ICD-10 Implementation Strategies for Physicians
National Provider Call

August 3, 2011
Quick Review of National ICD-10 Implementation

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ICD-10 Implementation

- October 1, 2013 – Compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)
ICD-10 Implementation

- ICD-10-CM (diagnoses) will be used by all providers in every health care setting

- ICD-10-PCS (procedures) will be used only for hospital claims for inpatient hospital procedures

- ICD-10-PCS will not be used on physician claims, even those for inpatient visits
No impact on Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes

CPT and HCPCS will continue to be used for physician and ambulatory services including physician visits to inpatients
ICD-10 Implementation

- Single implementation date of October 1, 2013 for all users

- Date of service for ambulatory and physician reporting
  - Ambulatory and physician services provided on or after 10-1-2013 will use ICD-10-CM diagnosis codes

- Date of discharge for hospital claims for inpatient settings
  - Inpatient discharges occurring on or after 10-1-2013 will use ICD-10-CM and ICD-10-PCS codes
ICD-10 Implementation

- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013

- ICD-10 codes will not be accepted for services prior to October 1, 2013

ICD-10 Implementation Strategies for Physicians (and Non-physician Practitioners)

Dr. Daniel Duvall
Medical Officer
Hospital and Ambulatory Policy Group
Center for Medicare
Take Home Lessons

- ICD-10 is just a more mature ICD-9
- ICD-10 is inevitable
- Work for physicians is negligible
- ICD-10 cost for offices can be small
- Work for institutions is worthwhile
- Personal conversion plans help
- Embrace it; Don’t postpone it
Conversion Strategy Framework

- General approach to problems
- General approach to patient care
  - Subjective (Define problem and issues)
  - Objective (Collect and process information)
  - Assessment (Evaluate options)
  - Plan (Determine response)
Deadline: 1 October 2013

What have you heard?

- The deadline is firm?
  - Yes
- We are rushing over the precipice?
  - No
- American healthcare is in serious trouble?
  - Not because of ICD-10
- Should we be on board?
  - Yes
What is ICD-10

- ICD-10
  - International Classification of Diseases- World Health Organization (WHO)
  - Approximately 2000 diseases (families)
- ICD-10-CM
  - “Clinical Modification”
  - US expansion to meet US reporting needs
  - Approximately 70,000 specific codes
- ICD-10-PCS
  - “Procedure Coding System”
  - Inpatient (hospital) coding only
  - Replaces ICD-9-CM procedures; CPT/HCPCS are unaffected
- **1839 Call for Uniform Classification**
  - “The advantages of a uniform statistical nomenclature, however imperfect, are so obvious, that it is surprising no attention has been paid to its enforcement in Bills of Mortality. Each disease has, in many instances, been denoted by three or four terms, and each term has been applied to as many different diseases: vague, inconvenient names have been employed, or complications have been registered instead of primary diseases. The nomenclature is of as much importance in this department of inquiry as weights and measures in the physical sciences, and should be settled without delay.”
History of ICD: Evolution

- 1855 Intl Statistical Congress classification
- **1893 Classification of Causes of Death**
  - 1898 American Public Health Assoc Adoption
- 1900 ILCD-1 Intl List of Causes of Death
  - 1909 ILCD-2 Intl List of Causes of Death
  - 1919 ILCD-3 Intl List of Causes of Death
  - 1929 ILCD-4 Intl List of Causes of Death
  - 1935 ILCD-5 Intl List of Causes of Death
- **1948 ISCDICD-6**
  - Inclusion of a list for reporting morbidity
  - Lowell Reed (Johns Hopkins)
History of ICD: Refinement

- 1955 ICD-7 Minor changes
- 1965 ICD-8 Structural shortcomings evident
- 1975 ICD-9 Explosion of knowledge
- **1993 ICD-10 Major restructuring**
  - Driven by need to expand categories
    - Same organization of sections
    - Different code labels (alpha-numeric)
  - Expanded use of families (drill down)
    - Improved consistency
- ICD-11 Will be built on the ICD-10 foundation
ICD Code Growth

Adapted from Ustun at www.who.int
Why?

