



5010/D.0 & ICD-10 Interrelationships

Understand the Connections between the 5010 and ICD-10 Regulations

| 5010/D.0 | ICD-10-CM/PCS |
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| Introduction | |
| Compliance date: <ul style="list-style-type: none"> • January 1, 2012 <ul style="list-style-type: none"> ○ Covered entities • January 1, 2013 <ul style="list-style-type: none"> ○ Small health plans | Compliance date: <ul style="list-style-type: none"> • October 1, 2013 <ul style="list-style-type: none"> ○ All covered entities |
| Who Is Affected? | |
| <ul style="list-style-type: none"> • All HIPAA covered entities <ul style="list-style-type: none"> ○ Providers ○ Health plans ○ Clearinghouses • Business associates of covered entities that use the affected transactions • Billing / service agents | <ul style="list-style-type: none"> • All HIPAA covered entities <ul style="list-style-type: none"> ○ Providers ○ Health plans ○ Clearinghouses • Business associates of covered entities that use ICD-9 codes/data • Billing / service agents |
| Format Changes | |
| <ul style="list-style-type: none"> • Increases the field size for ICD codes from 5 bytes to 7 bytes • Adds a one-digit version indicator to the ICD code to indicate version 9 vs.10 • Increases the number of diagnosis codes allowed on a claim • Includes some of the other data modifications in the standards adopted by Medicare FFS • Enhanced data elements | <ul style="list-style-type: none"> • ICD-9-CM → ICD-10-PCS • Increases the field size for ICD codes from 3-5 bytes to 3-7 bytes • Increased clinical specificity with over 100,000 additional codes • Increased clinical categories by over 1,200 • Increased procedural specificity with over 190,000 additional codes • Allows for alphanumeric codes • New procedures for In-patient coding |
| Requirements | |
| <ul style="list-style-type: none"> • Required for submission of ICD-9 and ICD-10 codes • New ASC X12 standard acknowledgement and rejection transactions • Enhanced Electronic Transmission of claims Transaction (TR3) Data Content <ul style="list-style-type: none"> ○ Present on Admission indicator ○ NPI unique identifier ○ Physical address for billing provider ○ Unique Patient ID = Subscriber, not patient | <ul style="list-style-type: none"> • Required for claim reimbursement on patient discharges starting on October 1, 2013 • Patient discharges prior to October 1, 2013 will be submitted with ICD-9 codes • Additional specificity will require expanded knowledge of Anatomy and Physiology • Clinical documentation will be cornerstone to coding accurately |

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