



» Introduction to ICD-10: A Guide for Providers

**Centers for Medicare
& Medicaid Services**

Compliance Date: October 1, 2015

TABLE OF CONTENTS



What is ICD-10?

Why ICD-10 matters

Why transition to ICD-10

Getting ready for ICD-10

CMS resources

This guide is intended to provide health care professionals with an overview of ICD-10. Hyperlinks to the CMS website are included in the guide to direct you to more information and resources.

WHAT IS ICD-10?

**WHY ICD-10
MATTERS**

**WHY TRANSITION TO
ICD-10**

**GETTING READY FOR
ICD-10**

CMS RESOURCES

What is ICD-10?

WHAT IS ICD-10?

**WHY ICD-10
MATTERS**

**WHY TRANSITION TO
ICD-10**

**GETTING READY FOR
ICD-10**

CMS RESOURCES

What is ICD-10?

In 1990, the World Health Organization (WHO) approved the 10th Revision of the International Classification of Diseases (ICD), known as ICD-10.

What

- A method of coding:
 - » The patient's state of health and
 - » Institutional procedures
- In the U.S., ICD-10 includes:
 - » ICD-10-CM : clinical modification of WHO standard for diagnoses that is maintained by NCHS and is for specific use in the U.S.
 - » ICD-10-PCS: inpatient procedures developed and maintained by CMS

Why

- ICD-10-CM and PCS are complete revisions of their U.S. developed ICD-9 counterparts, which were adopted in 1979
 - » More information per code
 - » Better support for care management, quality measurement, and analytics
 - » Improved ability to understand risk and severity

Who

- All HIPAA-covered entities must use ICD-10

When

- Compliance Date: 10/1/15
 - » Outpatient services are based on the Date of Service
 - » Inpatient services are based on the Date of Discharge



WHAT IS ICD-10?

WHY ICD-10
MATTERS

WHY TRANSITION TO
ICD-10

GETTING READY FOR
ICD-10

CMS RESOURCES

Why ICD-10 Matters

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WHY ICD-10
MATTERS

WHY TRANSITION TO
ICD-10

GETTING READY FOR
ICD-10

CMS RESOURCES

Why ICD-10 Matters

ICD-10 replaces the ICD-9 code sets and includes updated medical terminology and classification of diseases

ICD-10 CM/PCS consists of two parts:

- ICD-10-CM for diagnosis coding in all health care settings
- ICD-10-PCS for inpatient procedure coding in hospital settings

CPT coding for outpatient and office procedures is not affected by the ICD-10 transition

Why ICD-10 Matters

ICD-10-CM replaces ICD-9-CM for diagnosis coding:

- ICD-9-CM diagnosis codes = 3 to 5 digits
- ICD-10-CM codes = 3 to 7 digits
- Overall format of ICD-10 diagnosis codes similar to ICD-9

Why ICD-10 Matters

ICD-10-PCS replaces ICD-9-CM for inpatient procedure coding:

- ICD-9-CM procedure codes = 3 to 4 numeric digits
- ICD-10-PCS codes = 7 alphanumeric digits
- ICD-10-PCS code format substantially different from ICD-9
- Unlike ICD-9, ICD-10 expands details for many conditions

Why Transition to ICD-10

WHAT IS ICD-10?

**WHY ICD-10
MATTERS**

**WHY TRANSITION TO
ICD-10**

**GETTING READY FOR
ICD-10**

CMS RESOURCES

Why Transition to ICD-10

Better reflects current medical practice

Captures more specific data from clinical documentation than ICD-9

- ICD-10-CM: For fractures, for example, captures left vs. right side of body, initial vs. subsequent encounter, routine vs. delayed healing, and nonunion vs. malunion
- ICD-10-PCS: Provides detailed information on procedures and distinct codes for all types of devices

Why Transition to ICD-10

Detail captured by ICD-10 can:

- Facilitate patient care coordination across settings
- Improve public health reporting and tracking

ICD-10 structure accommodates new codes

- ICD-9 is running out of capacity and cannot continue to accommodate addition of codes to reflect new diagnoses and procedures

Getting Ready for ICD-10

WHAT IS ICD-10?

