

Are You Ready for ICD-10?

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Objectives

- Teach participants about the format changes between ICD-9 and ICD-10
- Inform participants about the challenges of cross walking DSM and ICD-9 to ICD-10
- Discuss software system changes that are required to accommodate ICD-10
- Suggest testing strategies to make sure claim systems are ready for ICD-10
- Discuss some valuable ICD-10 resources

Federal Mandate

- Beginning on October 1 2015, all health care claims must use ICD-10 codes
- The number of codes will increase from 14,000 to 68,000
- 837P and 837I formats were updated under version 5010 to accommodate ICD-10 diagnosis codes

Federal Mandate

- Driven by Date of Service
 - If the date of service is before October 1, 2015,
 you must use ICD-9 on the claim
 - If the date of service is on or after October 1,
 2015, you must use ICD-10 on the claim
- Should not mix diagnosis types within the claim
- Can mix diagnosis types within the 837 file

Federal Mandate

- ICD-10-CM
 - Diagnosis codes
 - Major impact on us

- ICD-10-PCS
 - Procedure codes
 - Little or no impact on us; we use CPT, HCPCS and Revenue codes

FORMAT CHANGES

Format Changes

• ICD-9

- Consists of three to five characters
- First digit is numeric or alpha (E or V only)
- Second, third, fourth, and fifth digits are numeric
- Decimal placed after the first three characters

ICD-10

- Consists of three to seven characters
- First digit is always alpha
- Second and third digits are numeric
- Fourth, fifth, sixth, and seventh digits can be alpha or numeric
- Decimal placed after the first three characters

Format Change Examples

ICD-9

- Oppositional defiant disorder = 313.81
- Schizophrenia = 295.90
- Opioid use disorder,Moderate = 304.00
- Intellectual disability

 (intellectual
 developmental
 disorder), Moderate =
 318.0

ICD-10

- Oppositional defiant disorder = F91.3
- Schizophrenia = F20.9
- Opioid use disorder,Moderate = F11.20
- Intellectual disability

 (intellectual
 developmental
 disorder), Moderate =

Format Change Examples

ICD-9 854.00 ICD-10 S06.890A

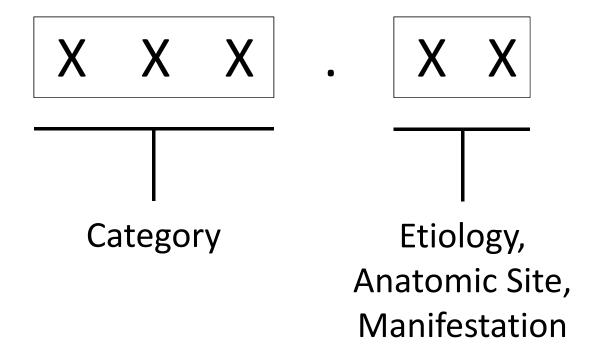
Format Changes = More Detail

V91.07XD

Burn due to water-skis on fire, subsequent encounter

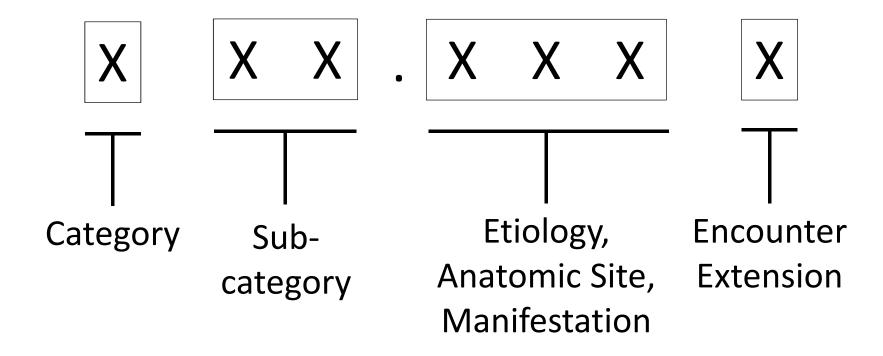
Format Changes

ICD-9 Format



Format Changes

ICD-10 Format



- A00–B99 = Certain infectious and parasitic diseases
- C00–D48 = Neoplasms
- D50–D89 = Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism
- E00–E90 = Endocrine, nutritional and metabolic diseases

