SNAPSHOT
Practices must plan now to transition to ICD-10. If the transition isn't complete by next fall, payors will withhold payments.

KEY DATES AND DECISION POINTS
• Oct. 1, 2014: ICD-9 codes no longer accepted to report medical diagnoses and inpatient procedures.

RESOURCES
• AGA Translation Guide for the Top-50 Most-Used Diagnostic Codes — one ranked alphabetically by disease state and the other ranked numerically by ICD-9-CM code:
  (requires login for AGA members)
• AGA ICD-10 Resource Center:
  http://www.gastro.org/practice/coding/icd10-center
• AGA GI Coding Advisor:
  http://www.gastro.org/practice/coding/gi-coding-advisor
• CMS Provider Resources:
  http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
• CMS ICD-10-CM Classification Enhancements Fact Sheet: http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10QuickRefer.pdf

BACKGROUND
• ICD-10 is the new coding methodology that is replacing ICD-9.
  - The current ICD-9 code set is more than 30 years old and is no longer considered usable for today's treatment, reporting and payment processes.
• The new ICD-10 code set reflects advances in medicine and uses current medical terminology.
• The code format expands the ability to include greater detail within the code. The greater detail means that codes can provide more specific information about diagnoses.
• The transition to ICD-10 does not affect Current Procedural Terminology® (CPT) coding, which will still be used to report procedures in the office/outpatient settings.