

**EDWARD FELLER, MD**, received the Medical Senior Citation from graduating Brown medical students for the sixth time last year. Dr. Feller is the most frequent recipient of this prestigious award in the history of medical education at Brown. Each year the Brown graduating class presents the Senior Citation to the most outstanding faculty mentor and role model encountered during their medical school years. Dr. Feller is Clinical Professor of Medicine and Community Health and co-director of the Community Health clerkship at Brown.

The Rhode Island Pain Society is the Ocean State's newest medical society. Officially established in July 2009, the Society brings together anesthesiologists, physiatrists, neurologists, rheumatologists, chiropractors and others who have an interest in pain management. The inaugural officers are: **MATTHEW SMITH, MD**, President; **CASEY O'DONNELL, DO**, Vice-President; **TODD HANDEL, MD**, Secretary; **ADRIAN HAMBURGER, MD**, Treasurer. The officers welcome inquiries regarding the Pain Society. Dr. Smith can be reached at [smith@egss.us](mailto:smith@egss.us) or 401-886-5907.

**PAMELA C. HIGH, MD**, has been elected President of the Society for Developmental and Behavioral Pediatrics, an international organization dedicated to improving the health of infants, children and adolescents by promoting research, teaching and clinical practice in developmental and behavioral pediatrics. Dr. High serves on the staff of Hasbro Children's Hospital and the faculty of the Warren Alpert Medical School at Brown. Her community service includes the advisory board of Reach Out and Read Rhode Island and the board of directors of Rhode Island Kids Count.

The **DR. MICHAEL B. MACKO** Library and Conference Room was dedicated by the medical staff of the Roger Williams Medical Center on November 30, 2009. Dr. Macko served as President of the Rhode Island Medical Society 2000–2001, as a member of Rhode Island's Delegation to the AMA 2004–2008, and as a member of RIMS' Committee on Continuing Medical Education for eleven years. Dr. Macko retired in December and died on January 24, 2010, after a long illness. ❖

## ICD-10 – continued

ICD-10 deadline, CMS also delayed until January 1, 2012, the deadline for doctors to adopt the 5010 electronic transaction standards under the Health Insurance Portability and Accountability Act.

### Major differences between ICD-9 and ICD-10

Compared with ICD-9, the ICD-10 system involves longer codes (more characters per code) and an explosion in the overall number of codes. More specifically, while there are currently some 14,000 ICD-9-CM diagnosis codes, each one of which is 3 to 5 characters in length, the ICD-10-CM system has 68,000 diagnostic codes of 3 to 7 digits in length. The expanded characters of ICD-10-CM permit greater detail in reporting disease etiology, anatomic site and severity.

The increased number and length of the codes will require medical offices to invest in planning, training, and upgrades of their software and perhaps hardware. In particular, the administrative transactions software required by HIPAA will have to be upgraded from version 4010 to version 5010 in order to accommodate the longer codes and expanded data fields.

The upgrade to 5010 transactions must precede the implementation of the ICD-10 code sets. HHS has set a compliance deadline of January 1, 2012, for implementation of 5010 transactions.

The National Center for Health Statistics (NCHS) maintains the ICD-10-CM code set for diagnoses and makes information and code set files available on its website: [www.cdc.gov/nchs/icd/icd10.htm](http://www.cdc.gov/nchs/icd/icd10.htm).

The American Medical Association's website ([ama-assn.org](http://ama-assn.org)) is an invaluable source for on-going information on ICD-10. Among the resources currently available there is the AMA's 11-page guide to "Preparing for the Conversion from

ICD-9 to ICD-10: What You Need to Be Doing Today" ([ama-assn.org/go/hippa](http://ama-assn.org/go/hippa)). This AMA document provides practical advice on taking the following 8 steps:

- 1) Identify the electronic and manual systems and work processes in which your practice currently uses ICD-9.
- 2) Consult with your practice management service vendor.
- 3) Consult with your clearing houses or billing service, if any, and with payers.
- 4) Consult with your payers regarding possible changes to your contracts as a result of ICD-10 implementation.
- 5) Identify potential changes to existing practice work flow and business processes.
- 6) Identify staff training needs.
- 7) Test with your trading partners (payers and clearinghouses).
- 8) Budget for implementation costs (system changes, resource materials, consultants, training).

### More background and a little history

ICD-10 includes ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) and ICD-10-PCS (International Classification of Diseases, Tenth Revision, Procedure Coding System).

ICD-10-CM is the code set for reporting diagnoses in all clinical situations; it is the updated version of ICD-9-CM Volumes 1 and 2. ICD-10-PCS is the code set used only by facilities for reporting inpatient procedures. It is the updated version of ICD-9-CM Volume 3. The implementation of ICD-10-PCS may lead hospital coders to ask doctors to provide more detail in operative notes, but otherwise should have little or no impact on physicians. CPT (Current Procedural Terminology) and HCPCS (Healthcare Common Procedure Coding System) will continue to be the code sets that doctors will use for reporting procedures in all settings.

Both ICD-9 and ICD-10 were developed by the World Health Organization. ICD-9 has been widely used in the U.S. since 1978. The WHO endorsed ICD-10 in 1990, and many countries have already adopted versions of it. ❖