

# ICD-10 | Quick Start Guide

This guide outlines 5 steps health care professionals can take to switch to ICD-10. You may have completed some steps already as part of your transition, and you can combine or skip steps if that works best for your practice.

**ICD-10 Effective Date: October 1, 2015**

## You must use:

ICD-10 codes for all services provided on or after October 1  
ICD-9 codes for all services provided before October 1

★ = Crucial activity

## 1 Make a Plan

Assign target dates for completing steps outlined here

★ **Obtain access to ICD-10 codes. The codes are available from many sources and in many formats:**

- Code books
- CD/DVD and other digital media
- [Online](#) (e.g., go to [cms.gov/ICD10](http://cms.gov/ICD10) and select "2016 ICD-10-CM and GEMS" to download 2016 Code Tables and Index)
- Practice management systems
- Electronic health record (EHR) products
- Smartphone apps

Decide [role\(s\) your clearinghouse\(s\)](#) will play in your transition. Some providers and payers who are not ready could benefit from contracting with a clearinghouse to submit claims:

- Clearinghouses can help by:
  - Identifying problems that lead to claims being rejected
  - Providing guidance about how to fix rejected claims (e.g., more or different data need to be included)
- Clearinghouses **cannot** help you code in ICD-10 unless they offer third-party billing/coding services

## 2 Train Your Staff

Train staff on ICD-10 fundamentals using the wealth of free resources from CMS, which include the [ICD-10 website](#), [Email Updates](#), [National Provider Calls](#), and [webinars](#). Free resources are also available from:

- Medical societies, health care professional associations
- Hospitals, health systems, health plans, vendors

★ **Identify top codes. What ICD-9 diagnosis codes does your practice see most often? Target the top 25 to start. You might want to look at common diagnosis codes available from medical specialty societies.**

Using the documentation available, code current cases in ICD-10. Flag any cases where more documentation is needed.

### 3 Update Your Processes

★ Update hard-copy and electronic forms (e.g., superbills, [CMS 1500 forms](#))

- Resolve any documentation gaps identified while coding top diagnoses in ICD-10
- Make sure clinical documentation captures key new coding concepts:

- Laterality—or left versus right
- Initial or subsequent encounter for injuries
- Trimester of pregnancy
- Details about diabetes and related complications
- Types of fractures

### 4 Talk to Your Vendors and Health Plans

★ [Call your vendors](#) to confirm the ICD-10 readiness of your practice's systems

- Confirm that the health plans, clearinghouses, and third-party billing services you work with are ICD-10 ready

### 5 Try Your Systems and Processes

★ Try using your ICD-10-ready systems to:

- **Generate a claim**
- Perform eligibility and benefits verification
- Schedule an office visit
- Schedule an outpatient procedure
- Prepare to submit quality data
- Update a patient's history and problems
- Code a patient encounter

- If your systems are not ready, use alternate ways to submit ICD-10 claims.

For Medicare providers, [options include](#):

- Free billing software available from every [MAC website](#)
  - Part B claims submission by [online provider portal](#) (in about ½ of MAC jurisdictions)
  - Paper claims for providers who meet [Administrative Simplification Compliance Act Waiver](#) requirements
- Each of these options requires you to code in ICD-10

Ask other health plans you work with about the options they offer.

To learn more about getting ready, visit [cms.gov/ICD10](http://cms.gov/ICD10) for free resources.

