



iCare ICD-10 FAQs- Updated November 11, 2015

1. What are the improvements to ICD-10-CM/PCS coding?

Answer: The new classification system provides significant improvements through greater detailed information and the ability to expand to capture additional advancements in clinical medicine. ICD-10-CM/PCS improvements include:

- Much greater specificity and clinical information, which results in:
 - Improved ability to measure health care services;
 - Increased sensitivity when refining grouping and reimbursement methodologies;
 - Enhanced ability to conduct public health surveillance; and
 - Decreased need to include supporting documentation with claims;
 - Codes that allow comparison of mortality and morbidity data; and
 - Better data for:
 - Measuring care furnished to patients;
 - Designing payment systems;
 - Making clinical decisions;
 - Tracking public health;
 - Identifying fraud and abuse; and
 - Conducting research

2. When is the effective date for ICD-10?

Answer: Unless otherwise noted in question #7 below, the effective date for ICD-10 is October 1, 2015 (date of service). All claims with dates of service on or after October 1, 2015 must be submitted with the appropriate ICD-10 codes. See examples in question #7 for claims submitted after October 1, 2015 with a date of service prior to October 1, 2015.

3. Are CPT and HCPCS codes impacted by ICD-10?

Answer: When ICD-10 CM/PCS is implemented on October 1, 2015, it will not affect physicians', outpatient facilities' and hospital outpatient departments' use of CPT codes on claims. Providers should continue to use CPT codes to report these services. When ICD-10 codes replace ICD-9-CM codes on October 1, 2015, it will not impact how CPT and HCPCS codes are reported by the facilities above, which includes CPT/HCPCS modifiers for physician services. While ICD-10-CM codes have expanded detail, you should continue to follow CPT and CMS guidance when reporting CPT/HCPCS modifiers for laterality.

4. Does ICD-10 impact long term care providers?

Answer: Long Term Care (LTC) providers will have to use a new default diagnosis code on LTC claims for dates of service on or after October 1, 2015. The new diagnosis code for LTC claims is

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Z02.9. The iCare FCP Reference Manual and LTC claim forms will be updated to reflect the new default code as of October 1, 2015.

5. Is iCare testing the claims with the new ICD-10 codes for the changes effective October 1, 2015?

Answer: iCare is testing with a select number of providers in order to be ready for the transition on October 1, 2015. Processing systems and all related software is being tested to assure ICD-10 compliance.

6. Where do I find information regarding *Medicaid's* transition to ICD-10, and *Medicare's* transition to ICD-10?

Answer: ForwardHealth has ICD-10 information available for Medicaid providers at: www.forwardhealth.wi.gov/WIPortal/content/html/ICD10/ICD10Home.htm.spag#. Medicare has ICD-10 information available for Medicare providers at: <http://www.cms.gov/Medicare/Coding/ICD10/providerresources.html>.

7. For claims with dates of service that span October 1, 2015, what diagnosis coding is iCare requiring on the claim? For example, what is the expectation for claims with dates of service September 15, 2015 through October 31, 2015?

Answer: iCare is transitioning with the same rules that Medicare has in place for institutional claims with dates of service that span the October 1, 2015 date. Providers impacted include: hospitals, home health agencies, skilled nursing facilities, DME, and anesthesia providers. CMS issued Article Number SE1408 on the Medicare Learning Network (MLN) with the following examples for providers. Please make sure your billing staff uses this MLN Article as a reference for billing iCare as well. Table A below outlines the submission requirements. The MLN article can be found at the following link <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf>.

TABLE A INSTUTIONAL CLAIMS

Bill Type(s)	Facility Type/Services	Claims Processing Requirement	Use FROM or THOROUGH Date	Example
11X	Inpatient Hospitals (<i>incl. TERFHA hospitals, Prospective Payment System (PPS) hospitals, Long Term Care Hospitals (LTCHs), Critical Access Hospitals (CAHs)</i>)	If the hospital claim has a discharge and/or through date on or after 10/1/15, then the entire claim is billed using ICD-10.	THROUGH	DOS 9/ 28/ 2015 through 10/5/2015 bill with ICD-10 Coding
12X	Inpatient Part B Hospital Services	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through	FROM	Original Inpatient Part B Claim DOS - 9/29/2015 through 10/1/2015. Split claim as : First

