Understanding ICD-10-PCS

Webinar: Wednesday, March 4, 2015

Presented By:

Dawn W. Jackson, DrPH, RHIA, CCS-P, FAHIMA

The following are questions and answers from the AAOMS Webinar, Understanding ICD-10-PCS held on Wednesday, March 4, 2015. To obtain a MP3 or audio recording of the event please visit the AAOMS Website. Please be sure to monitor the AAOMS Today, AAOMS Website and other AAOMS communications for additional Medicare updates or program announcements.

The information presented and provided below is provided for general education purposes only. Coding and billing decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this e-mail. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.

Q. **What is the difference between ICD-10-PCS and ICS-10-CM?**

ICD-10-PCS- The procedure classification system developed by the Centers for Medicare & Medicaid Services (CMS) for use in the U.S. for inpatient hospital settings only. The new procedure coding system uses 7 alpha or numeric digits while the ICD-9-CM coding system uses 3 or 4 numeric digits.

ICD-10-CM- The diagnosis classification system developed by the Centers for Disease Control and Prevention for use in all United States (U.S.) health care treatment settings. Diagnosis coding under this system uses 3–7 alpha and numeric digits and full code titles, and will be replacing the current ICD-9-CM code set.

Q. **Where would claim forms be purchased to accommodate for the new ICD-10 codes?**
On March 27, 2012, the National Uniform Claim Committee (NUBC) announced the release of a revised version of the 1500 Health Insurance Claim Form (version 02/12), often referred to as the "HCFA 1500" or "CMS-1500."

The CMS-1500 form revision includes changes to accommodate ICD-10 code changes, but does not rely on the implementation of ICD-10 to become active. More information is available from the NUCC website at: [www.nucc.org](http://www.nucc.org).

Q. If a procedure is being performed by the doctor and a CPT code is being used to represent the procedure, why does the procedure need to be translated into ICD-10-PCS for the hospital?

Hospitals do not report inpatient procedures with CPT, like a physician does. They use a completely different coding system. On October 1, 2015, that coding system will be ICD-10-PCS. Therefore, procedures are will not be translated back and forth from CPT to ICD-10-PCS. If a procedure is performed as an inpatient procedure in a hospital AND the claim (a CMS 1450) is being submitted by the hospital, the code to describe the procedure would come from the ICD-10-PCS code set.

The surgeon will submit a CMS 1500 claim to 3rd party payers and that claim will contain CPT procedure codes.

Q. If we are billing for a provider that performs an inpatient procedure at the hospital, will we continue to bill as we are, or use this new coding system?

This new coding system (ICD-10-PCS) will only be used by hospitals. Therefore, the OMS will continue to bill services with CPT, CDT, and/or HCPCS Level II.

Q. If the office is initiating the preauthorization for an inpatient procedure, does the coding originate from the office?

When the OMS practice goes through the preauthorization process, it is gaining authorization for the surgeon’s services. The OMS practice is not gaining approval for hospital’s charges and services. These are two separate processes. If a hospital also requires insurance pre-approval, their billing staff will take care of the process.

Q. For in office use, when are the ICD-10 codes going to be effective?

ICD-10-CM (Diagnoses) will be implemented October 1, 2015.

Q. Why is the hospital coding for procedures that are billed by the surgeon for inpatient care?

Hospitals routinely bill for procedures performed by surgeons. The hospital must receive payment for supplies, employees, time, room and board, housekeeping, and more. Just like on a CMS 1500, hospitals must report to 3rd party payers the
patient’s diagnoses and the operative procedures performed during the hospitalization.

Q. **When will the next live webinar ICD-10 CM be presented?**

There is not a live webinar currently planned that will discuss ICD-10-CM. However, AAOMS’s online ICD-10 coding course is available daily. Also, the Beyond the Basics in-person coding workshop has been revised and will now include ICD-10 coding. The upcoming Beyond the Basics coding locations can be found on the [AAOMS website](https://www.aaoms.org).