- Not enough detail for analyzing diseases
- Not enough detail for payment
- Insufficient attention to
  - Medical encounters for reasons other than death
  - Non-lethal manifestations
- ICD-9-CM 16,000 codes; ICD-10-CM 70,000 codes
- The detail is demanded not by government nor by payers but by specialty societies
ICD-9 Root Codes (Mortality)

Ischemic heart disease (410-414)

- 410 Acute myocardial infarction
- 411 Other acute and subacute forms of ischemic heart disease
- 412 Old myocardial infarction
- 413 Angina pectoris
- 414 Other forms of chronic ischemic heart disease
Ischemic heart disease (410-414)

- 410 Acute myocardial infarction
- 411 Other acute and subacute forms of ischemic heart disease
- 412 Old myocardial infarction
- 413 Angina pectoris
- 414 Other forms of chronic ischemic heart disease
  - Coronary atherosclerosis (414.0)
  - Aneurysm of heart (414.1)
  - Other (414.8)
  - Unspecified (414.9)
ICD-9-CM: Clinical Detail

- **410.00** Acute myocardial infarction of **anterolateral wall**, episode of care unspecified
- 410.01 Acute myocardial infarction of anterolateral wall, initial episode of care
- 410.02 Acute myocardial infarction of anterolateral wall, subsequent episode of care
- **410.10** Acute myocardial infarction of **other anterior wall**, episode of care unspecified
- 410.11 Acute myocardial infarction of other anterior wall, initial episode of care
- 410.12 Acute myocardial infarction of other anterior wall, subsequent episode of care
- **410.20** Acute myocardial infarction of **inferolateral wall**, episode of care unspecified
- 410.21 Acute myocardial infarction of inferolateral wall, initial episode of care
- 410.22 Acute myocardial infarction of inferolateral wall, subsequent episode of care
- **410.30** Acute myocardial infarction of **inferoposterior wall**, episode of care unspecified
- 410.31 Acute myocardial infarction of inferoposterior wall, initial episode of care
- 410.32 Acute myocardial infarction of inferoposterior wall, subsequent episode of care
- **410.40** Acute myocardial infarction of **other inferior wall**, episode of care unspecified
- 410.41 Acute myocardial infarction of other inferior wall, initial episode of care
- 410.42 Acute myocardial infarction of other inferior wall, subsequent episode of care
- **410.50** Acute myocardial infarction of **other lateral wall**, episode of care unspecified
- 410.51 Acute myocardial infarction of other lateral wall, initial episode of care
- 410.52 Acute myocardial infarction of other lateral wall, subsequent episode of care
ICD-10-CM

- Chapter 01  Certain infectious and parasitic diseases (A00-B99)
- Chapter 02  Neoplasms (C00-D49)
- Chapter 03  Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
- Chapter 04  Endocrine, nutritional and metabolic diseases (E00-E89)
- Chapter 05  Mental and behavioral disorders (F01-F99)
- Chapter 06  Diseases of the nervous system (G00-G99)
- Chapter 07  Diseases of the eye and adnexa (H00-H59)
- Chapter 08  Diseases of the ear and mastoid process (H60-H95)
- >>> Chapter 09  Diseases of the circulatory system (I00-I99)
- Chapter 10  Diseases of the respiratory system (J00-J99)

Order of Chapters is just like ICD-9
ICD-10-CM

- I00-I02   Acute rheumatic fever
- I05-I09   Chronic rheumatic heart diseases
- I10-I15   Hypertensive diseases
- >>> I20-I25   Ischemic heart diseases
- I26-I28   Pulmonary heart disease and diseases of pulmonary circulation
- I30-I52   Other forms of heart disease
- I60-I69   Cerebrovascular diseases
- I70-I79   Diseases of arteries, arterioles and capillaries
- I80-I89   Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
- I95-I99   Other and unspecified disorders of the circulatory system

Order of the topics within the chapters is usually just like ICD-9
ICD-10-CM

- I20  Angina pectoris
- >>> I21  ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I22  Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
- I23  Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)
- I24  Other acute ischemic heart diseases
- I25  Chronic ischemic heart disease

