LabCorp and its subsidiaries continue to work toward ICD-10 implementation throughout our company with the goal of providing a seamless transition for you and your patients.

Preparing for ICD-10-CM Change
- Scheduled for implementation October 1, 2015, the ICD-10-CM code set will replace the ICD-9-CM code set.
- This transition is required for covered entities under the Health Insurance Portability and Accountability Act (HIPAA).
- ICD-10-CM is not an update to the ICD-9-CM code set.
- ICD-10-CM is an entirely new way to report a diagnosis code(s) based on a patient’s signs and symptoms. It uses different formatting and an expanded character set.

The Transition Includes You
- Although ICD-10-CM has many new elements, one thing will not change: LabCorp will continue to rely on the ordering physician to provide diagnostic information for the individual patient.
- In accordance with HIPAA standards, LabCorp requires a valid diagnosis at the highest level of specificity in order to bill third-party payers, including Medicare and Medicaid.
- Missing diagnoses, diagnosis codes lacking the highest level of specificity, and nonspecific narratives all require follow-up with the ordering physician or his/her authorized designee for clarification.
- Providing a formatted ICD-CM code at the time of order will minimize letters and/or calls.
- Review your lab ordering process NOW to ensure all the pieces fit when ICD-10-CM transition is complete.

**Things You Can Do To Prepare**

1. **Consider your lab ordering process:** Depending on how you send your lab orders today, you may want to:
   - Consider electronic ordering options and/or updating any preprinted forms,
   - Review the frequently used ICD-9-CM codes and corresponding ICD-10-CM codes reported to LabCorp (refer to common and genetic testing ICD-10-CM codes client aids), and
   - Evaluate staff responsibilities and provide needed tools to ensure diagnosis information is available when the order is placed.

2. **Check with your vendors:**
   -EMR, practice management, and procedure-writing software will need ICD-10 capability.
   - Be prepared to ask specific questions and participate in testing opportunities.

3. **Talk to your team:**
   - Facilitate awareness of ICD-10 training throughout your organization through educational programs or job-specific training.
   - Ask for feedback on how ICD-10 might affect current workflow.

4. **Details, details: ICD-10 is an expansive code set because it is a specific code set.**
   - Additional information (including anatomic site, severity, or other clinical data) can provide a more detailed diagnosis that can help in selecting specific codes.

**ICD-10-CM Codes**
LabCorp will rely on the ordering physician to provide diagnostic information.
We are ready for the **transition to ICD-10. Are You?**

**ICD-9-CM vs. ICD-10-CM**

One of the challenges in the transition from ICD-9-CM to ICD-10-CM is that there is no simple mapping or translation from the current ICD-9 codes to the new ICD-10 codes.

**ICD-9**
- Approximately 14,000 codes
- Each diagnosis code is 3-5 characters
- First character can be a letter (E or V) or a number; all other characters are numbers
- Limited space for adding new codes
- Provides a basic diagnosis

**ICD-10**
- Approximately 68,000 codes
- Codes will range from 3-7 characters
- First character is a letter (A-Z excluding U); second and third characters may be letters or numbers; remaining characters can be either a letter (excluding U) or number
- Flexible for adding new codes
- Provides a more detailed diagnosis, including anatomic site, severity, or other clinical data

For the latest news about ICD-10 implementation and to access additional provider resources, visit the Centers for Medicare and Medicaid Services (CMS) at [www.cms.gov/icd10](http://www.cms.gov/icd10).