ICD-10 Frequently Asked Questions (FAQs)

This information is intended to provide a general overview of what can be expected with the transition from ICD-9 to ICD-10 as it impacts VNS Health providers. VNS Health identifies the provider community to include:

- Fee-for-service providers, who submit claims for all contracted services.
- Capitated providers, who submit capitated encounters and are paid per member per month.
- Claim delegates who contract with VNS Health and pay/process claims on behalf of VNS Health. The delegates contract independently with physicians and hospitals and submit delegated encounters to VNS Health.

If after reviewing this FAQ, you have questions about VNS Health and ICD-10 contact Provider Services on 1-866-783-0222.

Background

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

   ICD-10 stands for the International Classification of Diseases, 10th Edition. It is the international standard for diagnostic classification. The United States (US) adapted the ICD-10 coding system as the official system of assigning codes to diagnoses used in all health care settings and to procedures associated with hospital utilization in the US.
   - ICD-10-CM: Diagnosis codes used in all health care settings in the US.
   - ICD-10–PCS: Procedure codes associated with hospital utilization in the US

2. **When will ICD-10 replace the current coding system, ICD-9?**

   ICD-10 codes must be used if the date of service is on or after October 1st, 2015.

3. **What changes are occurring in ICD-10?**

   Significantly more codes have been added and the codes provide more specificity. There have also been changes to the structure of the codes to allow for future expansion.

Diagnosis Codes

Characteristic	ICD-9 Diagnosis	ICD-10 Diagnosis
Code Set Name	ICD-9-CM Vol 1 and 2	ICD-10-CM
Number of Codes	~ 14,000	~ 69,000
Number of Characters	3 to 5 Numeric (+ V & E codes)	3 to 7 Alphanumeric
Example	511.9 Unspecified pleural effusion V02.61 Hepatitis B carrier	A69.21 Meningitis due to Lyme disease S52.131a Displaced fracture of neck of right radius, initial encounter for closed fracture

Procedure Codes

Characteristic	ICD-9 Procedure	ICD-10 Procedure
Code Set Name	ICD-9-CM Vol 3	ICD-10-PCS
Number of Codes	~ 4,000	~ 72,000
Number of Characters	3 to 4 Numeric	7 Alphanumeric
Example	44.42 Suture of duodenal ulcer site	0DQ10ZZ Repair upper esophagus, open approach

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

   No. The switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10 PCS codes are for hospital inpatient procedures only.

Claims Processing

5. **Will VNS Health accept ICD-9 codes after October 1st, 2015?**

   VNS Health will follow CMS guidance and will only accept ICD-10 codes for dates of service on or after October 1st, 2015. For inpatient claims, ICD-10 codes must be used for a date of discharge on or after October 1st, 2015.

6. **Is there a transition period where I can use either ICD-9 or ICD-10 codes without having my claims rejected?**

   No. ICD-9 and ICD-10 codes are dependent on the date of service (DOS) for outpatient services and date of discharge (DOD) for inpatient services. ICD-9 codes must be used if the DOS/ DOD is prior to October 1st, 2015. ICD-10 codes must be used if the DOS/ DOD is on or after October 1st, 2015.

7. **Will VNS Health accept a claim that has both ICD-9 and ICD-10 codes?**

No. VNS Health will follow CMS guidance and will require that only one version of ICD codes be submitted on a claim. If both ICD-9 and ICD-10 codes are submitted on a claim, the claim will be rejected as a claim submission error.

8. **Will ICD-10 apply to claims submitted to VNS Health's OPS (and SCP) Systems?**

No, claims submitted to through the OPS system will not be affected and will continue to be processed in the same manner.

9. **Will VNS Health accept 837 batches with both ICD-9 and ICD-10 claims spanning the conversion deadlines?**

Yes. VNS Health will accept 837 batches containing both ICD-9 and ICD-10 claims as long as each claim uses the correct coding.

