

## CMS Chooses Groups to Accredit Advanced Imaging Providers

CMS has named the three national accreditation organizations that will accredit providers of advanced imaging services, the agency said in a Jan. 28 news release.

The American College of Radiology, the Intersocietal Accreditation Commission and The Joint Commission will have power to accredit physicians and non-physician practitioners (NPPs) who provide the technical component (TC) of advanced imaging services.

“Advanced imaging” is defined to in-

clude CT, MRI and PET services, according to the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008.

You’ll need to become accredited by one of these three groups by January 1, 2012 at the latest. More information on how the accreditation process will work, including fees and requirements, will be released by CMS via a “provider outreach and education program” well before the deadline, the agency says. ■

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## 2011 New Retained Fragment Proposals

Over one-third of the proposed codes are “V” codes, which describe the “supplementary classification of factors influencing health status and contact with health services,” according to the ICD-9 manual. A number of the codes describe retained fragments, which the radiologist may note in his findings.

**For instance:** For retained metal fragments, you would choose among the following:

- **V90.10**—*Retained metal frag-*

*ments, unspecified*

- **V90.11**—*Retained magnetic metal fragments*
- **V90.12**—*Retained nonmagnetic metal fragments*

The Department of Defense requested codes to help identify retained objects resulting from explosion injuries, but the codes could prove useful in other cases, as well. For example, an embedded magnetic object (V90.11) is a contraindication to an MRI exam. ■

# ICD-10 Implementation Information

## Let's Start To Understand How Diagnosis Coding Will Change!

ICD-10-CM does not require improvements in documentation, but high-quality documentation would increase the benefits of a new coding system and is increasingly being demanded by other initiatives. Primarily, changes in ICD-10-CM are in its organization and structure, code composition and level of detail.

This issue impacts all physicians, providers, suppliers, and other covered entities who submit claims to Medicare contractors for services provided to Medicare beneficiaries in any health care setting.

The first ICD-10-related compliance date is less than two years away. On **January 1, 2012**, standards for electronic health transactions change from Version 4010/4010A1 to Version 5010. Unlike Version 4010, Version 5010 accommodates the ICD-10 code structure. On **October 1, 2013**, medical coding in U.S. healthcare settings will change from ICD-9-CM to ICD-10. The transition will require business and systems changes throughout the health care industry.

- ICD-10-CM diagnosis codes will be used by all providers in every health care setting.
- ICD-9-PCS procedure codes will be used only for hospital claims for inpatient hospital procedures to collect data, determine payment and support electronic health records.

### *Differences between the ICD-10-CM/ICD-10-PCS and ICD-9-CM Code sets...*

The differences between the ICD-10 code sets and the ICD-9 code sets are primarily in the overall number of codes, their organization and structure, code composition, and level of detail. There are approximately 70,000 ICD-10-CM codes compared to approximately 14,000 ICD-9-CM diagnosis codes.

ICD-10 codes are longer and use more alpha characters, which enable them to provide greater clinical detail and specificity in describing diagnoses and

procedures. Also, terminology and disease classification have been updated to be consistent with current clinical practice.

### *Benefits of the ICD-10 Coding system...*

The new, up-to-date classification system will provide much better data needed to:

- Measure the quality, safety and efficacy of care
- Reduce the need for attachments to explain the patient's condition
- Design payment systems and process claims for reimbursement
- Conduct research, epidemiological studies, and clinical trials
- Set health policy
- Support operational and strategic planning
- Design health care delivery systems
- Monitor resource utilization
- Improve clinical, financial, and administrative performance
- Prevent and detect health care fraud and abuse
- Track public health and risks ■

*Next month we will explore ICD-10 Structure, ICD-10-CM Injury Changes and ICD-10-CM Specificity Examples.*