The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) has mandated that all health care providers begin using the International Classification of Diseases, 10th edition (ICD-10) on October 1, 2015.

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What is ICD-10-CM?
The International Classification of Diseases (ICD-10), 10th edition, is a diagnostic and surgical procedure coding system developed by the World Health Organization (WHO) in 1993 to replace ICD-9. ICD-10 is now used in almost every country in the world.

ICD-10-Clinical Modification (CM) refers to ICD-10’s diagnosis coding system. Clinical Modification is a standardized classification of disease, injuries, and causes of death which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both in the U.S. and internationally.

When do ICD-10 codes need to be applied?
By federal mandate, ICD-10 MUST be used for all professional claims with dates of service on or after 10/01/2015. Any claim submitted with an ICD-9 code with a date of service on or after 10/01/2015 will receive an error message and will be denied. Claims must be submitted with EITHER ICD-9 or ICD-10 codes. Claims submitted with both ICD-9 and ICD-10 codes will be denied.

What is the difference between ICD-9-CM and ICD-10-CM?
ICD-9 has nearly reached its capacity for growth at approximately 13,000 codes. With the implementation of ICD-10, the number of existing codes will increase to approximately 68,000. Due to the increased specificity of ICD-10 codes, there will not be any direct crosswalk from ICD-9 to ICD-10. The chart below highlights some of the major differences between ICD-9 and ICD-10.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5 characters</td>
<td>3-7 characters</td>
</tr>
<tr>
<td>First character is alpha or numeric</td>
<td>First character is alpha, second is numeric</td>
</tr>
<tr>
<td>Characters 2-5 are numeric</td>
<td>Characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td>Always at least 3 characters</td>
<td>Always at least 3 characters</td>
</tr>
<tr>
<td>Use of decimal after 3 characters</td>
<td>Use of decimal after 3 characters</td>
</tr>
</tbody>
</table>

Where can I find coding resources?

Numerous coding guides and indexes can be found on the Centers for Medicare and Medicaid Services (CMS) ICD-10 pages. Within these ICD-10 coding guides, health care providers can find information on coding that specifically pertains to their practice. Providers can obtain coding information by taking the following steps.
From the left-hand navigation menu of the CMS ICD-10 pages, select the 2014 ICD-10-CM and GEMs subpage. Next choose the “Downloads” section and select the zip file titled “2014 Code Tables and Index.” Once the download is complete, click on the file titled “Tabular.”

From the Table of Contents page, select the correct chapter for your practice’s specialty. Simply navigate through this chapter to locate the specific ICD-10-CM code.

**Will DXC provide ICD-10 training?**

DXC offers trainings, including scheduled workshops, webinars, and web based trainings, that focus on ICD-10 Basics and Florida Medicaid billing. **DXC does NOT provide coding training.** Additionally, training documents are posted regularly to our Web Portal.

**Who can I contact to schedule trainings and answer questions about ICD-10?**

There are seven Provider Field Services (PFS) Representatives available throughout the state of Florida to assist providers with Florida Medicaid’s ICD-10 Implementation and conduct ICD-10 Training Workshops. To contact a Field Services Representative or schedule a visit or training workshop, call 1-800-289-7799, Option 7.
For More Information

The Public Web Portal now has a page dedicated to providing the latest in ICD-10 news and information. Please check our pages often, as they are frequently updated.