OVERVIEW

1. **What is an ICD Code?**
The International Classification of Diseases (ICD) code set is used primarily to report medical diagnosis and inpatient procedures. ICD codes are mandated by the Centers for Medicare and Medicaid Services (CMS).

2. **What is the current ICD coding system in use?**
ICD-9 is the current diagnosis and procedure coding system that has been in place for nearly 30 years.

3. **What is replacing ICD-9 codes?**
CMS has mandated the transition from ICD-9-CM to ICD-10-CM (diagnosis) and ICD-10-PCS (hospital procedure) code sets, requiring the use of ICD-10 beginning on October 1, 2015.

4. **Why the change to ICD-10?**
The transition to ICD-10 codes will allow for necessary details on patient medical conditions and on procedures performed during a patient’s hospitalization. Plus, ICD-9 codes have outdated and obsolete terminology and are also inconsistent with current medical practices.

5. **What are the major changes for ICD-10?**
   - Introduction of laterality, causation and location of injury (e.g., left versus right ligament of the ankle, etc.)
   - Standardization and extension of the code structure (can be three to seven characters and each character has a standard meaning)
   - Introduction of co-morbidity within a single code (e.g. diabetes with heart disease)

6. **What is an ICD-10-CM Code?**
ICD-10-CM (clinical modification) is a diagnosis classification system of codes that represents a significant improvement over ICD-9-CM. Specific improvements include: the addition of information relevant to ambulatory and managed care encounters; expanded injury codes; the creation of combination diagnosis/symptom codes to reduce the number of codes needed to fully describe a condition; the addition of sixth and seventh characters; incorporation of common fourth and fifth digit sub-classifications; laterality, causation and location of injury (e.g., left versus right, ligament of the ankle, etc.); and greater specificity in code assignment. The new structure will allow expansion that was not possible with ICD-9-CM.

7. **What is an ICD-10-PCS Code?**
ICD-10-PCS is a procedure classification system of codes developed and maintained by CMS to report procedures performed in inpatient hospital settings only. ICD-10-PCS codes have a seven character alphanumeric code structure that provides a unique code for all substantially different procedures, and allows new procedures to be easily incorporated as new codes (e.g., the codes introduce laterality, causation and location). The disease or disorder is not included in the procedure code.

8. **Who developed and maintains ICD-10-CM codes?**
ICD-10-CM was developed and is maintained by the National Center for Health Statistics (NCHS) under the authorization by the World Health Organization (WHO).
9. What does it mean to be ICD-10 compliant?
ICD-10 compliance means every entity covered by HIPAA can successfully conduct healthcare transactions using ICD-10 codes for dates of service on and after October 1, 2015.

10. Who does the change to ICD-10 codes affect?
The change requires substantial changes to the business processes and information technology systems for health insurers, providers, clearinghouses and vendors. Differences in code length, alpha-numeric characters and increased details captured by the codes are just some of the changes that are a part of the new code sets.

11. Will the ICD-10-PCS (procedure codes) change impact CPT® or HCPCS codes?
The change to ICD-10 does NOT affect CPT® or HCPCS codes used for coding professional services and outpatient procedures.

12. Will this transition impact reimbursement?
The move to ICD-10 is not expected to alter reimbursement levels for professional services and outpatient procedures. However, there could be potential shifts in DRG assignments for inpatient claims which could in turn impact reimbursement levels.

13. How is Blue Cross preparing for ICD-10 Transition?
Blue Cross is working diligently to be fully compliant with ICD-10 regulations by the compliance date and continues to move forward with remediation efforts. We are taking the necessary steps to ensure all systems and processes will accommodate ICD-10 by the federal compliance date.

14. Will medical policies be updated to reflect ICD-10?
Yes. Blue Cross’ medical policies are being reviewed and appropriate ICD-10 codes are being incorporated into the policies. The updated policies will be available online by September 2015.

15. Does Blue Cross anticipate any delays in provider payments as a result of the switch to ICD-10?
Blue Cross does not anticipate any delays in payments due to the switch to ICD-10. We continue assessing the operational impact of ICD-10 to the different areas including claims and we have a robust internal training and awareness program to train the workforce adequately on ICD-10 and related changes.

16. Is this ICD10 change for all Blue Cross state plans?
ICD-10 is a federal mandate and applies to all Blue Cross State Plans. However, the claims processing and authorization rules published by Blue Cross Louisiana are specific to Blue Cross Louisiana and may not apply to other Blue Cross state plans. You should work with each Blue Cross state plan to understand their claims processing and authorization rules.
FILING CLAIMS

17. Will Blue Cross accept claims with ICD-9 codes after the compliance date?
Blue Cross will NOT accept claims with ICD-9 codes for dates of services on and after October 1, 2015. Below are details on each claim type and how to file. Timely filing guidelines will apply to all claims the same way they do today. No exceptions will be made regardless of whether the claims contain ICD-9 or ICD-10 codes.

