



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
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ICD-10 and CMS eHealth: What's the Connection?

The Centers for Medicare & Medicaid Services (CMS) is leading several eHealth initiatives to help meet the three-part goal of improving the quality of care, improving the health of populations, and reducing the cost of health care by increasing the efficiency of health care delivery in the United States. These CMS eHealth initiatives aim to transform health care delivery through simplified, standardized electronic information and technology. The initiatives include:

- [HIPAA Administrative Simplification initiatives](#), which incorporate:
 - [The health care industry's transition from ICD-9 to ICD-10 coding systems](#)
 - [Standards for electronic administrative transactions](#)
 - [Operating rules for electronic administrative transactions, including electronic fund transfers \(EFT\) for health care payments and electronic remittance advice \(ERA\)](#)
 - Standard unique identifiers for employers, providers, and health plans
- The [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#), which provide payments to health care professionals and hospitals that meet [Meaningful Use](#) requirements

How Are These Initiatives Connected?

Supporting Interoperability

The ICD-10 initiative and the EHR Incentive Programs set standards to help build the data infrastructure needed for a nationwide health care system where clinicians, hospitals, laboratories, and pharmacies can share patient information with each other and with health plans electronically, in a secure way.

To achieve this “interoperability,” data must be standardized so it can be effectively shared between various EHR and health plans’ systems. Classification systems and reference terminologies, such as ICD-10, provide a uniform way of collecting and maintaining patient data.

[Stage 2 of the EHR Incentive Programs](#) requires that EHR systems use a common data set—such as ICD-10-CM, ICD-10-PCS, SNOMED-CT, or LOINC—for all summary of care records, transitions, discharges, and downloadable data that patients can access. CMS plans to create crosswalks for these different code sets to better link clinical data and claims data in health care settings.

Together, these initiatives will help advance the secure exchange of information between providers and patients to support improved care coordination across the nation.

Improving Health Care Data and Quality Reporting

Compared with ICD-9, ICD-10 allows for greater specificity in describing a patient’s diagnosis and in classifying inpatient procedures, which will lead to improved tracking of patient outcomes. ICD-10 also accommodates newly developed diagnoses and procedures, and innovations in technology and treatment that are not supported in ICD-9.

I062 Rheumatic aortic stenosis with insufficiency
I068 Other rheumatic aortic valve diseases
I069 Rheumatic aortic valve disease, unspecified
I070 Rheumatic tricuspid stenosis
I071 Rheumatic tricuspid insufficiency
I072 Rheumatic tricuspid stenosis and insufficiency
I078 Other rheumatic tricuspid valve dis

The EHR Incentive Programs require the reporting of clinical quality measures (CQMs)—tools used by CMS to measure and track the quality of health care services provided by health care professionals and hospitals within our health care system. This includes measures for clinical processes and services like preventive care screenings and follow up for tobacco use, depression, and obesity; interventions for controlling high blood pressure; and medication documentation.

Use of ICD-10 will permit the reporting of CQMs through electronic health records. Moreover, ICD-10 allows for specificity in CQMs, helping to improve the accuracy for describing greater medical data in clinical processes.

Data obtained from the CQMs will provide valuable feedback on provider performance and alignment with best practices, as well as inform communication and decisions on policy and clinical support.

Greater Efficiencies

Beyond ICD-10, CMS is leading other Administrative Simplification initiatives to reduce the administrative burden on clinicians and improve the efficiency of administrative workflows.

These initiatives include adopting standards for electronic administrative transactions between health plans, clearinghouses, and providers such as:

- Enrollment and disenrollment in a health plan
- Eligibility request and response
- Claim submission
- Payment for health care
- [Operating rules](#) for electronic transactions, including operating rules for the transmission of health care payments electronically

Use of the standard transactions and operating rules will save time and speed up the payment process so that clinicians can spend more time seeing patients and less time filling out forms.

ICD-10, combined with other Administrative Simplification initiatives, will increase the efficiency and the quality of electronic information that providers exchange with each other, Medicare, and other payers. Visit the CMS website for the latest information on these Administrative Simplification initiatives aimed at reducing the burden on small providers in the eHealth environment.

For More Information

- www.cms.gov/icd10
- www.cms.gov/ehrincentiveprograms

This fact sheet was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



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