

Implementing ICD-10: Lessons from the Field

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by Susie Harris, PhD, RHIA, CCS

US healthcare providers are bracing for a vast expansion of the coding system used for diagnoses and inpatient procedures. On September 30, 2013, all health plans must switch from the current classification system for diagnoses and inpatient procedures, the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), to the greatly expanded coding system, the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and Procedure Classification System (ICD-10-PCS).

The ICD-10-CM/PCS is the US modification of the World Health Organization's diagnosis and procedural coding systems. The ICD-10-CM and ICD-10-PCS are now available in 42 languages and are used throughout the world. The expanded ICD-10-CM/PCS coding system will provide greater specificity and precision to documentation about health care interventions and procedures as well as diagnoses and disease conditions. The number of diagnostic codes will increase from around 14,000 to 69,000. At the same time, the number of inpatient procedure codes will increase from about 3,800 to 72,000. This expansive shift in the coding system will affect every aspect of healthcare operations; therefore, a thorough understanding of the new guidelines is fundamental to a successful transition from ICD-9-CM to the new system.

The Winter 2012 issue of *Perspectives in Health Information Management* focuses on ICD-10-CM/PCS and shares lessons learned from health information management and health informatics professionals who have navigated the transition to ICD-10-CM/PCS.

- “Preparing for ICD-10: One Payer’s Experience with GEMs” addresses efforts made and systems developed for the ICD-10 transition including, the Health Care Service Corporation’s (HCSC) initial planning and design for the transition from ICD-9 to ICD-10 the development of a bidirectional general equivalent mapping system (GEMs) for sourcing and replacing codes and code lists by the National Center for Health Statistics (NCHS) , and the code transition files published by NCHS and the Centers for Medicare and Medicaid Services (CMS). The article discusses how the GEMs was leveraged by a corporation to achieve a smooth transition from ICD-9 to ICD-10.
- “Lessons Learned from an ICD-10-CM Clinical Documentation Pilot Study” reports on a pilot conducted to determine the adequacy of current inpatient clinical documentation in regards to use of the ICD-10-CM system for heart disease, pneumonia, and diabetes cases.
- “A Comparison between a SNOMED-CT Problem List and ICD-10 HIPAA Code Sets” discusses findings from a comparison of a CORE Problem List Subset of SNOMED-CT and ICD-10-CM/PCS.
- “Navigating Regulatory Change: Preliminary Lessons Learned during the Healthcare Provider Transition to ICD-10” addresses the findings of a joint effort by the Georgetown University Student Consulting Team and Booz Allen Hamilton. Healthcare providers who were undergoing the transition to ICD-10 were interviewed. Common challenges and lessons learned in the implementation of the Health Information Portability and Accountability Act X12 version 5010 (HIPAA 5010) and the ICD-10 code set are discussed to provide information for health care administrators, project managers, and healthcare providers navigating the transition to ICD-10.
- “The Road to ICD-10-CM/PCS Implementation: Forecasting the Transition for Providers, Payers, and Other Healthcare Organizations” is a commentary which examines the benefits, challenges, and costs of converting to ICD-10. The authors conclude that as the push for healthcare reform persists, the increased desire for specificity in health information will continue as the country seeks to improve health outcomes and advance the overall quality of healthcare.

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