Implementation of ICD-10

Summary

On October 1, 2015, all Health Insurance Portability and Accountability Act (HIPAA) transactions, including outpatient and inpatient claims, are required to use the ICD-10 codes. The ICD-10 (International Classification of Diseases, 10th Revision) code set replaces the ICD-9 (International Classification of Disease, 9th Revision)

According to CMS, adoption of the ICD-10 code sets is expected to:

- Support value-based purchasing by accurately defining services and providing specific diagnosis and treatment information, such as identifying cases of MRSA and other specific conditions, and would further Medicare’s ability to detect and prevent program abuse.

- Support comprehensive reporting of quality data.

- Ensure more accurate payments for new procedures, fewer rejected claims, improved disease management, and harmonization of disease monitoring and reporting worldwide.

- Allow the United States to compare its data with international data to track the incidence and spread of disease and treatment outcomes because the United States is one of the few developed countries not using ICD-10.

Physicians’ claims for outpatient and inpatient services are using ICD-10 Clinical Modification (ICD-10-CM) for reporting diagnoses. Please note that ICD-10-CM do not replace the CPT procedure codes. (Inpatient facility claims will transition to the ICD-10 Procedure Coding System, also called ICD-10-PCS – for reporting inpatient procedures).

Resources

- ACP Running a Practice – ICD-10 info.
  http://www.acponline.org/running_practice/payment_coding/coding/icd10.htm