

## Now is the Time to Prepare for ICD-10 Coding!

The Centers for Medicare and Medicaid Service (CMS) reaffirmed in a [January 12, 2011](#) teleconference that there will be no delay from the mandated October 1, 2013 implementation date for the International Classification of Diseases-10 Clinical Modification (ICD-10-CM) and ICD-10 Procedural Coding System.\* The scope and complexity of the ICD-10 diagnostic coding system are significant and substantial changes will be required. Systems, processes and people will all be affected.<sup>1</sup> Start immediately to begin preparing for ICD-10 if you have not already done so.

The ICD-10 code structure differs from that of ICD-9 in that ICD-10 codes can be up to 7 characters long, are more specific, and have an expandable feature that would allow the use of a combination code (i.e. certain conditions and associated common symptoms or manifestations). In addition, laterality has been added to relevant ICD-10 codes to indicate the side of the body affected. Because ICD-10 provides greater detail in describing diagnoses, the number of diagnostic codes will increase from approximately 14,000 to 140,000 new codes. This will require staff education, computer system changes and documentation changes to help identify the appropriate code.

The last regular annual code update to both ICD-9 and ICD-10 will be October 1, 2011. At the request of vendors, systems maintainers, and payers, CMS announced that it has imposed a partial code freeze on code updates scheduled for 2012 in order to make the transition to ICD-10 manageable. Code updates in 2012 will be limited to capturing new technology and new diseases. The CMS Coordination and Maintenance Committee will meet twice during the freeze and will allow comment on whether new codes should be created during the freeze. Code requests that do not meet the criteria for inclusion in 2012 will be evaluated for implementation on or after October 1, 2014. The next regular annual update to the ICD-10 code listing will be on October 1, 2014.

General Equivalence Mappings (GEMs) have been created to help in converting data from ICD-9-CM to ICD-10-CM. However, CMS notes that this crosswalk is not a substitution for learning how to code with ICD-10. The 2011 GEM updates can be found on the CMS Web site at <http://www.cms.gov/ICD10>. CMS will announce how specific payment and coverage policies are converted under the formal rulemaking process.

The following table lists the CMS suggested timeline for transitioning to ICD-10.

Phase I	Implementation plan development & Impact assessment	1 <sup>st</sup> quart of 2009 – 2 <sup>nd</sup> quarter of 2011
Phase II	Implementation preparation	1 <sup>st</sup> quarter 2011 – 2nd quarter of 2013
Phase III	'Go live' preparation	1st quarter of 2013 – 3 <sup>rd</sup> quarter of 2013
Phase IV	Post-implementation follow-up	4 <sup>th</sup> quarter of 2013 – 4 <sup>th</sup> quarter of 2014

CMS notes that phases may overlap, and the length of phases may vary, depending on the type, size and complexity of the organization.

During Phase I, practices should develop detailed project plans and identify affected business areas, systems, and applications that need upgrading, review workflow, management tools,

clinical decision support systems, e-ordering, and central record systems to determine what changes are needed. Communicate your needs to your software vendors and monitor their progress to ensure system vendors will be ready on time. This is also the time to develop a budget for ICD-10 transition expenses, i.e., budget for the costs of training, system changes, and productivity losses.

During Phase II, practices should implement the transition by completing what they planned during Phase I. Training of all staff (coders, physicians, other clinicians) should be done during this phase. Have an education plan prior to making the switch to ensure everyone is prepared. Determine if your current clinical documentation is sufficient and suitable to support the specificity required by ICD-10. Ensure everything will run as expected to minimize and even eliminate productivity losses during transition. Practices should regularly monitor the progress of the implementation and develop improvement strategies where needed.

Phase III and IV, practices should begin preparations for the "go live" date of October 1, 2013 and then continue follow up to ensure success in transitioning to ICD-10.

Click [here](#) for a complete listing of CMS and other organizational ICD-10 coding resources available to help in the transition. The Radiology Business Management Association offers an [ICD-10 Tool Kit](#) to aid in the transition. The *ACR Radiology Coding Source* will continue to post ICD-10 updates.

Ensure timely and accurate processing of your claims and avoid compliance issues and coding backlogs by preparing now. Anyone with questions should contact Helen Olkaba at 703-648-4132.

\*Note: ICD-10 PCS is used by hospitals to report inpatient hospital procedures and will replace ICD-9-CM, volume 3. It does not replace the CPT codes used by physicians and other health care professionals to report their professional services provided in the hospital and freestanding settings. These providers should continue to use the appropriate Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes to report professional services and procedures.

<sup>1</sup><http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm>

Please visit the [ACR Store](#) to obtain continuing education units (CEUs) related to this ICD-10 coding article. The Radiology Coding Certification Board requires ICD-10 related CEUs for RCC recertification.