ICD-10
Frequently Asked Questions for Providers

What is ICD-10?

International Classification of Diseases, 10th Revision (ICD-10) is a diagnostic and procedure coding system endorsed by the World Health Organization (WHO) in 1990. It replaces the International Classification of Diseases, 9th Revision (ICD-9), which was developed in the 1970s. Internationally, the codes are used to study health conditions and assess health management and clinical processes; and in the United States, the codes are the foundation for documenting the diagnosis and associated services provided across healthcare settings.

Although we often use the term ICD-10, there are actually two parts:

• ICD-10-CM (Clinical Modification) used for diagnosis coding, and
• ICD-10-PCS (Procedure Coding System) used for inpatient hospital procedure coding; this is a variation from the WHO baseline and unique to the United States.

ICD-10-CM will replace the current code sets, ICD-9-CM, Volumes 1 and 2 for diagnosis coding, and ICD-10-PCS will replace ICD-9-CM, Volume 3 for inpatient hospital procedure coding.

Why are we adopting ICD-10?

On January 16, 2009, the U.S. Department of Health and Human Services (HHS) released two final rules under HIPAA (Health Insurance Portability and Accountability Act of 1996). One of these rules requires all HIPAA covered entities to adopt ICD-10-CM for diagnosis coding and ICD-10-PCS for inpatient hospital procedure coding by October 1, 2013.

Reasons for requiring these changes include:

• The current ICD-9 code set is running out of diagnosis and procedure codes. As a result, the codes will not be able to continue to keep pace with new treatments and technologies that are developed or new diagnoses that are defined. In the long term, this will lead to poor or incomplete data regarding the use of new technology and patient outcomes.

• The new ICD-10 codes contain significantly greater clinical detail which will aid in a range of quality related programs. Hundreds of new diagnosis codes are submitted by medical societies, quality monitoring organizations and other organizations annually. ICD-10 will allow not only for more codes but also for greater specificity and thus better epidemiological tracking.

• The remainder of the industrialized world has adopted ICD-10, and as diseases cross borders, we will be able to better track and react to global risks.
Who must comply with ICD-10?

All HIPAA covered entities including health plans, health care clearinghouses, and certain health care providers must transition to ICD-10. Although, in some instances non-covered entities may not be required to adopt ICD-10, it might be beneficial for them to do so in order to continue doing business with health professionals that do convert to ICD-10.

Will state Medicaid programs be required to transition to ICD-10?

Yes. Like all other HIPAA covered entities, state Medicaid programs must comply with the ICD-10 requirements by October 1, 2013. We understand CMS is working with Medicaid programs to help ensure they can meet the deadline.

What does ICD-10 compliance mean?

ICD-10 compliance means that all HIPAA covered entities are able to successfully document clinical events and process health care transactions and analytics on or after October 1, 2013 using the ICD-10 diagnosis and procedure codes. ICD-9 diagnosis and procedure codes can no longer be used for health care services provided on or after this date.

Is it likely the ICD-10 compliance date be postponed?

No. According to CMS, the October 1, 2013 compliance date is firm. There are no plans to extend the deadline. We will continue to monitor any developments or revised guidance from CMS and encourage others to do likewise.

Are any other countries currently using ICD-10?

Yes, most other countries are already using a version of ICD-10. The United States is the last industrialized nation to adopt ICD-10. It is important to understand that the ICD-10 CM and PCS codes for the U.S. represent a variation from the baseline established by the WHO. This variation was developed as part of standard code maintenance activities led by Federal Agencies including CMS and the CDC; because of this variation and the use of the codes for reimbursement in the U.S., the insights from other countries may be limited.

What is ICD-10-PCS?

ICD-10-PCS (Procedure Coding System) is the HIPAA standard code set that will replace Volume 3 of ICD-9-CM for inpatient facility services (services billed on a UB-04 claim form). ICD-10-PCS identifies these services by emphasizing the allocation of hospital services instead of focusing on the physician services.

Current Procedural Terminology (CPT) will continue to be HIPAA standard code set for filing either inpatient or outpatient claims for physician services (services billed on a CMS-1500 form).
What are the differences between ICD-9 and ICD-10?

