



ICD-10

Frequently Asked Questions



*This document provides answers to questions relating to ICD-10.
The document will be updated as new information becomes available.*

Q: What is ICD-10?

A: The International Classification of Diseases (ICD) is a coding system to classify diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease. This information is used for morbidity and mortality statistics, reimbursement systems, and automated decision support systems in medicine. ICD-10-CM is the diagnosis code set that will be replacing ICD-9-CM Volumes 1 and 2. ICD-10-CM will be used to report diagnoses in all clinical settings. ICD-10-PCS is the procedure code set that will be replacing ICD-9-CM Volume 3. ICD-10-PCS will be used to report hospital inpatient procedures only. 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).

Q: What is the difference between ICD-9-CM (clinical modification) and ICD-10-CM (clinical modification) diagnosis codes?

A: The ICD-9-CM diagnosis codes are mostly numeric and are 3 to 5 characters. ICD-10-CM diagnosis codes are alphanumeric and contain 3 to 7 characters. ICD-10 diagnosis codes are more descriptive and in some situations a "one-to-many" match. There are approximately 71,920 procedure codes in ICD-10-PCS, compared to almost 4,000 in ICD-9. The ICD-10-CM code set allows 155,000 diagnosis codes, but currently has approximately 69,832 diagnosis codes, compared to nearly 15,000 in ICD-9. The ICD code sets are updated annually on October 1, and the number of codes increases each year.

Q: Does ICD-10 apply to all providers?

A: Under current policy, all claims except pharmacy and dental claims require ICD-9 diagnosis codes. All claims requiring an ICD-9 diagnosis code will transition to use of ICD-10 codes beginning on the ICD-10 compliance date.

Q: Who else has to upgrade to ICD-10?

A: Health care clearinghouses and payers are also HIPAA covered entities, so they are required to convert to ICD-10 as well.

Q: Who will be responsible for making sure providers use the correct codes?

A: Providers are responsible to use the correct code sets and adhere to the guidelines.

Q: Will Medicaid supply the diagnosis codes that I need?

A: Generally, no. Providers are responsible for comparing ICD-9 codes they use to ICD-10 codes.

Q: What should we be doing about our computer systems?

A: Review your file layouts and where your files are stored to be sure the fields and your system can accommodate the additional code length. Contact your software vendor to resolve any concerns. You can further prepare by familiarizing yourself with the ICD-10 code set and coding guidelines to help assess the impact on your system.

Q: What is the compliance deadline for ICD-10?

A: The Department of Health and Human Services (HHS) has set October 1, 2015 as the compliance deadline.

Q: Will there be a phased implementation of ICD-10 or is there a hard cutover date?

A: The ICD-10 implementation date is now set to October 1, 2015, with no exceptions. This is a hard cutover date.

Q: Will Rhode Island Medicaid support both ICD-9 and ICD-10 code sets?

A: Yes, RI Medicaid will support both code sets based on the claim date of service. Date(s) of service will determine which code set is used to submit the claim.

Q: Will RI Medicaid test ICD-10 with trading partners, vendors and providers? If yes, when will testing guidelines be available?

A: Yes. RI Medicaid will test some trading partners, vendors, and providers.

Q: Will ICD-10 codes replace the Current Procedural Terminology (CPT) procedure coding?

A: 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.

- ICD-10-CM codes will be used for all inpatient and outpatient diagnoses
- ICD-10-PCS will only be used by hospitals for inpatient procedures
- CPT will be used by all healthcare providers for outpatient procedures

Q: Are the ICD-10 code books available now?

A: Yes, The ICD-10 CM, ICD-10-PCS code sets are available where you normally purchase your medical reference guides.

Q: Do I have to use the full number of characters required for a code?

A: A three-character code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code.

Q: Do I have to change all the codes I already have in my system?

A: Yes, you will have to update all to ICD-10 codes.

Q: What happens if I submit a claim in December 2015 and it has a date of service of September 1?

A: The code set is determined by Date of Service . In this case you would use ICD-9 codes.

Q: If I transition early to ICD-10, will CMS be able to process my claims?

A: No. CMS and other payers will not be able to process claims using ICD-10 until the compliance date.

Q: Will dental providers be required to use the new ICD-10 codes?

A: It is optional for dental providers.

Q: How can I learn more about ICD-10?

A: For more information on ICD-10, please refer to the CMS website:

<http://www.cms.gov/Medicare/Coding/ICD10/index.html>

Providers may also find helpful resources on the CMS sponsored website:

www.roadto10.org.

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