

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 diseases
I079 Rheumatic tricuspid valve disease, unspecified



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
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Transitioning to ICD-10

Wednesday, February 12, 2014

11:30 AM EST

Dial In: 1-877-267-1577

Meeting ID: 994 262 500

No audio available through Webinar



Introduction

- Series of calls will focus on 2014 participation in quality programs to earn incentives and avoid payment adjustments
- All calls Tuesdays at 12 Noon EST and Thursdays at 6:00 PM EST
 - January 7 & 9: Physician Quality Reporting System (PQRS)
 - January 14 & 16: Value Modifier
 - January 21 & 23: ICD-10
 - January 28 & 30: Stage 2 Meaningful Use
- Planning webinar in February to merge information from all programs

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Upcoming 2014 Important Dates

Date	Program	Milestone
February 28, 2014	PQRS	<ul style="list-style-type: none"> Last day to submit 2013 PQRS data through some reporting methods (deadline for submission of PQRS data varies by reporting method, but all methods require data to be submitted by end of first quarter in 2014) Last day to submit Part B charges to be included in calculation of 2013 PQRS and eRx incentive payments
	eRx	<ul style="list-style-type: none"> Deadline to request an informal review of application of eRx payment adjustment in 2014 (2014 eRx Payment Adjustment Informal Review Made Simple)
March 31, 2014	PQRS	<ul style="list-style-type: none"> Deadline for submission of measures information for QCDRs
	EHR	<ul style="list-style-type: none"> NEW DEADLINE: Last day for EPs to register and attest MU data to receive 2013 incentive (and to avoid the 2015 payment adjustment) Last day of quarter for EPs reporting for first quarter of CY 2014

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ICD-10 Basics

ICD-10 Implementation



ICD-10 Compliance Date

The compliance date for ICD-10-CM and PCS is
October 1, 2014



**ICD-10
COMPLIANCE DATE
Oct 1, 2014**

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What is ICD-10?

In 1990, the World Health Organization (WHO) approved the 10th Revision of the International Classification of Diseases (ICD), which is 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

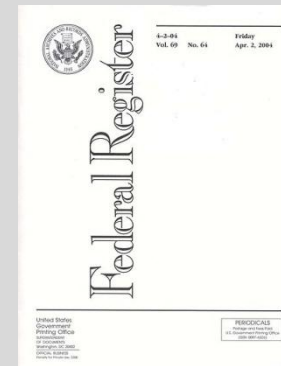
- ICD-10-CM and PCS are complete revisions of their U.S. developed ICD-9 counterparts, which were adopted in 1979
 - More information per code
 - Better support for care management, quality measurement, & analytics
 - Improved ability to understand risk and severity

Who

- All HIPAA-covered entities must use ICD-10 for information they transmit electronically

When

- **Compliance Date: 10/1/14**
 - Outpatient services are based on the Date of Service
 - Inpatient services are based on the Date of Discharge



Why ICD-10 Matters

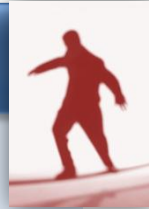
- ICD-10 Advances Health Care and Implementation of eHealth Initiatives
- ICD-10 Captures Advances in Medicine and Medical Technology
- ICD-10 Improves Data for Quality Reporting
- ICD-10 Improves Public Health Research, Reporting and Surveillance

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ICD-10 Compliance

Opportunities for Compliance



- Improve accuracy of payment policies and implementation of payment policies
- Improve coding practices & claims payment accuracy and efficiency
- Enhanced fraud, waste, abuse prevention and detection
- Foundational for health care reform
- Better quality measurement through improved identification of patient populations
- More accurate understanding of population health
- Enhanced research and analytics

Risks of Non-Compliance



- Incorrect or slow claims payment
- Increased risk of improper payments
- Increased error rates
- Penalties for non-compliance
- Increased appeals and customer service volume
- Incorrect or slow Medicare as a Secondary Payer and Coordination of Payments processes
- Disruptions in research, analytics, and longitudinal reporting
- Disruptions to surveillance and public health reporting

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Structural Differences

- The examples below show the structural differences between ICD-9-CM and ICD-10-CM/PCS.

ICD-9-CM Diagnoses Codes:

- 3-5 digits
- First digit is alpha or numeric
- Digits 2-5 are numeric; and
- Decimal is after third digit

ICD-10-CM Diagnoses Codes:

- 3-7 digits
- Digit 1 is alpha
- Digit 2 is numeric
- Digits 3-7 are alpha or numeric
- Decimal is after third digit

ICD-9-CM Procedure Codes:

- 3-4 digits
- All digits are numeric
- Decimal is after second digit

ICD-10-PCS Procedure Codes:

- 7 digits
- Each digit is either alpha or numeric (alpha digits are not case sensitive and letters O and I are not used to avoid confusion with number 0 and 1)
- No decimal

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ICD-10-CM/PCS

Comparison Examples

- The examples below show that ICD-10-CM/PCS codes are more precise and provide better information.

ICD-9-CM

- Mechanical complication of other vascular device, implant and graft
= 1 code (996.1)
- Pressure ulcer codes; show broad location, but not depth (stage)
= 9 location codes (707.00-707.9)
- Angioplasty (PCS)
= 1 code (39.50)

ICD-10-CM

- Mechanical complication of other vascular grafts (example: Leakage of aortic graft, initial encounter)
= 49 codes
- Pressure ulcer codes (example: pressure ulcer of right lower back, stage 1; pressure ulcer of right lower back, stage 2, etc.)
= 150 codes
- Angioplasty codes specifying body part, approach, and device
= 854 codes

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Unspecified Codes in ICD-10-CM

- Like ICD-9-CM, ICD-10-CM sign/symptom and unspecified codes have acceptable, even necessary uses.
- Signs/symptoms, or unspecified codes can be the best choice to accurately reflect the health care encounter. Each health care encounter should be coded to the level of certainty known.
- When sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code
 - For example, a diagnosis of pneumonia has been determined but the specific type has not been determined.
- It is inappropriate to select a specific code that is not supported by the medical record documentation.

