ICD-10 OVERVIEW, READINESS AND RESOURCES

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Blue Cross Blue Shield of Michigan

September 10th, 2015

*NOTE: The information in this document is not intended to impart legal advice. This overview is intended as an educational tool only and should not be relied upon as legal or compliance advice.
Agenda

- Introduction
- ICD-10 Overview
  - The mandate
  - The benefits of ICD-10
  - Similarities and differences
- Most frequently reported diagnosis codes
- From an industry perspective
- CMS Quick Start Guide
- BCBSM readiness
- Key industry resources
- ICD-10 testing options
- Frequently asked questions
ICD-10 Overview
The ICD-10 Mandate

- The ICD-10 implementation is scheduled for Oct. 1, 2015. On claims with that date of service, all HIPAA-covered health care entities must begin using ICD-10 codes in place of the ICD-9 codes.

- Claims with non-compliant codes will be rejected.

- Delivered in two parts
  - ICD-10-CM (for all providers in all health care settings)
  - ICD-10-PCS (for hospital claims and inpatient hospital procedures)

- Does not affect CPT or HCPCS codes and usage.
The benefits of ICD-10-CM

- More clinically relevant than ICD-9-CM
- Better reflection of clinical severity and complexity
- More accurate representation of provider performance
- Less ambiguous code choices
- Support for medical necessity
- Validation for reported evaluation and management codes
- Less misinterpretation by auditors, attorneys and other 3rd parties
Additional benefits of ICD-10-CM

- Improved efficiencies and lowered administrative costs:
  - Fewer rejected and improper reimbursement of claims
  - Decreased demand for submission of medical record documentation
  - Increased use of automated tools to facilitate coding process
The similarities to ICD-9-CM

• Many conventions have the same meaning.
• Nonspecific codes still exist (unspecified or NOS).
• Codes are looked up the same way: look up term in alphabetic index then verify in tabular list
  – Critical to verify codes in the tabular list as many codes will be incomplete and end with a dash in the alphabetic index
  – Tabular portion of the book contains the coding conventions and 7th character tables.
• Codes are invalid if they are incomplete.
• Adherence to the official coding guidelines is required under HIPAA.
The differences between ICD-9 and ICD-10

• Main differences include:
  – Volume 17,849 ICD-9 vs. 141,797 ICD-10 codes
    • ICD-10
      – 69,823 CM and 71,974 PCS
  – Structure
  – New features

• Differences between the code sets make ICD-10 look like an entirely different coding language.

• Certain diseases reclassified to reflect current medical knowledge.

• Injuries grouped by anatomical site instead of by category of injury.
ICD-10-CM differences

- Combination codes for some conditions and associated symptoms
- Code titles are more complete
- Specificity and detail significantly expanded
- Laterality
- Expansion of some codes
  - Injuries
  - Diabetes
  - Alcohol and substance abuse
  - Post-op complications
Structural differences – ICD-10-CM

- Alpha (Except U)
  - 2 Always Numeric
  - 3-7 Numeric or Alpha

Category

Etiology, anatomic site, severity

3 - 7 Characters

Added code extensions (7th character) for obstetrics, injuries, and external causes of injury
Top Ten
Diagnoses for Professional Providers
# Top Ten Most Frequently Reported ICD-9-CM Diagnosis Codes for all Professional Claims

<table>
<thead>
<tr>
<th></th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>250.00</td>
<td>Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</td>
</tr>
<tr>
<td>2</td>
<td>724.2</td>
<td>Lumbago</td>
</tr>
<tr>
<td>3</td>
<td>V76.12</td>
<td>Other screening mammogram</td>
</tr>
<tr>
<td>4</td>
<td>839.20</td>
<td>Closed dislocation, lumbar vertebra</td>
</tr>
<tr>
<td>5</td>
<td>V20.2</td>
<td>Routine infant or child health check</td>
</tr>
<tr>
<td>6</td>
<td>739.3</td>
<td>Nonallopathic lesions, lumbar region</td>
</tr>
<tr>
<td>7</td>
<td>739.1</td>
<td>Nonallopathic lesions, cervical region</td>
</tr>
<tr>
<td>8</td>
<td>401.9</td>
<td>Unspecified essential hypertension</td>
</tr>
<tr>
<td>9</td>
<td>786.50</td>
<td>Chest pain, unspecified</td>
</tr>
<tr>
<td>10</td>
<td>V70.0</td>
<td>Routine general medical examination at a health care facility</td>
</tr>
</tbody>
</table>

