ICD-10 Frequently Asked Questions for Providers

FAQ Sections:
ICD-10 Claims Billing and Coding
ICD-10 Testing
ICD-10 Issues Resolution Processes
ICD-10 Training and Resources

ICD-10 Claims Billing and Coding

Will you be ready to accept ICD-10 codes on the October 1, 2015 compliance date?

Yes. We are prepared to accept and process ICD-10 codes on the October 1, 2015 compliance date.

We will not accept ICD-9 codes for claims with dates of service (DOS)/discharge (DOD) on or after the October 1, 2015 compliance date. ICD-9 claims processing will not change due to the transition to ICD-10, but rather will be processed based on the dates of service (DOS)/discharge (DOD).

Claims with both ICD-9 codes and ICD-10 codes, or mixed claims, will not be accepted. Such claims will need to be separated and filed with the correct code set for the dates of service (DOS)/discharge (DOD).

When resubmitting claims, use the code set valid for the dates of service (DOS)/discharge (DOD).

Are you accepting pre-authorization requests using ICD-10 diagnosis and procedure codes?

Yes, we are accepting and processing pre-authorization requests containing ICD-10 codes for services scheduled on or after the October 1, 2015 compliance date. ICD-9 codes must be used to pre-authorize services scheduled before the compliance date. For pre-authorizations that span the compliance date, the code set for the preauthorization will vary depending on the scenario.

Please refer to the “ICD-10 Preauthorizations and Claims Filing Reference Chart” found on the ICD-10 Updates webpage.

Will claims with ICD-10 code process correctly if the pre-authorization is submitted with ICD-9 code?

Yes.

Will claims with ICD-10 codes be accepted prior to the October 1, 2015 compliance date?

No, we will not accept ICD-10 codes prior to the October 1, 2015 compliance date.

Will you be ready to send ICD-10 codes on your outbound extracts and reports?

Yes. We have updated our current outbound extracts and reports to accommodate and include ICD-10 codes.

Will you be dual processing in relation to ICD-10 transition?

No. In alignment with CMS guidelines, we will not dual process. We will not accept ICD-9 codes on claims with dates of service (DOS)/discharge (DOD) on or after the October 1, 2015 compliance date. However, we have developed contingencies to handle dual processing of ICD-9 and ICD-10 codes should CMS determine that it is required for any reason.
Have your medical necessity criteria or medical policies been updated with ICD-10 codes? What is your translation process?

Yes. Our medical policies and clinical Utilization Management (UM) guidelines have been updated with ICD-10 coding and we continue to update these on a quarterly basis. We have conducted extensive testing of related system edits to help ensure consistency with the original intent of the policies and guidelines.

ICD-9 procedures and diagnoses were recoded with ICD-10 diagnosis and procedure codes using ICD-10 coding books and indexes to select the correct codes based on the positions in the policies and guidelines.

Our policies and guidelines are available on our provider website. The ICD-10 coding is included within the Coding section.

For services that span the October 1, 2015 compliance date, do you have guidelines for which code set to use in filing claims?

Yes. For services that span the October 1, 2015 compliance date, the code set to use is determined by the type of service. Please refer to the “ICD-10 Claims Billing by Service Type Reference Chart” found on the ICD-10 Updates webpage.

What is your response to “July 6, 2015 CMS/AMA Announcement and Guidance” regarding ICD-10 Flexibilities”?

In July 2015, the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) announced guidance that will allow for flexibility in the claims auditing and quality reporting process for 12 months after ICD-10.

We will adhere to the CMS/AMA Medicare Part B announcement released on July 6, 2015. CMS announcement applies ONLY to Medicare Part B Fee-For-Service provider claims. Specifically, we will not reject Medicare Part B fee-for-service claims that are coded with an ICD-10 within the correct family even if the correct level of specificity was not used. However, all claims including Medicare Part B with a date(s) of service/date(s) of discharge on or after the compliance date must have valid ICD-10 codes. We will still reject incorrectly coded ICD-10 claims for Medicare Part B.

In general, ICD-10 coding specificity will come into play primarily with application of our Medical Policy and member benefit application. In most cases, use of a valid ICD-10 code from a “family of codes” (e.g., the ICD-10 three character category) will enable claims processing without denial. Note that there may be some situations, particularly with our Medical Policy, where the specificity of the clinical criteria will demand the maximum level of ICD-10 code specificity.

Once ICD-10 is implemented, will DSM-5 codes (Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders) be allowed on behavioral health claims to report diagnoses?

No. Consistent with current claims filing standards, DSM-5 codes are not allowed to report diagnoses for services on claims. All claims with dates of service (DOS)/discharge (DOD) on or after the 10/1/2015 compliance date will need to be submitted with their associated ICD-10-CM codes. More information on the DSM-5 and their associated ICD-10-CM codes (identified by the American Psychiatric Association) can be found at http://www.dsm5.org.
Will your Electronic Data Interchange (EDI) edits change as a result of the implementation of ICD-10?

