

Provider Bulletin

For Physicians and Health Care Providers



November 8, 2011

ICD-10 Frequently Asked Questions

What codes will be required October 1, 2013? Will use of all other codes end at that time?

ICD-10 diagnosis and procedure codes will be required on all inpatient claims for discharge dates on or after October 1, 2013. ICD-10 diagnosis codes will be required on all professional and outpatient claims as of October 1, 2013. Use of other codes (CPT, HCPCS, Revenue Codes, etc.) will not be impacted by this change.

Does the State have to make these changes for its programs or is it exempt?

Medicare and Medicaid must be compliant with these regulations.

What lessons have we learned from other nations' adoption of ICD-10 that will help us in our implementation?

While implementation of ICD-10 in the U.S. is unique, here are some lessons learned elsewhere:

- Start early to allow time to identify and understand impacts, implement solutions, test and train.
- Prepare for productivity loss due to coding backlogs and longer turnaround time due to training and assessing performance in the new environment.
- Invest in training for coders as well as medical staff.
- Identify and address vendor dependencies.

Is BlueCross BlueShield of South Carolina following the CMS-mandated timelines?

We are following the implementation guidelines that have been adopted as part of the industry coalition which includes WEDI, CMS, AHIP, AHIMA* and others. This industry timeline includes the recommended schedules for providers, vendors and payers.

Does BlueCross have an ICD-10-specific implementation plan?

Yes. We're on schedule to complete internal development and testing. We expect to be testing with vendors and trading partners by the fourth quarter of 2012, to ensure we meet the October 1, 2013 mandate.

Will new Trading Partner Agreements be required?

No, we will not require new Trading Partner Agreements.

If the choice of using ICD-9 or ICD-10 depends on the October 1, 2013 date, will the date of service or the date of discharge determine which code is to be used?

Any inpatient claim with a discharge date on or after October 1, 2013 must be coded in ICD-10. All outpatient and professional claims with a date of service on or after October 1, 2013 must contain ICD-10 diagnosis codes.

Can we submit bills coded in ICD-10 before October 1, 2013?

Current regulations require the use of ICD-9 codes. Using ICD-10 in lieu of ICD-9 will violate the existing regulations. We are exploring options that will allow our providers to test with us using ICD-10. The details for this process, however, have not been finalized. Please keep watching our website for updates on the testing approach.

Describe your approach for ICD-10 compliance (e.g., conversion, remediation, etc.).

BlueCross will implement an ICD-10 adjudication system that will process claims with dates of service or discharge dates on or after October 1, 2013 using ICD-10 codes through a "Pure" environment. During an appropriate run-out period (we have not yet determined the length) we will continue to process ICD-9 claims through our existing environment.

How does implementation to ICD-10 impact all claims?

The ICD-10 code set must be used on all claims with dates of service on or after October 1, 2013, and inpatient claims with a date of discharge on or after October 1, 2013. The media used to submit the claim has no impact on the code set contained on the claim. ICD-10 **must** be used based on the above criteria.

Will BlueCross provide training for provider staff?

BlueCross will not be conducting coding training sessions.

For mental health purposes and billing, will the ICD-10 replace the DSM IV (CPT codes for mental health)?

No. BlueCross will continue using DSM IV codes as they are currently used. We will use ICD-10 codes where ICD-9 codes are now used.

How can I get a list of valid diagnosis codes?

To purchase ICD-10 coding books, you can conduct an Internet search for vendors that offer electronic coding, billing and reimbursement products and training resources. Additional information is also available on the [CMS website](#).

Will there be changes to the guide regarding what is expected on the 1500 form?

We do not know the extent of any changes that might be made to the CMS-1500 claim form. Your best source of information is the National Uniform Claim Committee (NUCC). This group is responsible for the updating of the form on behalf of CMS. Their website is www.NUCC.org and offers a downloadable version of the CMS 1500 reference manual.

Are insurance companies required to make the conversion to ANSI v5010?

All covered entities must migrate to ANSI v5010 by Jan. 1, 2012. As of this compliance date, all electronic HIPAA transactions must be exchanged using ANSI v5010 standards. HIPAA-covered entities affected by this rule include health plans, clearinghouses, health information trading partners, health information networks and health care providers who transmit HIPAA transactions electronically.

*WEDI = Workgroup on Electronic Data Interchange, AHIP = America's Health Insurance Plans, AHIMA = American Health Information Management Association