

## ICD-10 Conversion Transition Information and Resources

On **October 1, 2013**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. To accommodate the ICD-10 code structure, the transaction standards used for electronic health care claims, Version 4010/4010A, must be upgraded to Version 5010 by **January 1, 2012**.

### Who Needs to Transition

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. Everyone covered by HIPAA who transmits electronic claims must also switch to Version 5010 transaction standards. The change to ICD-10 does not affect CPT coding for outpatient procedures.

Health care providers, payers, clearinghouses, and billing services must be prepared to comply with the Version 5010 and ICD-10 transitions, which means:

- Health care providers, payers, billing services, clearinghouses, and other organizations that conduct electronic transactions should have completed internal testing of Version 5010 systems in time to begin external testing with each other by **January 1, 2011**.
- All electronic claims submitted on or after **January 1, 2012**, must use Version 5010 transaction standards. Electronic claims that do not use Version 5010 standards cannot be paid.
- ICD-10 diagnosis codes must be used for all health care services provided in the U.S. on or after **October 1, 2013**. ICD-10 procedure codes must be used for all hospital inpatient procedures performed on or after **October 1, 2013**. Claims with ICD-9 codes for services provided on or after **October 1, 2013**, cannot be paid.

### Preparing for the Transition

It is important to prepare now for the ICD-10 and Version 5010 transition. The following are steps you can take to get started:

**Providers** – Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget. Check with your billing service, clearinghouse, or practice management software vendor about their compliance plans. Providers who handle billing and software development internally should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10 and Version 5010 transition efforts.

**Payers** – Review payment policies since the transition to ICD-10 will involve new coding rules. Ask your software vendors about their readiness plans and timelines for product development, testing, availability, and training for Version

5010 and ICD-10. You should have an implementation plan and transition budget in place.

**Software vendors, clearinghouses, and third-party billing services** – You should have products and services in development that will allow payers and providers to fully implement Version 5010 on January 1, 2012, and ICD-10 on October 1, 2013. Begin talking to your customers now about preparing for the transition. Your products and services will be obsolete if you do not take steps now to get ready.

### **ICD-10 and Version 5010 Resources**

There are many professional, clinical, and trade associations offering a wide variety of Version 5010 and ICD-10 information, educational resources, and checklists. Call or check the Web sites of your associations and other industry groups to see what resources are available.

The Centers for Medicare & Medicaid Services (CMS) Web site <https://www.cms.gov/ICD10> has official CMS resources to help you prepare for Version 5010 and ICD-10. CMS will continue to add new tools and information to the site throughout the course of the transition, so check the site frequently for updated resources.