Order within a family may show better clinical grouping
ICD-10-CM

- I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery
- >>> I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
- I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
- I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery
- I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
- I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
- I21.29 ST elevation (STEMI) myocardial infarction involving other sites
- I21.3 ST elevation (STEMI) myocardial infarction of unspecified site
- I21.4 Non-ST elevation (NSTEMI) myocardial infarction

Specific diagnoses show the higher level of detail. Note that grouping has changed from “anterolateral wall” (1980 EKG) to “LAD artery” (2010 imaging)

ICD-10 is just a more mature ICD-9
ICD-10-CM vs. ICD-9-CM

Why?

- Out of room
- Obsolete family groups
  - 30 years of medical knowledge of etiology
- Not enough detail for computerized analysis
- Inadequate attention to
  - Continuum of disease
  - Clinically relevant subsets

ICD-10 is necessary
30-year ICD-10 Timeline

- c. 1975  Conceptualization of new schema
- 1983  Development started, public discussion
- 1990  Schema approved
- 1993 ICD-10 completed; National Committee on Vital Health Statistics recommended replacement of ICD-9-CM
- 1993-1998 ICD public discussion; ICD-10-PCS developed
- 1999 US adoption for mortality
- 2003 ICD-10-CM completed
- 2003-2008 CM testing and public discussion
- 2009 Start 5 year Implementation
- >>> 2011 Complete IT Foundation (5010 Transaction)
- 2013 October 1 Complete ICD-10-CM Conversion
ICD-10 Pressure

- Appropriate Payment
  - Stratification of morbidity
  - “My patients are sicker”
  - Episodes of care, Affordable Care Organizations, Hierarchical Condition Categories, Quality monitoring
  - CMS and commercial health plans
- Better Quality in Research/clinical trials
  - Identification of consistent cohorts
- Improved Outcomes from Population Analysis
  - Targeting resources to diseases: Specialty, County, Environment
- 2010 computational power cannot use 1980s information

ICD-10 is inevitable
ICD-10 Headache Size

- ***** (5, encephalitis) Government CMS CDC
- **** (4, migraine) Health Insurance Plans
- *** (3, cluster) Hospitals
- ** (2, sinus) Billing Agencies
- * (1, tension) Physicians
ICD-10 Headache Size

- ***** (5, encephalitis) Government CMS CDC
  - Design a functional expansion and get it right
  - Define all the new codes
  - Change claim processing specifications and multiple processing systems
  - Model impacts to multiple payment systems
  - Update policies and tables with public input

- **** (4, migraine) Health Insurance Plans

- *** (3, cluster) Hospitals

- ** (2, sinus) Billing Agencies

- * (1, tension) Physicians
ICD-10 Headache Size

***** (5, encephalitis) Government CMS CDC

***** (4, migraine) Health Insurance Plans
  - Change claims processing systems
  - Model impacts to payments
  - Update policies and tables
  - Correctly understand all codes

*** (3, cluster) Hospitals
  - Change claims submission systems
  - Deal with impacts in cash flow
  - Correctly encode charts

**(2, sinus) Billing Agencies
  - Change systems that submit codes
  - Change systems that display codes

*(1, tension) Physicians
Benefits to Institutions

- Better data
- Better stratification of patients
- Better targeting of resources
- Better matching of payments
- Better measurement of outcomes
- Position for future
  - New codes, better definitions, easier updates

Work for institutions is worthwhile
ICD-10 Headache Size

- ***** (5, encephalitis) Government CMS CDC
- **** (4, migraine) Health Insurance Plans
- *** (3, cluster) Hospitals
- ** (2, sinus) Billing Agencies
- *(1, tension) Physicians
  - Choose the right code
Physician Impact

- Physicians deal with diagnoses not codes
- Learn new ICD-10 codes
  - How many ICD-9 codes do you know by heart?
  - A dozen?
  - None?
  - Take the test: Can you list 30 by heart?
- Learn how to use an index
  - Index is still alphabetical
- ***Create a new job aid or superbill
  - 6 to 8 hours
There are a handful of diagnoses that you see repeatedly

