



## Dental Work Group EDI Tip

### Precise Diagnoses and More Accurate Documentation with ICD-10

The U.S. Department of Health and Human Services (HHS) has issued a rule finalizing Oct. 1, 2015 as the new compliance date for health care providers to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.

The ICD-10 codes on a claim are used to classify diagnoses and procedures on claims submitted to Medicare and private insurance payers. ICD-10 improves quality measurement and reporting, facilitates the detection and prevention of fraud, waste, and abuse, and leads to greater accuracy of reimbursement for medical services. The code set's granularity will improve data capture and analytics of public health surveillance and reporting, national quality reporting, research and data analysis, and provide detailed data to enhance health care delivery. Health care providers and specialty groups in the United States provided extensive input into the development of ICD-10, which includes more detailed codes for the conditions they treat and reflects advances in medicine and medical technology.

Dental providers will be required to use the ICD-10 code set for any billing that they are currently sending, ICD-9-CM coded diagnosis. Please note that this rule does *not* require that you send in a diagnosis for all claims, the requirement for dental services is situational and will follow the same requirements for diagnosis as you send into payers today-usually for oral surgery and accident claims.