10. **Can I drop my claims to paper and continue using ICD-9?**

No. The current professional and facility claim forms have been revised to support ICD-10.
   ➢ The UB-04 facility claim form includes the FL 66 Diagnosis and Procedure Code Qualifier field. The qualifier field value for ICD-9 is 9 and for ICD-10 is 10.
   ➢ The CMS-1500 version 02/12 professional claim includes an ICD version indicator in field
      21. The value for ICD-9 is 9 and the value for ICD-10 is 0 (zero).

11. **Will there be extensions given for timely filing during the ICD-10 transition time?**

No. VNS Health does not anticipate extending timely filing deadlines.

12. **How do I submit a claim for services that span the ICD-10 compliance date?**

For an outpatient claim, the claim should be split based on the date of service. Services performed prior to October 1st, 2015 should be billed on one claim using ICD-9 diagnosis codes and services performed on or after October 1st, 2015 should be billed on another claim using ICD-10 diagnosis codes.

For an inpatient claim, ICD-10 codes should be used if the date of discharge is on or after October 1st, 2015.

VNS Health is following CMS guidance on institutional services that span the October 1st, 2015 compliance date. Refer to the CMS guidance published in MLN Matters® Number SE1325 for specific billing scenarios.

13. **What do I do if my claim is rejected?**

If you attempt to submit a claim electronically and it is rejected it is because there is an issue with the information billed. For example, if you have used ICD-9 codes for outpatient dates of service after October 1st, 2015, the claim would be rejected. Review the claim carefully for billing errors relating to diagnosis code or other issues and resubmit.

14. **What do I do if my claim is denied or I believe the amount paid is incorrect?**

Firstly, review the Explanation of Payment (EOP) to determine why the claim denied. Often claims are denied due to billing errors. If this is the case, submit a corrected claim. If after reviewing the EOP you are still unsure why the claim was denied, or you believe it was denied incorrectly, call VNS Health Provider Services on 1-866-783-0222. Our representatives are available to help you Monday through Friday, 8am-8pm.

Provider Reimbursement

15. **Do you anticipate any delays in processing or payments due to the switch to ICD-10?**

VNS Health does not expect delays in processing or payment of a claim due to ICD-10 if the claims are properly coded based on the latest CMS guidelines. Rejection or denial due to misuse of new codes is possible.

16. **Do you expect that ICD-10 will have an impact on capitation payments to providers?**

VNS Health does not expect an impact to capitation. Providers who have entered into a capitated agreement with VNS Health receive a check per member per month (PMPM) regardless of whether they submit claims for that member.

Authorizations

17. **How will VNS Health handle authorization of services that occur on or after the ICD- 10 compliance date of October 1st, 2015?**

VNS Health will issue authorizations based on the request date.
 - ➢ All authorization and referral requests prior to and including September 30th, 2015, are required to use ICD-9 codes.
 - ➢ All authorization and referral requests submitted on or after October 1st, 2015 are required to use ICD-10 codes.

18. **How will VNS Health handle authorization of services that span the ICD-10 compliance date of October 1st, 2015?**

VNS Health will provide two authorizations, one for services up to and including September 30th, 2015 and another for services on and after October 1st, 2015. Separate claims should be submitted for services before and after the compliance date.

More Information

Centers for Medicare and Medicaid Services: http://www.cms.gov/ICD10/

Workgroup for Electronic Data Interchange: http://www.wedi.org

ICD-10-CM official guidelines for coding and reporting:
www.cms.gov/Medicare/Coding/ICD10/downloads/7_Guidelines10cm2010.pdf

American Health Information Management Association: http://www.ahima.org

American Medical Association checklist for tips on preparing provider offices for ICD-10 (registration required): www.ama-assn.org/resources/doc/washington/icd10- checklist.pdf

IMPORTANT: The information contained in this document is designed to provide a general overview of what can be expected with the transition from the International Statistical Classification of Diseases and Related Health Problems, Ninth Revision, (ICD-9) to ICD-10 as it impacts VNS Health's business. The information provided is not intended to address all of the Centers for Medicare & Medicaid Services (CMS) requirements and implications mandating the use of ICD-10 and should not be used as legal advice for implementation activities. We encourage you to seek any professional advice you may need, including legal counsel, regarding how the new requirements will affect your specific practice. VNS Health is providing this information for general informational purposes only.