- Glaucoma
- Cataract
- Conjunctivitis

The uncommon ones you look up in the index

- Central retinal artery occlusion

Pick your top 30
Generalists

- Generalists see the entire spectrum of disease
- There are a handful of diagnoses that you see repeatedly
  - Hypertension
  - Diabetes
  - COPD
- The uncommon ones you look up in the index
  - Gout
- Pick your top 30
Office Practice Impact

- **Very Large Clinics (Institutional benefits)**
  - Update proprietary software $$$ (Forced by 5010 Conversion)
  - Coder CEU $ (Routine)

- **Medium Clinics**
  - Update billing software $$ (Routine; mostly 5010 related)
  - Coder CEU $ (Routine)

- **Small Office**
  - Update codebook and forms $ (Routine; 5010 complete or excluded)

- **Work for Physicians Is Negligible**
  - Use diagnoses not codes
  - Small number of frequently used codes

Cost for offices can be small
Plan: MD Conversion Plan

- **Personal Plan**
  - Get an ICD-10 book
  - ICD-10 overview (on line, ICD book, specialty CME)
  - Browse Taxonomy

- **List your top diagnoses (Lookup list)**
  - List different diagnoses for a week or two
  - Cross off any atypical entries
  - List in alphabetical order
  - Find the ICD-10 codes in the index
Plan: Office Conversion Plan

Physician > Coder > Claim

- Physician
- Coder
  - May need to allow a day or two for CEU
  - Coder will be slower (fewer memorized codes)
  - Personal lookup list is key to efficiency
  - Index is still the index, just more options
- Claim
  - Does the superbill need updating? Do you need new paper claims?
  - Is your claim submission system 5010 compliant (1 Jan 2012)?
  - How is your claim submission system supplier introducing ICD-10?
- Electronic Medical Record
  - How is your claim submission system supplier introducing ICD-10?

Personal conversion plans help
Conclusion

Cons-

- Codes obsolete
  - How many memorized codes?
  - Index is still index

- Coders will be slower
  - Significant in institutions
  - Job aids reduce or eliminate

- Cost of training and references
  - Annual expense anyway

- External system costs
  - 5010 is a done deal
Pros-

- Improved 3rd party payments
  - Severity adjustments
- Improved quality and performance reporting
  - Severity adjustments
- Better patient data groups
  - Clinical trials, targeted therapy
- Better clinical organization of diagnoses
  - When you do have to code
- Time EMR with ICD-10 to reduce costs
  - Minimize refitting ICD-10 to ICD-9 system or ICD-9 data

Conclusion: Embrace it; Don’t postpone it
General References

- AHIMA ICD-10 Home
  - [http://www.ahima.org/icd10/default.aspx](http://www.ahima.org/icd10/default.aspx)
- National Center for Health Statistics
  - [http://www.cdc.gov/nchs/icd.htm](http://www.cdc.gov/nchs/icd.htm)
- CMS
- World Health Organization
  - [http://www.who.int/classifications/icd](http://www.who.int/classifications/icd)
Quick Review of National ICD-10 Implementation (Continued)
ICD-10 Differences

- ICD-10 codes are different from ICD-9-CM codes
  - They provide greater detail in describing diagnoses and procedures
  - There are more ICD-10 codes than ICD-9-CM codes

- ICD-10 codes are longer and use more alpha characters

- System changes required to accommodate ICD-10 codes
Annual updates of each system are posted on the ICD-10 website at http://www.cms.gov/ICD10

Maintenance and updates of ICD-9-CM and ICD-10 are discussed at the ICD-9-CM Coordination and Maintenance (C&M) Committee meeting http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp
Tools in Converting Codes

- General Equivalence Mappings (GEMs) assist in converting data from ICD-9-CM to ICD-10

- Forward and backward mappings
  - Information on GEMs and their use – [http://www.cms.gov/ICD10](http://www.cms.gov/ICD10) (click on ICD-10-CM or ICD-10-PCS to find most recent GEMs)

