



CMS Frequently Asked Questions (FAQ)

This document contains FAQs from the Centers for Medicare and Medicaid (CMS). If you are unable to find the answer to your question in the FAQ, please send your question to MDCH-ICD-10@michigan.gov. Click on the Table of Contents to link to the answer to the question.

Table of Contents

- General Information 3**
 - Why is the transition to ICD-10 happening? 3
 - What does ICD-10 compliance mean? Updated 06/24/2014 3
 - What is the ICD-10 compliance date? Updated 06/24/2014 3
 - Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition? 4
 - How does the Version 5010 transition affect the transition to ICD-10?..... 4
 - What happens if I don't switch to ICD-10?..... 4
 - If I transition early to ICD-10, will CMS be able to process my claims? 4
 - Where can I find the latest ICD-9-CM diagnostic codes?..... 4
 - Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?..... 4
 - Will the transition to ICD-10 be postponed? 5
 - Do state Medicaid programs need to transition to ICD-10? 5
- Preparing for ICD-10 5**
 - What should providers be doing to prepare for the transition to ICD-10?..... 5
 - What do providers need to do to make sure their ICD-10 systems are working properly? 6
 - What steps can I take to ensure my practice has a smooth transition to ICD-10?..... 6
 - What type of training will providers and staff need for the ICD-10 transition? 6
 - Why should I start preparing now for the ICD-10 transition when it doesn't happen until October 2015? 7
 - The transition will go much more smoothly for organizations that plan ahead and prepare now. A successful transition to ICD-10 will be vital to transforming our nation's health care system and ensuring uninterrupted operations..... 8
 - What should software vendors, clearinghouses, and third-party billing services be doing to prepare for the transition to ICD-10?..... 8



CMS Frequently Asked Questions (FAQ)

Coding and Code Translation.....8

Why do the General Equivalency Mappings (GEM) go in both directions (from International Classification of Diseases, 9th Edition, Clinical Modification [ICD-9-CM] to International Classification of Diseases, 10th Edition (ICD-10) and from ICD-10 back to ICD-9-CM)? 8

For what period of time following International Classification of Diseases, 10th Edition (ICD-10) implementation on October 1, 2015 will the General Equivalence Mappings (GEM) be updated? 9

As discussed on pages 3337-3338 of the ICD-10 final rule, the ICD-9-CM Coordination and Maintenance Committee will discuss updating the GEMs for a minimum of three years after ICD-10 is implemented on October 1, 2015. CMS welcomes recommendations regarding how long the GEMs should be maintained and updated. The final rule can be found at <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf> on the Web9

Can ICD-9-CM procedure codes be reported on hospital outpatient claims? If I use HCPCS codes to report hospital outpatient services at the “required” service line level segment for a claim, may I use the ICD-9-CM procedure codes to report hospital outpatient services at the claim level “situational” segment?.....9

Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?10

Are there any instances when there is no translation between an International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) code and an International Classification of Diseases, 10th Edition (ICD-10) code? How do the General Equivalency Mappings handle this situation?10

How soon after a code has been added or deleted will the General Equivalence Mappings (GEM) be updated to reflect these changes?.....10

What methodology is being used in the Medicare Severity Diagnosis Related Groups (MS-DRG International Classification of Diseases, 10th Edition (ICD-10) conversion?11

Will I need to use both ICD-9 and ICD-10 codes during the transition?11

How does the new deadline impact the CMS Partial Code Freeze? New 06/24/2014.....11



CMS Frequently Asked Questions (FAQ)

General Information

Why is the transition to ICD-10 happening?

The transition is occurring because:

- **ICD-9 codes have limited data about patients' medical conditions and hospital inpatient procedures.** ICD-9 is 30 years old, has outdated and obsolete terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.
- **ICD-10 codes allow for greater specificity and exactness in describing a patient's diagnosis and in classifying inpatient procedures.** ICD-10 will also accommodate newly developed diagnoses and procedures, innovations in technology and treatment, performance-based payment systems, and more accurate billing. ICD-10 coding will make the billing process more streamlined and efficient, and this will also allow for more precise methods of detecting fraud.

A successful transition to ICD-10 will be vital to transforming our nation's healthcare system.

