ICD-10 | The Role of Clearinghouses in the ICD-10 Transition

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

Use ICD-10 Now

Practices adopting ICD-10, which went into effect October 1, 2015, are looking for resources and organizations that can help. It is important to know that while clearinghouses can help, they cannot provide the same level of support for the ICD-10 transition as they did for the Version 5010 upgrade. ICD-10 describes a medical diagnosis or hospital inpatient procedure and must be selected by the provider or a resource designated by the provider as their coder, and is based on clinical documentation.

During the change from Version 4010 to Version 5010, clearinghouses provided support to many providers by converting claims from Version 4010 to Version 5010 format.

For ICD-10, clearinghouses can help by:

1. Identifying problems that lead to claims being rejected
2. Providing guidance about how to fix a rejected claim (e.g., the provider needs to include more or different data)

Clearinghouses cannot, however, help you identify which ICD-10 codes to use unless they offer coding services. Because ICD-10 codes are more specific, and one ICD-9 code may have several corresponding ICD-10 codes, selecting the appropriate ICD-10 code requires medical knowledge and familiarity with the specific clinical event.

While some clearinghouses may offer third-party billing/coding services, many do not. And even third-party billers cannot translate ICD-9 to ICD-10 codes unless they also have the detailed clinical documentation required to select the correct ICD-10 code.

Keep Up to Date on ICD-10 at cms.gov/ICD10

Visit the CMS ICD-10 website for the latest news and resources to help you adopt ICD-10.

Sign up for Email Update messages on the CMS ICD-10 website

Follow us on Twitter: @CMSGov

CMS ICD-10
Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10