- F00–F99 = Mental and behavioral disorders
- G00–G99 = Diseases of the nervous system (includes cerebral palsy)
- H00–H59 = Diseases of the eye and adnexa
- H60–H95 = Diseases of the ear and mastoid process
- I00–I99 = Diseases of the circulatory system
- J00–J99 = Diseases of the respiratory system
- K00–K93 = Diseases of the digestive system

- L00–L99 = Diseases of the skin and subcutaneous tissue
- M00–M99 = Diseases of the musculoskeletal system and connective tissue
- N00–N99 = Diseases of the genitourinary system
- O00–O99 = Pregnancy, childbirth and the puerperium

- P00–P96 = Certain conditions originating in the perinatal period
- Q00–Q99 = Congenital malformations, deformations and chromosomal abnormalities (Prader Willi Syndrome)
- R00–R99 = Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

- S00–T98 = Injury, poisoning and certain other consequences of external causes (TBI, some of these were E codes under ICD-9)
- V01–Y98 = External causes of morbidity and mortality
- Z00–Z99 = Factors influencing health status and contact with health services (these were V codes under ICD-9)
- U00–U99 = Codes for special purposes

Format Changes

Encounter Extension

- A = Initial encounter
- B = Initial encounter for open fracture
- D = Subsequent encounter
- G = Subsequent encounter for fracture with delayed healing
- K = Subsequent encounter for fracture with nonunion
- P = Subsequent encounter for fracture with malunion
- S = Sequelae

Format Changes Behavioral Health Categories

- F01-F09 = Mental disorders due to known physiological conditions
- F10-F19 = Mental and behavioral disorders due to psychoactive substance use
- F20-F29 = Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
- F30-F39 = Mood [affective] disorders

Format Changes Behavioral Health Categories

- F40-F48 = Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
- F50-F59 = Behavioral syndromes associated with physiological disturbances and physical factors
- F60-F69 = Disorders of adult personality and behavior
- F70-F79 = Intellectual disabilities

Format Changes Behavioral Health Categories

- F80-F89 = Pervasive and specific developmental disorders (includes autism, Asperger's syndrome, speech and language disorders and delays)
- F90-F98 = Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- F99-F99 = Unspecified mental disorder

Mental Disorders Due to Known Physiological Conditions

- F01 = Vascular dementia
- F02 = Dementia in other diseases classified elsewhere
- F03 = Unspecified dementia
- F04 = Amnestic disorder due to known physiological condition
- F05 = Delirium due to known physiological condition

Mental Disorders Due to Known Physiological Conditions

- F06 = Other mental disorders due to known physiological condition
- F07 = Personality and behavioral disorders due to known physiological condition
- F09 = Unspecified mental disorder due to known physiological condition

Mental and Behavioral Disorders Due to Psychoactive Substance Use

- F10 = Alcohol related disorders
- F11 = Opioid related disorders
- F12 = Cannabis related disorders
- F13 = Sedative, hypnotic, or anxiolytic related disorders
- F14 = Cocaine related disorders
- F15 = Other stimulant related disorders

Mental and Behavioral Disorders Due to Psychoactive Substance Use

- F16 = Hallucinogen related disorders
- F17 = Nicotine dependence
- F18 = Inhalant related disorders
- F19 = Other psychoactive substance related disorders

Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders

- F20 = Schizophrenia
- F21 = Schizotypal disorder
- F22 = Delusional disorders
- F23 = Brief psychotic disorder
- F24 = Shared psychotic disorder
- F25 = Schizoaffective disorders

Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders

- F28 = Other psychotic disorder not due to a substance or known physiological condition
- F29 = Unspecified psychosis not due to a substance or known physiological condition

Mood [Affective] Disorders

- F30 = Manic episode
- F31 = Bipolar disorder
- F32 = Major depressive disorder, single episode
- F33 = Major depressive disorder, recurrent
- F34 = Persistent mood [affective] disorders
- F39 = Unspecified mood [affective] disorder

Anxiety, Dissociative, Stress-related, Somatoform and Other Nonpsychotic Mental Disorders