Yes. We have implemented specific edits for electronic claims to ensure the appropriate use of ICD-9 versus ICD-10 code sets as of the compliance date. Implementation of these new edits does not affect the way existing claim edits are applied today.

New institutional, professional and dental claims edits and eligibility edits were implemented at the Electronic Data Interchange (EDI) Gateway. Our EDI Gateway will reject any claim that is not ICD-10 compliant and the errors will be reported back to the claim submitter through the existing EDI reports or letters. EDI rejected claims will not be processed further through our systems.

Notifications about these edits and respective messages were sent to all our EDI trading partners 90 days in advance of the compliance date. This information is also available in the “Latest News” section on our E-Solutions EDI webpage.

Will your paper claim edits change as a result of the implementation of ICD-10?

Yes. We have implemented specific edits for paper claims to ensure the appropriate use of ICD-9 versus ICD-10 code sets as of the compliance date. Implementation of these new edits does not affect the way existing claim edits are applied today.

We will reject any claim that is not ICD-10 compliant and the errors will be reported back to the claim submitter through the existing reports or letters.

What version of CMS 1500 claim form will you be accepting for ICD-10 implementation?

Paper claims must be submitted using the new ICD-10 compliant CMS-1500 form (02-12) version as of the compliance date. We will no longer accept previous versions of the CMS-1500 claim form for paper claims, including CMS-1500 form (08-05) version. Also note that ICD-10 codes can only be filed on the CMS 1500 claim form version 02/12. For more guidance on the new version, see NUCC website – www.nucc.org.

What version of DRG grouper will you be using for ICD-10 implementation?

Most of our claims will be processed using v32 test version until v33 is installed. Refer to your contract language for our standard DRG grouper upgrade processes, as applicable.

Will reimbursement methodology be impacted by ICD-10?

We do not anticipate material impact to provider reimbursement due to the implementation of ICD-10. Consistent with findings throughout our industry, our ongoing internal analysis and testing, we anticipate there will be changes in DRGs due to ICD-10. Though we do not anticipate these changes will have material impact to reimbursement, we cannot guarantee the reimbursement impact to our providers.

Will your Physician Performance Measurement Programs for Quality and Efficiency be impacted by ICD-10?

Our physician performance measurement programs leverage our data warehouse, which has been remediated for ICD-10 since 2013 and is ICD-10 compliant. We have also remediated provider facing reports, dashboards and scorecards that are code based. We’ve also performed end-to-end testing to help ensure that our population health reports associated with our programs are accurate, and we anticipate no ICD-10 related issues in this area.
In addition, in applicable markets, our Enhanced Personal Health Care (EPHC) program’s risk-adjusted incentive payment algorithms will employ a modified measuring, monitoring and adjustment strategy. If significant ICD-10 induced changes in medical risk scores are confirmed, then we will consider a revision to the normalization methodology for the EPHC risk-adjusted incentive payment algorithms to neutralize the impact of ICD-10 on our incentive program.

**Are there any guidelines to assist providers with the ICD-10 claims coding?**

We suggest providers use CMS General Equivalence Mappings (GEMs) as a guideline for ICD-10 coding. The GEMs documents (user guides and summary documents) are available on the CMS website at [http://www.cms.gov/icd10/](http://www.cms.gov/icd10/). Note that there are several other coding resources available in the industry. Check with your professional associations for other resources.

**Did you use the CMS General Equivalence Mappings (GEMs) for ICD-10-CM and ICD-10-PCS to remediate your systems?**

We referenced the CMS General Equivalence Mappings (GEMs) in our ICD-10 remediation process, though we have not solely relied on them in coding our systems. Our systems are configured to natively adjudicate claims with ICD-10 codes directly and do not use GEMs crosswalks for claims processing. We will not map any ICD-10 codes on claims back to ICD-9 codes nor will there be any connection between ICD-9 codes and ICD-10 codes during claims adjudication.

**ICD-10 Testing**

**What types of testing have you conducted to help ensure that all of your systems and processes will be ready for ICD-10?**

We have completed all system development and implementation, business configuration and content type changes, as well as external and internal testing. Our efforts over the last several years and our approach to discovering, understanding and predicting the impact of ICD-10 codes, included extensive end to end testing with over a dozen EDI claims clearinghouses, and a multitude of provider organizations, individual hospitals, and physician groups. We believe that the extensive internal and external testing that we have conducted has demonstrated our systems’ ability to receive and process claims with ICD-10 codes.

Through this testing, we have verified:
- Claims files are correctly processed in our Electronic Data Interchange (EDI) Gateway.
- Claims are correctly processed through the transaction flow of our adjudication systems.
- Claims are correctly coded for ICD-10.
- Claims are correctly processed for expected business outcomes.

In addition, we also offered all Electronic Data Interchange (EDI) direct submitters to test with us using TIBCO Validator®, a self-guided, web-based processing tool that offers unlimited testing of file formats and edits utilizing ICD-10 codes. This tool is available until 9/30/2015.
ICD-10 Issues Resolution Processes

What is your contingency plan in the event claims processing is delayed?

In the event that a claims system cannot process claims, our strategy is to manually process them according to the procedures already in place for such events. We have implemented contingency staffing to support this effort. If a provider experiences delays in claims processing, we recommend that the provider follow existing claim inquiry processes and initially contact the Provider Service Call Center for the locality and line of business involved. Please visit our provider home webpage for contact information.

Are you making advance payments to providers in the event of ICD-10 claim processing issues?

No.

What should providers do if their claims are impacted by ICD-10 issues?

Our strategy in the event that claims processing is impacted by ICD-10 is to follow the procedures already in place for such events. Information on the existing processes is available on our provider home webpage. We do not have a dedicated ICD-10 call center.

In the event that a provider experiences a rejected claim submission due to diagnosis code, the rejection would be due to an invalid code. If a provider experiences a claim denial with reason codes indicative of diagnosis code issue the provider cannot resolve, we recommend that the physician follow existing claim inquiry processes. Initial contact with us for such issue should be with the Provider Service Call Center for the locality and line of business involved.

In the event that a provider experiences an unusually high volume of denials, we recommend escalation to the provider's local Provider Solutions representative for a more comprehensive review and analysis of such denials. The facts and circumstances of each such scenario will be individually evaluated, and consideration of any accommodation will take into account such facts and circumstances.

What if I receive an overpayment due to the splitting of services into ICD-9 and ICD-10 separate claims when services span the ICD-10 compliance date?

Some provider reimbursement agreements limit the reimbursement amounts for certain outpatient services, such as when combined services are negotiated as a case rate. Outpatient services that span the compliance date will need to be separated and filed with the correct code set for the dates of service (DOS)/discharge (DOD). Splitting the claim could cause these episodes of care to be overpaid.

In the event that a physician receives an overpayment, please notify us immediately and refund the overpaid amount back to us. When we request a refund of any overpayment amounts discovered, we expect you to remit refunds promptly once notified.

Will you monitor and share information related to ICD-10 claim submission trends and processing?

We have developed tracking and reporting mechanisms to monitor aspects of our business susceptible to ICD-10 transition. The data from the monitoring will be used to address changes to existing processes and conduct one-on-one outreach with our partners, as needed. The information is considered proprietary and will not be available for external access. Regular provider reports that are currently shared have been updated to reflect ICD-10 data.
What is the issue resolution process for providers after ICD-10 implementation?

The process for providers to resolve and escalate issues will not change for any ICD-10 implementation issues. We recommend that the provider initially contact the Provider Service Call Center for the locality and line of business involved. Please visit our provider home webpage for the contact information or call the number listed on the member ID card.

What is the issue resolution process for Electronic Data Interchange (EDI) trading partners after ICD-10 implementation?

The process for EDI trading partners to resolve and escalate issues will not change. Clearinghouses should continue to use the existing channels in place today, starting with contacting their local E-Solutions Support team as listed on our EDI E-Solutions home webpage.

What is the issue resolution process for members after ICD-10 implementation?

The process for members to resolve and escalate issues will not change. Members should continue to use the existing channels in place today, starting with contacting the customer service, either by calling the number listed on the member ID card or by using the contact information listed on our member home webpage.

ICD-10 Training and Resources

What type of ICD-10 training have you conducted for your staff?

Our customer service unit, e-Solutions support team, and call centers have been trained and are well prepared to support ICD-10 related inquiries. We have provided training to our provider call units to address questions related to ICD-10 and have rolled out ICD-10 fundamental, coding and system specific courses to our clinical staff, operations area, sales associates and others.

What type of outreach are you doing with providers and external partners to assist with ICD-10 compliance readiness?

We have been very active in the industry and have continued communication and education to our provider community by engaging in provider education, training and awareness regarding issues related to using ICD-10 codes. We also have a dedicated ICD-10 webpage on the provider portal website; announcements and ongoing updates in the newsletters, bulletins and e-blasts; frequently asked questions (FAQs). We have also conducted surveys with the selected vendors, providers and trading partners to assess their ICD-10 readiness status.

Where can providers find training opportunities?

ICD-10 resources are available through several organizations. Visit our ICD-10 Updates webpage and go to the ICD-10 Resources link for a list of organizations.