* The following slides will display the corresponding ICD-10-CM codes.
## Top Ten Most Frequently Reported Diagnosis Codes for all Professional Claims

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.00 - Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</td>
<td>E11.9 – Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td>724.2 – Lumbago</td>
<td>M54.5 – Low back pain</td>
</tr>
<tr>
<td>V76.12 – Other screening mammogram</td>
<td>Z12.31 – Encounter for screening mammogram for malignant neoplasm of breast</td>
</tr>
</tbody>
</table>
### Top Ten Most Frequently Reported Diagnosis Codes for all Professional Claims Cont’d

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>839.20 – Closed dislocation, lumbar vertebra</td>
<td>M99.13 - Subluxation complex (vertebral) of lumbar region</td>
</tr>
<tr>
<td></td>
<td>S33.0xxA - Traumatic rupture of lumbar intervertebral disc, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.100A - Subluxation of unspecified lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.101A - Dislocation of unspecified lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.110A - Subluxation of L1/L2 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.111A - Dislocation of L1/L2 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.120A - Subluxation of L2/L3 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.121A - Dislocation of L2/L3 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.130A - Subluxation of L3/L4 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.131A - Dislocation of L3/L4 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.140A - Subluxation of L4/L5 lumbar vertebra, initial encounter</td>
</tr>
<tr>
<td></td>
<td>S33.141A - Dislocation of L4/L5 lumbar vertebra, initial encounter</td>
</tr>
</tbody>
</table>
### Top Ten Most Frequently Reported Diagnosis Codes for all Professional Claims Cont’d

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</thead>
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<tr>
<td>V20.2 – Routine infant or child health check</td>
<td>Z00.121 – Encounter for routine child health examination with abnormal findings</td>
</tr>
<tr>
<td>739.3 – Nonallopathic lesions, lumbar region</td>
<td>Z00.129 – Encounter for routine child health examination without abnormal findings</td>
</tr>
<tr>
<td>739.1 – Nonallopathic lesions, cervical region</td>
<td>M99.03 – Segmental and somatic dysfunction of lumbar region</td>
</tr>
<tr>
<td></td>
<td>M99.01 – Segmental and somatic dysfunction of cervical region</td>
</tr>
</tbody>
</table>
## Top Ten Most Frequently Reported Diagnosis Codes for all Professional Claims Cont’d

<table>
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<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
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</thead>
<tbody>
<tr>
<td>401.9 – Unspecified essential hypertension</td>
<td>I10 – Essential (primary) hypertension</td>
</tr>
<tr>
<td>786.50 – chest pain, unspecified</td>
<td>R07.9 – chest pain, unspecified</td>
</tr>
<tr>
<td>V70.0 – Routine general medical examination at a health care facility</td>
<td>Z00.00 – Encounter for general adult medical examination without abnormal findings</td>
</tr>
<tr>
<td></td>
<td>Z00.01 – Encounter for general adult medical examination with abnormal findings</td>
</tr>
</tbody>
</table>
From an industry perspective
Important points from an industry perspective

• ICD-10 most likely will increase the need for certified coders
  – This is due to the increased detail in the code set, especially during the initial months of the transition

• Entities must take into consideration external factors (such as impacts of Health Care Reform and requirements of Medicare and Medicaid) when planning for ICD-10

• A maintenance process must be in place as part of a long-term solution to enable processing of codes
  – How do you update the codes today?
  – With increased volume, that process will likely have to change
Everyone has different views of ICD-10

- **Clinician Perspective:** ICD-10 is understanding the increased level of detail needed in the medical record documentation.

- **Coder Perspective:** Training is required to understand the additional detail in the codes.