**WHY ICD-10
MATTERS**

**WHY TRANSITION TO
ICD-10**

**GETTING READY FOR
ICD-10**

CMS RESOURCES

Getting Ready for ICD-10:

Compliance Date

By October 1, 2015, your practice must start using ICD-10 codes for services provided on or after October 1, 2015

Getting Ready for ICD-10:

Monitor Your Progress

Monitor your progress against your ICD-10 project plan, which should identify:

- Each task to be completed
- When tasks should begin and end
- Who is responsible for each task

Getting Ready for ICD-10:

Check Your Plan

Check that your ICD-10 project plan:

- Ensures senior leadership understands breadth and significance of ICD-10 change
- Assigns overall responsibility and decision-making authority for managing the transition
- Includes a comprehensive, realistic budget
- Ensures involvement of all stakeholders, ranging from physicians to clearinghouses and software vendors

Getting Ready for ICD-10:

Check Your Plan

Check that your ICD-10 project plan also covers:

- Software/hardware testing
- Staff training and sharing best practices
- Updating internal policies to support the transition
- Adhering to a well-defined timeline

Getting Ready for ICD-10:

Key Steps

Essential tasks to cover in project plan:

- Identify commonly used ICD-9 codes and explore related ICD-10 codes
- Identify paper and electronic forms to accommodate the ICD-10 code structure
- Schedule ICD-10 training for clinicians, office managers, billers, coders, and other key staff

Getting Ready for ICD-10:

Analyze How You Use Codes

Identify how ICD-10 will affect your practice, specifically use of codes for:

- Billing and submitting claims
- Other functions, like eligibility queries, registration, and referrals

Getting Ready for ICD-10:

Questions for Your Analysis

Questions to inform your analysis:

- **Will I be able to submit claims?**
 - You will need a billing system that is compliant with [HIPAA Version 5010](#) transaction standards
 - Verify that your existing billing system can submit and receive ICD-10 codes
- **How does ICD-10 work with my EHR systems?**
 - Verify whether your EHR captures ICD-10 codes as needed for billing purposes

Getting Ready for ICD-10:

Questions for Your Analysis

How do I become familiar with ICD-10 codes?

- Obtain ICD-10 code books if you use ICD-9 books for code look-up
- Compare ICD-9 codes commonly used in your office to corresponding ICD-10 codes
- Check your software for an ICD-10 look up function
- Acquire ICD-10 code training
- Obtain new ICD-10 forms if you use ICD-9 forms today

Getting Ready for ICD-10:

Look for Efficiencies

Consider opportunities to make coding more efficient:

- List your most commonly used ICD-9 codes and look at the ICD-10 codes you will use in their place
- Then think about how front-office staff can help capture new information required under ICD-10 (e.g., trimester of pregnancy for obstetric coding)

Getting Ready for ICD-10:

Changes to Your Practice

Identify changes you might need to make

Look at:

- Business processes
- Clinical documentation
- Practice management and clinical software
- Readiness of your vendors (e.g., practice management, billing, and clearinghouse products and services)

Getting Ready for ICD-10:

Business Processes

Business processes to consider include:

- Referrals
- Authorization/precertification
- Patient registration and scheduling
- Physician orders
- Contracts with payers, clearinghouses, and other business partners
- Financial operations
- Public health reporting

Getting Ready for ICD-10:

Documentation

Clinical documentation of key medical concepts is essential to selecting specific ICD-10 codes.

As part of patient care, clinicians already document most concepts needed for ICD-10 coding.

Getting Ready for ICD-10:

Documentation

Does your practice's documentation capture necessary detail?

- Use documentation from recent patient encounters to try selecting ICD-10 codes
- Note any changes needed to documentation for ICD-10 coding

Getting Ready for ICD-10:
Communication

Confirm ICD-10 plans and readiness of your:

VENDORS

Software/systems
Clearinghouses
Billing services

PAYERS

Getting Ready for ICD-10:

Talk with Payers

- Ask payers if they are revising contracts or policies based on ICD-10; if so, negotiate new contracts
- Ask about testing plans



Getting Ready for ICD-10:

Talk with Clearinghouses and Billing Services

If you work with a clearinghouse or billing service, check on their ICD-10 preparation and readiness

Figure out how you can work together so your claims can be processed using ICD-10

- Note: Clearinghouses cannot help identify which ICD-10 codes to use unless they offer coding services

Getting Ready for ICD-10:

Talk with Software/Systems Vendors



Talk to your EHR and/or practice management system vendors to see when they plan to upgrade your system for ICD-10

Vendors will need to have products ready as soon as possible so you can test them; if they don't, you may need to find a new vendor who has ICD-10-ready products

Getting Ready for ICD-10:

Vendor Evaluation

- Identify your current vendors
- Contact vendors to confirm they are ICD-10-ready and how they will help you get ready
- Assess whether you want or need to develop new vendor relationships
- Evaluate your current vendor or new vendor by asking key questions



Getting Ready for ICD-10:

Key Vendor Questions

Ask your vendors:

- Will you install products well before the October 1, 2015, compliance date, so I can begin testing?
- Will you support my products after October 1, 2015?
- Will you update my products and applications for ICD-10?
- Will you keep my products updated? Will there be a charge?
- Will I need new hardware to accommodate ICD-10-related software changes?