What does ICD-10 compliance mean? Updated 06/24/2014

ICD-10 compliance means that all Health Insurance Portability and Accountability Act (HIPAA) covered entities are able to successfully conduct health care transactions on or after **October 1, 2015** 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.

What is the ICD-10 compliance date? Updated 06/24/2014

The compliance date for ICD-10-CM (Clinical Modification) for diagnoses and ICD-10-PCS (Procedure Coding System) for inpatient hospital procedures is **October 1, 2015**. (74 FR 3328).

*The Centers for Medicare & Medicaid Services (CMS) has announced that the U.S. Department of Health and Human Services will release an interim final rule that will include a new ICD-10 compliance date of **October 1, 2015**. The continued use of ICD-9-CM will be required for HIPAA covered entities through September 30, 2015.*



CMS Frequently Asked Questions (FAQ)

Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition?

Everyone covered by HIPAA must use ICD-10 starting **October 1, 2015**. This includes health care providers and payers who do not deal with Medicare claims. Organizations that are not covered by HIPAA, but use ICD-9 codes should be aware that their coding may become obsolete if they do not transition to ICD-10.

How does the Version 5010 transition affect the transition to ICD-10?

Version 5010 supports both the ICD-9 and the ICD-10 code set structures. It is not possible to create or transmit electronic claims using ICD-10 codes without transitioning to Version 5010 HIPAA transaction standards. Version 4010/4010A1 does not support ICD-10 codes.

What happens if I don't switch to ICD-10?

Claims for all services and hospital inpatient procedures provided on or after **October 1, 2015**, must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services and inpatient procedures provided before **October 1, 2015**, must use ICD-9 codes even if they are submitted after the compliance date.

If I transition early to ICD-10, will CMS be able to process my claims?

No. CMS and other payers will not be able to process claims using ICD-10 until the **October 1, 2015**, compliance date. However, you should plan to start ICD-10 testing with payers beginning in 2012.

Where can I find the latest ICD-9-CM diagnostic codes?

The updated ICD-9-CM codes are published in the Federal Register in April/May of each year as part of the Proposed Changes to the Hospital Inpatient Prospective Payment Systems in Table 6 and effective each October 1. After the ICD-9-CM codes are published in the Federal Register, CMS places the new, revised, and discontinued codes on the following web site: <http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/> Reference: <http://www.cms.hhs.gov/medlearnmattersarticles/downloads/mm3094.pdf>

Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?

ICD-10 codes are different from ICD-9 codes. ICD-10 has a completely different structure from ICD-9. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes will be alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one to many" matches in some instances. Like ICD-9 codes, ICD-10 codes will be updated every year.



CMS Frequently Asked Questions (FAQ)

Where can I find the ICD-10 codes? NEW 06/24/2014

The ICD-10-CM, ICD-10-PCS code sets and the ICD-10-CM official guidelines are available free of charge on the "[2015 ICD-10-CM and GEMs](#)" and "[2015 ICD-10-PCS and GEMs](#)" pages of the CMS ICD-10 website.

Will the transition to ICD-10 be postponed?

The **October 1, 2015** compliance date is firm. There are no plans to extend the deadline.

Do state Medicaid programs need to transition to ICD-10?

Yes. Like all other Health Insurance Portability and Accountability Act (HIPAA) covered entities, state Medicaid programs must comply with ICD-10 by **October 1, 2015**. CMS is continuing to work with Medicaid programs to help ensure they meet the deadline.

Preparing for ICD-10

What should providers be doing to prepare for the transition to ICD-10?

Providers can begin to prepare by taking the following steps NOW:

- Talk with your billing service, clearinghouse, or practice management software vendor NOW
- Identify ICD-9 (and presumably ICD-10) touch points in your systems and business processes
- Identify needs and resources, such as training, printing, etc.
- An ICD-10 transition plan should take into account specific practice or organization needs, vendor readiness, and staff knowledge and training.
- Providers should check with their billing service, clearinghouse, or practice management software vendor about their readiness plans.
- Providers who handle billing and software development internally, should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10 transition efforts.
- Work together to make sure you'll have what you need to be ready. A successful transition to ICD-10 will be vital to transforming our nation's health care system and essential to maintaining business operations.

CMS has resources which include timelines, checklists and guidelines for all provider types in order to help providers prepare for a smooth transition to Version 5010 and ICD-10. Visit www.cms.gov/ICD10 to find out more. CMS will continue to add new tools and information to the site through the course of the transition.



