ICD-10 Follow On Class 1 Software Remediation Project

Integrated Billing

Application Version 2.0

Release Notes

IB*2.0*461

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Department of Veterans Affairs

Office of Information and Technology

Product Development

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1. Introduction

1.1. Purpose

The purpose of the Release Notes is to identify enhancements to the Integrated Billing (IB) package contained in patch IB*2.0*461.

1.2. Background

On January 16, 2009, the Centers for Medicare & Medicaid Services (CMS) released a final rule for replacing the 30-year-old International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code set with International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) with dates of service or dates of discharge for inpatients that occur on or after the ICD-10 Activation Date.

The classification system consists of more than 68,000 codes, compared to approximately 13,000 ICD-9-CM codes. There are nearly 87,000 ICD-10-PCS codes, while ICD-9-CM has nearly 3,800 procedure codes. Both systems also expand the number of characters allotted from five and four respectively to seven alpha-numeric characters. This value does not include the decimal point, which follows the third character for the ICD-10-CM code set. There is no decimal point in the ICD-10-PCS code set. These code sets have the potential to reveal more about quality of care, so that data can be used in a more meaningful way to better understand complications, better design clinically robust algorithms, and better track the outcomes of care. ICD-10-CM also incorporates greater specificity and clinical detail to provide information for clinical decision making and outcomes research.

ICD-9-CM and ICD-10-CM Comparison

ICD-9-CM	ICD-10-CM
3-5 characters	3-8 characters
1st character is numeric (chapters 1-17) or alpha (E or V) (supplemental chapters)	1st character is alpha (all letters except U)
2nd, 3rd, 4th and 5th characters are numeric	2nd and 3rd characters are numeric; 4th, 5th, 6th and 7th characters can be alpha or numeric
Decimal after first 3 characters	Decimal after first 3 characters

ICD-9-CM and ICD-10-PCS Comparison

ICD-9-CM Procedure Codes	ICD-10-PCS
3-4 digits	7 digits
All digits are numeric	Digits can be either alpha or numeric. Letters O and I are not used to avoid confusion with the numbers 0 and 1.
All digits are numeric	2nd and 3rd digits are numeric; 4th, 5th, 6th and 7th digits can be alpha or numeric
Decimal after first 2 characters	Does not contain decimals

1.3. Scope of Changes

NOTE: Existing ICD-9 functionality has not changed.

Patch IB*2.0*461 makes the following changes to the IB application for the ICD-10 Diagnosis and Procedure Code Set implementation:

- Update non–ICD-10 compatible VA FileMan diagnosis and procedure code lookups with ICD-10 compatible Coding System Application Program Interfaces (APIs)

- Add/Edit/Store and Display ICD-10-CM Diagnosis and ICD-10-PCS Procedure Codes

- Print Information for ICD-10-CM Diagnosis and ICD-10-PCS Procedure Codes

- 837 Electronic Data Interface (EDI) Extract Transmission for ICD-10-CM Diagnosis and ICD-10-PCS Procedure Codes

1.4. General Enhancements

1. The Enter/Edit Billing Information [IB EDIT BILLING INFO] option displays "ICD", a generic label representing ICD-9 and ICD-10 procedure codes.

2. In the Medical Care Cost Recovery (MCCR) parameters, the MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS] option titled *Default RX DX Cd* is modified to support entry of ICD-10-CM diagnosis codes.

3. In the Enter/Edit Billing Information and Bill Edit Check process, a warning message displays if the "Statement Covers To" date spans into the ICD-10 effective date range when the Event Date is in the ICD-9 date range for outpatient claims. An ICD-9 diagnosis code cannot be included on a claim with ICD-10-CM diagnosis codes or dates of service.

4. A warning message displays stating that a principal (first entered) diagnosis cannot be an external cause of injury code when an ICD-10-CM diagnosis code starting with "V", "W", "X" or "Y" is entered for authorization on the billing screens in Enter/Edit Billing Information option.

5. After the ICD-10 activation date, both IB and Claims Tracking include Diagnosis Related Groups (DRG) calculations for inpatient records.

6. In the Diagnosis Update and Quick Edit screens for Claims Tracking Edit, a new Present on Admission (POA) indicator field is added. When ICD-10 is active, a POA indicator value is available for DRG calculations.

```
---------------- Existing Diagnoses for Bill ----------------


Prospective Payment System Code (DRG): DRG29//

Admitting Diagnosis: G40.001


 Select ICD Diagnosis: J47.0

 One match found

     J47.0      Bronchiectasis with acute lower respiratory infection
                (CC)

    OK?  Yes//   YES
Diagnosis: J47.0//
POA Indicator:
Order: 3//
Admitting Diagnosis: G40.001
```

1.5. Documentation

The IB manuals are posted on the VistA Documentation Library (VDL) IB page.