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Clinical Documentation Concepts for ICD-10

1. Review how you document your clinical services. This will help you and your coding staff become more accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes.
2. Examine the documentation for the most often used codes in your practice, and work with your coding staff to determine if it would be specific and detailed enough to select the best ICD-10 codes.

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Clinical Documentation Concepts for ICD-10

- Below are additional examples of the specific information needed to accurately code the following common diagnoses:

Diabetes Mellitus:

- Type of diabetes
- Body system affected
- Complication or manifestation
- If type 2 diabetes, long-term insulin use

Fractures:

- Site
- Laterality
- Type
- Location

Injuries:

- External cause
- Place of occurrence
- Activity code
- External cause status
(Injury related to military, work, or other)

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Clinical Documentation Concepts for ICD-10

Remember, ICD-10 will not affect the way you provide patient care. ICD-10 just gives more specific choices for coding diagnoses. This information is likely already being shared by the patient during your visit—it's just a matter of recording it for your coding staff.

Good documentation will also help reduce the need to follow-up on submitted claims—saving you time and money.

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CMS

ICD-10 Implementation



CMS ICD-10 Implementation Today

Medicare Implementation

- The Medicare implementation is on track.
- Testing
- Coverage and payment policy conversion.

State Medicaid Agencies

- CMS working with states to prepare readiness.
- Engaging in regular conference calls,, as well as offering implementation tools and technical assistance.

Providers

- Health plans, clearinghouses, large physician practices and hospitals are on target for ICD-10 implementation.
- CMS is providing small physician practices with additional technical assistance.

Vendors

- Vendors are having discussions with their customers to ramp up ICD-10 efforts.

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ICD-10 Implementation Update

Planning & Analysis

Design & Development

Internal Testing

External Testing

**CMS
Implementation**

- ✓ On track for October 1, 2014
 - ✓ Completed internal testing phase
 - ✓ External testing phase
- ✓ Monthly Reporting
- ✓ Weekly Planning Meetings
- ✓ Medicare - March 2014 Testing Week

States

- ✓ Quarterly assessments for State Medicaid Agencies (SMA)
- ✓ Ongoing SMA technical assistance and training
- ✓ Medicaid testing

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ICD-10 Implementation Update

CMS Industry Resources

- **Now** - 2014 General Equivalence Mappings are available for public use
- **Now** - The ICD-10 test grouper currently is available for ICD-10 development purposes
- **Now** - ICD-10 Reimbursement Mappings are available
- **Now** - National Coverage Determinations are available
- **April 2014*** - Local Coverage Determinations available to industry
- **July 2014*** - Home Health Groupers, Inpatient Rehab (Case Mix Groupers), Resource Utilization Groups
- **August/September 2014*** - ICD-10 grouper will be available

* Target dates

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ICD-10 Implementation Update

Planning & Analysis

Design & Development

Internal Testing

CMS
Implementation

Industry

- ✓ April National Medicare FFS Provider Call – reached **12,500** providers
- ✓ August National Medicare FFS Provider Call – reached **27,000** providers
- ✓ Continuing online training for industry – reaching **16,000** per quarter
- ✓ Website – reached **85,000** in December
- ✓ Listserv – reaching **148,000** subscribers
- ✓ **64 free trainings since July 2013** offering technical assistance to small provider groups, rural health providers, and safety net organizations
- ✓ Online training module series
- ✓ Online ICD-10 Guide
- ✓ **Coming Soon** – Small Provider Action Plan

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ICD-10

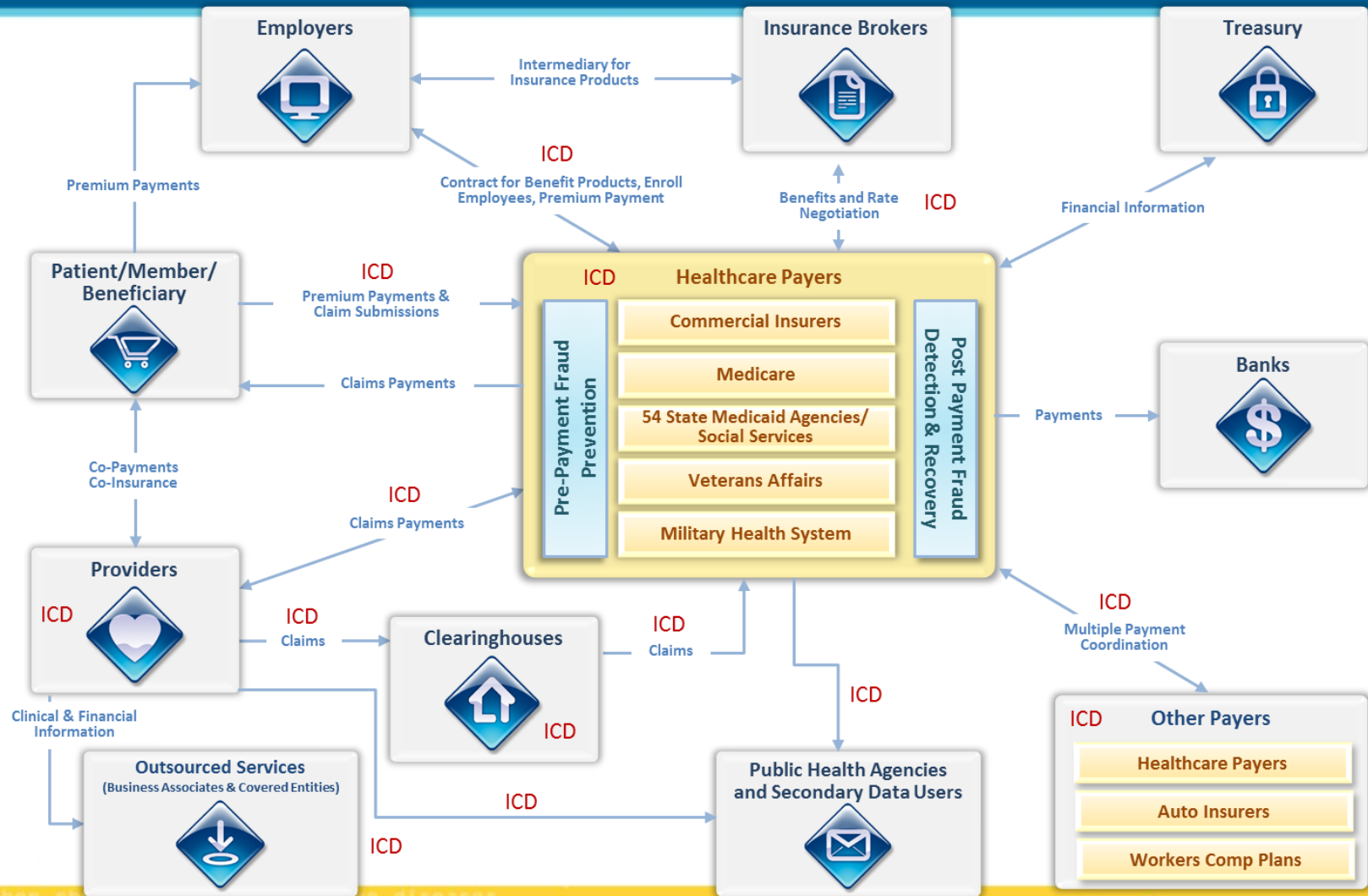
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Providers ICD-10 Implementation