- **Payer Perspective:** Make sure that our systems can take the submitted codes and pay claims/apply benefits appropriately.

*The best way to understand the impact of the ICD-10 code set is to see it in action…*
Why appropriate coding is important

• Ensuring appropriate benefit application and/or payment (if applicable)
• Helps to reduce the possibility of requests for medical records
• Could help reduce the instances of medical record reviews
• Proper coding now will help your practice or facility deal with the increased detail needed for:
  – quality measures
  – government programs (such as risk adjustment)
  – incentive programs and ACOs
CMS Quick Start Guide
Quick Start Guide

Get Ready Now with the New CMS Quick Start Guide!

While ICD-10 is almost here, you still have time to get ready. But you must get ready now.

Highlights of the 5 steps from the new Quick Start Guide:

1) Make a Plan
2) Train Your Staff
3) Update Your Processes,
4) Talk with Your Vendors and Health Plans
5) Test Your Systems and Processes.
Step 1 – Make a Plan

ICD-10 Get Ready Now!

Online
You can download the 2016 Code Tables and Index at cms.gov/ICD10

1. Make a Plan | Obtain Access to ICD-10 Codes

Practice Management Systems | Print and Electronic | Electronic Health Record Products

Available from many sources, in many formats
Step 1 Tips – Make a Plan Cont’d

- Assign target dates for completing steps outlined here

- **Most important, obtain access to ICD-10 codes. The codes are available from many sources and in many formats:**
  
  - Code books
  - CD/DVD and other digital media
  - Online Go to cms.gov/ICD10:
    - Select “2016 ICD-10-CM and GEMS” to download 2016 Code Tables and Index
  - Practice management systems
  - Electronic health record (EHR) products
  - Smartphone app
Step 1 Tips – Make a Plan Cont’d

Clearinghouses can help by:

- Identifying problems that lead to claims being rejected
- Providing guidance about how to fix rejected claims (e.g., more or different data need to be included)
- Clearinghouses cannot help you code in ICD-10 codes unless they offer third-party billing/coding services

Decide role(s) your clearinghouse(s) will play in your transition

- Some providers who are not ready could benefit from contracting with a clearinghouse to submit claims
Step 1 Tips – Make a Plan
Cont’d

- You must use:
  - ICD-10 codes for all services provided on or after October 1
  - ICD-9 codes for all services provided before October 1

- Identify everywhere in your practice that you use ICD-9 codes to make sure you know what processes and systems need to be updated for ICD-10; for example:
  - Patient registration and scheduling
  - Clinical documentation/health records
  - Referrals and authorizations
  - Order entry
  - Coding
  - Billing
  - Reporting and analysis
Step 1 Tips – Make a Plan
Cont’d

- Even clearinghouses that offer coding and billing services cannot translate ICD-9 codes to ICD-10 codes unless they have the detailed clinical documentation required to select the right code.

- Practices that do not prepare for ICD-10 risk disruptions in cash flow.
Step 2 – Train Your Staff

ICD-10 Get Ready Now!

Train Your Staff | Get Up to Speed

Clinical
Focus on documentation, new clinical concepts captured in ICD-10

Coding/Administrative
Focus on ICD-10 fundamentals

Identify top codes and code current cases in ICD-10
Step 2 Tips – Make a Plan
Cont’d

- Train your staff on ICD-10 fundamentals using the wealth of free resources from CMS, which include the ICD-10 website, Road to 10, Email Updates, National Provider Calls, and webinars. Free resources are also available from:
  - Medical societies, health care professional associations
  - Hospitals, health systems, health plans, vendors

- Identify top codes. What ICD-9 diagnosis codes does your practice see most often? Target the top 25 to start. You might want to look at common diagnosis codes available from:
  - Road to 10 (see Specialty References)
  - Medical specialty societies
  - Using the documentation available, code current cases in ICD-10. Flag any cases where more documentation is needed.
Step 2 Tips – Make a Plan
Cont’d

- Training for **clinical staff**—e.g., physicians, nurse practitioners, physician assistants, registered nurses—should focus on documentation, new coding concepts captured in ICD-10

