Planning for Transition to ICD-10

Months of coordinated effort will be necessary to ensure a smooth transition.

ICD-10 Resources

**Downstate**
For more information about Downstate’s transition to ICD-10 including other resources and contact information

[www.downstate.edu/icd10](http://www.downstate.edu/icd10)

**CMS**
The Centers for Medicare and Medicaid Services (Administration of Medicare and Medicaid)


**AHIMA**
The American Health Information Management Association (provides education, testing and credentialing (RHIA, CCS))

[http://www.ahima.org/icd10/](http://www.ahima.org/icd10/)

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Transitioning to ICD-10

*October 1, 2015 | Ready for Change!*

**ICD.2015**
International Classification of Diseases -10th Revision

*International Classification of Diseases – 10th Revision*

ICD-10 is a classification system used to delineate medical diagnosis and procedures for care management and billing purposes. Adopting this new system will be a major undertaking, affecting many areas of hospital operations.

**SUNY Downstate Medical Center will upgrade to ICD-10 on October 1, 2015.**
ICD 10 Fast Facts

- ICD-10 was developed by the World Health Organization (WHO) and is currently being used by many countries to record mortality and morbidity data.
- All HIPAA “Covered Entities” including Providers, Payers and Clearing-Houses, must transition to ICD-10.
- ICD-10 will replace currently utilized ICD-9 codes.
- ICD-10-CM (Clinical Modification) is for diagnosis coding.
- ICD-10-PCS (Procedure Classification System) is for inpatient procedure coding.
- ICD-10-CM/PCS represents a significant improvement over ICD-9 and will offer 8 times as many codes (141,000 codes).
- Transitioning to ICD-10 is a Federal requirement.
- ICD-9 is 30 years old, has outdated terms and is inconsistent with current medical practices.
- After October 1, 2015, Provider claims not submitted using ICD-10 will not be paid.
- U.S. adoption of ICD-10 has been delayed several times due to the enormous cost and effort required for transition.

Why is the U.S. Transitioning to ICD-10?

ICD-9 is simply outdated, its terminology and classifications are inconsistent with current medical practices. In addition, ICD-9 has run out of space – leaving no room to accommodate new codes that address advances in medical knowledge, new technology, or newly identified diseases.

The goal of the 10th revision was to expand the content, purpose and scope of the coding system to include:

- Ambulatory care services;
- Increased clinical detail;
- Capturing of risk factors in primary care;
- Identification of emergent diseases; and
- Grouped diagnoses for epidemiological purposes.

The new code sets available in ICD-10 incorporate greater specificity and clinical detail resulting in major improvements to the quality and usefulness of coded data.

Who Will be Impacted?

Downstate is conducting an organization wide marketing campaign to raise awareness of ICD-10. All employees should be aware of the impending changes and the level of impact upon their department. Customized training will be provided – based on employee specific job functions.

Documentation Improvement

ICD-10 will offer much greater specificity with the expansion of codes. Current documentation practices should be assessed to minimize the use of vague or non-specific codes. Documentation must include clear and precise language to define the patient condition to include: granularity, location, laterality as presented upon examination and medical decision making.

Reimbursement / Productivity

Anticipate impact! All entities preparing to transition to ICD-10 should evaluate for potential reimbursement delays and potential productivity loss while affected staff familiarize with the new code structure. Initial testing periods of dual coding (coding in both ICD-9 and ICD-10) may require additional staff in high volume areas.

Hospital Information Systems

A complete inventory of all electronic health systems impacted by ICD-10 must be undertaken to ensure that all systems are compatible with the new code structure. Vendors of DMC’s information systems must be contacted for necessary software updates, and applicable staff may need training on new features.