ICD-10 Frequently Asked Questions

Sept. 19, 2015 ***Current updates are noted in blue italics.***

1. **What is ICD-10**?

ICD-10-CM is the United States' clinical modification of the World Health Organization's (WHO) International Classification of Diseases (ICD) Tenth Revision. It is used to classify diseases and causes of illness recorded on health records, claims, and other vital information. ICD-10-PCS is the procedure classification system that is used to report hospital inpatient procedures. The transition to ICD-10 code sets does not affect the Current Procedural Terminology (CPT®) code set, which will continue to be used for outpatient services.

The Department of Health and Human Services (HHS) adopted a rule in 2009 that requires covered entities (health plans, health care providers, and health care clearinghouses) that conduct electronic Health Insurance Portability and Accountability Act (HIPAA) standard transactions to move from ICD-9 to the next generation ICD-10 code sets by Oct. 1, 2013**.** In July 2014, HHS announced a final rule moving the ICD-10 compliance date to Oct. 1, 2015. All covered entities must comply with ICD-10 by this new date.

2. **What are the reasons for moving from ICD-9 to ICD-10**?

- The ICD-9 code set is simply running out of space for new codes.
- ICD-9 is limited, aging (29 years old), and can't provide required detailed info.
- Other industrialized countries use ICD-10. However, the U.S. has chosen to implement a much broader set of ICD-10 codes than those used elsewhere.
- ICD-10 offers business opportunities and facilitates compliance with health care reform initiatives.
- ICD-10 has more granularity, which provides greater clinical detail.
- ICD-10 diagnoses and procedures can add more value and detail into newer electronic medical record applications.

3. **Will all preparations be met for the ICD-10 deadline of Oct. 1, 2015**?

The mandated compliance date of Oct. 1, 2015, is on target. In accordance with CMS, ICD-9 codes will not be accepted for either professional claims with service dates or facility claims with a date of discharge after Sept. 30, 2015. The expectation is that providers and vendors will also meet the compliance date.

4. **Are there any prerequisites for the transition to ICD-10**?

Yes, health care providers and health care clearinghouses must submit claims electronically using the X12 Version 5010 and National Council for Prescription Drug Programs (NCPDP) Version D.0 standards. Version 5010 replaces Version 4010/4010A and is used for electronic health care transactions such as claims submissions, eligibility and remittance advice. Version 5010 accommodates the ICD-10 codes and must be in place before implementing the new ICD-10 codes.

5. **What code set does ICD-10-CM define**?

ICD-10-CM defines the code set used to report inpatient and outpatient diagnoses.

6. **What code set does ICD-10-PCS define**?

ICD-10-PCS (Procedure Coding System) defines the code set used to report inpatient procedures.

7. **What is Mapping**?

Mapping is taking an ICD-10 code, and determining to what ICD-9 code(s) it equates. It can be a one-to-one match, or it can be a one-to-many. The same also applies for taking an ICD-9 code and translating it to ICD-10 code(s); it can be a one-to-one or a one-to-many.

8. **Does Mapping occur in one direction? Both directions**?

Mapping (a.k.a., cross-walking) is needed in both directions.

- Forward mapping – ICD-9 to ICD-10
- Backward mapping – ICD-10 to ICD-9

9. **Will customization of the CMS GEMS and/or Reimbursement Mappings be necessary? Please explain**.

Yes, customizations to General Equivalence Mappings (GEMS) and Reimbursement Mappings have been made to better align with existing practices.

10. **Will both an ICD-9 and ICD-10 code on the same claim be accepted**?

In accordance with CMS guidelines, ICD-9 and ICD-10 codes should not be submitted as part of the same claim.

11. ***Will ICD-10 codes be accepted on claims prior to Oct. 1, 2015?***

No, ICD-10 is date of service/date of discharge driven. Highmark will only accept ICD-10 codes on claims with dates of service/dates of discharge on or after the Oc. 1, 2015, compliance date.

12. **How will claims that span the Oct. 1, 2015, implementation be processed**?

Claims with dates of service/discharge prior to Oct. 1, 2015, must contain ICD-9 codes and will continue to be accepted following existing timely filing guidelines. Claims with dates of service/discharge of Oct. 1, 2015, and after must contain ICD-10 codes.

13. ***How will durable medical equipment (DME) claims be handled at ICD-10 compliance?***

DME claims will follow CMS guidelines utilizing the "FROM" date on the line to determine the ICD version to be utilized. This is an exception to other professional claim logic referenced in Q/A 10 above which requires the lines (and claim) to be split if the service spans the compliance date.

Supplier Type	Claims Processing Requirement	Use FROM or THROUGH/TO Date	Supplier Type	Dates Used by Highmark
DMEPOS	Billing for certain items or supplies (such as capped rentals or monthly supplies) may span the ICD-10 compliance date of 10/1/15 (i.e., the FROM date of service occurs prior to 10/1/15 and the TO date of service occurs after 10/1/15).	FROM	DMEPOS	Line level service date if billed as professional. Otherwise, would be required to split if billed as inpatient, use FROM or THROUGH date, as specified.

