ICD-10 Provider FAQ

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

   ICD-10 stands for the International Classification of Diseases, 10th Edition. It is a standard for diagnostic classifications. ICD-10 will be replacing ICD-9 on October 1, 2015, which is the current set of diagnostic classifications used on all claims.

2. **Why is the transition to ICD-10 happening?**

   The transition is taking place because ICD-9 codes have limited information about patients' medical conditions and hospital inpatient procedures. The ICD-9 code structure has been in place for 30 years. The terms currently used in ICD-9 have become outdated, obsolete, and inconsistent with current medical practices. In addition, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

3. **What does this transition mean to the provider?**

   This transition affects all Integra providers and payers. Providers must submit claims with a valid ICD-10 diagnosis code with a date of service on October 1, 2015 or after in order for the claim to be eligible for payment. Conversely, providers must submit claims with a valid ICD-9 diagnosis code with a date of service on September 30, 2015 or prior in order for the claim to be eligible for payment.

4. **What changes are occurring from ICD-9 to ICD-10?**

   ICD-10-CM and ICD-10-PCS:
   CM (Clinical Modification) *is a coding system used to categorize patients' illness, injuries, and the treatment they receive. As opposed to* ***PCS (Procedure Classification System),*** *which is a system of medical classification used for procedure codes that track various health interventions taken by medical professionals.*

   Diagnosis:
   The ICD-9 diagnosis codes are three to five digits that are alphanumeric and when combined create more than 14,000 unique diagnosis codes. In comparison, ICD-10 codes have three to seven alphanumeric digits that when combined create more than 68,000 unique diagnosis codes.

   Procedures:
   ICD-9 procedure codes are three to four numeric digits that when combined create about 4,000 unique procedure codes. As opposed to ICD-10, which has procedure codes (inpatient) with seven alphanumeric digits that when combined creates approximately 72,000 unique procedure codes.

The Diagnosis Code Set Comparison chart below outlines the differences between ICD-9 and ICD-10 diagnosis code sets.

Diagnosis Code Set Comparison	
ICD-9-CM (Volume 1 & 2)	**ICD-10-CM**
3-5 characters in length	3-7 characters in length
Approximately 14,000 codes	Approximately 68,000 available codes
First digit may be alpha (E or V) or numeric; digits 2-5 are numeric	Digit 1 is alpha (to indicate the category); Digit 2 is numeric (in the future, alpha characters may be used if code expansion is needed); Digits 3-7 can be alpha or numeric
Limited space for adding new codes	Flexible for adding new codes
Lacks detail	Very specific
Lacks laterality	Includes laterality (i.e., codes identifying right versus left)

5. **When do providers have to use ICD-10 codes?**

   You will be required to use ICD-10 codes for all services provided on or after October 1, 2015. Health plans, health care providers, and health care clearinghouses that conduct standard health care transaction must use ICD-10-CM diagnosis codes for services occurring on or after October 1, 2015, and ICD-10-PCS codes for discharges occurring on or after October 1, 2015.

6. **What is Integra's approach to mapping ICD-9 codes to the ICD-10 codes?**

   There is no industry standard for mapping. The Centers for Medicare & Medicaid Services (CMS) has provided General Equivalency Mappings (GEMs) as guidance for mapping between ICD-9 and ICD-10 codes. For more information on the 2015 ICD-10- CM GEMs and 2015 ICD-10-PSC and GEMs, click on the CMS.gov/ICD10 links below:

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

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

7. **Is there a transition period for when providers can continue to use ICD-9 codes?**

    No. Integra will only accept ICD-9 codes for claims with a date of service on September 30, 2015 or prior.

8. **Will Integra use a crosswalk for claims processing?**

    No. As of the October 1, 2015 compliance date, claims must be submitted with ICD-10 codes. After that date, we will process claims submitted with ICD-9 codes only when the dates of service are prior to the compliance date (September 30, 2015 or prior).

9. **Whom does the ICD-10 transition affect?**

    ICD-10 Compliance is mandatory for all HIPAA-covered entities, including those who do not handle Medicare claims. There are no exceptions to any HIPAA-covered entities. Organizations that are not governed by HIPAA who use ICD-9 codes should be aware that their coding may become obsolete in the transition to ICD-10. For guidelines on what qualifies as HIPAA-covered entity, please review this PDF or visit CMS.gov/ICD10:
    http://www.gpo.gov/fdsys/pkg/FR-2009-01-16/pdf/E9-743.pdf

10. **What happens if a covered entity does not switch to ICD-10?**

    Integra will not process claims that do not contain ICD-10 diagnosis and inpatient procedure codes for services provided on or after the implementation date of October 1, 2015 to remain HIPAA compliant.

11. ***Will providers be able to use ICD-10-CM/PCS codes on claims prior to the October 1, 2015, implementation date?***

    No. Providers may only use ICD-10-CM/PCS codes for services provided on or after October 1, 2015. Claims that contain ICD-10-CM/PCS codes for services provided prior to October 1, 2015, will be returned as unprocessable. Providers must submit claims for services furnished prior to October 1, 2015, with the appropriate ICD-9-CM code.

12. **What will the appeal process be for resubmitting ICD-9 based claims with ICD-10 codes during the transition process?**

    The appeal and resubmission process will be the same as the current process for each respective plan.

13. Where can providers find the ICD-10 code sets?

The ICD-10-CM and ICD-10-PCS code sets, as well as the official ICD-10-CM guidelines, are available free of charge on the pages of the CMS.gov /ICD10 website.

