org/topics/icd10">http://www.ahima.org/topics/icd10</a></td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td><a href="http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html">http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html</a></td>
</tr>
<tr>
<td>MaineCare ICD-10 Email Box</td>
<td><a href="mailto:MaineCareICD10@MolinaHealthCare.com">MaineCareICD10@MolinaHealthCare.com</a></td>
</tr>
</tbody>
</table>