ICD-10:

Understanding the Basics

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International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM, hereinafter referred to as ICD-10) codes are the common language that health care providers and payors utilize to describe every possible medical injury, illness, or accident. These are in contrast to Current Procedural Terminology (CPT) Codes, which may be more familiar to athletic trainers (ATs). CPT Codes describe the treatment or procedures utilized **to treat** the ICD-10 descriptors.

As of October 1, 2015 all covered entities must have fully implemented ICD-10 coding. Differences between ICD-10 and ICD-9 include: 1). ICD-10 has far more codes than ICD-9; 2). ICD-10 is more detailed than ICD-9; and 3). The way providers document the patient encounter and how the treatment is coded and billed. The use of ICD-10 coding requires more precise documentation from the provider rendering services as well as much more detailed knowledge of anatomy, physiology and pathology.

Despite the adoption of ICD-10, the reimbursement structure by payors has not changed. In the United States, providers traditionally have been reimbursed on a "procedure heavy" basis, i.e., traditional "fee-for-service," meaning providers are paid by insurance for the services furnished to the patient, rather than what any given provider finds wrong with the patient. While the traditional method of reimbursement will continue to persist, the health care system is gradually transitioning to value-based reimbursement, in that payments are based on the value of care delivered to patients.

Why Understanding ICD-10 is Important for ATs
First, this is a federal law. The Centers for Medicare and Medicaid Services (CMS) is tasked with enforcement and compliance with the Health Insurance Portability and Accountability Act's (HIPAA) Administrative Simplification requirements, which were expanded by the Affordable Care Act (ACA). The Administration Simplification adopted standards and operating rules can be found here. Health care providers, health plans, payors, and other HIPAA-covered entities must comply with Administrative Simplification. For most ATs, this will be CPT4, ICD-10, and Healthcare Common Procedure Coding System (HCPCS) Level II.

The NATA will not attempt to educate our membership on all things ICD-10. However, we do want to point members to where they can find cost effective training.

CMS has done an excellent job increasing its web based training in ICD-10, as well as several other areas, including compliance. The training is superb, and it is **FREE**. For CMS Web based trainings, please refer to the following:

ICD-10 Basics Video

CMS Releases their ICD-10 Post-Implementation: Coding Basics Revisited MLN Connects® Video.

Topics include:

- What is a valid code
- Guidelines for coding and reporting
- Coding process and examples: 7th character, unspecified codes, external cause codes, laterality
- How to submit coding questions
- Resources for Coders

New Resource Guide

To help coders become more comfortable with ICD-10, CMS has developed a new guide with resources for specialties and selected health conditions and services. The Specialty Resources Guide features coding and documentation information for common conditions and specialties, including:

- Asthma
- Cardiology
- Diabetes
- OB/GYN
- Lab services

The guide also includes links to CMS Clinical Concepts Guides, Interactive Case Studies, Medical Case Studies, Webcasts, and more.

Other Training Opportunities

ICD-10 training is frequently held by health care employers. If ATs are not invited to this training for whatever reason, ask to be invited. Hopefully you will be included.

There are many companies that offer ICD-10 training for a fee. These can be found through an Internet search or other marketing situations. If this is a direction that you need to take, research the company, the content and the value to ensure it meets your needs and expectations.