

What everyone should know about ICD-10



The Facts

What is it?

Beginning Oct. 1, 2014, all health care entities must use ICD-10 codes on HIPAA transactions. This includes:

- Diagnosis codes (ICD-10-CM) used by all providers in every health care setting
- Procedure codes (ICD-10-PCS) only used for hospital claims and inpatient hospital procedures.

What it isn't:

The mandate does not affect the use of CPT or HCPCS codes. Physician claims for inpatient services will continue to report CPT and HCPCS codes.

What is different:

ICD-10 codes differ in length and structure from ICD-9 codes. The ICD-10 codes also:

- Contain more detail about conditions, injuries and illnesses
- Include the concept of laterality
- Use combination codes to describe conditions and associated symptoms
- Use updated language and terminology

Other items to note:

CMS states that the Oct. 1, 2014 compliance date is not flexible. Claims that are submitted with non-compliant codes will be rejected.

ICD-10 by the numbers

17,000 The approximate number of ICD-9 codes

150,000 The approximate number of ICD-10 codes replacing the ICD-9 codes

How do I prepare for ICD-10?

Determine the impact

Learn about the structure and differences of the ICD-10 code set. Look at every part of your organization that uses ICD-9 codes and see what it will take to make the change.

Identify training needs

Codes will need to be trained in ICD-10. CMS recommends this occur 6-9 months before Oct. 1, 2014. See if your staff may benefit from a 'refresher' of medical terminology.

Reach out to others

Talk about ICD-10 readiness with your vendors, payers, clearinghouses, billing services and anyone who will come in contact with the new code set.

Most importantly, if you haven't already started to prepare for ICD-10...start now!

For more information go to:

cms.gov/ICD10
bcbsm.com/icd10

wedi.org
ahlma.org/ICD10

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