

ICD-10 Frequently Asked Questions

Since 1979, the U.S. has used the ICD-9 diagnosis and procedure code sets as the national coding standard in health care. As of October 1, 2015, CMS is requiring all health care providers to replace ICD-9 diagnosis codes with the new 7-digit ICD-10 coding system. See these answers to some of the most frequently asked questions:

What is ICD-10?

1 ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

What is the difference between ICD-9 and ICD-10?

2 ICD-10 increases the level of specificity which allows for more accurate reporting of patient care. This is accomplished by **a)** expanding the code sets to account for laterality (left, right, bilateral), **b)** including place holders for certain codes to allow for future expansion, and **c)** increasing the length of codes up to 7 characters to support flexibility and expandability.

Will ICD-10 use the same verbiage or descriptions as ICD-9?

3 ICD-10 makes use of more specific and standardized terms, so many of the key words we were used to seeing in ICD-9 have been replaced. For example, in some conditions the words *senile* and *non-senile* have been replaced with the words *age-related*, *infantile* or *juvenile*.

When will ICD-10 become effective?

4 The compliance date for ICD-10 is October 1st, 2015. As of the compliance date, CMS and other payers will only accept claims billed with ICD-10 codes.

Will there be a grace period for providers to submit ICD-9 and/or ICD-10 codes?

5 No. Per CMS, the compliance date for ICD-10 is October 1st, 2015.

Is compliance with ICD-10 mandatory?

6 ICD-10 compliance is mandatory for all HIPAA-covered entities, including those who do not handle Medicare or Medicaid claims.

What happens if a covered entity doesn't switch to ICD-10?

7 Claims for services provided after the implementation date that do not contain ICD-10 diagnosis codes will not be processed. They will be considered non-HIPAA compliant.



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Will I need to use all 69,000 codes in ICD-10?

No, healthcare providers will only use a **subset of codes based on their specialty** for diagnosis coding.

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What is the difference between ICD-10-CM and ICD-10-PCS?

The ICD-10-CM code set is designed to be used by physicians for **diagnosis coding**. The ICD-10-PCS code set is only used for **hospital reporting** of inpatient services. Both are referred to as “ICD-10”.

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Will codes with unspecified in the description be allowed after ICD-10 is implemented?

Yes, codes with unspecified in the description should be reported when they are the codes that most accurately reflect what is known about the patient’s condition at the time of that particular encounter.

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What is a combination code?

In some cases, ICD-10 will use one diagnosis code to identify two or more ICD-9 diagnosis codes. These ***combination codes*** are more common in diagnoses dealing with diabetes.

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What is a “family of codes”?

Code categories are headed by three-character codes and may be further subdivided by placement of a decimal and additional character to provide greater specificity. Any code that can be **grouped within a category of codes** is considered to be in a family of codes.

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How can I obtain a list of ICD-10 codes?

A list of ICD-10 Diagnosis and ICD-10 Procedure code sets is available free of charge on the **CMS ICD-10 website**. You can also ask your Shield representative for a copy of the 100 common ICD-10 codes.

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Will Shield HealthCare be ready for ICD-10?

Yes. All documentation you receive from Shield after October 1st, 2015 will contain the appropriate ICD-10 codes.

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Where can I go for more information on ICD-10?

You can find more information on the CMS website located at: <https://www.cms.gov/Medicare/Coding/ICD10/index.html>