Overview

In July 2014, the U.S. Department of Health & Human Services (HHS) issued a rule finalizing **October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition from ICD-9 to ICD-10**. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA).

ICD-10 is the 10th revision of the **International Statistical Classification of Diseases and Related Health Problems (ICD)**, a medical classification list by the World Health Organization (WHO). (WHO authorized the development of an adaptation of ICD-10 for use in the United States for U.S. government purposes.) ICD-10 contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

ICD-10's primary purpose is to improve clinical communication; and, it enables the U.S. to exchange information across international borders. It is not just an update of ICD-9 codes. It is a restructuring of the diagnosis classification system with far more alpha numeric codes, expanded code lengths and narrative descriptions allowing for greater granularity.

FirstCare Health Plans (FirstCare) is on track to be ICD-10 ready by the October 1, 2015 deadline.

FirstCare began the ground work for the ICD-10 transition in 2010. A major component in readiness preparation was the implementation of a new claims adjudication system that can accommodate both the ICD-9 and ICD-10 code sets. Several lines of business have already been transferred to the new system and the process will be complete well ahead of October 2015.

This document provides answers to frequently asked questions regarding FirstCare's transition to ICD-10.

Frequently Asked Questions

About ICD-10

Q: What are ICD-10-CM and ICD-10-PCS?
A: There are two ICD-10 code sets:

- ICD-10-CM is the International Classification of Diseases, 10th Revision, Clinical Modification. It is a new diagnosis classification system developed by the Centers for Disease Control and Prevention (CDC) for use in all United States health care settings. ICD-10-CM will replace the existing diagnosis code set, ICD-9-CM (International Classification of Diseases, 9th Edition, Clinical Modification, Volumes 1 and 2).
- ICD-10-PCS is the Procedure Classification System developed by the Centers for Medicare and Medicaid Services (CMS) for use in the United States for hospital inpatient settings only. It will replace ICD-9-CM Volume 3 as the code set for reporting hospital inpatient procedures.

Q: What does ICD-10 compliance mean?
A: An entity covered by the Health Insurance Portability and Accountability Act (HIPAA)—such as health plans, health care clearinghouses, and certain health providers—must be able to successfully conduct health care transactions using ICD-10 diagnosis and procedure codes as of Oct. 1, 2015. ICD-9 diagnosis and procedure codes can no longer be used on or after Oct. 1, 2015.

Q: Can I expect Health and Human Services (HHS) to grant an extension beyond Oct. 1, 2015?
A: No. All HIPAA-covered entities must implement the new code sets with dates of service, or dates of discharge for inpatients, that occur on or after Oct. 1, 2015 in order for the claims to be processed.

Q: What are some of the differences between ICD-9 and ICD-10?
A: ICD-10 is substantially more complex than ICD-9, making it difficult for coders to solely rely on their ability to recall or manually look up codes when doing their jobs. There are approximately 155,000 ICD-10 diagnosis and procedure codes, versus only about 24,000 ICD-9 codes. Many of the additional codes in ICD-10 represent laterality (e.g., right side, versus left side), while others are more precise codes to represent specific anatomy and physiology. As a result, coding a diagnosis in ICD-10 is likely to require more codes to accurately represent the condition. For example, coding an ankle sprain in ICD-9 requires only four codes, while it may require up to 72 codes when using ICD-10.

Q. Codes change every year, so how is the ICD-10 transition different from the annual code changes?
ICD-10 codes have a completely different structure from ICD-9 codes. ICD-9 codes are mostly numeric and contain 3 to 5 digits. ICD-10 codes are alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one-to-many" matches in some instances. Like ICD-9 codes have been historically, ICD-10 codes will be updated every year.

Q: Will ICD-10-PCS replace CPT® codes?
A: ICD-10-CM will replace ICD-9-CM for diagnosis coding. ICD-10-PCS will replace ICD-9-CM Volume 3 for inpatient procedure coding. The U.S. Department of Health & Human Services (HHS) has stated that Current Procedural Terminology (CPT®) will remain the coding standard for physician services.

FirstCare's Implementation

Q: When will FirstCare begin accepting ICD-10 codes on claims?
A: Effective Oct. 1, 2015, FirstCare will accept ICD-10 codes on claims for services provided on or after Oct. 1, 2015. ICD-10 codes cannot be used to bill services provided before that date. FirstCare will follow the CMS claim submission guidelines as outlined in the Medicare Learning Network (MLN) education articles. This means:

- FirstCare will not accept ICD-9 codes for services provided on or after Oct. 1, 2015.
- FirstCare will not accept ICD-10 codes before Oct. 1, 2015.
- If a provider renders a service on dates that span September and October 2015, the provider must split the claim into two claims.
    - ICD-9 codes should be billed on one claim with Dates of Service (DOS) through Sept. 30, 2015 and ICD-10 codes should be on another claim with DOS beginning Oct. 1, 2015 and later.
- Inpatient Diagnosis-Related Group (DRG) claims that span September and October 2015 should be billed with ICD-10 codes and will be priced based off of the discharge and/or through date.

Q. What is the current status for FirstCare's ICD-10 implementation?
A. We are on track to meet the Oct. 1, 2015 deadline.

Q: Will FirstCare require ICD-10 coding on both electronic and paper claims?
A: Yes all electronic and paper claims must be compliant.

Q: How will FirstCare handle pre-authorization requests made prior to Oct. 1, 2015 for a service that will not be performed until Oct. 1, 2015 or later?
A: For pre-authorizations requested prior to Oct. 1, 2015, FirstCare will use ICD-9 coding. For pre-authorizations requested on or after Oct. 1, 2015, FirstCare will use ICD-10 coding. When the claim is submitted with a date of service or discharge and/or through date on or after Oct. 1, 2015, it must be submitted using ICD-10 code sets (even if the pre-authorization was obtained using ICD-9). Pre-authorizations obtained with ICD-9 code sets do not need to be updated or changed with ICD-10 code sets after the pre-authorization number has been obtained.

Q: When will FirstCare's ICD-10 system upgrades be complete?
A: FirstCare began updating our claims adjudication system in 2010 and has been in a continuous implementation phase since then. We are on target to complete implementation for all lines of business well before the deadline. The FirstCare system updates will not be visible to providers.

Q: Will FirstCare's ICD-10 compliance vary by product or platform?
A: No. ICD-10 will be applied through all products and all platforms.

Q. How will FirstCare handle ICD-9 transactions after Oct. 1, 2015?
A. Claims submitted using the ICD-9 code set for services provided prior to Oct. 1, 2015 will be processed as ICD-9 transactions even if processed Oct. 1, 2015 or later. Claims submitted using the ICD-9 code set for services provided Oct. 1, 2015 or later will be rejected. This is in accordance with regulatory guidelines.

Q. Can FirstCare support the dual use of ICD-9 and ICD-10 code sets after implementation?
A. Yes. FirstCare's claims adjudication system will support both ICD-9 and ICD-10 code sets post Oct. 1, 2015. However, the acceptable code set will depend on the date of service. Both providers and payers may still have a need to use ICD-9 after the deadline, such as in the following scenarios:
- Historical Claims Analysis
- Identifying High-Risk Codes
- Provider/Payer Contracting

Q: Will there be a grace period for submitting ICD-9 claims after Oct. 1, 2015?
A: Unfortunately, no. From Oct. 1, 2015 and forward, only claims encoded using the ICD-10 code set will be processed.

Q: Can one claim be submitted for services that span the new CMS proposed compliance date of Oct. 1, 2015?
A: FOR OUTPATIENT SERVICES ONLY: No. Per CMS, FirstCare will require claims with dates of service that extend past the compliance date to be split into separate claims. This means that all services that occur before the compliance date should use ICD-9 codes and should be billed separately from services with dates of service on or after the compliance date, which should contain only ICD-10 codes.

A: <u>FOR INPATIENT SERVICE ONLY:</u> Yes. The date of discharge will determine which ICD code set should be used. For inpatient services, if the date of discharge is on or after the compliance date, the claim should be submitted using only ICD-10 codes. If the date of discharge is before the compliance date, ICD-9 codes should be used.

Mapping

Q: What are ICD-10 mapping tools?
A: Mapping tools are used to translate ICD-9 into ICD-10 codes (a process called forward mapping), and to translate ICD-10 codes back into the ICD-9 format (called backward mapping). Since the two classification systems are so different, both forward and backward mapping might result in several valid code alternatives from which appropriate code selection(s) must be made. There is no simple "crosswalk." Also, it is important to point out that mapping is a tool and not a substitute for learning the ICD-10-CM and PCS code sets, as relying on mapping tools to code encounters would be far too time consuming.

CMS does provide a General Equivalence Mapping (GEM) data file that can be downloaded from its website. However, the mapping data is presented in a very basic raw data. FirstCare is currently working with Optum to make the process as streamlined as possible.

Q. Will FirstCare allow unspecified ICD-10 codes that map to equivalent ICD-9 codes?
A. FirstCare does not anticipate unspecified coding impacts to differ between ICD-9 and ICD-10 coding. To help ensure a seamless process, we encourage physicians and providers to:
* Use appropriate detailed medical documentation for accurate coding
* Code to the highest level of specificity; use unspecified codes only in cases of no other alternative

Appeals, Denials and Claims Processing

Q: Does FirstCare anticipate any issues with, or increases in, denials and appeals after Oct. 1, 2015?
A: FirstCare will process all correctly coded claims according to the existing time frames. Denials and appeals will follow the existing process.

Q. What will FirstCare's appeals process be for resubmission of ICD-9-based claims with ICD-10 codes on or after Oct. 1, 2015?
A. Any appeals will be handled based on the date of service or discharge date.

Q: Does FirstCare anticipate any claims processing issues related to ICD-10?
A: No, we have upgraded our claims adjudication system and streamlined our operational processes to support ICD-10 requirements. Testing will also help mitigate any issues.

Q: Does FirstCare anticipate any delays in claims payments as a result of ICD-10 implementation?
A: No, we do not expect any delays in claims payments, as long as claims are properly coded according to the latest CMS guidelines.

Q: What is FirstCare's general approach to remediation?
A: Based on dates of service, FirstCare will be prepared to adjudicate claims submitted with ICD-10 codes and will return/reject claims with non-compliant ICD code sets after Sept. 30, 2015.

Testing

Q. What are FirstCare's plans for testing with providers?
A. Internal testing is underway. Testing with individual providers will take place between July 1, 2015 and Sept. 30, 2015. We anticipate most testing will be complete by Aug. 1, 2015.

Q. I'm a provider and would like to test with FirstCare prior to the deadline. How do I schedule testing?
A. Please send an email to the Provider Relations Team at provider_relations@firstcare.com.

Training and Support

Q: Where can providers, clearinghouses and Third Party Administrators (TPAs) find additional information about ICD-10?
A: For more information, resources or training regarding the transition to ICD-10, FirstCare recommends accessing ICD-10 resources and training materials available through CMS, professional associations and societies, and software/system vendors. Visit www.cms.gov/ICD10 regularly throughout the course of the transition to find the latest information and opportunities.

Additional information for ICD-10 planning and preparation is available on the following websites:
- CMS' "Road to 10": The Small Physician Practice's Route to ICD-10): http://www.roadto10.org
- Workgroup for Electronic Data Interchange (WEDI): http://www.wedi.org
- American Health Information Management Association (AHIMA): http://www.ahima.org
- American Medical Association (AMA): http://www.ama-assn.org
- American Academy of Professional Coders (AAPC): https://www.aapc.com/icd-10

Q. If my organization has further questions, who should we contact?
A. If you have questions regarding ICD-10, please visit firstcare.com or send an email to the Provider Relations Team at provider_relations@firstcare.com.

Q. I'm a provider and I still need to prepare for the transition to ICD-10? What do I need to do?
A. Providers should plan to test their ICD-10 systems early, to help ensure compliance. Beginning steps in the testing phase include:*
- Internal testing of ICD-10 systems
- Coordination with payers to assess readiness
- Project plan launch by data management and IT teams

For providers who have not yet started to transition to ICD-10, below are actions steps to take now:*
- Develop an implementation plan and communicate the new system changes to your organization, your business plan, and ensure that leadership and staff understand the extent of the effort the ICD-10 transition requires.
- Secure a budget that accounts for software upgrades/software license costs, hardware procurement, staff training costs, work flow changes during and after implementation, and contingency planning.
- Talk with your payers, billing and IT staff, and vendors to confirm their readiness status.
- Coordinate your ICD-10 transition plans among your partners and evaluate contracts with payers and vendors for policy revisions, testing timelines, and costs related to the ICD-10 transition.

- Create and maintain a timeline that identifies tasks to be completed and crucial milestones/relationships, task owners, resources needed, and estimated start and end dates.

For FirstCare provider self-service, log into the Provider Portal at www.firstcare.com. Or, if you have specific ICD-10 questions or concerns, please send an email to the Provider Relations Team at provider_relations@firstcare.com.

*Per CMS

IMPORTANT NOTE: This document is for general informational purposes only. It represents a high-level 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 relates to FirstCare Health Plans. It is not intended as a comprehensive guide for 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 ICD-10 implementation activities.