- Training for **coding and administrative staff**—e.g., coders, billers, practice managers—should focus on ICD-10 fundamentals

- You can review your superbills, encounter forms, and practice management system reports to identify your most commonly used ICD-10 codes

- If time permits, expand your ICD-10 coding of current cases to include 50 or more of your top codes, until 80% of your claims are covered
Step 2 Tips – Make a Plan Cont’d

- Practices that do not prepare for ICD-10 will not be able to submit claims for services performed on or after October 1, 2015

- You don’t have to use 68,000 codes—as you do now, your practice will likely use a very small subset of ICD-10 codes

- You will use a similar process to look up ICD-10 codes that you use with ICD-9

- While crosswalks from ICD-9 to ICD-10 can be useful references, ICD-10 codes should be based on the clinical documentation rather than selected from a crosswalk
Step 3 – Update Your Processes

ICD-10 Get Ready Now!

3 Update Your Processes | Get Your Forms Ready

Clinical
Focus on documentation, new clinical concepts captured in ICD-10

Superbills
Replace ICD-9 diagnosis codes with ICD-10

Update hard-copy and electronic forms
Step 3 Tips – Make a Plan Cont’d

- It is crucial to update hard-copy and electronic forms (e.g., superbills, CMS 1500 forms).

- Resolve any documentation gaps identified while coding top diagnoses in ICD-10.

- Make sure clinical documentation captures key new coding concepts:
  - Laterality—or left versus right
  - Initial or subsequent encounter for injuries
  - Trimester of pregnancy
  - Details about diabetes and related complications
  - Types of fractures
Step 3 Tips – Make a Plan
Cont’d

- Create a documentation checklist for any new concepts that need to be captured for ICD-10 coding.

- Remember that ICD-10 does not change the requirements for good documentation, which is always about capturing the complete clinical picture in order to provide high-quality patient care.

- Review NCDs and LCDs with ICD-10 codes to ensure consistency with internal policies (e.g., coding, billing, and documentation processes).

- Outpatient and office procedure codes aren’t changing—I CD-10 does not affect the use of CPT and HCPCS coding for outpatient and office procedures.
Step 4 – Talk to Your Vendors and Health Plans

ICD-10 Get Ready Now!

Talk to Your Vendors and Health Plans | Confirm Systems Are Ready

Ask about their readiness and testing opportunities
Step 4 Tips – Talk to Your Vendors and Health Plans Cont’d

- **Call your vendors** to confirm the ICD-10 readiness of your practice’s systems

- Confirm that the health plans, clearinghouses, and third-party billing services you work with are ICD-10 ready

- Ask vendors, health plans, clearinghouses, and third-party billers about testing opportunities
Step 4 Tips – Talk to Your Vendors and Health Plans Cont’d

- You can use forms available in the Road to 10’s Template Library to guide discussions with vendors, health plans, clearinghouses, and billing services.

- Double check that you’ve identified all systems that use ICD codes—e.g., practice management systems, electronic health record (EHR) products—when contacting vendors.

- Update contracts with vendors and health plans as needed.

- Transition costs for small medical practices could be substantially lower than projected earlier:
  - Many EHR vendors are including ICD-10 in their systems or upgrades—at little or no cost to their customers.
Step 5 – Test Your Systems and Processes

ICD-10 Get Ready Now!

Test Your Systems and Processes | Verify You Can Generate Claims

Business Trading Partners
Test with health plans, clearinghouses, vendors

New Software/Systems
Make sure you can generate ICD-10 claims

Get More Info
Visit the CMS website at cms.gov/ICD10

Test inside your practice and with trading partners
Step 5 Tips – Test Your Systems and Processes Cont’d

- Verify that you can use your ICD-10-ready systems to:
  - Generate a claim
  - Perform eligibility and benefits verification
  - Schedule an office visit
  - Schedule an outpatient procedure
  - Prepare to submit quality data
  - Update a patient’s history and problems
  - Code a patient encounter