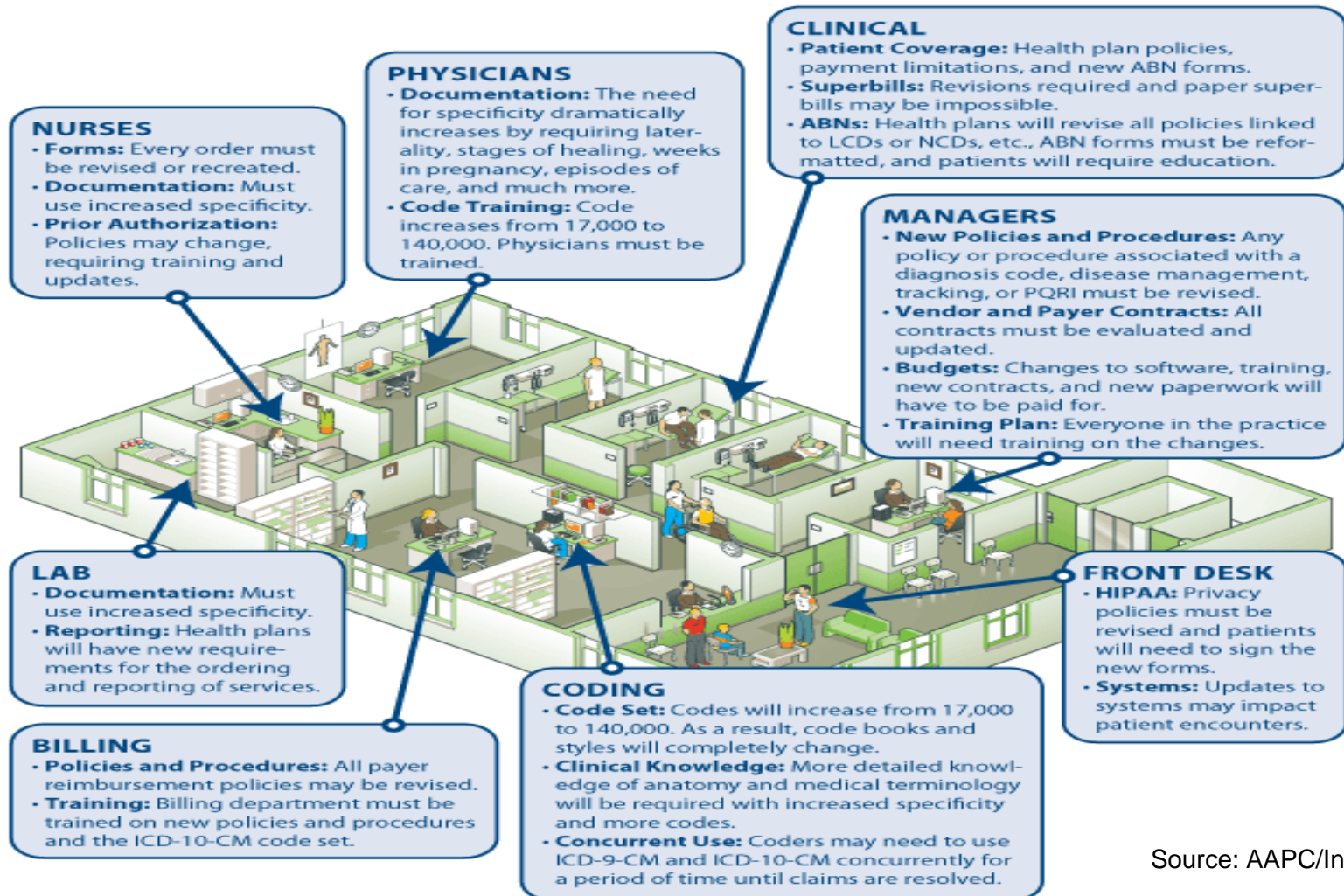
ICD-10 Impact Across the Industry



075 Other rheumatic disorders of the heart
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ICD-10 and Physician Practices



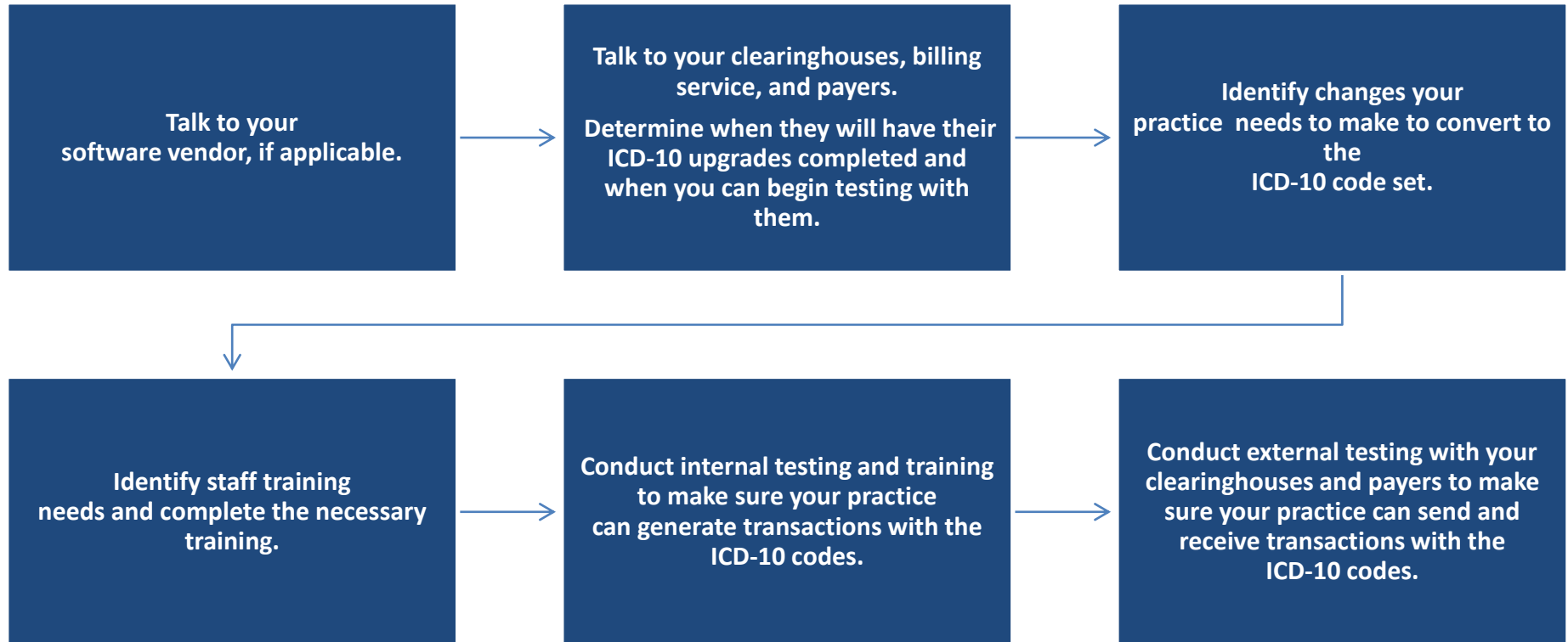
Source: AAPC/Ingenix

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What Should You Do to Prepare?



Helpful Links:

<http://www.himss.org/library/icd-10/playbook?navItemNumber=13480>

https://implementicd10.noblis.org/wp-uploads/2013/03/VendorChecklist_smallmed.pdf

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Implementation Tips

Physician Engagement	<ul style="list-style-type: none">• Communicate practice needs for a successful transition• Communicate risks
Resources	<ul style="list-style-type: none">• Allocate people, time, and tools• Ensure everyone is trained appropriately
Oversight	<ul style="list-style-type: none">• Monitor what is being done• Respond immediately to issues
Coordination	<ul style="list-style-type: none">• Work with vendors, payers, and trading partners• Utilize industry tools (i.e. transition guides, fact sheets, best practices)• Reach out to other providers - you are not alone!
Contingencies	<ul style="list-style-type: none">• Plan for the “what ifs”.
Future	<ul style="list-style-type: none">• Ongoing improvements to support ICD-10

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Implementation Tips

Systems ➔ **Prepare Software & Systems**

- ✓ Upgrade and remediate systems as needed (EHR, Practice Management)
- ✓ Test (internal, external)
 - Identify alternative ways to submit your ICD-10 claims if your system isn't ready

People ➔ **Educate and Train Staff**

- ✓ Coder, anatomy and physiology, and implementation training
 - Seek coder and implementation training
 - Explore coding exercises and scenarios
 - Determine use of third-party or outsourced coders

Process ➔ **Review Internal Policies**

- ✓ Internal operations
 - Contact clearinghouses, trading partners, etc.
 - Review clinical documentation practices

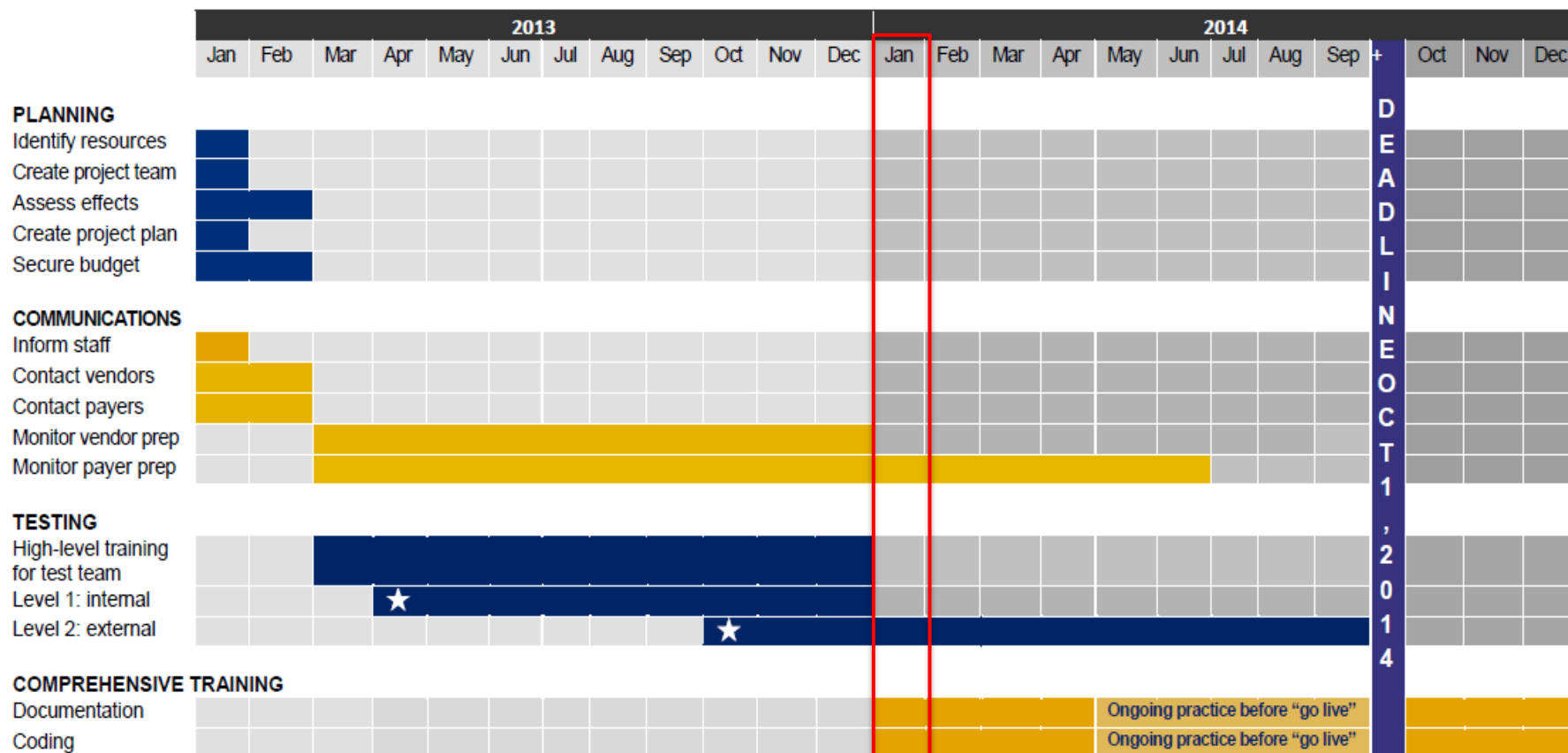
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Where Should You Be?

- Conducting testing within your organization

ICD-10 Timeline for Small-Medium Practices at a Glance



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Resources

ICD-10 Implementation



Resources

CMS website:

www.cms.gov/icd10

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

The screenshot displays the CMS.gov website interface. At the top, the CMS.gov logo is prominent, followed by the text "Centers for Medicare & Medicaid Services". A navigation bar contains several yellow buttons: Medicare, Medicaid/CHIP, Medicare/Medicaid Coordination, Private Insurance, Innovation Center, Regulations and Guidance, Research, Statistics, Data and Systems, and Outreach and Education. A search bar is located on the right. Below the navigation bar, a breadcrumb trail reads "Home > Medicare > ICD-10 > ICD-10". The main content area is titled "ICD-10" and features a large graphic with the CMS ICD-10 logo and the text "Official CMS Industry Resources for the ICD-10 Transition www.cms.gov/ICD10". To the left of the main content is a sidebar with a list of links under the "ICD-10" heading, including "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", "2014 ICD-10-CM and GEMs", "2014 ICD-10 PCS and GEMs", "2013 ICD-10-CM and GEMs", "2013 ICD-10 PCS and GEMs", "ICD-9-CM Coordination and Maintenance Committee Meetings", "ICD-10 MS-DRG Conversion Project", "CMS Sponsored ICD-10 Teleconferences", and "CMS ICD-10 Industry Email Updates". The main content area includes a section titled "About ICD-10" with text stating that on October 1, 2014, ICD-9 code sets will be replaced by ICD-10 code sets. It also mentions the transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA). A section titled "Stay up to date on ICD-10!" encourages signing up for CMS ICD-10 Industry Email Updates and following on Twitter. A "CMS Resources" section lists three items: a link to the ICD-10 Introduction fact sheet and FAQs, a link to official resources for providers, payers, vendors, and non-covered entities, and a link to two free Medscape Education modules. A "Logos" section explains the official CMS ICD-10 logo and mentions that CMS materials for Medicare Fee-for-Service providers feature the Medicare Learning Network logo.

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ICD-10

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[CMS ICD-10 Industry Email Updates](#)
[ICD-10 Implementation Timelines](#)
[CMS Implementation Planning](#)
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ICD-10


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About ICD-10

On **October 1, 2014**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability Accountability Act \(HIPAA\)](#). Please note, the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

Stay up to date on ICD-10!

Sign up for [CMS ICD-10 Industry Email Updates](#) and follow us on [Twitter](#).

CMS Resources

- View the [ICD-10 Introduction](#) fact sheet and [FAQs](#) to get a general overview on ICD-10.
- See official resources designed to help [providers](#), [payers](#), [vendors](#), and [non-covered entities](#) with the transition to ICD-10 on October 1, 2014.
- Access two free Medscape Education modules that provide guidance to small practices making the transition to ICD-10: [ICD-10: A Roadmap for Small Clinical Practices](#) and [ICD-10: Small Practice Guide to a Smooth Transition](#). Continuing medical education (CME) and continuing education (CE) credits are available to physicians and nurses who complete the learning modules.

