

ICD-10-CM Coding to be Effective October 2013

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On January 16, 2009, the Department of Health and Human Services published the final regulation (74 FR 3328) on *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. This rule requires all "covered entities," as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to adopt ICD-10-CM codes (diagnosis) and ICD-10-PCS codes (inpatient procedure codes) for use in all HIPAA transactions that are related to services provided on or after October 1, 2013.

Note: *The term ICD-10 codes sets will be used throughout the remainder of this article when referring to both the ICD-10-CM and ICD-10-PCS codes.*

Effective for dates of service or dates of discharge (services) on or after October 1, 2013, Medicaid fee-for-service, Medicaid managed care, Primary Care Case Management (PCCM), family planning (Titles V, X, and XX), the Children with Special Health Care Needs (CSHCN) Services Program, and the Long Term Care (LTC) program will transition medical diagnosis and inpatient procedure coding from ICD-9-CM to ICD-10 code sets. The transition to ICD-10 code sets will require business and system changes throughout the health-care industry. All providers who are covered by HIPAA must make the transition by the compliance date of October 1, 2013. Claims for service dates and discharge dates that are provided on or after October 1, 2013, must be submitted with ICD-10 code sets in order to prevent delays in claim processing and avoid impacts to provider payments. Providers should make preparations so that by October 1, 2013, office staff will be trained on the new coding and billing systems and third party billing agents and clearinghouses will be ready to use the ICD-10 code sets.

ICD-10 implementation will require more than a code set update. Diagnosis and inpatient procedure codes are an essential part of policy and processes in all operations, so implementing ICD-10 will require all of the previously mentioned programs to redefine their policies so that they align with the new code set. As policies are redefined, updated processes could affect coverage and payment of products and services. Most policies will be affected, since diagnosis and/or inpatient procedure codes are used in almost every clinical and administrative process and system.

Providers who submit claims using *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR)* codes to describe mental disorders will continue to be able to use the DSM coding system October 1, 2013; however, the DSM coding system is expected to transition to DSM-V codes in early 2013 to facilitate compatibility with the ICD-10-CM.

Additional information is available on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov/ICD10/.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.