CMS Frequently Asked Questions (FAQ)

What do providers need to do to make sure their ICD-10 systems are working properly?

Providers should plan to test their ICD-10 systems early to help ensure they will be ready by the compliance date. Plan to test claims, eligibility verification, quality reporting, and other transactions and processes that involve ICD-10 codes from beginning to end. It is important to test both within your organization and with your payers and other business partners.

Beginning steps in the testing phase include:

- Working with practice management system and/or EHR vendors/IT staff and coders/billers to develop and test processes and systems using ICD-10 codes
- Determining when you will be ready to test, and working with payers and any clearinghouses or billing services that you use to schedule testing
- Developing a testing plan that outlines key dates and milestones for when tests should be completed

To find out more, see the CMS implementation timelines and checklists for large practices, small and medium practices, small hospitals, and payers. In addition, implementation guides are available for large practices, small and medium practices, and small hospitals in the “Provider Resources” section of the CMS ICD-10 website.

What steps can I take to ensure my practice has a smooth transition to ICD-10?

The following are steps you can take to ensure a smooth transition to ICD-10:

- Have a transition plan in place and make sure it documents the steps being followed and the dates that milestones will be achieved to comply with ICD-10 requirements
- Include vendor tasks in your plan and timeline, and make sure to communicate with your practice management system and/or EHR vendors regularly about ICD-10
- Establish an emergency fund to cover unexpected costs and possible reimbursement delays

What type of training will providers and staff need for the ICD-10 transition?

American Health Information Management Association (AHIMA) recommends training should begin no more than six months before the compliance deadline. Training varies for different organizations, but is projected to take 16 hours for coders and 50 hours for inpatient coders. For example, physician practice coders will need to learn ICD-10 diagnosis coding only, while hospital coders will need to learn both ICD-10 diagnosis and ICD-10 inpatient procedure coding. Look for specialty-specific ICD-10 training offered by societies and other professional organizations. Take into account that ICD-10 coding training will be integrated into the CEUs that certified coders must take to maintain their credentials.



CMS Frequently Asked Questions (FAQ)

ICD-10 resources and training materials will be available through CMS, professional associations and societies, and software/system vendors. Visit www.cms.gov/ICD10 regularly throughout the course of the transition to access the latest information on training opportunities.

In addition, some high-level ICD-10 training will be required earlier so that staff can conduct testing in 2013. This includes training to learn the new ICD-10 systems and understand how the structure and granularity of the ICD-10 codes will affect clinical documentation.

Where can I find training opportunities? NEW June 24, 2014

CMS collaborated with Medscape Education on [two video lectures](#) and an [expert article](#) providing practical guidance for the ICD-10 transition. The videos and article are available to anyone who registers with Medscape at no cost. Continuing medical education credits are available to physicians who complete the activities and take a post-test.

- ICD-10: A Guide for Small and Medium Practices
- ICD-10: A Guide for Large Practices
- Transition to ICD-10: Getting Started

Why should I start preparing now for the ICD-10 transition when it doesn't happen until October 2015?

The transition from ICD-09 to ICD-10 is a major undertaking for providers, payers, and vendors. It will drive business and system changes throughout the health care industry, from large national health plans to small provider offices, laboratories, medical testing centers, hospitals, and more. It is not just an update of codes but a major change in how you conduct business. Plans need to devote staff time and financial resources to transition activities.

Activities for a successful transition include:

- *Identifying how ICD-10 will affect your organization*
- *Developing a plan for implementing ICD-10 and creating a timeline of activities*
- *Working with vendors on new software/systems to accommodate ICD-10*
- *Coordinating with vendors, payers, and other business partners about ICD-10, especially about testing transactions and processes that use ICD-10*



CMS Frequently Asked Questions (FAQ)

The transition will go much more smoothly for organizations that plan ahead and prepare now. A successful transition to ICD-10 will be vital to transforming our nation's health care system and ensuring uninterrupted operations.

What should software vendors, clearinghouses, and third-party billing services be doing to prepare for the transition to ICD-10?