- Description of MS-DRG Conversion Project
Converting Data

- GEMs are not a substitute for learning how to code with ICD-10
- For some small conversion projects it may well be quicker and more accurate to use ICD-10 code books instead of GEMs
Partial Code Freeze

- Annual ICD-9-CM and ICD-10 code updates make transition planning difficult
- Vendors, system maintainers, payers, and educators requested a code freeze
Partial Code Freeze

- Last regular, annual updates to both ICD-9-CM and ICD-10 will be made on October 1, 2011

- On October 1, 2012 there will be only limited code updates to both ICD-9-CM & ICD-10 code sets to capture new technology and new diseases

- On October 1, 2013 there will be only limited code updates to ICD-10 code sets to capture new technology and new diseases
Partial Code Freeze

- There will be no updates to ICD-9-CM on October 1, 2013 as the system will no longer be a HIPAA standard

- On October 1, 2014 regular updates to ICD-10 will begin
Information on meetings
http://www.cms.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp
- ICD-10 General Information
  http://www.cms.gov/ICD10

- MS-DRG Conversion Report

- Central Version 5010 and D.0 web page on the CMS website
  http://www.cms.gov/Versions5010andD0
The CMS ICD-10 website provides the latest ICD-10 information and links to resources for providers to prepare for ICD-10 implementation in a 5010 environment [http://www.cms.gov/icd10](http://www.cms.gov/icd10)

The CMS Sponsored ICD-10 Teleconferences web page provides information on upcoming and previous CMS ICD-10 National Provider Calls, including registration, presentation materials, podcasts, video slideshow presentations, written transcripts, and audio recordings [http://www.cms.gov/ICD10/Tel10/list.asp](http://www.cms.gov/ICD10/Tel10/list.asp)
CMS ICD-10 Website

- Medicare Fee-for-Service Provider Resources

- Provider Resources (for all providers)
Additional Resources

- The following organizations offer providers and others ICD-10 resources
  - WEDI (Workgroup for Electronic Data Interchange)
    http://www.wedi.org
  - HIMSS (Health Information and Management Systems Society)
    http://www.himss.org/icd10
Update on ICD-9-CM to ICD-10-CM Conversion of Clinical Laboratory National Coverage Determinations (NCDs) for Medicare Part B

Lisa Eggleston, RN, MS
Health Insurance Specialist
Coverage and Analysis Group
Office of Clinical Standards and Quality
For Today’s Update

What we’ve done so far

What remains to be done

- We will not be announcing today:
  - Availability of ICD-9-CM – ICD-10-CM conversion for Lab NCDs to the public; or expected dates for release
What we’ve done so far

- Learned to use General Equivalence Mapping (GEM) files [www.cms.gov/ICD10](http://www.cms.gov/ICD10)

- Developed draft versions of ICD-10-CM converted versions of Lab NCDs (in progress)
What we’ve done so far

- Acknowledged expert assistance from other CMS staff and from CMS contractors

- Presented an initial look at details on May 18, 2011 conference call
  
For Today’s Update

What remains to be done

- Continue ICD-9-CM to ICD-10-CM conversions for Lab NCDs over the coming months

- Incorporate ICD-10-CM converted versions into CMS system modules
What remains to be done

- Coordinate Lab NCD ICD-10 conversion with other CMS units over the coming months

- Provide periodic updates to Pat Brooks and her team on progress
Final Thoughts

- Please check [www.cms.gov/ICD10](http://www.cms.gov/ICD10) for updates

- Please email any questions to [ICD10-National-Calls@cms.hhs.gov](mailto:ICD10-National-Calls@cms.hhs.gov)
National ICD-10 Implementation Issues

Denise Buenning, MsM
Director
Administrative Simplification Group
Office of E-Health Standards and Services
No Delays

CMS does not intend to delay Version 5010 or ICD-10 implementation

Version 5010 and ICD-10 are foundational to other health care initiatives, including meaningful use of electronic health records, and adoption of additional standards and operating rules for electronic health care transactions under the Affordable Care Act

CMS is committed to meeting these regulatory compliance deadlines, and expects industry to do so as well
Providers can use paper to submit their claims to payers for reimbursement payments – HIPAA requirements only apply to electronic transactions. But CMS will require ICD-10 on all claim submissions, electronic or paper.