Getting Ready for ICD-10:

Key Vendor Questions

More questions for your vendors:

- What costs are involved with maintaining new products?
- Will you offer product support for the transition? If so, for how long?
- How do I report issues and how quickly will you respond?
- Will you provide training on your software?
- Will you offer support during internal ICD-10 testing?
- Will you help me test my system with payers and other trading partners?

Getting Ready for ICD-10:

Testing

Once your system is ICD-10-ready, test it

- Try systems that send and receive codes to ensure they process ICD-10 codes correctly
- Test transactions that affect your practice most, such as:
 - Claims submission
 - Eligibility verification
 - Quality reporting

Getting Ready for ICD-10:

Testing

Look at processes for collecting and reporting diagnosis codes (e.g., superbills and patient encounter forms)

Try handling processes with ICD-10:

- If I had to select an ICD-10 code for the last patient, what would it be?
- If I had to prepare a claim with an ICD-10 code, how would I do that?

Getting Ready for ICD-10:

Testing

Test with payers and other business partners

- Work with your vendors and other business partners to develop a testing plan and schedule for ICD-10 transactions
- Test how well your systems work together to send and receive codes—focus on transactions that affect your practice most

Getting Ready for ICD-10:

Implementation

Prepare and monitor for ICD-10's potential impact on:

- Coding productivity
- Coding accuracy
- Reimbursement
- Vendor responsiveness

Getting Ready for ICD-10:

Implementation

Sample steps to minimize ICD-10-related challenges:

- Eliminate coding backlogs before ICD-10 transition
- Prioritize medical records for coding
- Provide refresher training to address productivity and accuracy issues
- Develop a process for managing errors and resolving vendor issues

CMS ICD-10 Resources

WHAT IS ICD-10?

**WHY ICD-10
MATTERS**

**WHY TRANSITION TO
ICD-10**

**GETTING READY FOR
ICD-10**

CMS RESOURCES

Resources

CMS website:

www.cms.gov/icd10

- Features fact sheets, FAQs, and implementation guides, timelines, and checklists

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom Center, FAQs, Archive, and social media icons for Share, Help, and Print. Below this is a search bar with the text "Learn about your healthcare options" and a search button. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "ICD-10" and features a sidebar on the left with a list of links: Latest News, CMS ICD-10 Industry Email Updates, ICD-10 Implementation Timelines, CMS Implementation Planning, Provider Resources, Medicare Fee-For-Service Provider Resources, Medicaid Resources, Payer Resources, Vendor Resources, Statute and Regulations, 2015 ICD-10-CM and GEMs, 2015 ICD-10 PCS and GEMs, 2014 ICD-10-CM and GEMs, 2014 ICD-10 PCS and GEMs, ICD-9-CM Coordination and Maintenance Committee Meetings, ICD-10 MS-DRG Conversion Project, and CMS Sponsored ICD-10 Teleconferences. The main content area includes a CMS ICD-10 logo, the text "New ICD-10 Compliance Date: October 1, 2015", and sections for "About ICD-10", "Road to 10: CMS Online Tool for Small Practices", "CMS Resources" (with a list of links to fact sheets, FAQs, and educational modules), "Stay up to date on ICD-10!" (with a link to email updates and a Twitter link), and "Logos" (with a note about the official CMS ICD-10 logo).

Resources

CMS ICD-10 Email Updates provide timely information

To sign up for updates:

1. Go to cms.gov/icd10
2. Select “CMS ICD-10 Industry Email Updates” from left navigation bar
3. Click on “Sign up for update messages”



The screenshot shows the CMS ICD-10 website header with the logo and tagline "Official CMS Industry Resources for the ICD-10 Transition" and the URL "www.cms.gov/icd10". Below the header is a "News Updates | July 31, 2014" section. The main article is titled "Deadline for ICD-10 allows health care industry ample time to prepare for change" with a sub-headline "Deadline set for October 1, 2015". The text states that the U.S. Department of Health and Human Services (HHS) issued a rule today finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. It notes that this deadline allows providers, insurance companies, and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015. A link to "view the press release" is provided. Below the article is a "Keep Up to Date on ICD-10" section, which encourages visitors to visit the CMS ICD-10 website for the latest news and resources, and to sign up for CMS ICD-10 Industry Email Updates and follow on Twitter. At the bottom of the page, there are logos for the U.S. Department of Health and Human Services and CMS (Center for Medicare & Medicaid Services). There are also links for "Questions? Contact Us", "Stay Connected" (with icons for Twitter, YouTube, and Facebook), and "Subscriber Services: Manage Preferences | Unsubscribe".