- Test your systems with partners like vendors, clearinghouses, billing services, and health plans; focus on those partners that you work with most often
  - Medicare providers can conduct acknowledgement testing with their Medicare Administrative Contractors (MACs) until the October 1 compliance date
Step 5 Tips – Test Your Systems and Processes Cont’d

- Explore alternate ways to submit claims to health plans if you think your systems will not be ready for ICD-10 by Oct 1:

  - For Medicare providers, options include:
    - Free billing software available from every MAC website (only for Medicare claims)
    - Part B claims submission by online provider portal (in about ½ of MAC jurisdictions)
    - Paper claims for providers who meet Administrative Simplification Compliance Act Waiver requirements
      - Each of these options requires you to code in ICD-10
  
- Ask other health plans you work with about the options they offer
Step 5 Tips – Test Your Systems and Processes Cont’d

- Your clearinghouses and billing services can conduct Medicare acknowledgement testing on your behalf.
- Many major health plans report that they have portals or other options in place for providers who cannot submit ICD-10 claims electronically.
- If you think you might need to use an alternate claims submission method for Medicare, get started now:
  - Allow time for you and your staff to complete free training on billing software or portals before October 1.
  - You must register for each MAC portal that you use.
- If you are eligible to submit paper claims for Medicare and wish to do so, order CMS 1500 forms from the Government Publishing Office or your office supply store:
  - Photocopies cannot be used because they cannot be scanned correctly.
BCBSM readiness
Steps we are taking to minimize the risk of disruption

• Outreach and communications
  – Record articles
  – Michigan Monday webinars
  – Monthly presentations at New Hudson
  – Consortium provider education webinars

• Internal training of staff

• Extensive testing plan
  – Professional: Medical scenario (external)
  – Clearinghouses: Transactional testing (external)
  – Facilities: End-to-end testing and previously DRG shift testing (external)
  – Internal testing of claims processing
Steps we are taking to minimize the risk of disruption

- Readiness Audit
- Command Center
- Internal testing continues
Key Industry Resources
Key industry websites for helpful resources

• Centers for Medicare and Medicaid Services (CMS):
  www.cms.gov/icd10/

• CMS sponsored "Road to ICD-10" website for small-medium physician practices including information by specialty: Build your action plan and jump start your transition to ICD-10. It’s simple and FREE. Visit the CMS tool at: www.roadto10.org/

• American Academy of Professional Coders (AAPC):
  www.aapc.com/icd-10/
  – Specialty crosswalks contain the top 50 ICD-9 codes and the corresponding ICD-10 codes and is especially useful for the most commonly identified diagnosis codes. Download a .pdf for any of the specialties you choose.
  – A .pdf copy is available from AAPC by going to this website link: http://www.aapc.com/ICD-10/crosswalks/pdf-documents.aspx
ICD-10 Implementation Resources

CMS.gov ICD-10 links: provider resources, medical practices basics, Quick Start Guide and Clinical Concept Guides:
- [http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html](http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html)

American Hospital Association - AHA.org website link:

Specialized training resources (extra cost): American Health Information Association – AHIMA.org and American Association Professional Coders – AAPC.com links:
- [http://www.ahima.org/education/onlineed](http://www.ahima.org/education/onlineed)
- [http://www.aapc.com/icd-10/](http://www.aapc.com/icd-10/)

Coding and Documentation Tips - AHIMA.org and Californiahia.org links:
- [http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049431.hcsp?dDocName=bok1_049431#c](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049431.hcsp?dDocName=bok1_049431#c)
- [http://www.californiahia.org/icd-10-cmpcs](http://www.californiahia.org/icd-10-cmpcs)

American Medical Association – AMA.org website links:

BCBSM website – BCBSM.com and provider readiness mailbox links:
- [icd-10providerreadiness@bcbsm.com](mailto:icd-10providerreadiness@bcbsm.com)
- Link to presentation titled: ICD-10 Overview, Readiness, and Resources [here](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42552_42696-256928--,00.html)

CMS MLN Matters #SE1325 – Institutional Services Split Claims Billing Instructions for Medicare Fee-For-Service Claims that span the ICD-10 Implementation Date:

