



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
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ICD-10. COMPLIANCE DATE OCTOBER 1, 2015

Important Facts about ICD-10

To help dispel some of the myths surrounding ICD-10, the Centers for Medicare & Medicaid Services (CMS) recently talked with providers to identify common misperceptions about the transition to ICD-10. These five facts address some of the common questions and concerns CMS has heard about ICD-10:

1. The ICD-10 transition date is October 1, 2015.

The government, payers, and large providers alike have made a substantial investment in ICD-10. This cost will rise if the transition is delayed, and further ICD-10 delays will lead to an unnecessary rise in health care costs. Get ready now for ICD-10.

2. You don't have to use 68,000 codes.

Your practice does not use all 13,000 diagnosis codes available in ICD-9. Nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.

3. You will use a similar process to look up ICD-10 codes that you use with ICD-9.

Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.

4. Outpatient and office procedure codes aren't changing.

The transition to ICD-10 for diagnosis coding and inpatient procedure coding does not affect the use of CPT for outpatient and office coding. Your practice will continue to use CPT.

5. All Medicare fee-for-service providers have the opportunity to conduct testing with CMS before the ICD-10 transition.

Your practice or clearinghouse can conduct acknowledgement testing at any time with your Medicare Administrative Contractor (MAC). Testing will ensure you can submit claims with ICD-10 codes. During a special "acknowledgement testing" week to be held in June 2015, you will have access to real-time help desk support. Contact your MAC for details about testing plans and opportunities.

6. If you cannot submit ICD-10 claims electronically, Medicare offers several options.

CMS encourages you to prepare for the transition and be ready to submit ICD-10 claims electronically for all services provided on or after October 1, 2015. But if you are not ready, Medicare has several options for providers who are unable to submit claims with ICD-10 diagnosis codes due to problems with the provider's system. Each of these requires that the provider be able to code in ICD-10:

- Free billing software that can be downloaded at any time from every Medicare Administrative Contractor (MAC)
- In about ½ of the MAC jurisdictions, Part B claims submission functionality on the MAC's provider internet portal
- Submitting paper claims, if the Administrative Simplification Compliance Act waiver provisions are met

If you take this route, be sure to allot time for you or your staff to prepare and complete training on free billing software or portals before the compliance date.

7. Practices that do not prepare for ICD-10 will not be able to submit claims for services performed on or after October 1, 2015.

Unless your practice is able to submit ICD-10 claims, whether using the alternate methods described above or electronically, your claims will not be accepted. Only claims coded with ICD-10 can be accepted for services provided on or after October 1, 2015.

8. Reimbursement for outpatient and physician office procedures will not be determined by ICD-10 codes.

Outpatient and physician office claims are not paid based on ICD-10 diagnosis codes but on CPT and HCPCS procedure codes, which are not changing. However, ICD-10-PCS codes will be used for hospital inpatient procedures, just as ICD-9 codes are used for such procedures today. Also, ICD diagnosis codes are sometimes used to determine medical necessity, regardless of care setting.

9. Costs could be substantially lower than projected earlier.

Recent studies by 3M and the Professional Association of Health Care Office Management have found many EHR vendors are including ICD-10 in their systems or upgrades—at little or no cost to their customers. As a result, software and systems costs for ICD-10 could be minimal for many providers.

10. It's time to transition to ICD-10.

ICD-10 is foundational to modernizing health care and improving quality. ICD-10 serves as a building block that allows for greater specificity and standardized data that can:

- Improve coordination of a patient's care across providers over time
- Advance public health research, public health surveillance, and emergency response through detection of disease outbreaks and adverse drug events
- Support innovative payment models that drive quality of care
- Enhance fraud detection efforts