Resources

Fact sheets on ICD-10 for providers, payers, and vendors

- Available on the Provider, Payer, and Vendor Resources pages of the [CMS ICD-10 website](http://www.cms.gov/ICD10)

The ICD-10 Transition: An Introduction

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. This fact sheet provides background on the ICD-10 transition, general guidance on how to prepare for it, and resources for more information.

About ICD-10

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

- ICD-10-CM for diagnosis coding
- ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated 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.

Who Needs to Transition

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.

ICD-10 Basics for Medical Practices

The ICD-10 transition takes planning, preparation, and time, so medical practices should continue working toward compliance. The following quick checklist will assist you with preliminary planning steps.

- Identify your current systems and work processes that use ICD-9 codes. This could include your clinical documentation, encounter forms/superbills, practice management system, electronic health record system, contracts, and public health and quality reporting protocols. It is likely that wherever ICD-9 codes now appear, ICD-10 codes will take their place.
- Talk with your practice management system vendor about accommodations for ICD-10 codes.
 - Confirm with your vendor that your system has been upgraded to Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.
 - Contact your vendor and ask what updates they are planning to make to your practice management system for ICD-10, and when they expect to have it ready to install.
 - Check your contract to see if upgrades are included as part of your agreement.
 - If you are in the process of making a practice management or related system purchase, ask if it is ICD-10 ready.
- Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition. Be proactive, don't wait. Contact organizations you conduct business with such as your payers, clearinghouse, or billing service. Ask about their plans for ICD-10 compliance and when they will be ready to test.

Background

ICD-10 DEADLINE OCT 1, 2015

About ICD-10

ICD-10 CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

ICD-10-CM (diagnosis coding) was developed by the Centers for Disease Control and Prevention for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS (inpatient procedure coding) was developed by the Centers for Medicare & Medicaid Services (CMS) for use in U.S. inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The transition to ICD-10-CM/PCS does not affect Current Procedural Terminology (CPT).

WHAT IS ICD-10?

WHY ICD-10 MATTERS

WHY TRANSITION TO ICD-10

GETTING READY FOR ICD-10

CMS RESOURCES

Resources

ICD-10 Medscape Modules

- Expert Column: Preparing for ICD-10: Now Is the Time
- Video: ICD-10: Getting From Here to There
- Video: ICD-10 and Clinical Documentation



Free continuing medical education (CME) and continuing education (CE) credits available to physicians and nurses who complete a brief post-test. Accessible from CMS ICD-10 website: www.cms.gov/icd10

WHAT IS ICD-10?

WHY ICD-10
MATTERS

WHY TRANSITION TO
ICD-10

GETTING READY FOR
ICD-10

CMS RESOURCES

Resources

Road to 10 Tool: on [Provider Resources](https://www.cms.gov/ICD-10) page, [cms.gov/ICD-10](https://www.cms.gov/ICD-10)

The Road to 10 can help you:

- Understand the basics of ICD-10
- Build an ICD-10 action plan to map out your transition
- Answer frequently asked questions

The screenshot shows the CMS website for "Road to 10: The Small Physician Practice's Route to ICD-10". The CMS logo is at the top left. The main navigation includes "Home", "Build Your Action Plan", and "Events". A sidebar on the left contains links for "ICD-10 Overview", "Physician Perspectives", "Webcasts", "FAQ", "Quick References", "Template Library", and "Events". The "BUILD YOUR ACTION PLAN" button is highlighted in orange. The main content area features a news article dated July 31st, 2014, about the finalization of the ICD-10 transition. Below the article is a section titled "CMS has created 'Road to 10' to help you jump start the transition to ICD-10." with a list of helpful actions: accessing the overview, exploring specialty references, and clicking the "BUILD YOUR ACTION PLAN" box. A "Specialty References" section follows, with instructions to select a profile to explore common codes and resources. At the bottom, there are four specialty profiles: Family Practice, Pediatrics, OB/GYN, and Cardiology, each with a "+" button. A "Share Your Story" section is also visible at the bottom left of the page.

WHAT IS ICD-10?

WHY ICD-10
MATTERS

WHY TRANSITION TO
ICD-10

GETTING READY FOR
ICD-10

CMS RESOURCES

Resources

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