Logos

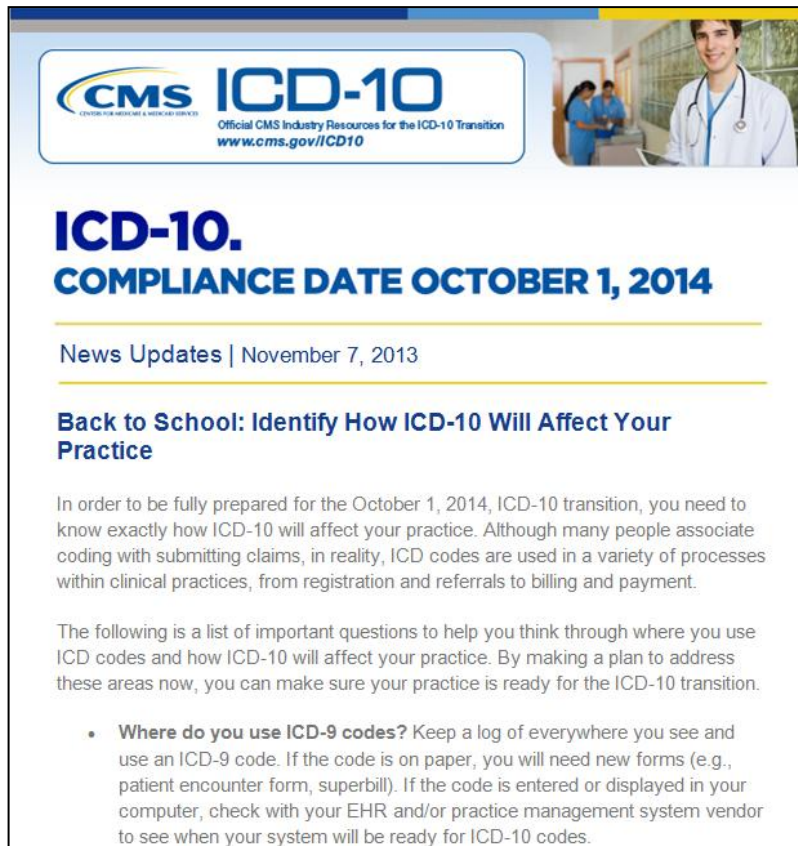
This official CMS ICD-10 logo (displayed on the top of this page) signifies that these materials were developed by CMS, and are intended for general industry use.

CMS materials intended solely for providers in the Medicare Fee-for-Service program feature the Medicare Learning Network logo.

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Resources



The screenshot shows the CMS ICD-10 website. At the top left is the CMS logo with the text "OFFICIAL CMS INDUSTRY RESOURCES FOR THE ICD-10 TRANSITION" and the URL "www.cms.gov/ICD10". To the right is a photo of a doctor. Below the header, the text "ICD-10. COMPLIANCE DATE OCTOBER 1, 2014" is displayed. Underneath is a "News Updates | November 7, 2013" section. The main article is titled "Back to School: Identify How ICD-10 Will Affect Your Practice". The text discusses the need to be fully prepared for the October 1, 2014, ICD-10 transition, noting that many people associate coding with submitting claims, but in reality, ICD codes are used in various clinical processes. It lists important questions to help think through the transition, such as "Where do you use ICD-9 codes?".

CMS ICD-10
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ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

News Updates | November 7, 2013

Back to School: Identify How ICD-10 Will Affect Your Practice

In order to be fully prepared for the October 1, 2014, ICD-10 transition, you need to know exactly how ICD-10 will affect your practice. Although many people associate coding with submitting claims, in reality, ICD codes are used in a variety of processes within clinical practices, from registration and referrals to billing and payment.

The following is a list of important questions to help you think through where you use ICD codes and how ICD-10 will affect your practice. By making a plan to address these areas now, you can make sure your practice is ready for the ICD-10 transition.

- **Where do you use ICD-9 codes?** Keep a log of everywhere you see and use an ICD-9 code. If the code is on paper, you will need new forms (e.g., patient encounter form, superbill). If the code is entered or displayed in your computer, check with your EHR and/or practice management system vendor to see when your system will be ready for ICD-10 codes.

CMS ICD-10 Email Updates provide timely information

To sign up for updates:

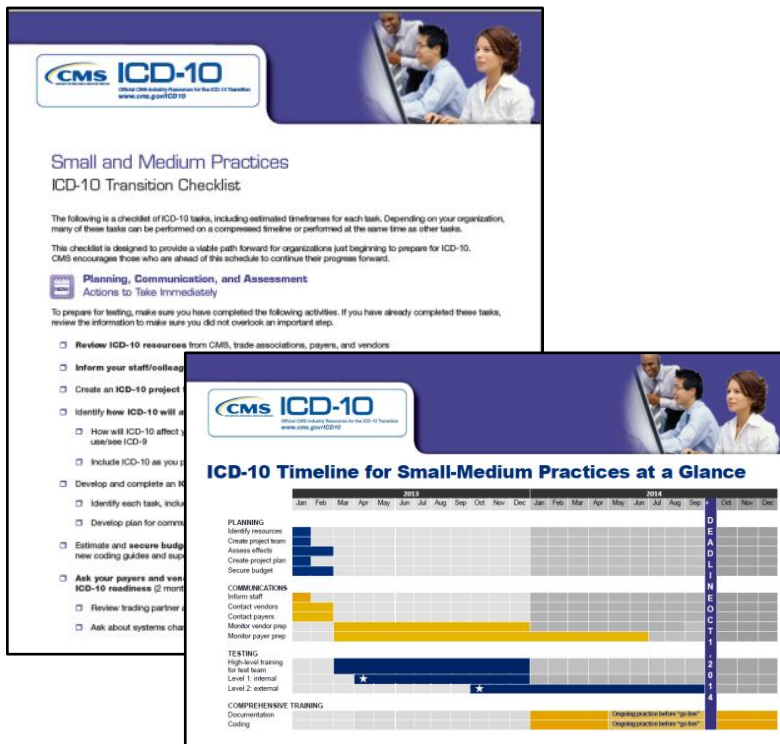
1. Go to cms.gov/icd10
2. Select “CMS ICD-10 Industry Email Updates” from left navigation bar
3. Click on “Sign up for update messages”

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Resources

- Timelines and checklists for:
- Small to medium practices
 - Large practices
 - Small hospitals
 - Payers



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Small and Medium Practices ICD-10 Transition Checklist

The following is a checklist of ICD-10 tasks, including estimated timelines for each task. Depending on your organization, many of these tasks can be performed on a compressed timeline or performed at the same time as other tasks. This checklist is designed to provide a viable path forward for organizations just beginning to prepare for ICD-10. CMS encourages those who are ahead of this schedule to continue their progress forward.