- The following IB manuals are updated with changes for IB*2.0*461.
  - IB V. 2.0 Technical Manual
  - IB V. 2.0 User Manual
  - IB*2*461 Release Notes

- The following manuals do not contain changes relating to IB*2.0*461.
  - IB V. 2.0 Package Security Guide
  - IB V. 2.0 Installation Guide

2. ICD-10 Search Functionality

NOTE: Existing ICD-9 search functionality has not changed.

Patch IB*2.0*461 allows you to search for ICD-10 diagnosis and procedure codes in the same manner as with current ICD-9 diagnosis codes.

3. Add, Edit, Store ICD-10 Codes

Please refer to the IB User Manual for information on ICD-9.

Patch IB*2.0*461 provides the capability to add, edit and store ICD-10 diagnosis and procedure codes within the following IB menu options:

- Enter/Edit Billing Information `[IB EDIT BILLING INFO]`
- Copy and Cancel `[IB COPY AND CANCEL]`
- Correct Rejected/Denied Bill (CRD) `[IB CORRECT REJECTED/DENIED]`
- Authorize Bill Generation `[IB AUTHORIZE BILL GENERATION]`
- Claims Status Awaiting Resolution `[IBCE CLAIMS STATUS AWAITING]`
- MRA Management Worklist `[IBCE MRA MANAGEMENT]`
- COB Management Worklist `[IBCE COB MANAGEMENT]`

In the billing screens, the Date of Interest that drives code set versioning for ICD diagnosis and ICD procedure entry is the Statement Covers To date.

For inpatient Claims Tracking admissions, the Date of Interest that drives code set versioning for ICD diagnosis entry is the Admission date,

For inpatient Claims Tracking admissions, the Date of Interest that drives code set versioning for ICD procedure entry is the Procedure date.

For outpatient Claims Tracking encounters, the Date of Interest that drives code set versioning for ICD diagnosis entry is the Encounter date.

Note: The existing rules that allow access to add, edit, and store ICD-9 diagnosis codes to the bills are not changing.

4. Display ICD-10- Codes

4.1. Display ICD-10-CM Diagnosis Code

Patch IB*2.0*461 provides the capability to display ICD-10 diagnosis codes that are up to 8 characters with a decimal after the third character and short descriptions within the following IB menu options:

- Enter/Edit Billing Information `[IB EDIT BILLING INFO]`
- Print Bill `[IB PRINT BILL]`
- Claims Status Awaiting Resolution `[IBCE CLAIMS STATUS AWAITING]` (Resubmit by Print action)
- MRA Management Worklist `[IBCE MRA MANAGEMENT]`
- COB Management Worklist `[IBCE COB MANAGEMENT]`

- View Bills Pending Transmission [IBCE VIEW PENDING BILL]

4.2. Display ICD-10-PCS Procedure Code

Patch IB*2.0*461 provides the capability to display ICD-10 procedure codes that are up to 7 characters without a decimal and short descriptions within the following IB menu options:

- Enter/Edit Billing Information [IB EDIT BILLING INFO]

- Print Bill [IB PRINT BILL]

- Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING] (Resubmit by Print action)

- MRA Management Worklist [IBCE MRA MANAGEMENT]

- COB Management Worklist [IBCE COB MANAGEMENT]

- View Bills Pending Transmission [IBCE VIEW PENDING BILL]

5. ICD-10 Code Reporting

5.1. ICD-10-CM Diagnosis Code Reporting

Patch IB*2.0*461 provides the capability to print ICD-10 diagnosis codes that are up to 8 characters with a decimal after the third character and short descriptions and designate whether the Diagnosis is ICD-9 or ICD-10 within the following IB menu options:

- Inquire to Claims Tracking [IBT OUTPUT CLAIM INQUIRY]

- Third Party Billing Menu [IB THIRD PARTY BILLING MENU]

- Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING]

- Print Bill [IB PRINT BILL]

5.2. ICD-10-PCS Procedure Code Reporting

Patch IB*2.0*461 provides the capability to print ICD-10 procedure codes that are up to 7 characters without a decimal and short descriptions and designate whether the Diagnosis is ICD-9 or ICD-10 within the following IB menu options:

- Inquire to Claims Tracking [IBT OUTPUT CLAIM INQUIRY]

- Third Party Billing Menu [IB THIRD PARTY BILLING MENU]

- Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING]

- Print Bill [IB PRINT BILL]

6. ICD-10 Code Transmission

6.1. ICD-10-CM Diagnosis Code Transmission

Patch IB*2.0*461 provides the capability to transmit ICD-10 diagnosis codes that are up to 8 characters with a decimal after the third character to the Financial Services Center (FSC) in Austin, Texas using nightly processing. New diagnosis qualifiers for ICD-10 diagnosis codes support the 837 extract transmission.

