Frequently Asked Questions

Why the transition to ICD-10?

Q: 1.Why is the transition to ICD-10CM/PCS happening?

A: The transition is occurring because ICD-9 codes have limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated and obsolete terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

A successful transition to ICD-10CM/PCS will be vital to transforming our nation's health care system.

Q: 2.What does ICD-10CM/PCS compliance mean?

A: ICD-10 compliance means that all Health Insurance Portability and Accountability Act (HIPAA) covered entities are able to successfully conduct health care transactions on or after October 1, 2015 using the ICD-10CM/PCS diagnosis and procedure codes. ICD-9 diagnosis and procedure codes can no longer be used for health care services provided on or after this date.

Q: 3.Codes changes every year, so why is the transition to ICD-10 any different from the annual code changes?

A: ICD-10CM/PCS codes are different from ICD-9 codes. ICD-10 has a completely different structure from ICD-9. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10CM/PCS codes will be alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one to many" matches in some instances. Like ICD-9 codes, ICD-10CM/PCS codes will be updated every year.

Preparedness

Q: 4.Why should I start preparing now for the ICD-10CM/PCS transition when it doesn't happen until October 2015?

A: The transition to ICD-10CM/PCS is a major undertaking for providers, payers, and vendors. It will drive business and systems changes throughout the health care industry, from large national health plans to small provider offices, laboratories, medical testing centers, hospitals, and more. Plans need to

devote staff time and financial resources to transition activities. The transition will go much more smoothly for organizations that plan ahead and prepare now.

A successful transition to ICD-10CM/PCS will be vital to transforming our nation's health care system and ensuring uninterrupted operations.

The Center for Medicare and Medicaid (CMS) has resources to help you prepare for a smooth transition to Version 5010 and ICD-10. Visit http://www.cms.gov/ICD10CM/PCS to find out more.

Q: 5.What should payers be doing to prepare for the transition to ICD-10CM/PCS?

A: The transition to ICD-10CM/PCS will involve new coding rules, so it will be important for payers to review payment policies.

Payers should ask software vendors about their readiness plans and timelines for product development, testing, availability, and training.

Payers should have an ICD-10CM/PCS implementation plan and a transition budget in place. They can review the new ICD-10 coding guidelines at http://www.cms.gov/ICD10/Downloads/7_Guidelines10cm2010.pdf. CMS has resources to help payers prepare for a smooth transition to Version 5010 and ICD-10CM/PCS. Visit http://www.cms.gov/ICD10 to find out more.

CMS will continue to add new tools and information to the site through the course of the transition.

Q: 6.What should software vendors, clearinghouses, and third-party billing services be doing to prepare for the transition to ICD-10CM/PCS?

A: Software vendors, clearinghouses, and third-party billing services should talk to their customers NOW to get them ready so their claims will continue to be paid.

Take a proactive role in assisting in the transition.

Ask customers about their needs

Establish a comprehensive approach that will deliver compatible products well ahead of the key transition deadlines.

Develop testing guidelines and schedules. Products and services will be obsolete if steps are not taken now to get ready.

CMS has resources to help you and your customers prepare for a smooth transition to Version 5010 and ICD-10. Visit http://www.cms.gov/ICD10CM/PCS to find out more. CMS will continue to add new tools and information to the site through the course of the transition.

Q: 7.What should providers be doing to prepare for the transition to ICD-10CM/PCS?

A: Providers can begin to prepare by taking the following steps NOW:

Talk with your billing service, clearinghouse, or practice management software vendor

Identify ICD-9 (and presumably ICD-10CM/PCS) touch points in your systems and business processes

Identify needs and resources, such as training, printing, etc.

An ICD-10CM/PCS transition plan should take into account specific practice or organization needs, vendor readiness, and staff knowledge and training.

Providers should check with their billing service, clearinghouse, or practice management software vendor about their readiness plans.

Providers who handle billing and software development internally, should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10CM/PCS transition efforts.

Work together to make sure you'll have what you need to be ready. A successful transition to ICD-10 will be vital to transforming our nation's health care system and essential to maintaining business operations. CMS has resources to help providers prepare for a smooth transition to Version 5010 and ICD-10CM/PCS.

Visit http://www.cms.gov/ICD10 to find out more. CMS will continue to add new tools and information to the site through the course of the transition.

Training

Q: 8.What type of training will providers and staff need for the ICD-10CM/PCS transition?

A: Training is currently in progress and your facility should have a plan in place to ensure training is kept up-to-date prior to the implementation date. Training needs will vary for different organizations. For example, physician practice coders will need to learn ICD-10 diagnosis coding only, while hospital coders will need to learn both ICD-10 diagnosis and ICD-10 inpatient procedure coding. Look for specialty-specific ICD-10 training offered by societies and other professional organizations. Take into account that ICD-10 coding training will be integrated into the CEUs that certified coders must take to maintain their credentials. ICD-10 resources and training materials will be available through CMS, professional

associations and societies, and software/system vendors. Visit http://www.cms.gov/ICD10 regularly throughout the course of the transition to access the latest information on training opportunities.

ICD-10CM/PCS code set

Q: 9.Where can I find the ICD-10CM/PCS code sets?

A: The ICD-10-CM and ICD-10-PCS code sets are available free of charge and can be found on the CMS Web site.

For the ICD-10-CM (diagnosis) code sets, go to http://www.cms.gov/ICD10/12_2010_ICD_10_CM.asp.

For the ICD-10-PCS (hospital inpatient procedure) code sets, go to https://www.cms.gov/ICD10/13_2010_ICD10PCS.asp

For the ICD-10-CM/PCS official guidelines for coding and reporting, go to http://www.cms.gov/ICD10/Downloads/7_Guidelines10cm2010.pdf.

GEMS

Q: 10.How soon after a code has been added or deleted will the General Equivalence Mappings System (GEMS) be updated to reflect these changes?

A: The updates for the International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) and International Classification of Diseases, 10th Edition (ICD-10CM/PCS) codes is done each year. The annual updates to the GEMS along with the updates to the ICD-10 codes are posted on the website at: http://www.cms.gov/ICD10.