AAFP

FAQs on International Classification of Diseases, 10th Revision (ICD-10)

Are you ready? The deadline for transitioning to ICD-10 is October 1, 2015. Don't wait to start this important process.

Q. Who is affected by the transition to ICD-10?
A. Everyone covered by HIPAA must transition to ICD-10 by October 1, 2015. It is not limited to Medicare.

Q. Why are we moving to ICD-10?
A. ICD-10 is a more advanced and robust system than ICD-9, allowing for complex and detailed reporting that better fulfills the needs of health care today. The move to ICD-10 will increase the level of specificity available for research, public health, and other purposes.

Q. What happens if I refuse to use it?
A. ICD-10 is federally mandated. If you do not file claims with ICD-10 codes, your claims will be rejected and **you will not be paid.** The only exceptions are Worker's Compensation and Auto Liability claims, which may accept either ICD-9 or ICD-10.

Q. Is ICD-10 more difficult to use than ICD-9?
A. ICD-10 codes have a completely different structure than ICD-9 codes. ICD-9 codes are mostly numeric with three to five digits, and ICD-10 codes are alphanumeric with three to seven characters. The process of looking up codes will remain the same, but ICD-10 will require additional documentation that provides more information for the codes chosen, such as the external circumstances and the location of injury or accidents.

Q. Why has HHS delayed implementation?
A. On April 2014, HHS finalized the ICD-10 implementation date of October 1, 2015. The delay allows physicians, health plans, and other users more opportunity to prepare and ensure readiness.

Q. Can I just let my coder do it?
A. Yes. However, coders can only code what is given to them. ICD-10 is more robust and requires a significant amount of patient-specific information. If the documentation is not complete and does not provide the necessary information, the physician will be required to provide the coder with more details.

Q. What should physicians do to prepare for the transition to ICD-10?
A. The AAFP has a timeline available to assist physicians in preparing for this transition at **www.aafp.org/icd10**.

Q. Can I just use a mapping system such as GEM?
A. Many mapping tools do not drill deep enough for the fourth through seventh digits. Also, because there is not always a one-to-one mapping between ICD-9 and ICD-10, mapping tools cannot always provide the definitive code for a given situation.

Q. What type of training will my staff and I need?
A. Each person in your practice will require some level of ICD-10 training. It is best to begin with designated experts in your practice. Once they are trained, they can teach the rest of your team. Physicians and coders/billers will need the most intensive training, clinical staff will need intermediate training, and front-office staff and schedulers will require only a basic understanding. You will need to select what methods you intend to train your staff with, be it external, on-site, or online training.

Q. Who should lead our transition to ICD-10?
A. Your selected leader will need to have the capability of understanding the mechanism, be able to organize the steps, and communicate clearly. This person may be your physician, your practice administrator or office manager, or it may be your billing manager. In order to ensure the transition process goes smoothly, make sure the selected leader is well received by the staff and has the necessary authority, delegated or otherwise, to implement what needs to be done.

Q. Won't my EHR be able to code for me?
A. The EHR should have the codes in the system for you and may even help you select a code for a given situation, but will not instruct you on what else is needed to implement ICD-10 in your practice or the guidelines surrounding the codes.

Q. What will I need to include in my documentation?
A. In general, you will need to include details such as laterality and ordinality. For specific conditions, requirements will vary; some examples for common conditions in family medicine include:
- Asthma: intermittent, mild persistent, moderate persistent, severe persistent
- Fractures: Gustilo classification, type of fracture
- Seizures: General or focal, type, intractability
- Pregnancy: Which trimester
- Poisoning or toxic effect: Which substance
- Ulcers: Which stage