CMS MLN ICD-10-CM/PCS Myths and Facts:

Michigan Department Community Health - ICD 10 Awareness and Training
- [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42552_42696-256928--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42552_42696-256928--,00.html)

American Academy of Family Physicians AAFP

American Academy of Pediatrics AAP

Check with your professional and medical associations about ICD-10 readiness.
ICD-10 Provider Testing Options with BCBSM
Professional Testing with BCBSM

• The professional testing tool is available for use now through the ICD-10 implementation date (Oct. 1, 2015).
• Use of this tool is **free of charge**.
• Testing is done through the web; no special software or lengthy test requirements are needed. Once you register, you will receive a personalize link to the testing tool.
• It is “content based” and “specialty specific,” which means that you will be presented with several health care encounters and be asked to code the diagnoses in ICD-10.
• Scenarios are based on specialties (internal medicine, oncology, etc.) and providers must register for each specialty they are interested in testing. Scenarios are groups of 3 narratives with a maximum of 9 narratives.
Professional Testing with BCBSM Cont’d

- We recommend you have some familiarity with the ICD-10 codes and have a code book or other access to the code set to complete this test.

- BCBSM will provide a peer group report of the codes selected for the same scenarios which can be accessed multiple times as additional providers participate in the testing.

- To register and begin the ICD-10 professional testing process, access the following link: http://bcbsmicd10providerregistry.highpoint-solutions.com
Specialties for testing