		9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.		Claim 9/2/2015 through 9/30/2015 (ICD- 9 coding), Last Claim 10/1/2015 through 10/1/2015 (ICD-10 coding)
13X	Outpatient Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM	Original Outpatient Claim DOS 9/30/2015 through 10/2/2015. Split Claim as: First Claim DOS 9/30/2015 through 9/30/2015 (ICD- 9 coding), Last Claim DOS 10/1/2015 through 10/2/2015 (ICD-10 coding)
21X	Skilled Nursing (Inpatient Part A)	If the [Swing bed or SNF] claim has a discharge and/or through date on or after 10/1/2015, then the entire claim is billed using ICD-10.	THROUGH	SNF Inpt Stay DOS is 9/1/ 2015 through 10/31/ 2015; bill with ICD-10 coding
22X	Skilled Nursing Facilities (Inpatient Part B)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM	SNF Inpt Part B Services- DOS is 9/15/ 2015 through 10/15/ 2015; Split claim as DOS 9/15/ 2015 through 9/ 30/ 2015 (ICD- 9 Coding); Bill 10/ 1/2015 through 10/ 15/ 2015 (ICD-10 coding)
23X	Skilled Nursing Facilities (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through	FROM	SNF Oopt Services- DOS is 9/20/2015 through 10/31/2015; Split as DOS 9/20/2015 Through

		9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.		9/30/2015 (ICD- 9 Coding); Bill 10/1/2015 Through 10/31/2015 (ICD- 10 Coding)
32X	Home Health (Inpatient Part B)	Allow HHAs to use the payment group code derived from ICD-9 codes on claims which span 10/1/2015, but require those claims to be submitted using ICD-10 codes.	THROUGH	HHA Inpt Part B services DOS 9/30/2015 through 10/31/2015: Bill with ICD-10 Coding
34X	Home Health– (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM	HHA Opt Part B services DOS 9/25/2015 through 10/31/2015; Bill 9/25/2015 through 9/30/2015 (ICD- 9 Coding; Bill 10/1/2015 through 10/31/2015(ICD- 10 Coding)
72X	End Stage Renal Disease (ESRD)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM	ESRD DOS 9/15/2015 Through 10/31/2015; Bill 9/15/2015 Through 9/30/2015 (ICD- 9 Coding; Bill 10/1/2015 Through 10/31/2015 (ICD- 10 Coding
85X	Critical Access Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015	FROM	CAH DOS 9/28/2015 Through 10/2/2015; Bill 9/28/2015 through 9/30/2015 (ICD- 9 Coding); Bill 10/1/2015 through 10/2/2015 (ICD- 10 Coding)

		and later.		
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TABLE C PROFESSIONAL CLAIMS

Type of Claim	Claims Processing Requirement	Use FROM or THROUGH DATE
All anesthesia claims	Anesthesia procedures that begin on 9/30/2015 but end on 10/1/2015 are to be billed with ICD-9 diagnosis codes and use 9/30/2015 as both the FROM and THROUGH date.	FROM Date of Service 9/30/2015 Through 10/1/2015; Bill ICD-9 Coding

TABLE D SUPPLIER CLAIMS

Supplier Type	Claims Processing Requirement	Use FROM or THROUGH/TO Date
DMEPOS Updated 11/10/2015	Billing for certain items or supplies (such as capped rentals or monthly supplies) may span the ICD-10 compliance date of 10/1/2015 (i.e., the FROM date of service occurs prior to 10/1/2015 and the TO date of service occurs after 10/1/2015).	FROM DOS 9/20/2015 through 10/15/2015; Bill ICD-9 Coding

8. How will the ICD-10 process effect authorizations?

Answer: Authorizations approved prior to October 1, 2015 do not need to be modified; however, any claims with a date of service October 1, 2015 or after must be filed following the ICD-10 rules.

9. Will the LTC, SSI and BC+ claims follow the CMS MLN Article Number SE1408 rules for claims that span 10/1/2015?

Answer: iCare will align with ForwardHealth requirements. ForwardHealth issued direction in August 2015 concerning claims that span the ICD-10 implementation date. Please refer to the August 2015 *ForwardHealth Update (2015-39)*, titled “Effective Dates and Transition Information for ForwardHealth’s Implementation of ICD-10 Code Sets” found at the following link: <https://www.forwardhealth.wi.gov/kw/pdf/2015-39.pdf>. With the exception of inpatient hospital claims, Medicaid will require that all other claims that span the ICD-10 implementation date (i.e., claims where ICD-9 codes are effective for the portion of services rendered before October 1, 2015, and ICD-10 codes are effective for the portion of services rendered on and after October 1, 2015) be split into two separate claims. The ICD-9 codes will be required to be indicated on one claim, with dates through September 30, 2015, and ICD-10 codes will be required to be indicated on the second claim, with dates beginning on October 1, 2015, and later.

With regard to hospital inpatient claims, ForwardHealth issued interim direction in the August 2015 Update. For inpatient hospital claims that span the ICD-10 implementation date, the appropriate code set used for diagnosis and procedure is determined by the date of discharge (the “to” DOS date), regardless of the admittance date. Providers should continue to refer to the ForwardHealth Online Handbook for current standard claim submission requirements.

Long Term Care providers should begin using the new default diagnosis code of Z02.9 effective on October 1, 2015. New Residential and Family Care Partnership claim forms will be available

on the *iCare* website and ready for Long Term Care providers to use on September 30 for dates of service effective October 1, 2015.