

ICD10

Final Rule published in the Federal Register, January 16, 2009

Copies of the final rules are on the Network at:

G:\HIPAA Library\Transactions+Code Sets\ICD10\Rule\Fed Reg 5010s

ICD-9 procedures and diagnosis codes are replaced with **ICD-10**

For Dates of Service **10/1/2013** and later

All Covered Entities [no Small Group extra year provision]

Impacts:

System:

- Length of data element
- Increased number of codes

Diagnosis	ICD9	ICD10
# of Characters	3-5 Alphanumeric	3-7 Alphanumeric (alpha rules differ)
Number of Codes	13,000	120,000
Procedure		
# of Characters	3-4 Numeric	7 Alphanumeric
Number of Codes	4,000	200,000

- Impacts to existing edits and New edits to be added
- Reimbursement rules
- Crosswalks for reporting
- Overlap period for code sets
- New tables

Policy/Documentation:

- Contracts with providers
- Reimbursement agreements
- Rules
- Manuals

Education/Training:

- Internal to the Agency
- External to the Agency

***Crosswalks available for ICD-9 to ICD-10

ICD-10

Effective 10/1/2011 the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. The new codes would replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively.

Next Steps:

- Evaluate timeline options –
 - Test and Implement w/5010
 - Test and Implement after 5010
 - Test and Implement overlapping 5010
- Internal Customer Inventories
- Outreach –
 - Health Plans
 - Providers
 - Medicare
- ISD Requirements Analysis
- Include/Update Hawaii