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:

   o ICD-9 codes have limited data about patient's medical conditions and hospital inpatient procedures.
   o ICD-9 codes use outdated and obsolete terms and are not consistent with current medical practices.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.

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

7. **What if I don't make the transition to ICD-10?**

    All Health Insurance Portability and Accountability Act (HIPAA)-covered entities **must** implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after October 1, 2015. HHS has no plans to extend the compliance date for implementation of ICD-10-CM/PCS; therefore, covered entities should plan to complete the steps required to implement ICD-10-CM/PCS on October 1, 2015.

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.

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 not be able to process claims using ICD-10 until October 1, 2015.

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. **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. Ask if the necessary software updates will be installed with your upgrades for the Version 005010 (5010) HIPAA transactions. If you do not use the HIPAA transactions, determine when they will have your software updates available and when they will be installed in your system. 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.

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

    http://www.ahima.org/ICD10/default.aspx

    http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/

    http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.08%20ICD-10.aspx

    http://apps.who.int/classifications/apps/icd/ICD10Training/

    If you have questions about ICD-10 or would like more information, email us at ICD10Questions@caloptima.org.

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