Planning, Communication, and Assessment
Actions to Take Immediately

To prepare for testing, make sure you have completed the following activities. If you have already completed these tasks, review the information to make sure you did not overlook an important step.

- ☐ Review ICD-10 resources from CMS, trade associations, payers, and vendors
- ☐ Inform your staff/colleagues
- ☐ Create an ICD-10 project
- ☐ Identify how ICD-10 will affect your practice
 - ☐ How will ICD-10 affect your practice?
 - ☐ Include ICD-10 as you go
- ☐ Develop and complete an ICD-10 project plan
 - ☐ Identify each task, include a timeline
 - ☐ Develop plan for communication
- ☐ Estimate and secure budget for new coding guides and software
- ☐ Ask your payers and vendors about ICD-10 readiness (2 months)
 - ☐ Review trading partner agreements
 - ☐ Ask about systems changes

ICD-10 Timeline for Small-Medium Practices at a Glance

	2011	2012	2013	2014	2015	2016
PLANNING						
Identify resources						
Create project team						
Assess effects						
Create project plan						
Secure budget						
COMMUNICATIONS						
Inform staff						
Contact vendors						
Contact payers						
Monitor vendor prep						
Monitor payer prep						
TESTING						
High-level training for test team						
Level 1: internal						
Level 2: external						
COMPREHENSIVE TRAINING						
Documentation						
Coding						

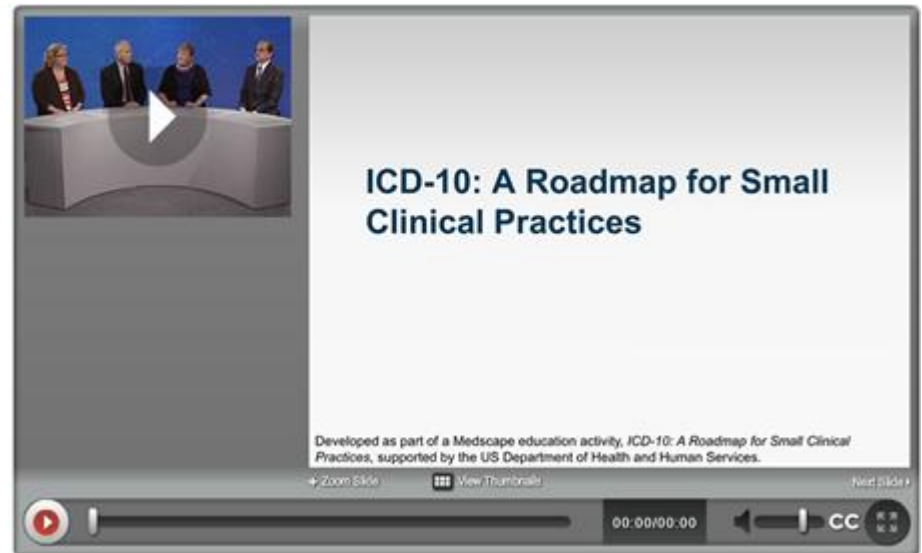
DEADLINE: OCTOBER 1, 2015



Resources

ICD-10 Medscape Videos

- ICD-10: A Roadmap for Small Clinical Practices
- ICD-10: Small Practice Guide to a Smooth Transition

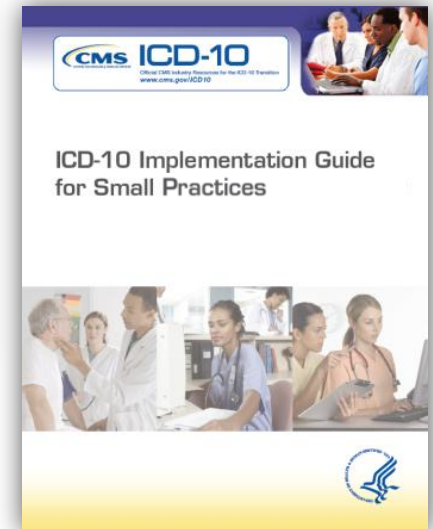
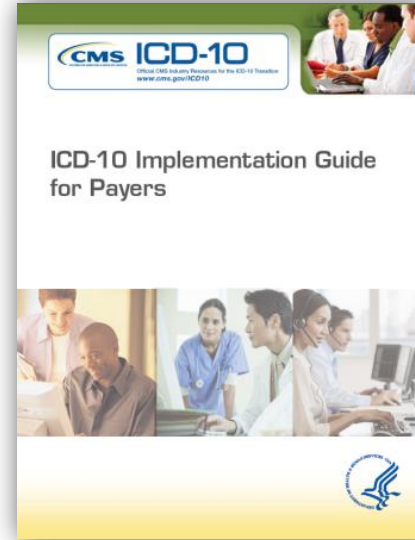
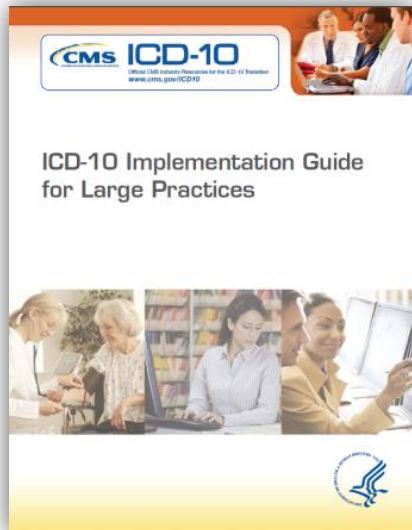