In some ways, ICD-10 is similar to ICD-9. The guidelines, conventions, rules and organization of the codes are very similar. The big differences between the two systems are differences that will affect information technology and software. Specifically:

- ICD-10-CM codes range in length from 3 to 7 digits instead of the 3 to 5 digits in ICD-9-CM.
- ICD-10-PCS codes are formatted as 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding.
- Coding using ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The following table compares the features of the ICD-9 and ICD-10 diagnosis code sets.

<table>
<thead>
<tr>
<th>Diagnosis Code Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-9-CM (Volume 1 &amp; 2)</strong></td>
</tr>
<tr>
<td>3-5 characters in length</td>
</tr>
<tr>
<td>Approximately 14,000 codes</td>
</tr>
<tr>
<td>First digit may be alpha (E or V) or numeric; Digits 2-5 are numeric</td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
</tr>
<tr>
<td>Lacks detail</td>
</tr>
<tr>
<td>Lacks laterality</td>
</tr>
</tbody>
</table>

The following table compares the features of the ICD-9 and ICD-10 procedure code sets.

<table>
<thead>
<tr>
<th>Inpatient Hospital Procedure Code Comparison</th>
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</thead>
<tbody>
<tr>
<td><strong>ICD-9-CM (Volume 3)</strong></td>
</tr>
<tr>
<td>3-4 numbers in length</td>
</tr>
<tr>
<td>Approximately 4,000 codes</td>
</tr>
<tr>
<td>Based on outdated technology</td>
</tr>
<tr>
<td>Limited space for adding new codes</td>
</tr>
<tr>
<td>Lacks detail</td>
</tr>
<tr>
<td>Lacks laterality</td>
</tr>
<tr>
<td>Generic terms for anatomic sites</td>
</tr>
<tr>
<td>Lacks descriptions of methodology and approach for procedures</td>
</tr>
<tr>
<td>Lacks precision to adequately define procedures</td>
</tr>
</tbody>
</table>
Are there any guidelines that assist with the mapping between ICD-9-CM and ICD-10-CM and ICD-10-PCS?


How do the Enhanced HIPAA Transaction Standards (EHTS) Version 5010 changes impact ICD-10?

The EHTS Version 5010 changes can be considered pre-requisites for the successful implementation of ICD-10. The format of ICD-10 diagnosis and procedure codes is different than ICD-9 codes, both in field size and the type of characters. To accommodate these differences, the 5010 changes will increase ICD code field size from 5 bytes to 7 bytes. Also, these fields will be changed to allow alpha characters to be submitted in additional fields.

The compliance date for HIPAA Version 5010 is January 1, 2012 for the majority of HIPAA covered entities.

What are the benefits of ICD-10?

There are a number of benefits to implementing the ICD-10 code set. These include:

- Improving the accuracy of claims processing
- More accurate and detailed clinical reporting
- Better tracking of patient outcomes
- Fine tuning quality programs

Will Anthem be ready to accept ICD-10-CM and ICD-10-PCS codes on October 1, 2013 (the compliance date)?

Yes, Anthem is committed to ensuring that our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines without interruption to day-to-day business practices. Anthem will be capable of accepting and processing ICD-10 diagnosis and procedure codes on the mandated deadline of October 1, 2013.

Will claims that include ICD-10-CM or ICD-10-PCS codes be accepted prior to October 1, 2013?

No, outpatient claims with dates of service prior to October 1, 2013 must be filed using the appropriate ICD-9 diagnosis code(s); inpatient claims with discharge dates prior to October 1, 2013 must be filed using the appropriate ICD-9 diagnosis and procedure codes.
What should physicians, health care professionals and institutions do to prepare for ICD-10?

- Educate yourself and your staff about the ICD-10 compliance requirements.
- Review communications, training materials and tools available on governmental and professional organization Web sites.
- Contact your clearinghouse and ask them to provide their recommended steps to becoming ICD-10 compliant.
- Ask your vendors for their plan to convert to an ICD-10 compliant version. **Note:** There may be a cost associated with upgrading your software. (Please note: We do not support attempts to transform ICD-9 based records into ICD-10 records by merely cross-walking them - this may create artificial variation that may impact reimbursement and reporting).

Where can I learn more about ICD-10-CM and ICD-10-PCS?

Centers for Medicare and Medicaid Services (CMS)  http://www.cms.gov/icd10/

National Center for Health Statistics (NCHS)  http://www.cdc.gov/nchs/icd/icd10.htm