



ICD-10 Frequently Asked Questions

CSMS Affinity Partner athenahealth

What is ICD-10 and why should I care?

According to the Healthcare Financial Management Association (HFMA), there are several reasons to care about the coding transition from ICD-9 to ICD-10.¹ The new code set will provide a better way to track and study disease trends, reduce coding errors, use more innovative payment methods, and improve care and quality management. These are changes that will benefit society as a whole, as well as individual patients and the overall provider community.

Unlike other Pay-for-Performance (P4P) and incentive programs, **ICD-10 is not an opt-in/opt-out initiative**. It is mandatory for everyone who uses medical diagnosis codes and is covered by the Health Insurance Portability Accountability Act (HIPAA).

ICD-9 codes can simply no longer keep up with the progress and practice of medicine. Created more than 30 years ago, the ICD-9 set of codes has become outdated with today's emerging procedures and health care conditions, and cannot accurately describe the diagnoses for care that are delivered today.

Why was ICD-10 delayed...again?

The Sustainable Growth Rate (SGR) is used by the Centers for Medicare and Medicaid Services (CMS) to control Medicare spending on physician services. The SGR began reducing Medicare physician payments in 2003, and these payment cuts have been postponed each year by Congress—this is the so-called "doc fix."

The Sustainable Growth Rate (SGR) was set to reduce Medicare physician payment rates by 24% on April 1, 2014. And, as they do every year, Congress introduced another "doc fix" to avoid these steep payment cuts. This year's "doc fix", which was negotiated by House Speaker John Boehner and Senate Majority Leader Harry Reid, included a provision to delay the ICD-10 compliance date to October 1, 2015. The House passed the bill to postpone the SGR and delay ICD-10 on Thursday, March 28, 2014, and the Senate passed the same bill on Monday, March 31, 2014.



What is taking the U.S. so long to adopt this?

Depending on who you talk to, there are a variety of factors. Over the years, there has been plenty of debate and ICD-10 detractors, with those opposing the transition concerned about the cost and administrative burden that health care providers could incur implementing the new code set, including having to re-train coders and upgrade computer systems.³ The lag behind the rest of the world was extended further, following the announcement of another deadline delay until October of 2015. You can read more about this most recent delay on our ICD-10 Knowledge Hub.

When will we be required to start including ICD-10 codes on claims?

All claims with dates of service on or after October 1, 2015 must be ICD-10-coded. As the transition date gets closer, you will want to consider how your software is handling future and standing orders that have a date beyond October 1st.

Will CPT codes change as well?

No, physician practices won't see changes to their CPT codes beyond the normal annual changes.

¹ "ICD-10: Obligations and Opportunities," HFMA's Health Care Finance Strategies, August 31, 2011.

² AHIMA ICD-10 Overview: <http://www.ahima.org/topics/icd10>

³ "USA Playing Catch Up," Medicaldevice-network.com, September 1, 2006: <http://www.medicaldevice-network.com/features/feature735/>

⁴ "Readying Your Denials Management Strategy for ICD-10," Healthcare Financial Management Association, February 2013.

<http://www.mahealthdata.org/Resources/Documents/ICD-10%20Resources/Optum-ReadyingYourDenialsManagementStrategyICD-10.pdf>

⁵ p. 34, "ICD-10 Implementation Guide for Small and Medium Practices," Centers for Medicare & Medicaid Services,

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10SmallMediumPracticeHandbook.pdf>

For more information, please visit the CSMS athenahealth partner page.