



## ICD-10 PROVIDER FAQ

October 1<sup>st</sup>, 2015 is the compliance date for the transition to ICD-10 coding to replace ICD-9. These codes will be used by physicians and health care professionals to record and identify diagnoses and procedures for claim payments. ICD-10 affects diagnosis and inpatient procedure coding only. It does not affect current procedural terminology coding for outpatient procedures.

Over time, a number of benefits from the ICD-10 implementation will emerge:

- Improved payment accuracy
- Fewer rejected claims
- Improved disease management

### Claim Adjudication

#### **Q1. What DRG Grouper will you be using for your claims?**

- A. Preferred Care Partners will be using MS DRG 33 for inpatient claims. Please note that state regulations and contractual obligations for grouper software may vary and utilize specific AP-DRG or APR-DRG versions.

#### **Q2. When will Preferred Care Partners' DRG grouper software be updated for ICD-10?**

- A. Preferred Care Partners' update to MS DRG 33 will be concurrent with ICD-10 implementation on October 1<sup>st</sup>, 2015.

#### **Q3. Will your acceptance of Not Otherwise Specified (NOS) codes change from ICD-9 to ICD-10?**

- A. No. Preferred Care Partners recognizes the validity of NOS codes and therefore the acceptance of such codes will not change. It is expected that with the specificity provided by ICD-10 codes, the use of NOS codes will be greatly reduced.

#### **Q4. Will claim payments be delayed pending supporting documentation?**

- A. We will process claims in ICD-10 as we do today with ICD-9 and request documentation when needed to adjudicate claims on a claim-by-claim basis, or request required medical records for specific situations per the care provider's Participation Agreement. ICD-10 codes provide more specificity, accuracy and completeness than ICD-9 codes. Over time, ICD-10 codes are expected to help reduce the number of requests for additional documentation.

### ICD-10 Transition

#### **Q5. Does Preferred Care Partners have plans to crosswalk claims submitted with ICD-9 codes to ICD-10 codes?**

- A. No. Preferred Care Partners will not process noncompliant claims. Claim submissions that are not correctly coded with valid ICD-9 or ICD-10 codes based on the date of service for outpatient services or date of discharge for inpatient hospital services will be returned for correction and resubmission.



**Q6. How will Preferred Care Partners handle claims which contain invalid ICD codes?**

- A. Preferred Care Partners will follow standardized HIPAA validation edits that will reject/return the claim to the care provider for correction and resubmission.

Care providers should monitor their rejection reports from their clearinghouse to ensure claim transactions are accepted by Preferred Care Partners.

**Q7. Will Preferred Care Partners follow CMS Guidance and observe the one-year period of claims payment review leniency as they announced recently for Medicare Part B claims submissions for Medicare record reviews/reporting penalties?**

- A. The CMS Guidance only applies to Medicare Part B claims, which do not affect our business or health plans. CMS has not issued any additional or modified requirements to health plans regarding ICD-10 audit flexibility.

**Q8. How will claims be handled when they include a date span on the CMS 1500 or 837P form which overlaps the discontinuation of using ICD-9 codes and the beginning of using ICD-10 codes?**

- A. Preferred Care Partners will return claims to care providers that contain both ICD-9 and ICD-10 codes on the same claim. Per Centers for Medicare & Medicaid Services (CMS) guidance, care providers must split claim submissions that carry over the October 1<sup>st</sup> compliance date so services provided prior to that date are not reported in the same claim as services provided on or after October 1<sup>st</sup>.

**Q9. Will there be a dual use period where both ICD-9 and ICD-10 codes will be utilized?**

- A. The nature of the ICD-10 mandate forces the healthcare industry to comply with a dual use period. There will be an undetermined period of time where the healthcare industry will be required to process claims using ICD-9 for dates of service before October 1<sup>st</sup>, 2015 and ICD-10 for dates of service on or after October 1<sup>st</sup>, 2015 simultaneously based upon date of service for outpatient services or date of discharge for inpatient hospital services.

**Authorizations/ Referrals/ Notifications**

**Q10. When will you start accepting prior authorizations, referrals or notifications with ICD-10 codes for services to be rendered on or after October 1<sup>st</sup>?**

- A. Prior authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to October 1<sup>st</sup> regardless of the date of service for outpatient services or date of discharge for inpatient hospital services.
- B. [EAA]: Service requests could already be received with ICD-10 diagnosis codes for date of service on or after October 1<sup>st</sup>.

**Q11. What are the Preferred Care Partners ICD coding requirements for prior authorizations covering multiple visits that are expected to occur prior to October 1<sup>st</sup> and on or after that date?**

- A. Prior authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to October 1<sup>st</sup> regardless of the date



of service for outpatient services or discharge date for inpatient hospital services.

**Q12. Will Preferred Care Partners honor authorization/referral/notification for procedures scheduled for dates of service after October 1<sup>st</sup> if the authorization/referral/notification was obtained prior to October 1<sup>st</sup> using an ICD-9 code?**

A. Yes. Preferred Care Partners will honor authorization/referral/notification if they were obtained prior to October 1<sup>st</sup>. No changes or additional authorizations will be required from the care provider.

**Q13. Will Preferred Care Partners' prior authorization/referral/notification policy and/or your guidelines for them change with the implementation of ICD-10?**

A. No. These processes, policies and guidelines will remain unchanged.

**Q14. Has Preferred Care Partners tested their authorization/referral/notification system for ICD-10 readiness?**

A. Yes. Preferred Care Partners has tested the authorization/referral/notification system for ICD-10 readiness.

**Q15. How will Preferred Care Partners handle claims for a patient that is hospitalized over the October 1<sup>st</sup> implementation date?**

A. Use ICD-10 codes for claims with dates of discharge on or after the implementation date of October 1<sup>st</sup>.

**Q16. What industry resources are available for transaction readiness and testing?**

A. CMS developed extensive provider ICD-10 readiness tools and recommendations and they are available on the CMS website at CMS.gov. An alternative to using CMS is to test with your clearinghouse. Contact them for testing availability.