ICD-10 Frequently Asked Questions

What is “ICD-10”?
“ICD-10” is the abbreviated way to refer to the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS).

How do the numbers of diagnosis codes compare from ICD-9-CM to ICD-10-CM?
ICD-9-CM contains 13,000 3–5 character alphanumeric diagnosis codes with 855 code categories. ICD-10-CM contains 68,000 3–7 character alphanumeric diagnosis codes with 2,033 code categories.

How do the numbers of procedure codes compare from ICD-9-CM to ICD-10-PCS?
ICD-9-CM contains 4,000 3–4 character numeric procedure codes. ICD-10-PCS contains 87,000 7-character alphanumeric procedure codes.

Explain the difference between ICD-9-CM Volume 1, 2, and 3 and ICD-10-CM and ICD-10-PCS.
ICD-10-CM is the diagnosis code set that will replace ICD-9-CM Volume 1 and 2. ICD-10-CM will be used to report diagnoses in all clinical settings. ICD-10-PCS is the procedure code set that will replace ICD-9-CM Volume 3. ICD-10-PCS will be used to report hospital inpatient procedures only.

Will ICD-10-PCS replace CPT®?
No. ICD-10-PCS will be used to report hospital inpatient procedures only. The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) will continue to be used to report services and procedures in outpatient and office settings.

Do I have to upgrade to ICD-10?
Yes. The conversion to ICD-10 is a HIPAA code set requirement. Providers, including physicians, are HIPAA “covered entities,” which means that you must comply with the HIPAA requirements.
Who else has to upgrade to ICD-10?
Health care payers and clearinghouses are also HIPAA covered entities, so they are required to convert to ICD-10 as well.

I thought HIPAA code set standards only applied to the HIPAA electronic transactions. What if I don’t use the HIPAA electronic transactions?
It is correct that HIPAA code set requirements apply only to the HIPAA electronic transactions. But it would be too burdensome on the industry to use ICD-10 in electronic transactions and ICD-9 in manual transactions. Payers are expected to require that ICD-10 codes be used in other transactions, such as on paper, through a dedicated fax machine or via the phone.

What impact will switching to ICD-10 have on the revenue cycle?
Nearly all operational systems in health care and their administration processes will be affected by the implementation of ICD-10.

Why is ICD-9 being replaced?
The ICD-9 code set is more than 30 years old and has become outdated. It is no longer considered usable for today’s treatment, reporting and payment processes. It does not reflect advances in medical technology and knowledge. In addition, the format limits the ability to expand the code set and add new codes.

The ICD-10 code set reflects advances in medicine and uses current medical terminology. The code format is expanded, which means that it has the ability to include greater detail within the code. The greater detail means that the code can provide more specific information about the diagnosis. The ICD-10 code set is also more flexible for expansion to include new technologies and diagnoses.

The change, however, is expected to be disruptive for physicians during the transition, and you are urged to begin preparing now.
When do I have to convert to ICD-10?
All services and discharges on or after October 1, 2014, must be coded using the ICD-10 code set. The necessary system and workflow changes need to be in place by the compliance date in order for you to send and receive the ICD-10 codes.

What if I'm not ready by the compliance deadline?
Any ICD-9 codes used in transactions for services or discharges on or after October 1, 2014, will be rejected as non-compliant and will not be processed. You will face disruptions in transaction processing and receipt of payments.

Deadlines for other HIPAA requirements have been delayed. Will the compliance date for ICD-10 be delayed? Do not expect there to be a delay in the ICD-10 compliance deadline. The Centers for Medicare & Medicaid Services (CMS) is responsible for oversight of compliance with the HIPAA code set requirements. CMS has made it clear that there will be no extension of the deadline for ICD-10. Work within Medicare to upgrade to the ICD-10 transactions is on target and expected to be ready on time.

What do I need to do now to prepare for the conversion to ICD-10?
There are several steps you need to take to prepare for the conversion to ICD-10.

• Begin by talking to your practice management or software vendor. Ask if the necessary software updates will be installed with your upgrades for the Version 005010 (5010) HIPAA transactions. If you do not use the HIPAA transactions, determine when they will have your software updates available and when they will be installed in your system. Your conversion to ICD-10 will be heavily dependent on when your vendor has the upgrades completed and when they can be installed in your system.
• Talk to your clearinghouses, billing service and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.
• Identify the changes that you need to make in your practice to convert to the ICD-10 code set. For example, changes may include diagnosis coding tools, “super bills,” additional documentation requirements, etc.
• Identify staff training needs and complete the necessary training.
• Conduct internal testing to make sure you can generate transactions you send with the ICD-10 codes.
• Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.