Background:
ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by all medical centers for billing. As of Oct 1, 2015, U.S. health care providers must use ICD-10 codes when they submit medical claims—claims submitted using other systems will be rejected. The change to ICD-10 does not affect CPT coding for outpatient procedures and physician services. The expanded structure of the ICD-10 code sets provides space to accommodate future developments in medical practice and technology. ICD-10 will provide more specific information with which to determine conditions, causes, and effective treatment protocols and preventions. ICD-10-CM has more than 68,000 codes made up of seven alphanumeric characters. (ICD-10 in its entirety contains more than 140,000 codes.) Therefore, a single code can refer to a disease and its current manifestation. A single code also can express laterality, noting that a condition is on the left or right side of the body. Because ICD-10 codes must be used on all transactions containing HIPAA-protected patient data -- including outpatient claims with dates of service, and inpatient claims with dates of discharge -- they permeate numerous applications, including medical billing software, electronic health record (EHR) technology, practice management software and revenue cycle management systems.

UC Implementation:
The UC Health Systems, with support from the Office of Ethics, Compliance and Audit Services, implemented the following steps for carrying out the ICD-9 to ICD-10 conversion:

1. Identified all systems and processes, electronic as well as manual, in which ICD-9 is used.
2. Worked with billing services and payers to determine if implementing ICD-10 codes will require changes to contracts.
3. Assessed the business processes, clinical workflows and IT systems affected by the conversion.
4. Identified resources for system changes, business process changes, resource materials and training.
5. Determined staff training needs. This included funding the UC ICD-10 Coding School to provide intensive in-person training for UC professional coders.
6. Assessed ICD-10 readiness and the financial impact of ICD-10 on reimbursement processes.
7. Implemented a remediation roadmap, with changes and other new processes continually evaluated along the way.
8. Asked payers, clearinghouses and other partners to conduct a test to make sure they can, in fact, accept ICD-10 codes with ongoing testing of each transaction that involves the swapping of ICD-10 codes.

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