

Prepare Now for ICD-10-CM and ICD-10-PCS 2013 Implementation

The new International Classification of Diseases -10 (ICD-10) Clinical Modification (CM) and Procedure Coding System (PCS) code sets are mandated to be implemented by October 1, 2013. In order to comply with the implementation deadline, radiology practices need to start planning now. Failure to be ready by 2013 could delay reimbursements and have a substantial impact on your bottom line.

The U.S. Department of Health and Human Services (HHS) announced in the 2009 ICD-10 CM/PCS final rule that it intends to replace the current ICD-9 code sets that are used to report health care diagnoses with the new ICD-10 code sets. The expanded ICD-10 code sets will enable HHS to fully support quality reporting, pay-for-performance, bio-surveillance and other critical activities. The new codes would replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes. HHS also announced in the proposed rule an update to the X12 standard by adopting version 5010 for electronic transactions to accommodate the use of ICD-10 codes. Industry experts expect the implementation process to cost between \$425 - \$1125 million dollars.

What is ICD and how does ICD-9 differ from ICD-10?

The International Classification of Diseases (ICD) is used to promote international comparability in the collection, processing, classification and presentation of mortality statistics¹. ICD consists of codes that are used throughout the World so that *mortality* rates can be easily compared between countries.

ICD-9-CM is the official system that is used to assign codes to diagnoses and procedures associated with patient treatment in all settings. However, this current coding system is rapidly becoming obsolete. ICD-9-CM codes are in many instances insufficient to provide detail for non-acute conditions. ICD-9 was developed more than 30 years ago and cannot possibly describe all the technological advances made in medicine or describe new diseases and medical conditions that have been discovered.

ICD 10 was developed to improve accuracy and efficiency of coding and improve communications with physicians. ICD-10 is more comprehensive and has expandable features that would allow the inclusion of new procedures as they are created in the future.

ICD-10-CM is the standard diagnosis coding and will replace ICD-9-CM volumes 1 and 2.

ICD-10-PCS is a procedure coding system that is used by facilities to report procedures performed in the hospital inpatient setting and will replace ICD-9-CM, volume 3. Note

that the ICD-10_PCS will not replace the Current Procedural Terminology (CPT®) coding system used to report medical services and procedures performed by physicians.

ICD-10-CM codes are 7-digit alphanumeric codes, as opposed to the 5-digit numeric ICD-9 codes. Additional characteristics that differentiate ICD-10 from ICD-9 include:

- Laterality (code structure denotes right vs. left appendage or side of body)
- Chapters, categories, and titles have been restructured (e.g., ICD-9-CM V-codes and E-codes are classified into the main classification rather than as the present supplementary classifications).
- Conditions have been regrouped and new features added (e.g., injuries are grouped by anatomic site instead of by injury type)
- Combination diagnosis and associated symptom codes have been created (e.g., poisoning and its external cause codes are combined)

Currently, there are 68,069 ICD-10-CM codes and 72,589 ICD-10-PCS codes compared to 14,025 ICD-9-CM codes and 3,824 ICD-9-PCS codes available.

The Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention created the General Equivalence Mappings (GEM) to assist with converting the ICD-9-CM database to ICD-10-CM and ICD-10_PCS and vice versa. It allows users to map forward and backward between the ICD-9-CM and ICD-10 coding systems. However, the GEMs are not a substitute for learning how to use ICD-10 codes appropriately.

Some important points to consider now to avoid business disruption during the transition to ICD-10:

- Train the coding professionals –
Have an education plan prior to making the switch to ensure your coders are prepared.
- Train physicians and other clinicians on documentation requirements-
Determine if your current clinical documentation is sufficient and suitable to support the specificity required by ICD-10.
- Identify all systems that will be affected by the change –
Review work flow, management tools, and central record systems to determine what changes are needed.
- Budget for the implementation
Identify the implementation elements over the next few years –
It is important to account for costs of training, system changes, and productivity losses.
- Work with your vendors –

Communicate your needs to your software vendors. Monitor the vendor's progress to ensure timely implementation.

- Test in advance –
Ensure everything will run as expected to minimize and even eliminate productivity losses during transition.

Where can I find additional information on ICD-10-CM?

Visit the following Web sites for additional information on ICD-10 codes:

- www.cdc.gov/nchs/icd/icd10cm.htm
- http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2010/
- www.cms.gov/ICD10/Downloads/GEMs-CrosswalksTechnicalFAQ.pdf
- www.cms.gov/ICD10/

The *ACR Radiology Coding Source*[™] will provide updates on ICD10-CM and ICD-10-PCS as they become available.

Endnote:

1. www.cdc.gov/nchs/icd10cm.htm

References:

American Health Information Management Association, www.ahima.org

CMS, www.cms.gov/ICD10/Interim Bulletin Spring 2006 AMA/ACR Clinical Examples in Radiology

The Costs and Benefits of Moving to the ICD-10 Code Sets – RAND Corporation
www.rand.org/pubs/technical_reports/2004/RAND_TR132.pdf