- F40 = Phobic anxiety disorders
- F41 = Other anxiety disorders
- F42 = Obsessive-compulsive disorder
- F43 = Reaction to severe stress, and adjustment disorders
- F44 = Dissociative and conversion disorders
- F45 = Somatoform disorders
- F48 = Other nonpsychotic mental disorders

Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors

- F50 = Eating disorders
- F51 = Sleep disorders not due to a substance or known physiological condition
- F52 = Sexual dysfunction not due to a substance or known physiological condition
- F53 = Puerperal psychosis
- F54 = Psychological and behavioral factors associated with disorders or diseases classified elsewhere

Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors

- F55 = Abuse of non-psychoactive substances
- F59 = Unspecified behavioral syndromes associated with physiological disturbances and physical factors

Disorders of Adult Personality and Behavior

- F60 = Specific personality disorders
- F63 = Impulse disorders
- F64 = Gender identity disorders
- F65 = Paraphilias
- F66 = Other sexual disorders
- F68 = Other disorders of adult personality and behavior
- F69 = Unspecified disorder of adult personality and behavior

Intellectual Disabilities

- F70 = Mild intellectual disabilities
- F71 = Moderate intellectual disabilities
- F72 = Severe intellectual disabilities
- F73 = Profound intellectual disabilities
- F78 = Other intellectual disabilities
- F79 = Unspecified intellectual disabilities

Pervasive and Specific Developmental Disorders

- F80 = Specific developmental disorders of speech and language
- F81 = Specific developmental disorders of scholastic skills
- F82 = Specific developmental disorder of motor function
- F84 = Pervasive developmental disorders
- F88 = Other disorders of psychological development
- F89 = Unspecified disorder of psychological development

Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence

- F90 = Attention-deficit hyperactivity disorders
- F91 = Conduct disorders
- F93 = Emotional disorders with onset specific to childhood
- F94 = Disorders of social functioning with onset specific to childhood and adolescence
- F95 = Tic disorder
- F98 = Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Unspecified Mental Disorder

 F99 = Mental disorder, not otherwise specified

Format Changes F43 Reaction to Severe Stress, and Adjustment Disorders

- F43.0 = Acute stress reaction
- F43.1 = Post-traumatic stress disorder (PTSD)
- F43.2 = Adjustment disorders
- F43.8 = Other reactions to severe stress
- F43.9 = Reaction to severe stress, unspecified

Format Changes Adjustment Disorders F43.2

- F43.20 = Adjustment disorder, unspecified
- F43.21 = Adjustment disorder with depressed mood
- F43.22 = Adjustment disorder with anxiety
- F43.23 = Adjustment disorder with mixed anxiety and depressed mood
- F43.24 = Adjustment disorder with disturbance of conduct

Format Changes Adjustment Disorders F43.2

- F43.25 = Adjustment disorder with mixed disturbance of emotions and conduct
- F43.29 = Adjustment disorder with other symptoms

Format Changes Opioid Related Disorders F11

- F11.1 = Opioid abuse
- F11.2 = Opioid dependence
- F11.9 = Opioid use, unspecified

Format Changes Opioid Abuse F11.1

- F11.10 = Opioid abuse uncomplicated
- F11.12 = Opioid abuse with intoxication
- F11.14 = Opioid abuse with opioid-induced mood disorder
- F11.15 = Opioid abuse with opioid-induced psychotic disorder
- F11.18 = Opioid abuse with other opioid-induced disorder
- F11.99 = Opioid abuse with unspecified opioidinduced disorder

Format Changes Opioid Abuse with Intoxication F11.12

- F11.120 = Opioid abuse with intoxication uncomplicated
- F11.121 = Opioid abuse with intoxication delirium
- F11.122 = Opioid abuse with intoxication with perceptual disturbance
- F11.129 = Opioid abuse with intoxication unspecified

Format Changes Intellectual Disabilities

- F70 = Mild intellectual disabilities
- F71 = Moderate intellectual disabilities
- F72 = Severe intellectual disabilities
- F73 = Profound intellectual disabilities
- F78 = Other intellectual disabilities
- F79 = Unspecified intellectual disabilities
- No drill-downs