14. **Is there a change to the ICD-9 Present on Admission code set listing supplied by CMS?**

Yes, the Present on Admission (POA) Codes are referenced on the CMS website under the following URL. The POA listing is called '2015 Present on Admission (POA) Exempt List'. *T*he new Present on Admission codes must be used for facility claims with a date of discharge after Sept. 30, 2015.

http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html

15. ***15 A: Will unspecified codes be permitted in ICD-10 compliance? For example: L89.139 Pressure ulcer of right lower back - unspecified stage?***

15A Response: In both ICD-9-CM and ICD-10-CM, sign/symptom and unspecified codes have acceptable, even necessary uses. While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient's health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter. You should code each health care encounter to the level of specificity (or, certainty) known for that encounter.

15 B: Will Highmark observe the one-year period of claims payment review leniency for ICD-10 codes that are from the appropriate family of codes?

15B Response: No, Highmark is not making any Medical Policy or claims adjudication changes in regard to specificity.

16. **What is the process to handle reimbursement claims (appeals/resubmissions) after Oct. 1, 2015, under ICD-9**?

The same process that is used today to handle appeals/resubmissions will be used after Oct. 1, 2015.

17. **Will there be a delay in payments post ICD-10 implementation on *Oct. 1, 2015?***

No, claim payment delays are not expected.

18. **Is there an expected change to authorization/eligibility as a result of the conversion to ICD-10**?

No changes are planned.

19. **Is there an expected change to Highmark's medical necessity and/or medical policy requirements as a result of the conversion to ICD-10**?

The conversion to ICD-10 will enable acceptance and processing of the new ICD-10 code set but will not change Highmark medical policies or eligibility processing in place today with ICD-9. (To view Highmark Medical Policies go to NaviNet®. Select Medical and Claims Payment Guidelines, then, Medical Policies.)

20. **When will ICD-10 codes be incorporated into NaviNet transactions and inquiries?**

NaviNet - Currently Diagnosis Code Inquiry, Inpatient UB Claim Submission (diagnosis and procedure code), 1500 Claim Submission (diagnosis code), and Authorization Submission are ICD-10 ready. (Note: For UB institutional procedure code ICD-9 is the default until the *Oct. 1, 2015*, transition. However, ICD-10 selection capability is available and searchable if you want to view the information. A precautionary pop-up error message has been built within NaviNet to avoid accidental submissions.)

HIPAA 5010 - All structural and edit related changes for ICD-10 were previously made with the implementation of HIPAA 5010 and currently exist in production. Please refer to your EDI HIPAA Transaction Standard Companion Guide, available online through the Provider Resource Center, Electronic Data Interchange (EDI) Services, EDI Reference Guides. You may also contact EDI Operations at (800) 992-0246

21. ***How should Pre-Authorizations and Referrals be submitted?***

- *When submitting Pre-Authorizations or Referrals and the proposed date of service is 9-30-2015 and prior, use version: ICD-9.*
- *When submitting Pre-Authorizations or Referrals and the proposed date of service is 10-1-2015 and after, use version: ICD-10.*

22. **Will there be multiple product lines going live with ICD-10 submission requirements on different dates? If yes, please explain**.

No, the compliance date is Oct. 1, 2015 for all Highmark business.

23. ***What ICD-10 testing is available for professional providers and facilities?***

Highmark is offering all network providers the opportunity to participate in Clinical Coding testing. Clinical Coding testing allows coders to practice ICD-10 coding scenarios, identify potential training/education needs, and to benchmark against national vendor supplied scenarios. Clinical Coding testing is available through year end. Visit the Provider Resource Center's ICD-10 Library to learn how to sign up for this testing opportunity. Look for the communication titled: ICD-10 CLINICAL CODING TESTING AVAILABLE TO ALL NETWORK PROVIDERS (Dec. 2014) under Related Articles of Interest.

24. ***What kind of testing has Highmark performed?***

In addition to the standard systems release testing, Highmark has completed a variety of neutrality tests focusing on provider payment, medical policy application, benefit interpretation, and operational readiness. Highmark is also conducting end-to-end validation testing with a select group of providers.

25. **Will a new contract or a contract addendum be required in preparation for ICD-10? If so, what are the terms of the contract or contract addendum**?

ICD-10 will not require new contracts or contract addendums.

26. **Who from Highmark should I contact with questions regarding ICD-10**?

First, you can locate responses to many of your questions regarding ICD-10 on the Provider Resource Center in the ICD-10 Library. The Library contains publications, FAQ's and websites of interest about ICD-10. (From the Provider Resource Center, select HIPAA and then ICD-10 Library.) If you still have questions after reviewing the Library please contact your local Provider Relations Representative.

27. ***Will Highmark have dedicated ICD-10 support resources post compliance date?***

No, issues related to electronically submitted transactions should be directed to Electronic Data Interchange (EDI) Operations at: 1-800-992-0246. All other questions should be directed to Provider Service or your Provider Relations Representative.

28. **Where can I find additional information regarding ICD-10**?

Below is a list of websites where you can review additional information on ICD-10. Please continue to visit **www.highmarkbcbsde.com** or the Provider Resource Center on NaviNet for updated information on the ICD-10 transition.

- American Health Information Management Association: www.ahima.org/icd10/
- America's Health Insurance Plans: www.ahip.org/
- Centers for Disease Control and Prevention: www.cdc.gov/nchs/icd/icd10.htm
- Healthcare Information and Management Systems Society: www.himss.org
- World Health Organization: www.who.int/classifications/icd/en/
- Implementation guides: https://implementicd10.noblis.org
- Centers for Medicare & Medicaid Services: www.cms.gov/ICD10
- National Coverage Determinations (NCDs): www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx