

ICD-10 Frequently Asked Questions

1. What does International Classification of Diseases, 10th Revision (ICD-10) compliance mean?

ICD-10 compliance means that all HIPAA-covered entities are able to successfully conduct health care transactions on or after October 1, 2015, using the ICD-10 diagnosis and procedure codes. ICD-9 diagnosis and procedure codes can **no longer be used** for health care services provided on or after this date.

2. Why is the ICD-10 transition necessary?

ICD-10 is a provision of HIPAA as regulated by the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS). This federal mandate pertains to all HIPAA-covered entities.

The transition from ICD-9 to ICD-10 is occurring for the following reasons:

- ICD-9 codes have limited data about patients' medical conditions and hospital inpatient procedures.
- ICD-9 codes use outdated and obsolete terms and are not consistent with current medical practices.
- The structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. A successful transition to ICD-10 is vital to transform our nation's health care system.

3. Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?

ICD-10 codes are different from ICD-9 codes in several ways. Currently, ICD-9 codes are, for the most part, numeric and have three to five digits. ICD-10 codes are alphanumeric and contain three to seven characters. ICD-10 codes provide a higher level of description. However, like ICD-9 codes, ICD-10 codes will be updated every year.

4. Will ICD-10 replace Current Procedural Terminology (CPT®) procedure coding?

No. The transition to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10 Procedure Coding System (PCS) codes are for hospital inpatient procedures only.

5. When do I have to convert to ICD-10?

All services and discharges on or after October 1, 2015, must use the ICD-10 code set. The necessary system and workflow changes need to be in place by the compliance date in order for you to send and receive the ICD-10 codes.

6. After the October 1, 2015, implementation date, when do I use ICD-9 versus ICD-10 on my claim?

Please refer to the chart below, using the date specified in the date field, to determine the ICD code version to use.

- If the value of the date field is **before** October 1, 2015, use ICD-9 to code the diagnosis.
- If the value of the date field is on or **after** October 1, 2015, use ICD-10.

<u>Claims</u>	<u>Date Field To Be Used For Determining ICD Code Version</u>
Medical	From date
Outpatient	From date
Inpatient	Through date
Long-Term Care (LTC)	Through date

7. Will there be a grace period for converting to ICD-10?

No.

8. Will CalOptima accept claims with both ICD-9 and ICD-10 codes on the same claim form?

No, the claim cannot contain both code sets. CalOptima will return as unprocessable all claims billed with both ICD-9-CM and ICD-10-CM/PCS diagnosis and procedure codes on the same claim.

9. If I transition early to ICD-10, will CalOptima be able to process my claims?

The U.S Department of Health and Human Services (HHS) has mandated that all HIPAA-covered entities will transition to the use of ICD-10 on October 1, 2015, and early or late transitions will not be allowed. CalOptima will transition to the use of ICD-10 on October 1, 2015, and early or late transitions will not be accepted.

10. Are paper claims affected by the transition to ICD-10?

Yes. All claim transactions, whether paper or electronic, will be required to be submitted using ICD-10 codes.

11. Will authorization requests require ICD-10 codes on October 1, 2015?

Yes. For new authorization requests received on or after October 1, 2015, ICD-10 diagnosis codes will be required. CalOptima will continue to accept ICD-9 diagnosis codes for authorization requests received through September 30, 2015. Retro authorization requests will require the appropriate diagnosis based on the date of service requested.

12. What do I need to do now to prepare for the conversion to ICD-10?

There are several steps you need to take to prepare for the conversion to ICD-10:

- Begin by talking to your practice management or software vendor. Your conversion to ICD-10 will be heavily dependent on when your vendor has the upgrades completed and when they can be installed in your system.
- Talk to your clearinghouses, billing service and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.

- Identify the changes that you need to make in your practice to convert to the ICD-10 code set. For example, changes may include diagnosis coding tools, “super bills” additional documentation requirements, etc.
- Identify staff training needs and complete the necessary training.
- Conduct internal testing to make sure you can generate transactions with the ICD-10 codes.
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.

13. Where can I find the latest ICD-10 news and resources?

- <http://www.cms.gov/ICD10>
- <http://www.roadto10.org/>
- http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_icd10_home.asp

If you have questions about ICD-10 or would like more information, email us at

- ICD10Questions@caloptima.org.