Be Aware of Non-Billable Codes

Non-Billable

- F43.2 = Adjustment disorders
- F11.12 = Opioid abuse with intoxication

Billable

- F43.20 = Adjustment disorder, unspecified
- F11.120 = Opioid abuse with intoxication uncomplicated

CROSSWALKING DSM AND ICD9 TO ICD-10

Crosswalking to ICD-10

- ICD codes used on claims (HIPAA required)
- DSM diagnoses used by clinicians (State clinical policy, service definitions)
- ICD-9 and DSM shared most codes, although code descriptions were often not exactly the same
- Cross walking between ICD-9 and DSM was relatively easy
- Crosswalking between ICD-10 and DSM is much more difficult

Crosswalking to ICD-10

- How will your system crosswalk codes???
- Who is responsible for selecting the ICD-10 code that will go on the claim???
- Clinical and Finance must communicate and coordinate efforts!!!

Crosswalking to ICD-10

- No easy crosswalk between ICD-9 and DSM to ICD-10
 - One to one crosswalks
 - One to many crosswalks (Substance Abuse!)
 - Many to one crosswalks
 - No ICD-9 crosswalk to ICD-10
 - No ICD-10 crosswalk to ICD-9

ICD-9 and DSM

- Obsessive-compulsive disorder= 300.3
- Borderline personalitydisorder = 301.83
- Adjustment disorder,With anxiety = 309.24
- Major depressivedisorder, Single episode,Moderate = 296.22

- Obsessive-compulsive disorder= F42
- Borderline personalitydisorder = F60.3
- Adjustment disorder,With anxiety = F43.22
- Major depressivedisorder, Single episode,Moderate = F32.1

- ICD-9 and DSM
 - Intellectual disability(IDD), Mild = 317
 - Intellectual disability(IDD), Moderate = 318.0
 - Intellectual disability (IDD), Severe = 318.1
 - Intellectual disability(IDD), Profound = 318.2

- ICD-10
 - Mild intellectual disabilities = F70
 - Moderate intellectual disabilities = F71
 - Severe intellectual disabilities = F72
 - Profound intellectual disabilities= F73

- ICD-9 and DSM
 - Alcohol-induced anxietydisorder = 291.89

- Alcohol abuse with alcohol-induced mood disorder = F10.14
- Alcohol abuse with alcohol-induced psychotic disorder, unspecified = F10.159
- Alcohol abuse with alcohol-induced anxiety disorder = F10.180

- ICD-9 and DSM
 - Alcohol-induced anxiety disorder = 291.89 (continued)

- Alcohol abuse with alcohol-induced sexual dysfunction = F10.181
- Alcohol abuse with other alcohol-induced disorder= F10.188
- Alcohol dependencewith alcohol-inducedmood disorder = F10.24

- ICD-9 and DSM
 - Alcohol-induced anxiety disorder = 291.89 (continued)

- ICD-10
 - Alcohol dependence w alcohol-induce psychotic disorder, unspecified = F10.259
 - Alcohol dependence with alcohol-induced anxiety disorder = F10.280
 - Alcohol dependence with alcohol-induced sexual dysfunction = F10.281

- ICD-9 and DSM
 - Alcohol-induced anxiety disorder = 291.89 (continued)

- ICD-10
 - Alcohol dependence with other alcohol-induced disorder = F10.288
 - Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified =F10.959
 - Alcohol use, unspecified
 with alcohol-induced
 anxiety disorder = F10.980

- ICD-9 and DSM
 - Alcohol-induced anxiety disorder = 291.89 (continued)

- Alcohol use, unspecified with alcohol-induced sexual dysfunction = F10.981
- Alcohol use, unspecified with other alcoholinduced disorder = F10.988

- ICD-9 and DSM
 - Depressive disorder due to another medical condition = 293.83
- ICD-10
 - Mood disorder due to known physiological condition, unspecified = F06.30
 - Depressive disorder due to another medical condition, With depressive features = F06.31
 - Depressive disorder due to another medical condition, With major depressive-like episode = F06.32

- ICD-9 and DSM
 - Depressive disorder due to another medical condition = 293.83 (continued)

- Mood disorder due to known physiological condition with manic features = F06.33
- Depressive disorder due to another medical condition, With mixed features = F06.34

- ICD-9 and DSM
 - Other isolated or specific phobia = 300.29
- ICD-10
 - Arachnophobia =F40.210
 - Other animal typephobia = F40.218
 - Fear of thunderstorms = F40.220
 - Other natural environment type phobia = F40.228
 - Fear of blood = F40.230

- ICD-9 and DSM
 - Other isolated or specific phobia = 300.29

- Fear of injections and transfusions = F40.231
- Fear of other medical care = F40.232
- Fear of injury = F40.233
- Claustrophobia = F40.240
- Acrophobia = F40.241
- Fear of bridges = F40.242

- ICD-9 and DSM
 - Other isolated or specific phobia = 300.29
- ICD-10
 - Fear of flying = F40.243
 - Other situational typephobia = F40.248
 - Androphobia = F40.290
 - Gynephobia = F40.291
 - Other specified phobia = F40.298
 - Other phobic anxiety disorders = F40.8

• ICD-9

 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with no loss of consciousness = 854.01

- Traumatic cerebraledema without loss ofconsciousness = \$06.1X0
- Diffuse TBI without loss of consciousness = S06.2X0
- Unspecified focal TBIwithout loss ofconsciousness = \$06.300

• ICD-9

Intracranial injury of other and unspecified nature without mention of open intracranial wound, with no loss of consciousness = 854.01 (continued)

- Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness = \$06.810
- Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness= \$06.820

• ICD-9

 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with no loss of consciousness = 854.01 (continued)

- Other specified
 intracranial injury
 without loss of
 consciousness= \$06.890
- Unspecified intracranial injury without loss of consciousness= \$06.9X0

- ICD-9 and DSM
 - Anorexia nervosa = 307.1

- Pica = 307.52

- ICD-10
 - Anorexia nervosa,restricting type = F50.01
 - Anorexia nervosa, binge eating/purging type = F50.02
 - Pica of infancy and childhood = F98.3
 - Other eating disorders = F50.8

Crosswalking to ICD-10 Many to One

- ICD-9
 - Tuberculosis of lung,infiltrative, unspecified= 011.00

THROUGH

Pulmonary tuberculosis, unspecified, unspecified= 011.90

63 Codes

- ICD-10
 - Tuberculosis of lung = A15.0

1 Code

Crosswalking to ICD-10 ICD-9 Only

- ICD-9
 - Mild stage glaucoma= 365.71
 - Arthroscopic surgical procedure converted to open procedure
 V64.43
 - Poisoning by tranquilizers and other psychotropic agents= E98.03

- ICD-10
 - No equivalent

Crosswalking to ICD-10 ICD-10 Only

- ICD-9
 - No equivalent

- ICD-10
 - Other coma, without documented Glasgow coma scale = R40.244
 - Underdosing of antiepileptic and sedative-hypnotic drugs, initial episode = T42.6X6A
 - Type O blood, Rh negative = Z67.41

Crosswalking to ICD-10 Other Important Codes

- ICD-9 and DSM
 - Observation for other suspected mental condition = V71.09

- ICD-10
 - Encounter for
 observation for other
 suspected diseases
 and conditions ruled
 out = Z03.89

Crosswalking to ICD-10 Other Important Codes

- ICD-9 and DSM
 - Diagnosis deferred =799.99
- ICD-10
 - Illness, unspecified =R69
 - Ill-defined and unknown cause of mortality = R99

837 CHANGES

Format Changes 837P

- ICD-9
 - Principal diagnosisqualifier = BK
 - Additional diagnosis qualifier
 - = BF
 - –4 diagnoses

- ICD-10
 - Principal diagnosis qualifier = ABK
 - Additional diagnosis qualifier
 - = ABF
 - -12 diagnoses

Format Changes 837P

• ICD-9

HI*BK:29532*BF:2913*BF:29650*BF:2929~

• ICD-10

HI*ABK:F13239*ABF:F71*ABF:F4322*ABF:F1094*ABF:

F1524*ABF:F3131*ABF:F603*ABF:F23*ABF:F12121*AB

F:F14188*ABF:F607*ABF:F3173~

Format Changes 837I

- ICD-9
 - Principal diagnosisqualifier = BK
 - Admitting diagnosisBJ
 - Additionaldiagnosis qualifier= BF
 - 12 additional diagnoses

- ICD-10
 - Principal diagnosisqualifier = ABK
 - Admitting diagnosisABJ
 - Additionaldiagnosis qualifierABF
 - 12 additional diagnoses

Format Changes 837I

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• ICD-9
HI*BK:29532~
HI*BJ:29532~
HI*BF:2913:::::N*BF:30410:::::N*BF:29650:::::N*BF:2929::::::::N*
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• ICD-10

HI*ABK:F1524~

HI*ABF:F23:::::N*ABF:F13239:::::N*ABF:F71:::::N*ABF:F4322

:::::N*ABF:F1094:::::N*ABF:F3131:::::N*ABF:F603:::::N*ABF:F12121:::::N*ABF:F14188:::::N*ABF:F607:::::N*ABF:F10259:::
::::N*ABF:F653:::::N~
```

SOFTWARE UPDATES AND TESTING

Providers Must

- Talk to your software vendor, billing agency or clearinghouse
- Ask them if they have tested internally for format and adjudication
- Format test with all of your payers:
 - Each MCO
 - NC Tracks
 - Medicare
 - Insurance Companies

MCOs Must

- Talk to your software vendor
- Develop a written ICD-10 Test Plan
- Develop specific test cases
 - Format test cases
 - Adjudication test cases
- Develop a procedure for testing with providers
- Test with NC Tracks
 - Encounter
 - State Funds

Required Software Updates

- Must be able to accommodate up diagnosis codes up to seven digits in length
- Must be able to recognize new diagnosis qualifiers in 837P and 837I
- Must be able to accommodate up to twelve diagnosis codes on professional claims and up to 12 secondary diagnosis codes on inpatient claims
- Must group ICD-10 codes to correct MH, SA and IDD categories

- 837 format tests
 - Mismatched diagnosis qualifiers and diagnosis versions should fail, for example BK with ICD-10 or ABK with ICD-9
 - Correct diagnosis qualifiers and diagnosis versions should pass, for example ABK with ICD-10
 - Test qualifiers at principal and secondary levels on the 837P and 837I (BK/ABK, BF/ABF)
 - Test qualifiers at admission level on the 837I (BJ/ABJ)

- 837 format tests
 - Test to make sure up to 12 secondary diagnoses can be accepted
 - Test with and without decimals
 - Test to make sure seven digit diagnosis codes are accepted
 - Claredi and Faciledi have been upgraded for format testing

- Adjudication testing
 - Test mental health claims against mental health diagnosis groupings
 - Test substance abuse claims against substance abuse diagnosis groupings
 - Test IDD claims against IDD diagnosis groupings
 - Test mismatched groupings, for example substance abuse claims against mental health diagnosis groupings
 - Test behavioral health claims with medical diagnoses

- Adjudication testing
 - Test outpatient claims
 - Test inpatient claims
 - Test emergency department claims (particularly with medical diagnosis vs. behavioral health diagnosis)
 - Test diagnosis pointer
 - Test 837 electronic claims and direct data entry claims

Test ID	Test	Expected Result
1	Submit 837P with principal diagnosis qualifier = BK and ICD-9 principal diagnosis code.	File should be rejected.
2	Submit 837P with principal diagnosis qualifier = BK and ICD-10 principal diagnosis code.	File should be rejected.
3	Submit 837P with principal diagnosis qualifier = ABK and ICD-9 principal diagnosis code.	File should be rejected.
4	Submit 837P with principal diagnosis qualifier = ABK and ICD-10 principal diagnosis code.	File should be accepted.
5	Submit 837P with principal diagnosis qualifier = ABK and a 6 digit ICD-10 principal diagnosis code.	File should be accepted.

6	Submit 837P with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, secondary diagnosis qualifier = BF and ICD-9 secondary diagnosis code.	File should be rejected.
7	Submit 837P with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, secondary diagnosis qualifier = BF and ICD-10 secondary diagnosis code.	File should be rejected.
8	Submit 837P with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, secondary diagnosis qualifier = ABF and ICD-9 secondary diagnosis code.	File should be rejected.

9	Submit 837P with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, secondary diagnosis qualifier = ABF and ICD-10 secondary diagnosis code.	File should be accepted.
10	Submit 837P with a principal diagnosis qualifier = ABK and ICD-10 principal diagnosis code and 11 secondary diagnoses with qualifiers = ABF and ICD-10 secondary diagnosis codes.	File should be accepted.
11	Submit 837P with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code with decimal, secondary diagnosis qualifier = ABF and ICD-10 secondary diagnosis code with decimals.	File should be rejected.

12	Submit 837I with principal diagnosis qualifier = BK and ICD-9 principal diagnosis code.	File should be rejected.
13	Submit 837I with principal diagnosis qualifier = BK and ICD-10 principal diagnosis code.	File should be rejected.
14	Submit 837I with principal diagnosis qualifier = ABK and ICD-9 principal diagnosis code.	File should be rejected.
15	Submit 837I with principal diagnosis qualifier = ABK and ICD-10 principal diagnosis code.	File should be accepted.
16	Submit 837I with principal diagnosis qualifier = ABK and a six digit ICD-10 principal diagnosis code.	File should be accepted.

17	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = BJ and ICD-9 admitting diagnosis code.	File should be rejected.
18	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = BJ and ICD-10 admitting diagnosis code.	File should be rejected.
19	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ and ICD-9 admitting diagnosis code.	File should be rejected.

20	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ and ICD-10 admitting diagnosis code.	File should be accepted.
21	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ, ICD-10 admitting diagnosis code, secondary diagnosis qualifier = BF and ICD-9 secondary diagnosis code.	File should be rejected.

22	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ, ICD-10 admitting diagnosis code, secondary diagnosis qualifier = BF and ICD-10 secondary diagnosis code.	File should be rejected.
23	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ, ICD-10 admitting diagnosis code, secondary diagnosis qualifier = ABF and ICD-9 secondary diagnosis code.	File should be rejected.

24	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ, ICD-10 admitting diagnosis code, secondary diagnosis qualifier = ABF and ICD-10 secondary diagnosis code.	File should be accepted.
25	Submit 837I with principal diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ, ICD-10 admitting diagnosis code, 12 secondary diagnoses with qualifiers = ABF and ICD-10 secondary diagnosis codes.	File should be accepted.

26 Submit 837I with principal File should be rejected. diagnosis qualifier = ABK, ICD-10 principal diagnosis code, admitting diagnosis qualifier = ABJ, ICD-10 admitting diagnosis code, secondary diagnosis qualifier = ABF and ICD-10 secondary diagnosis code with decimals.

27	Submit 837P with mental health claim, principal ICD-10 mental health diagnosis and diagnosis pointer = 1.	Claim should adjudicate and pay.
28	Submit 837P with mental health claim, principal ICD-10 medical diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.
29	Submit 837P with substance abuse claim, principal ICD-10 substance abuse diagnosis and diagnosis pointer = 1.	Claim should adjudicate and pay.
30	Submit 837P with substance abuse claim, principal ICD-10 medical diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.

31	Submit 837P with IDD claim, principal ICD-10 IDD diagnosis and diagnosis pointer = 1.	Claim should adjudicate and pay.
32	Submit 837P with IDD claim, principal ICD-10 medical diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.
33	Submit 837P with substance abuse specific claim, principal ICD-10 mental health diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.
34	Submit 837P with substance abuse claim, principal ICD-10 mental health diagnosis in first position, secondary ICD-10 substance abuse diagnosis in second position and diagnosis pointer = 2.	Claim should adjudicate and pay.

35	Submit 837I inpatient claim with principal ICD-10 mental health diagnosis.	Claim should adjudicate and pay.
36	Submit 837I inpatient claim with principal ICD-10 substance abuse diagnosis.	Claim should adjudicate and pay.
37	Submit 837I inpatient claim with principal ICD-10 IDD diagnosis.	Claim should adjudicate and pay.
38	Submit 837I inpatient claim with principal ICD-10 medical diagnosis.	Claim should adjudicate and deny.

39	Submit 837I emergency department claim with principal ICD-10 mental health diagnosis.	Claim should adjudicate and pay.
40	Submit 837I emergency department claim with principal ICD-10 substance abuse diagnosis.	Claim should adjudicate and pay.
41	Submit 837I emergency department claim with principal ICD-10 IDD diagnosis.	Claim should adjudicate and pay.
42	Submit 837I emergency department claim with principal ICD-10 medical diagnosis.	Claim should adjudicate and deny.

43	Direct data enter CMS-1500 with mental health claim, principal ICD-10 mental health diagnosis and diagnosis pointer = 1.	Claim should adjudicate and pay.
44	Direct data enter CMS-1500 with mental health claim, principal ICD-10 medical diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.
45	Direct data enter CMS-1500 with substance abuse claim, principal ICD-10 substance abuse diagnosis and diagnosis pointer = 1.	Claim should adjudicate and pay.

47	Direct data enter CMS-1500 with IDD claim, principal ICD-10 IDD diagnosis and diagnosis pointer = 1.	Claim should adjudicate and pay.
48	Direct data enter CMS-1500 with IDD claim, principal ICD-10 medical diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.
49	Direct data enter CMS-1500 with substance abuse specific claim, principal ICD-10 mental health diagnosis and diagnosis pointer = 1.	Claim should adjudicate and deny.

50	Direct data enter CMS-1500 with substance abuse claim, principal ICD-10 mental health diagnosis in first position, secondary ICD-10 substance abuse diagnosis in second position and diagnosis pointer = 2.	Claim should adjudicate and pay.
51	Direct data enter UB-04 inpatient claim with principal ICD-10 mental health diagnosis.	Claim should adjudicate and pay.
52	Direct data enter UB-04 inpatient claim with principal ICD-10 substance abuse diagnosis.	Claim should adjudicate and pay.

53	Direct data enter UB-04 inpatient claim with principal ICD-10 IDD diagnosis.	Claim should adjudicate and pay.
54	Direct data enter UB-04 inpatient claim with principal ICD-10 medical diagnosis.	Claim should adjudicate and deny.
55	Direct data enter UB-04 emergency department claim with principal ICD-10 mental health diagnosis.	Claim should adjudicate and pay.
56	Direct data enter UB-04 emergency department claim with principal ICD-10 substance abuse diagnosis.	Claim should adjudicate and pay.

57	Direct data enter UB-04 emergency department claim with principal ICD-10 IDD diagnosis.	Claim should adjudicate and pay.
58	Direct data enter UB-04 emergency department claim with principal ICD-10 medical diagnosis.	Claim should adjudicate and deny.
59	Direct data enter UB-04 Level 3 residential claim with principal ICD-10 mental health diagnosis.	Claim should adjudicate and pay.
60	Direct data enter UB-04 Level 3 residential claim with principal ICD-10 medical diagnosis.	Claim should adjudicate and deny.

61	Direct data enter UB-04 ICF-MR claim with principal ICD-10 IDD diagnosis.	Claim should adjudicate and pay.
62	Direct data enter UB-04 ICF-MR claim with principal ICD-10 medical diagnosis.	Claim should adjudicate and deny.

VALUABLE RESOURCES

- CMS General Equivalency Mappings (GEMs)
 - Downloadable text files
 - Downloadable layout document
 - ICD-9 to ICD-10 crosswalks
 - ICD-10 to ICD -9 crosswalks
 - No crosswalk indicators
 - Combination indicators

- CMS General Equivalency Mappings (GEMs)
 - Shows billable vs. non-billable codes
 - Easily converted to Excel, Access, SQL
 - Can query with Access or SQL
 - Free!
 - www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html

- DSM Manual
 - Behavioral health specific
 - Valuable for clinicians and utilization management
 - Contains crosswalks to ICD-10
- www.ICD10data.com
 - Well organized ICD-10 code list
 - Comprehensive
 - Free!

- www.dr-bob.org/tips/dsm5a.html
 - Behavioral health specific
 - Contains good crosswalks from DSM to ICD-9 and ICD-10
 - Free!

- http://ncmmis.ncdhhs.gov/icdxwalk.asp
 - NC Tracks ICD-9 to ICD-10 crosswalks tool

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