UB-04 (hospitals) paper claim form, also known as the Form CMS-1450, has been upgraded to accommodate ICD-10 codes.

The National Uniform Claim Committee closed a public comment period on Thursday, July 21 for revisions to the CMS-1500 Form.

From a practical standpoint, the industry (both HIPAA and non-HIPAA covered entities) is migrating to ICD-10.
As of July:
- 11 states are high risk
- 21 states are moderate risk
- 15 are low risk
- 4 non-respondents

There are still 2 years to go

The Center for Medicaid, CHIP* and Survey and Certification is working with each state to implement risk mitigation strategies

*Children’s Health Insurance Program
Non-HIPAA Covered Entities

- Per National Committee on Vital and Health Statistics testimony, many non-covered entities such as workers compensation programs, property and casualty insurers, etc. are working toward ICD-10
  - Requesting information from CMS
  - Conducting research into implications for business processes and systems
Version 5010 Medicare fee-for-service claims are already being accepted in production mode, and tests indicate very few problems.

CMS is actively preparing its business processes and systems for ICD-10 transition.

Industry:
- Needs to test, and often, Version 5010
- Needs to check with vendors re: when ICD-10 software is available
Update on bill processing, including claims that span the implementation date

Sarah Shirey-Losso
Hospital Team Lead
Provider Billing Group
Center for Medicare
Billing Process

- CMS is very close to finalizing decisions on Medicare FFS claims
  - Professional claims
  - Institutional claims
  - Supplier claims
Billing Process

- Some claims will use the ‘FROM’ date
- Some claims will use the ‘DISCHARGE’ or ‘THROUGH’ date
A CMS Change Request will be issued towards the end of the summer
Home Health Agency Home Health Resource Grouper (HHRG)

Joan Proctor
Health Insurance Specialist
Chronic Care Policy Group
Center for Medicare
A Proposed Rule for Home Health Prospective Payment was released on July 12, 2011

The proposed rule text is available at the following address: http://www.gpo.gov/fdsys/pkg/FR-2011-07-12/pdf/2011-16938.pdf

We welcome any public comments by 5 pm on September 6
  - Electronically through www.regulations.gov
  - Hard copy (see instructions in the proposed rule)

CMS staff cannot discuss this topic on today’s call
Follow-up Question From the May 18th National Provider Call

- Does CMS plan to post the translation lists in a format similar to that outlined for the Lab NCD’s?

- At this time, CMS has not reached a decision regarding the format. Additional information will be made available at the next teleconference and through the CMS website.

- Additional Information
CMS plans to provide detailed information pertaining to ICD-10 coding and billing of home health services in the proposed and final 2012 regulation.
National Provider Teleconference
Continuing Education Information
Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS national provider teleconferences.

- American Academy of Professional Coders (AAPC)
  If you have attended or are planning to attend a CMS national provider teleconference, you should be aware that CMS does not provide certificates of attendance for these calls. Instead, the AAPC will accept your e-mailed confirmation and call description as proof of participation. Please retain a copy of your e-mailed confirmation for these calls as the AAPC will request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.
American Health Information Management Association (AHIMA)
AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA’s CEU requirements, see the Recertification Guide on AHIMA’s web site.

Please note: The statements above are standard language provided to CMS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not CMS.
Sign up to Get the Latest Information on ICD-10

- CMS ICD-10 Industry Email Updates – Immediately notifies subscribers of important information and reminders about the Version 5010 and ICD-10 transition
  http://www.cms.gov/ICD10/02d_CMS_ICD-10_Industry_Email_Updates.asp
  - To register, scroll down to the “Related Links Inside CMS” section

- ICD-10 Latest News Page Watch – Sends an e-mail notification when information on the web page is changed or updated
  - To register, scroll down to the “Related Links Inside CMS” section
Questions?

Email your questions to

ICD10-National-Calls@cms.hhs.gov