- Allergy/Immunology
- Audiologist
- Cardiovascular Disease
- Certified Nurse Midwife
- Chiropractic
- Clinical Psychologist
- Dermatology
- Emergency Medicine
- Endocrinology
- Family Practice
- Gastroenterology
- General Practice
- General Surgeon
- Group Practice
- Hematology
- Hematology-Oncology
- Infectious Disease
- Internal Medicine
- Nephrology
- Neurology
- Nurse Practitioner
- Obstetrics & Gynecology
- Occupational Therapist
- Ophthalmology
- Optometry
- Orthopedic Surgery
- Otolaryngology
- Pediatric Medicine
- Physical Medicine and Rehabilitation
- Physical Therapist
- Plastic and Reconstructive Surgery
- Podiatry
- Psychiatry
- Psychologist
- Pulmonary Disease
- Radiation Oncology
- Rheumatology
- Thoracic Surgery
- Urology
- Vascular Surgery
Frequently asked questions
Frequently asked questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are ICD-10- CM codes?</td>
<td>ICD-10-CM codes are replacing the ICD-9-CM diagnosis codes. As part of HIPAA guidelines, CMS has mandated the transition to ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes used by hospitals for inpatient surgical procedures.</td>
</tr>
<tr>
<td>Do I have to use ICD-10-CM codes?</td>
<td>Yes, all providers need to start using ICD-10-CM diagnosis codes with dates of service 10/1/2015 and after.</td>
</tr>
<tr>
<td>When do I start using ICD-10 codes?</td>
<td>Start using ICD-10 codes for dates of service on or after 10/1/2015.</td>
</tr>
<tr>
<td>Can I start using ICD-10 codes before 10/1/2015?</td>
<td>No. Claims with dates of service prior to 10/1/2015, containing ICD-10 codes will be rejected.</td>
</tr>
<tr>
<td>Can I continue using ICD-9 after 9/30/2015?</td>
<td>No. Any dates of service on or after 10/1/2015 must contain ICD-10 codes. ICD-9 codes will be used on claims with dates of service on or before 9/1/30/2015, no matter when the claim is submitted.</td>
</tr>
</tbody>
</table>
## Frequently asked questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I submit ICD-9 and ICD-10 codes on the same claim?</td>
<td>No. Claims with dates of service 9/30/2015 and prior, must be separate from claims with dates of service 10/1/2015 and after.</td>
</tr>
<tr>
<td>Can I submit a <strong>file</strong> with both ICD-9 and 10 codes?</td>
<td>Yes. A file can contain claims with both ICD-9 and ICD-10 codes...just not on the same claim.</td>
</tr>
<tr>
<td>If only one line on the claim is invalid, will the one line reject or will the whole claim reject?</td>
<td>Professional claims are processed at the claim line level, so they will process at this level, which means just the one line would be rejected.</td>
</tr>
<tr>
<td>How descriptive are the claim rejection descriptions? Are they specific to the diagnostic code?</td>
<td>No, the rejection description will say if it’s an invalid code. There are several new Electronic Data Interchange edit messages related to ICD-10. See the July 2015 Record article titled “Correction: New edit codes to support ICD-10.” <a href="#">July Record article</a></td>
</tr>
<tr>
<td>I received edit codes that I have never seen before. What do these mean?</td>
<td>There are new edit codes related specifically to ICD-10 and the end-dating of all ICD-9 codes. They are contained in the <a href="#">July Record article</a> titled “Correction: New edit codes to support ICD-10” for details.</td>
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<td>Answer</td>
</tr>
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</tr>
<tr>
<td>Do I need to start using ICD-10-PCS procedure codes?</td>
<td>ICD-10-PCS procedure codes are only used by hospitals on inpatient claims with procedures. HCPCS and CPT codes will continue to be used by physicians for billing procedures.</td>
</tr>
<tr>
<td>Where do I get information about ICD-10 codes?</td>
<td>Cms.gov/icd10,(select 2016 ICD-10-CM and GEMs to download 2016 code tables and index), code books from publishers, practice management systems, EHR products, smartphone applications, etc.</td>
</tr>
<tr>
<td>Does ICD-10 apply to mental and behavioral health providers?</td>
<td>Yes, ICD-10 applies to all providers, including mental and behavioral health providers, and must be used to bill for services. (DSM-V code books include the corresponding ICD-10 codes.)</td>
</tr>
<tr>
<td>How do I bill for multiple dates of service that span before and after 10/1/2015?</td>
<td>If you normally bill multiple dates of service on one claim and any of the dates of service are on or after 10-1-2015, you must split the bill. Dates of service on or before 9-30-2015 must use ICD-9 codes. There are some exceptions to this depending on the provider type (such as DME providers), but for physicians split billing is required. BCBSM is following CMS guidelines for billing ICD-10.</td>
</tr>
<tr>
<td>With laterality included in ICD-10-CM, do we still need to report modifiers RT for right and LT for left?</td>
<td>Yes, the modifiers apply to CPT/HCPCS procedure codes that are not impacted by the transition to ICD-10-CM. Continue to follow the coding guidelines for these procedure code sets.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>How do I report global procedure codes for prenatal care when the DOS only span across the start date for ICD-10 of 10/1/2015? (59425, 59426)</td>
<td>Enter date of first prenatal visit in the “From” field and last prenatal visit in the “To” field on the 1500 form. Report the diagnosis using the ICD code set which is in effect for the date of service, in the “From” field. For example: If date of service is on or before 9/30/2015, report ICD-9 codes. If date of service is on or after 10/1/2015, report ICD-10 codes.</td>
</tr>
<tr>
<td>How do I report global maternity procedure codes for maternity care when the dates of service span across the start date for ICD-10 of 10/1/2015?</td>
<td>Enter the date of the first prenatal visit in the “From” field and the date of the delivery in the “To” field. Report the diagnosis using the ICD code set which is in effect for the date of service in the “From” field. For example: If date of service is on or before 9/30/2015, report ICD-9 codes. If date of service is on or after 10/1/2015, report ICD-10 codes. When reporting post partum care using procedure code 0503F, if the date of service is on or after 10/1/2015, submit this code on a separate claim and use that date of service in the “From” field using ICD-10 codes. Global maternity care includes antepartum care, delivery and postpartum care.</td>
</tr>
</tbody>
</table>
Questions?

• Professional testing tool link: http://bcbsmicd10providerregistry.highpointsolutions.com

• Provider testing questions mailbox: lcd-10providertesting@bcbsm.com

• Provider readiness questions mailbox: lcd-10providerreadiness@bcbsm.com