

F A Q

[ICD-10 Code Set]

ICD-10 Code Set FAQs

1. What is ICD-10?

ICD-10 is the abbreviated way to refer to the International Classification of Diseases, Tenth Revision, Clinical Modification (CM) and the International Classification of Diseases, Tenth Revision, Procedure Coding System (PCS).

2. What is the difference between ICD-10-CM and ICD-10-PCS?

ICD-10-CM is the diagnosis code set that will replace ICD-9-CM Volumes 1 and 2 and reports diagnoses in all clinical settings.

ICD-10-PCS is the procedure code set that will be replacing ICD-9-CM Volume 3, and reports hospital inpatient procedures only.

3. Will ICD-10-PCS replace CPT?

No. ICD-10-PCS reports hospital inpatient procedures only. The Current Procedural Terminal (CPT) and Healthcare common Procedure Coding System (HCPCS) will continue to report services and procedures in outpatient and office settings.

4. Do I have to upgrade to ICD-10?

Yes. The conversion to ICD-10 is a HIPAA code set requirement. Providers, including physicians, are HIPAA "covered entities," which means that you must comply with the HIPAA requirements.

5. Who else has to upgrade to ICD-10?

Healthcare clearinghouse and payers are also HIPAA-covered entities, so they are required to convert to ICD-10 as well.

6. What is NextGen Healthcare's approach to mapping ICD-9 codes to the ICD-10 codes?

NextGen Healthcare is using the General Equivalency Mappings (GEMs) for identifying corresponding diagnosis codes between ICD-9 and ICD-10. For codes not mapped by GEMs, NextGen Healthcare is developing another suitable utility.

7. Why replace ICD-9?

The ICD-9 code set is over 30 years old. It has become outdated and isn't considered usable for today's treatments, reporting, or payment processes. Plus, the format limits the ability to expand the code set and add new codes.

8. When do I have to convert to ICD-10?

You must code all services and discharges using the ICD-10 code set on or after October 1, 2013. The necessary system and workflow changes need to be in place by the compliance date for you to send and receive the ICD-10 codes.

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9. What if I'm not ready by the compliance deadline?

Any ICD-9 codes used in transactions for services or discharges on or after October 1, 2013 will be rejected as non-compliant and the transactions will not be processed. Transactions to be processed and receipt of payments will be interrupted if you do not meet the deadline date.

10. What is GEM?

The General Equivalence Mapping (GEM) is a tool that assists with the conversion from ICD-9 codes to ICD-10 codes and back. Developed by CMS and CDC, in collaboration with the American Health Information Management Association (AHIMA) and the American Hospital Association (AHA), GEMs acts as a crosswalk linking codes of one system with codes in the other system.

In some instances, there is not a translation between an ICD-9-CM code and an ICD-10-CM code. When there is no plausible translation, a "No Map" flag indicator is noted.

11. Is ICD-10 currently in use?

Yes, ICD-10 has been in use throughout the world for both morbidity and mortality statistics since 1994. It has been required for reporting mortality statistics in the United States since 1999.

12. What is SNOMED-CT?

SNOMED-CT is one of a suite of designated standards for use by providers for the electronic exchange of clinical health information and is a required standard in interoperability specifications of the U.S. Healthcare Information Technology Standards Panel (HITSP). It is the most comprehensive clinical vocabulary available in English (or any language).

While use of SNOMED-CT by providers is not yet common practice, the healthcare IT market is seeing an increase in clinical practice applications that incorporate this terminology in EHR systems, and physician practices that have embraced this application find it physician friendly and useful in everyday practice.

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