

MDOL and ICD-10: *Frequently Asked Questions*

April 2014

The transition to ICD-10 is not optional...

Want the good news?

*MDOL will be here to help you through every
step of the way!*



What is ICD-10?

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of 2 parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all US healthcare settings. Diagnosis coding under ICD-10-CM uses 3 to 7 alphanumeric characters instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS is for use in US inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric characters instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

Why is it important?

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Additionally, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. ICD-10 has been adopted by almost every country in the world, except the United States.

When is the transition?

The ICD-10 deadline is October 1, 2015. Claims for dates of service prior to October 1, 2015 should be submitted with ICD-9 codes—even if submitted after the compliance deadline. To that end, claims for dates of service on or after October 1, 2015 must be submitted with ICD-10 codes. As mandated by the HHS, it is essential that claims submitted for services provided on or after the compliance deadline use updated ICD-10 codes or they may be ineligible for reimbursement. There is no grace period.

Who needs to transition?

ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.

Although HIPAA code set requirements apply only to HIPAA electronic transactions, the conversion applies to all paper-submitted claims as well.

What's the difference between the ICD-9 and ICD-10 code sets?

The following table is a comparison of the differences in the features between the ICD-9-CM and ICD-10-CM code sets:

Characteristic	ICD-9	ICD-10
Length	3-5 numbers	3-7 alphanumeric characters
Volume	~14,000 diagnostic ~4,000 procedural	~68,000 diagnostic ~87,000 procedural
Breadth	Growth capacity reached	Supports room for expansion
Overall detail	Ambiguous, lacks detail	Greater specificity, enhanced accuracy
Compatibility	Complex to transfer internationally	Compatible with international health systems
Adaptability	Based on outdated technology	Reflects current usage of medical terminology/devices

How is MD On-Line preparing for ICD-10 acceptance?

MD On-Line has assembled our internal transition team, and we are finalizing any needed changes, as well as end-to-end testing. We are developing solutions to assist you with the transition and provide options that will best fit your practice.

I'm an MD On-Line customer. How will this change affect me?

- ▶ **WebLink™** – Please check with your existing Practice Management system to ensure that it will be ready for the ICD-10 transition.
- ▶ **Link1500™** – Link1500™ will be ready to make the transition from ICD-9 to ICD-10 by the October 1, 2015 compliance date.
- ▶ **MDOL's Practice Management (PM) System)/Electronic Medical Records (EMR)** – MDOL's PM and EMR solutions have prepared and tested our systems which are now ready for your use. A claims scrubber and ICD-9/10 search engine feature has been added to guide you through the transition.
- ▶ **Revenue Cycle Management (RCM)** – Our RCM team has been going through extensive ICD-10 training and will ensure the ICD-10 medical necessities with a claim scrubber.
- ▶ **Medical Transcription (MT)** – Our professional transcriptionists have become familiar with the new medical terminology encompassed within the ICD-10 code set so that we can continue to monitor all quality parameters through every step of transcription and editing.
- ▶ **Instinctive Data® (ID)** – ID's Provider Revenue Center has been updated to support both ICD-9 and ICD-10 classification systems, which will improve its abilities of analyzing claim data to deliver valuable information about your practice. Be sure to utilize Instinctive Data as your source for news and information on ICD-10 updates related to MDOL.

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

We encourage early awareness training for both clinical and administrative staff members; however, MD On-Line and our network of payers will not be able to process claims using ICD-10 until the approved date of compliance. MD On-Line will process claims submitted with ICD-9 codes for dates of service prior to the date of compliance—even if the claim is submitted after the compliance deadline. All claims submitted to MD On-Line for processing with dates of service on or after the date of compliance must be updated to use ICD-10 codes or they may be ineligible for reimbursement.

Where can I find the ICD-10 code sets?

The ICD-10-CM/PCS code sets and the ICD-10-CM official guidelines are available free of charge at www.cms.gov/ICD10.

What do I need to do to prepare for the transition to ICD-10?

MD On-Line recommends the following steps:

1. Speak with your Practice Management software and/or vendor staff about their preparations and readiness and to determine your options.
2. Investigate staff training opportunities. Although MDOL does not offer ICD-10 training services for your practice, we recommend utilizing those offered through [AAPC](#) or [CMS](#).

What do I need to do to prepare for the transition to ICD-10? (Cont)

3. Compile a list of your most frequently used ICD-9 diagnosis codes and compare them with options in ICD-10. You may also need to update your internal forms with the new ICD-10 codes.
4. Contact your most frequently billed Insurance Payers regarding payment questions and your most utilized diagnosis codes.
5. Secure a budget that accounts for software upgrades/software license costs and staff training, as well as any workflow changes during and after implementation.
6. Develop a plan and a timeline, and determine any new system changes/processes; share the plans with your team to ensure all understand the extent of the effort the ICD-10 transition requires.

Who can I contact at MD On-Line for more information?

Dial (888) 499-5465 to speak with a sales or support representative. Representatives are available Monday through Friday from 8:30 AM to 6:00 PM EST. For online support, please log into your MDOL account and use our “Email Support” trouble ticketing system. To receive the latest news and resources on ICD-10, “like” us on Facebook or follow us on Twitter @MDOOn_Line.

