

## ICD-10 Webpage FAQs

### 1. What is ICD-10? When does ICD-10 take effect?

ICD-10 references the International Classification of Diseases, Tenth Revision, Clinical Modification (CM) and Procedure Coding System (PCS) codes. Specifically:

- ICD-10-CM codes, for diagnosis coding, replace ICD-9-CM Volumes I and II.
- ICD-10-PCS codes, for inpatient procedure coding, replace ICD-9-CM Volume III.

CMS has mandated, on **October 1, 2015**, the health care industry will transition from ICD-9 to ICD-10 codes for diagnoses and inpatient procedures.

### 2. What are the differences between ICD-9 and ICD-10?

The differences between ICD-9 and ICD-10 are significant, including:

- An expansion of available codes. The current ICD-9 code set is running out of diagnosis and procedure codes. The new ICD-10 code set expands the number of available codes for new diagnoses and procedures.

The following table illustrates the volume differences:

	Through 9/30/15	Starting 10/1/15
<b>Diagnosis</b>	<b>ICD-9 CM</b>	<b>ICD-10 CM</b>
Use	Professional, Inpatient & Outpatient	Professional, Inpatient & Outpatient
No. of characters	3-5 alphanumeric	3-7 alphanumeric
No. of codes	14,000	69,000
<b>Procedure</b>	<b>ICD-9 PCS</b>	<b>ICD-10 PCS</b>
Use	Inpatient only	Inpatient only
No. of characters	3-4 numeric	7 alphanumeric
No. of codes	4,000	72,000

- Greater detail. The new ICD-10 code set allows for greater specificity, including identification of laterality, detailed description of anatomical site, and precise definition of procedures. For example, ICD-9-CM procedure codes report an amputation of the finger with a single general code for “Finger Amputation.” ICD-10-PCS uses a code for every finger, every amputation level, and every surgical approach and eliminates non-specific codes for “Finger Amputation.”
- Increased clinical accuracy. The new ICD-10 code set includes updated medical terminology and classification of diseases, and better reflects current medical practices than ICD-9.

For more information about the differences between ICD-9 and ICD-10, including examples, see the following quick references from CMS:

- ICD-10-CM Classification Enhancements

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10QuickRefer.pdf>

- ICD-10-CM/PCS The Next Generation of Coding  
<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10Overview.pdf>

**3. Will Current Procedural Terminology (CPT) codes be affected?**

No. CPT codes will not be replaced by ICD-10. CPT codes will continue to be used in the same manner as they were used prior to the ICD-10 compliance date.

**4. Who will be affected?**

The conversion to ICD-10 is a HIPAA code set requirement; therefore, all HIPAA covered entities (including providers, health plans, health care clearinghouses, and payers) must comply.

Organizations not covered by HIPAA who use ICD-9 codes, such as Workers' Compensation and auto insurance companies, should be aware that their coding may become obsolete if they do not transition to ICD-10.

**5. Will ICD-10 codes be required for manual transactions as well?**

Yes, ICD-10 codes will be required for all transactions, including paper, fax and phone.

**6. What are the benefits of ICD-10?**

The transition to ICD-10 will allow for:

- Better tracking and analysis of disease patterns and treatment outcomes.
- Improved efficiency and accuracy of claims processing.
- More accurate and detailed clinical reporting.
- Improved quality measurement and identification of fraud and abuse.

**7. Will there be a grace period for accepting ICD-9 codes on/after October 1, 2015?**

No. Claims with ICD-9 codes for services provided outside of the compliance deadline will be denied. ICD-10 codes will be required for all HIPAA transactions as follows:

- ICD-10-CM codes must be used for all ambulatory and physician claims with dates of service on or after October 1, 2015, and for all inpatient claims with dates of discharge on or after October 1, 2015.
- ICD-10-PCS codes must be used for all inpatient claims with dates of discharge on or after October 1, 2015.

**8. Can ICD-10 codes be used *prior* to October 1, 2015?**

No. ICD-10 codes are not effective until October 1, 2015, as noted above.

**9. Will CMS grant another extension beyond the October 1, 2015 compliance date?**

There has been no indication from CMS that there will be another extension beyond October 1, 2015.

**10. Is there a direct crosswalk from ICD-9 to ICD-10?**

No. The General Equivalence Mappings (GEMs) tool developed by CMS and the Centers for Disease Control and Prevention (CDC) can guide code conversion and training activities, but it is

not a direct crosswalk of ICD-9 to ICD-10 codes. Providers should not rely on GEMs as a substitute for implementing ICD-10, learning to use the ICD-10 code sets, and coding directly in ICD-10.

**11. What training is available to providers on ICD-10?**

Training resources for providers can be found on CMS ICD-10 website under “Provider Resources” at the following link:

<https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

Providers are encouraged to start their training and education on ICD-10 now! We strongly encourage providers to enroll in the webinars provided regularly by CMS.

**12. Is Molina planning to test with providers and others prior to the October 1, 2015 compliance date?**

Yes. The ICD-10 Testing Plan is currently under development. Testing dates and other details will be announced soon.

**13. How can I prepare for ICD-10?**

Don't delay. Providers are encouraged to initiate ICD-10 transition activities immediately if they have not already done so. Providers should begin ICD-10 preparation by identifying how ICD-10 will impact their practice and developing an ICD-10 project plan.

For more information to help you prepare, visit the CMS ICD-10 website under “Provider Resources” at the following link:

<https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>