6.2. ICD-10-PCS Procedure Code Transmission

Patch IB*2.0*461 provides the capability to transmit ICD-10 procedure codes that are up to 7 characters without a decimal to the Financial Services Center (FSC) in Austin, Texas. New procedure qualifiers for ICD-10 procedure codes support the 837 extract transmission.

7. ICD-10 Sample Screens

Enter/Edit Billing

```
FEEPATIENT,THREE   666-74-9251   BILL#: K20005P - Inpat/UB92       SCREEN <4>
===============================================================================
                       EVENT - INPATIENT INFORMATION
[1] Admission  : Jul 24, 2012 10:00 am           Accident Hour: UNSPECIFIED
    Source     : CLINIC REFERRAL                          Type: URGENT
    SNF Care   : UNSPECIFIED [NOT REQUIRED]
[2] Discharge  : JUL 26,2012@09:00
    Status     : DISCHARGED TO HOME OR SELF CARE
[3] Prin. Diag.: Allergic contact dermatitis due to metals - L23.0 (Y)
    Other Diag.: Allergic contact dermatitis due to adhesives - L23.1 (N)
    Other Diag.: Allergic contact dermatitis due to cosmetics - L23.2 (N)
    Other Diag.: Allergic contact dermatitis due to dyes - L23.4 (N)
[4] Cod. Method: ICD
    ICD Code   : Change Other Device in Sinus - 092YXYZ         JUL 25, 2012
    ICD Code   : Drainage of Right Frontal Si - 099S3ZX         JUL 25, 2012
    ICD Code   : Drainage of Accessory Sinus, - 099P0ZZ         JUL 25, 2012
[5] Pros. Items: UNSPECIFIED [NOT REQUIRED]
[6] Occ. Code  : ONSET OF SYMPTOMS/ILLNESS                      JUL 24, 2012
[7] Cond. Code : UNSPECIFIED [NOT REQUIRED]
[8] Value Code : UNSPECIFIED [NOT REQUIRED]
```

Third Party Joint Inquiry - Diagnosis

```
Bill Diagnosis              Jul 30, 2012@17:27:47       Page:   1 of   1
K20005P   FEEPATIENT,THREE   F9251        DOB: 08/11/80   Subsc ID:
07/24/12 - 07/26/12        ADMIT THRU DISCHARGE        Orig Amt: 8,642.00
_____
     1)  L23.0     Allergic contact dermatitis due to metals
     2)  L23.1     Allergic contact dermatitis due to adhesives
     3)  L23.2     Allergic contact dermatitis due to cosmetics
     4)  L23.4     Allergic contact dermatitis due to dyes
```

```
              |% EEOB | Enter ?? for more actions|
PR  Bill Procedures       CM  Comment History       AB  Annual Benefits
CI  Go to Claim Screen    IR  Insurance Reviews      EL  Patient Eligibility
                          HS  Health Summary         EX  Exit
ED  EDI Status            AL  Go to Active List
                          VI  Insurance Company
```

Third Party Joint Inquiry - Procedure

```
Bill Procedures               Jul 30, 2012@17:29:48       Page:    1 of    1
K20005P   FEEPATIENT,THREE  F9251        DOB: 08/11/80   Subsc ID:
 07/24/12 - 07/26/12          ADMIT THRU DISCHARGE        Orig Amt: 8,642.00
                                                         _____

 092YXYZ   Change Other Device in Sinus, External  07/25/12
           (ICD-10)
 099S3ZX   Drainage of Right Frontal Sinus, Perc A 07/25/12
           (ICD-10)
 099P0ZZ   Drainage of Accessory Sinus, Open Appro 07/25/12
           (ICD-10)




              |% EEOB | Enter ?? for more actions|
DX  Bill Diagnosis        CM  Comment History       AB  Annual Benefits
CI  Go to Claim Screen    IR  Insurance Reviews      EL  Patient Eligibility
                          HS  Health Summary         EX  Exit
ED  EDI Status            AL  Go to Active List
                          VI  Insurance Company
```

8. Technical Information

8.1. New Routines

Some IB routines were modified to replace direct global reads and old APIs with new Standards and Terminology Services (STS) APIs and Lexicon APIs wherever possible.

The following new routines are added to IB:

Routine Name	Function
IBY461PO	Post-Installation for IB patch 461
IBY461PR	Pre-Installation for IB patch 461

8.2. New Fields

A new field ICD DEFAULT RX REFILL DX ICD-10 field (#7.05) is added into the IB SITE PARAMETERS file (#350.9), so that default diagnosis codes can be stored for ICD-10 coding system.

A new PRESENT ON ADMISSION field (# .05) is added to the INPATIENT DIAGNOSIS file (# 356.9), which is required for ICD-10 DRG calculations.