Free continuing medical education (CME) and continuing education (CE) credits available to physicians and nurses who complete a brief post-test. Accessible from CMS ICD-10 website: www.cms.gov/icd10

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Transition Guides



075 Other rheumatic tricuspid valve diseases
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Resources

Online ICD-10 Guide: Provider Resources page,
cms.gov/ICD10

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10

ICD-10 Implementation Guide

HOME ICD-10 OVERVIEW START RESOURCES

ICD-10 Implementation Timeline

COMMUNICATION & OUTREACH
Sep 2010 - Mar 2015

PLANNING & ANALYSIS
Jul 2009 - Feb 2013

DESIGN
Dec 2011 - Feb 2013

DEVELOPMENT
Dec 2012 - Apr 2013

TESTING
Apr 2013 - Sep 2014

IMPLEMENTATION
Oct 1, 2014

PLANNING & ANALYSIS

Planning & Analysis

- Establish Project Structure
- Assess business and policy impacts
- Establish risk management

START

Welcome

On October 1, 2014, a key element of the data foundation of the United States' health care system will undergo a major transformation. We will transition from the decades-old Ninth Edition of the International Classification of Diseases (ICD-9) set of diagnosis and inpatient procedure codes, to the far more contemporary Tenth Edition of those code sets—or ICD-10—used by most developed countries throughout the world.

This transition will have a major impact on anyone who uses health care information that contains a diagnosis and/or inpatient procedure code.

To learn more, please visit the CMS ICD-10 website

Step-by-step ICD-10 advice for
clinical practices, small hospitals,
and payers

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CMS ICD-10 Fact Sheets



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:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

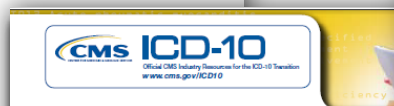
ICD-10-CM is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-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 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 their systems for the transition.
- Talk with your payers about how ICD-10 implementation might affect your contracts. Because ICD-10 codes are much more specific than ICD-9 codes, payers may modify terms of contracts, payment schedules, or reimbursement.
- Identify potential changes to work flow and business processes. Consider changes to existing processes including clinical documentation, encounter forms, and quality and public health reporting.



FAQs: ICD-10 Transition Basics

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. These FAQs provide an overview of the transition to ICD-10 and points to resources for more information.

- What does ICD-10 compliance mean?**
ICD-10 compliance means that everyone covered by HIPAA is able to successfully conduct health care transactions using ICD-10 codes.
- Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?**
No. The switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.
- Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition?**
Everyone covered by HIPAA must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.
- Do state Medicaid programs need to transition to ICD-10?**
Yes. Like everyone else covered by HIPAA, state Medicaid programs must comply with ICD-10.
- What happens if I don't switch to ICD-10?**
Claims for all services and hospital inpatient procedures performed on or after the compliance deadline must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services and inpatient procedures provided before the compliance date must use ICD-9 codes.
- If I transition early to ICD-10, will CMS be able to process my claims?**
No. CMS and other payers will not be able to process claims using ICD-10 until the compliance date. However, providers should expect ICD-10 testing to take up to 18 months.
- Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?**
ICD-10 codes are different from ICD-9 codes and have a completely different structure. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one-to-many" matches in some instances.
Like ICD-9 codes, ICD-10 codes will be updated every year.

Visit www.cms.gov/ICD10 for ICD-10 and Version 5010 resources from CMS.



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ICD-10 Resource Links

ICD-10 Website

- [CMS.gov/ICD10](https://www.cms.gov/ICD10)

Online Guide and Implementation Guides

- Available through the “Provider Resources” link on the [CMS.gov/ICD10](https://www.cms.gov/ICD10) website sidebar

Mapping (GEMs)

- Available through the “ICD-10-CM and GEMs” link on the [CMS.gov/ICD10](https://www.cms.gov/ICD10) website sidebar

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ICD-10 Resource Links

ICD-10 National Provider Calls

- “CMS Sponsored ICD-10 Teleconferences” link on the CMS.gov/ICD10 website sidebar

National Coverage Determinations (NCDs)

- CMS.gov/Medicare-Coverage-Database/

Medicare Testing Week

- Medicare Learning Network Article MM8465

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ICD-10 Resource Links

Medicare Reimbursement Mappings

- 2014 Reimbursement Mappings – Diagnosis Codes and Guides through the “ICD-10-CM and GEMs” link on the CMS.gov/ICD10 website sidebar
- 2014 Reimbursement Mappings – Procedure Codes and Guides through the “ICD-10-PCS and GEMs” link on the CMS.gov/ICD10 website sidebar
- Links to ordering the ICD-10 Pilot Version 31.0 Mainframe and PC version of the ICD-10 MS-DRGs and Medicare Code Editor (FY 2014 version) from NTIS through the “ICD-10 MS-DRG Conversion Project” link on the CMS.gov/ICD10 website sidebar
- Medicare Learning Network

Medicare Claims Processing Guidance for ICD-10

- Medicare Learning Network Article MM7492

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Looking Forward



Pre-Implementation

- Collaboration with stakeholder groups for pre-implementation and industry monitoring activities
 - **New** - CMS weekly planning meetings with industry stakeholders
 - **New** - WEDI stakeholder coalition “ICD-10 Implementation Success Initiative”
 - Public and private partnership to help providers through the transition
- National calls and webinars to address specific ICD-10 topics
- Targeted materials to assist providers

Post-Implementation

- Continued collaboration with stakeholder groups for post-implementation and industry monitoring activities
- Increase internal monitoring activities with a focus on provider payment
- Host national calls and webinars to address specific ICD-10 topics
- Develop targeted materials to assist providers

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