Software vendors, clearinghouses, and third-party billing services should talk to their customers NOW to get them ready so their claims will continue to be paid. Take a proactive role in assisting in the transition. Ask customers about their needs and establish a comprehensive approach that will deliver compatible products well ahead of the key transition deadlines. Develop testing guidelines and schedules.

Additionally, you should be working with customers to install and test ICD-10 ready products. Products and services will be obsolete if steps are not taken now to get ready. CMS has resources to help you and your customers prepare for a smooth transition to Version 5010 and ICD-10.

Visit www.cms.gov/ICD10 to find out more. CMS will continue to add new tools and information to the site through the course of the transition.

What should Payers be doing to prepare for the transition to ICD-10?

The transition to ICD-10 will involve new coding rules, so it will be important for payers to review payment policies. Payers should ask software vendors about their readiness plans and timelines for product development, testing, availability, and training. The [ICD-10 Implementation Handbook for Payers](#) on the CMS website provides detailed information for planning and executing the transition.

Coding and Code Translation

Why does the General Equivalency Mappings (GEM) go in both directions (from International Classification of Diseases, 9th Edition, Clinical Modification [ICD-9-CM] to International Classification of Diseases, 10th Edition (ICD-10) and from ICD-10 back to ICD-9-CM)?

The GEMs are designed to be used like a bi-directional translation dictionary. They go in both directions so that you can look up a code to find out what it means according to the concepts and structure used by the other coding system, similar to how Spanish-English and English-Spanish dictionaries are designed. Neither the two dictionaries nor the GEMs are a mirror image of each other. Because the translation alternatives are based on the meaning of the code you are looking up (which includes index entries, tabular instruction,



CMS Frequently Asked Questions (FAQ)

and applicable Coding Clinic advice), the ICD-10-Procedure Coding System (PCS) to ICD-9-CM GEM is not a mirror image of the ICD-9-CM to ICD-10-PCS GEM.

The GEMs were designed to convert current ICD-9-CM codes to applicable ICD-10 codes. A "reverse lookup" of the backward mappings (ICD-10-CM/PCS to ICD-9-CM GEM, looked up by ICD-9-CM code) can be used to convert payment logic or coverage decisions from ICD-9-CM codes to ICD-10 codes. This mapping (ICD-10-CM/PCS to ICD-9-CM GEMs) could also be used in examining trend data over multiple years, spanning the implementation of ICD-10. For example, in 2015 it will be possible to compare how frequencies changed for a specific condition using an ICD-10 code compared to prior years using ICD-9-CM codes. The forward mapping (ICD-9-CM to ICD-10-CM/PCS GEMs) can be used to convert ICD-9-CM-based edits and can also be used for any analysis or conversion project that needs to examine ICD-10 codes and determine the ICD-9-CM code(s) that previously captured this diagnosis or procedure.

For what period of time following International Classification of Diseases, 10th Edition (ICD-10) implementation on October 1, 2015 will the General Equivalence Mappings (GEM) be updated?

As discussed on pages 3337-3338 of the ICD-10 final rule, the ICD-9-CM Coordination and Maintenance Committee will discuss updating the GEMs for a minimum of three years after ICD-10 is implemented on **October 1, 2015**. CMS welcomes recommendations regarding how long the GEMs should be maintained and updated. The final rule can be found at <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf> on the Web

Can ICD-9-CM procedure codes be reported on hospital outpatient claims? If I use HCPCS codes to report hospital outpatient services at the "required" service line level segment for a claim, may I use the ICD-9-CM procedure codes to report hospital outpatient services at the claim level "situational" segment?

NO. ICD-9-CM procedure codes were named as the HIPAA standard code set for inpatient hospital procedures. The ICD-9-CM procedure codes were not named a HIPAA standard for procedures in other settings such as hospital outpatient services or other types of ambulatory services. Hospitals may capture the ICD-9-CM procedure codes for internally tracking or monitoring hospital outpatient services; but when conducting standard transactions, hospitals must use HCPCS codes to report outpatient services at the service line level and the claim level, if the situation applies. Even though an ICD-9-CM procedure code qualifier is available, in addition to a HCPCS code qualifier, at the "situational" claim level segment, the Transactions and Code Sets regulation states that ICD-9-CM procedure codes is the adopted standard code set for hospital inpatient services.

Reminder: **October 1, 2015** the ICD-9-CM procedure code set is replaced by the ICD-10-PCS



CMS Frequently Asked Questions (FAQ)

procedure code set. CMS has resources to help you prepare for a smooth transition to ICD-10. Visit www.cms.gov/ICD10 to find out more.

Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?

No. This change does not affect CPT coding for outpatient procedures. ICD-10 procedure codes are for hospital inpatient procedures only.

Are there any instances when there is no translation between an International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) code and an International Classification of Diseases, 10th Edition (ICD-10) code? How do the General Equivalency Mappings handle this situation?

Yes. There are instances where there is not a translation between an ICD-9-CM code and an ICD-10 code. When there is no plausible translation from a code in one system to any code in the other system, the "No Map" flag indicates this.

For example, the following codes are marked with the "No Map" flag:

- ICD-10-CM code Y71.3 - Surgical instruments, materials and cardiovascular devices (including sutures) associated with adverse incidents, which has no reasonable translation in ICD-9-CM; and
- ICD-9-CM procedure code 89.8 - Autopsy, which has no reasonable translation in ICD-10-Procedure Coding System.

For more information on this subject, see the Diagnosis Code Set General Equivalence Mappings ICD-10-CM to ICD-9-CM and ICD-9-CM to ICD-10-CM Documentation and User's Guide, which can be accessed at <http://www.cms.gov/ICD10>. Look on the left side for the most recent ICD-10-CM link. Click on this link. The GEMS User's Guide is posted in the Downloads Section within the zipped files.

How soon after a code has been added or deleted will the General Equivalence Mappings (GEM) be updated to reflect these changes?

CMS updates International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) and International Classification of Diseases, 10th Edition (ICD-10) codes each year. The annual updates to the GEMs along with the updates to the ICD-10 codes are posted on our website at: <http://www.cms.gov/ICD10>.



CMS Frequently Asked Questions (FAQ)

When do you anticipate that an International Classification of Diseases, 10th Edition (ICD-10) version of the Medicare Severity Diagnosis Related Groups (MS-DRG) will be completed and posted on the Centers for Medicare & Medicaid Services website?

A draft ICD-10 version of the MS-DRGs was completed in October 2009 and posted at http://www.cms.gov/ICD10/17_ICD10_MS_DRG_Conversion_Project.asp. CMS believes this exercise will provide useful information to other payers who will be converting their own payment systems. The final ICD-10 version of the MS-DRGs will be subject to formal rulemaking as part of the Inpatient Prospective Payment System.

What methodology is being used in the Medicare Severity Diagnosis Related Groups (MS-DRG) International Classification of Diseases, 10th Edition (ICD-10) conversion?

The goal of MS-DRG ICD-10 conversion is to replicate the current MS-DRG logic. A record coded in ICD-10-Clinical Modification/Procedure Coding System (CM/PCS) and processed according to the converted ICD-10-based MS-DRGs will be assigned to the same MS-DRG as the same record coded in ICD-9-CM and processed according to the current MS-DRG logic.

CMS is accomplishing this goal by translating the lists of ICD-9-CM codes that comprise the MS-DRGs (approximately 500 code lists) to comparable lists of ICD-10-CM/PCS codes without changing the underlying MS-DRG logic. This method of replacing lists of ICD-9-CM codes with lists of ICD-10 codes is partially automated using the General Equivalence Mappings.

Will I need to use both ICD-9 and ICD-10 codes during the transition?

Practice management systems must be able to accommodate both ICD-9 and ICD-10 codes until all claims and other transactions for services before **October 1, 2015**, have been processed and completed. Promptly processing ICD-9 transactions as the transition date nears will help limit disruptions and will limit the timeframe when dual code sets need to be used.

How does the new deadline impact the CMS Partial Code Freeze? New 06/24/2014

- The partial code freeze will continue through **October 1, 2015**, the new planned implementation date.
- Regular updates to ICD-10 will begin on October 1, 2016, one year after the implementation of ICD-10.
- See [Partial Code Freeze for ICD-9-CM and ICD-10](#) for more information.
- The 2015 ICD-10-CM and 2015 ICD-10-PCS files are now posted on the CMS website at [2015 ICD-10-CM](#) and [2015 ICD-10-PCS](#).
- The 2015 General Equivalence Mappings (GEMs) will be posted summer 2014.