- *2015 ICD-10-CM Index to Diseases and Injuries*
  http://cdn.roadto10.org/wp-uploads/2014/08/2015-ICD-10-CM-Index-to-Diseases-and-Injuries.pdf

- *2015 ICD-10-CM Tabular List of Diseases and Injuries*
  http://cdn.roadto10.org/wp-uploads/2014/08/2015-ICD-10-CM-Tabular-List-of-Diseases-and-Injuries.pdf

14. Will Integra Partners be training providers on ICD-10?

No. Integra will not be providing formal training. However, Integra will provide an ICD-10 resource webpage (refer to the graphic on the last page of this FAQ)) that will include this Integra FAQ, a designated email address to ask questions (ICD10@accessintegra.com), videos, helpful CMS links, and a link to using ICD-10 and ICD-9 in the Qūe billing system. Integra will also be providing resourceful hints and web links on our Insights communication.

15. How can providers get more training in the Qūe billing system, related to ICD-10?

It's easy! Providers can log in here with their Qūe Billing System ID and Password and go to the Qūe HELP Center: http://accessintegra.com/resources/que-information/

16. Will the Qūe billing system be ICD-10 compliant?

Yes. Both ICD-9 and ICD-10 codes are loaded and tested in the Qūe billing system.

17. Will providers be able to use either ICD-9 or ICD-10 codes in the Qūe billing system?

Yes. The Qūe billing system has a toggle switch, which enables providers to select one of the diagnosis codes, either ICD-9 or ICD-10. The system "rules" deny claims where the wrong choice of diagnosis code (either ICD-9 or ICD-10) is selected before the provider submits the claim.

The Qūe billing system reviews the date of service entered on each claim. If the date of service for a diagnosis is September 30, 2015 or prior, then the Qūe billing system requires entering an ICD-9 code. If the date of service for a diagnosis is on October 1, 2015 or after, then the Qūe billing system requires entering an ICD-10 code.

The Que billing system will not allow providers to enter an ICD-9 and ICD-10 code on the same claim, reinforcing the CMS guidelines.

18. **Can Integra Partners help providers choose the correct ICD-10 code?**

No. Integra Partners cannot advise the provider which diagnosis codes to use on any claim. Only referring physicians can provide this information.

19. **Will Integra Partners be compliant by the October 1, 2015 deadline?**

Yes. We are testing our systems and developing supporting business process, policies and procedures to meet the CMS implementation standards and deadlines without interruption to day-to-day business practices. We plan to work closely with providers, clearinghouses, vendors and state partners as they also work towards meeting this updated compliance date.

20. **How do providers prepare for ICD-10 transition?**

The best way to get started is….to get started! There are five major areas to address. Click on the "build your action plan" button on the home page to begin and track your practice's ICD-10 implementation.
http://www.roadto10.org/action-plan/get-started/

21. **What happens if a provider makes a mistake and wrongly codes a claim?**

For one year past the October 1, 2015 deadline, CMS will reimburse for wrongly coded claims as long as that error code is in the same broad family as the correct code.

22. **What do providers need to do if the claim is denied due to having an invalid diagnosis?**

Contact the original referring physician who wrote the original diagnosis to correct the diagnosis code. Include the prescription with the updated diagnosis code before resubmitting the claim.

23. **If a claim has to be rebilled after October 1, 2015, will the ICD-9 or ICD-10 diagnosis code be used?**

Providers determine which ICD code diagnosis set to use based on the date of service or date of discharge. Use an ICD-9 code if the date of service is on September 30, 2015 or prior. Use the ICD-10 code if the date of service is on October 1, 2015 or later.

24. Can providers submit dual claims? In other words, can providers submit a claim with ICD-9 and ICD-10 codes on the same claim?

No. Providers cannot submit a claim with ICD-9 and ICD-10 code sets on the same claim. Providers can only submit one version of the ICD code sets on a claim (either ICD-9 or ICD-10). If a provider submits both ICD-9 and ICD-10 codes on the same claim, the claim will be rejected as a claims submission error.

Providers should submit on-going rental items on the separate claims, as outlined above, based on the date of service.

25. Will Integra Partners be changing any prior authorization forms as of October 1, 2015?

Integra will not be changing prior authorizations on the Integra website, because we do not have any diagnosis codes. However, when providers request a prior authorizations they need to include a date of October 1, 2015 of after.

26. How does ICD-10 affect authorizations?

As of October 1, 2015 providers need to use ICD-10 diagnosis codes when submitting claims.

27. What happens if the patient's date of service is prior to October 1, 2015, but billed after October 1, 2015?

The determination of what ICD code set to use is based on the date of service or date of discharge. Submit the claim with an ICD-9 code that has a date of service or date of discharge of September 30, 2015 or prior.

28. Is there anything else the providers need to do, other than use new ICD-10 code sets relative to the correct date?

Prepping for the compliance date is critical. Providers need to know how to use the new ICD-10 codes. We suggest that you sign up for trainings and webinars through CMS.gov/ICD10 to help you learn about the new ICD-10 codes. We also recommend that you use Integra's ICD-10 support information that we have posted on our website under the Provider Resources/ICD-10 tab and within the Qūe billing system Help Center.

29. Will changing over to ICD-10 make process of payments slower?

As long as providers have correctly submitted a claim with the proper ICD-10 code, the process of payment should not be delayed.

30. Where might providers find more ICD-10 information?

Integra has great provider support information on our website under the Resources tab/ICD-10 page, where you may have found this FAQ. Providers can also find more information on ICD-10 on the Centers for Medicare and Medicaid Services website: CMS.gov/ICD10. Here are two other helpful links from the CMS.gov/ICD10 website:

https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10QuickStartGuide20150622.pdf

https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html