



The ICD-10 Transition and Public Health Surveillance - What You Need to Know

CDC ICD-10 Transition Workgroup

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Quick Facts:

- ◆ All entities covered by HIPAA will transition to ICD-10 on October 1, 2014.
- ◆ All users will transition on the same date.
- ◆ ICD-10-CM replaces ICD-9-CM, Volumes 1 and 2 for all health care settings.
- ◆ ICD-10-PCS replaces ICD-9-CM, Volume 3 for inpatient procedures.
- ◆ ICD-10 was implemented for mortality reporting in the U.S. in 1999.
- ◆ Current Procedural Terminology (CPT) codes will not change.
- ◆ ICD-9-CM claims for services will not be accepted for services provided on/after October 1, 2014.

ICD-10 is Coming on October 1, 2014

The Department of Health and Human Services (HHS) has mandated that all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) transition from the International Classification of Diseases version 9 (ICD-9-CM) to version 10 (ICD-10-CM/PCS) on October 1, 2014. This represents a huge shift for the health care industry but many public health entities also rely on the receipt of ICD-9-CM coded data from HIPAA-covered entities to conduct regular surveillance, epidemiologic and public health activities. It is imperative that public health entities prepare their systems, processes and people for the transition to ensure continuity of services and functions.

Why Change?

The U.S. has been using ICD-9-CM since 1979 and it is not sufficiently

Differences Between ICD-9-CM and ICD-10 Code Sets		
	ICD-9-CM	ICD-10 code sets
Procedure	3,824 codes	71,924 codes
Diagnosis	14,025 codes	69,823 codes

ICD-10 Code Structure Changes (selected details)		
	Old	New
Diagnosis Structure	ICD-9-CM	ICD-10-CM
	<ul style="list-style-type: none"> • 3-5 characters • First character is numeric or alpha • Characters 2-5 are numeric 	<ul style="list-style-type: none"> • 3-7 characters • Character 1 is alpha • Character 2 is numeric • Characters 3-7 can be alpha or numeric
Procedure Structure	ICD-9-CM	ICD-10-PCS
	<ul style="list-style-type: none"> • 3-4 characters • All characters are numeric • All codes have at least 3 characters 	<ul style="list-style-type: none"> • ICD-10-PCS has 7 characters • Each can be either alpha or numeric • Numbers 0-9; letters A-H, J-N, P-Z

robust to serve the health care needs of the future. The content is no longer clinically accurate, the number of available codes is limited, and the coding structure is too restrictive. The U.S. cannot directly compare morbidity diagnosis data to state and national mortality data because mortality data have already transitioned to ICD-10 code sets. Further, most developed countries have already made the transition to ICD-10 code sets so the U.S. cannot compare U.S. morbidity diagnosis data at the international level.

ICD-10 code sets have updated medical terminology and classification of diseases and procedures, allow comparison of morbidity diagnosis and mortality data, and provide better data for measuring care provided to patients, tracking health conditions, making clinical decisions, identifying fraud and abuse, epidemiological research, designing payment systems and processing claims.

Table 1. Key Differences Between Code Sets

Will You be Affected by the Transition?

- Is your program covered by HIPAA?*
- Does your program receive or utilize ICD-9-CM coded data from HIPAA-covered entities?*
- Does your program receive verbatim diagnosis or procedure information that you code?*
- Do you analyze public-use data files derived from or including ICD-9-CM codes?*
- Do you support systems that consume ICD-9-CM data?*
- Have you developed surveillance guidelines that use ICD-9-CM codes to identify potential cases?*

If you answered yes to any of these questions then you are likely affected by the transition to ICD-10 code sets. Read on to learn how you might be affected and to see tips and tools that may help you with the transition.





**Will you be prepared on
October 1, 2014?**

Tips:

- ◆ Begin planning now!
- ◆ Develop a transition project plan and integrate planning for the transition into your regular programmatic activities.
- ◆ Seek leadership support and an executive sponsor early in the process.
- ◆ Define the resources you will need and advocate for them as soon as possible.
- ◆ Leverage existing communications network in your organization to spread the message that ICD-10 is coming.
- ◆ Leverage an organization-wide structure to “house” ICD-10 efforts to ensure inclusiveness and prevent siloed efforts.

CDC Contact Information

Questions regarding the ICD-10 Transition Workgroup? Email us at ICD-10Transition@cdc.gov

How Might You be Affected by the Transition?

<u>Systems:</u>	<u>Processes:</u>	<u>People:</u>
Changes may be needed to accommodate the new codes: <ul style="list-style-type: none"> ◆ Extend character length to 7 ◆ Increase messaging capacity ◆ Increase storage capacity ◆ Modify system logic and edits ◆ Update system documentation ◆ Modify links with other systems 	Modifications may be needed for public health business processes: <ul style="list-style-type: none"> ◆ Statistical analysis programs ◆ Data extraction programs ◆ Data tables ◆ Publications ◆ Reports ◆ Health condition definitions ◆ Trend analyses 	Primary users: For those who assign diagnosis and/or procedure codes, you will need thorough training in ICD-10 code sets. Secondary users: For those of you who utilize already coded ICD data, you will need to learn the new codes that apply to your data. Training of staff will be critical to a smooth transition.

Challenges for Public Health

Public health entities whose systems, processes and people rely on already coded ICD data may face several challenges with the transition to ICD-10 code sets:

- ◆ Competing priorities with Meaningful Use and shrinking budgets
- ◆ Lacking ICD-10 expertise in public health sector
- ◆ Training for public health workforce
- ◆ Revised health condition or “case” definitions
- ◆ Achieving consensus on transition issues among stakeholders
- ◆ Conducting trend analyses:
 - Reconciling 9 months of ICD-9-CM data and 3 months of ICD-10-CM/PCS in same calendar year
 - Mapping to and selecting appropriate new codes
 - Elimination of previously used codes
 - Providing public-use data and education of users

Tools You Can Use

General Equivalence Mappings (GEMs) - These are bi-directional (backward and forward maps) mappings designed to aid in converting applications and systems from ICD-9-CM to ICD-10-CM/PCS. They can also be used to “find and replace” codes or lists of codes.

- ◆ ICD-10-CM GEMs, Guidelines: <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- ◆ ICD-10-PCS GEMs, Coding System: <https://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>

Systematized Nomenclature of Medicine—Clinical Terms (SNOMED CT) to ICD-10-CM map:
http://www.nlm.nih.gov/research/umls/mapping_projects/snomedct_to_icd10cm.html

Cancer case finding lists for ICD-10: <http://seer.cancer.gov/registrars/>

ICD-10 Resources

- ◆ CDC National Center for Health Statistics ICD-10 transition website: http://www.cdc.gov/nchs/icd/icd10cm_pcs.htm
- ◆ Centers for Medicare and Medicaid Services ICD-10 website: <http://www.cms.gov/Medicare/Coding/ICD10>
- ◆ CDC has created an “ICD-10-CM/PCS Transition” community on phConnect as a forum to facilitate public health collaboration on transition topics: <http://www.phconnect.org/group/icd-10-cm-pcs-transition-for-public-health>