For inpatient facility claims, the discharge date determines the code set (ICD-9 or ICD-10) that should be filed on the claim.
- If the Discharge Date is prior to the compliance date of October 1, 2015, then the claim should be filed with ICD-9 codes.
- If the Discharge Date is on or after the compliance date of October 1, 2015, then the claim should be filed with ICD-10 codes.
- Inpatient facility claim stays should be filed on one claim form based on DATE OF DISCHARGE.

For outpatient facility claims, the statement from and through dates determine the code set (ICD-9 or ICD-10) that should be filed on the claim.
- If the statement from and through dates is before October 1, 2015, the claim must be filed with ICD-9 codes.
- If the statement from and through dates span October 1, 2015, the claim must be split into multiple claims as described below:
  - All services prior to October 1, 2015, should be filed on one claim with ICD-9 codes.
  - All services on or after October 1, 2015, should be filed on one claim with ICD-10 codes.
- If the statement from and through dates is on or after October 1, 2015, the claim must be filed with ICD-10 codes.

For professional claims, the dates of service determine the code set (ICD-9 or ICD-10) that should be filed on the claim.
- If dates of services are before October 1, 2015, the claim must be filed with ICD-9 codes.
- If the dates of service span October 1, 2015, the claim must be:
  - For professional services (excluding DME and anesthesia claims), split into two claims. All services prior to October 1, 2015, should be filed on one claim with ICD-9 codes. All services on or after October 1, 2015, should be filed on one claim with ICD-10 codes.
  - For durable medical equipment (DME) services, the claim should be coded as a single claim with ICD-9 codes. No splitting is needed.
  - For anesthesia services, the claim should be coded as a single claim with ICD-9 codes. The beginning and ending dates of service should be coded as September 30, 2015. No splitting is needed.
- If dates of services are on or after October 1, 2015, the claim must be filed with ICD-10 codes.

18. Can I submit claims with ICD-10 codes prior to the compliance date?
No. Claims for services prior to October 1, 2015, must be submitted with ICD-9 codes. Blue Cross will NOT accept claims with ICD-10 codes for dates of service prior to October 1, 2015.
19. What happens if I don’t switch to ICD-10?
   All claims filed with ICD-9 codes for dates of service on and after October 1, 2015, will be rejected per mandatory federal regulations. Providers must submit these claims with the appropriate ICD-10 codes.

20. Will Blue Cross crosswalk ICD-9 codes to ICD-10 codes for providers?
   No. Blue Cross will not crosswalk any ICD-9 codes to ICD-10 on behalf of submitters during the claims submission process. Claims filed with ICD-9 codes for dates of service on and after October 1, 2015, will be rejected. Providers must resubmit these claims with the appropriate ICD-10 codes.

21. Will paper claims be impacted by ICD-10?
   Yes. The same filing guidelines that are required of electronic HIPAA transactions apply to paper claims.

22. How will the claim adjudication system respond to ICD-10 related denials?
   The process of denials will work the same as with ICD-9 codes, “not accepted reports” for electronic claims and “send back letters” for paper claims. Also to clarify, these will be considered claim rejections and not denials. The claims will be processed when the provider resubmits the claim with the necessary rectifications. We do not anticipate any claim denials due to the ICD-10 transition, as there are no changes to the benefits or the claims processing logic itself.

23. Can I use the current CMS-1500 claim form version “02/12” to submit ICD-10 claims?
   Yes. ICD-10 claims will be filed using the CMS-1500 claim form version “02/12”. This form is the same claim form you are currently using to submit claims.

24. How do the new ICD-10 codes affect ambulance services? Will the new ICD-10 codes be the same as all other codes?
   Yes. The ICD-10 codes will be the same as professional. The same guidelines should be followed as any other professional claim.

25. When a patient has bilateral complaints, do we use both codes?
   If there’s a code for Left or Right, there is more than likely one code for both. If not, and the documentation supports an injury or fracture to both sides of the body, then both codes can be used.

26. Will I need to enter both ICD10-CM and ICD10-PCS codes when procedures are done in hospital?
   Yes. You will need to enter both ICD10-CM and ICD10-PCS.

27. Will Blue Cross still require providers to code claims to the most specific ICD10 codes available if Blue Cross is the secondary payor to Medicare primary?
   Yes. Even if BCBSLA is the secondary payor, Blue Cross always requires providers to code claims with the most specific ICD-10 codes available.
AUTHORIZATIONS

28. What are the authorization requirements for claims after the October 1, 2015, compliance date?

Inpatient Authorizations
- For inpatient authorizations, the ICD-10 transition impacts diagnosis codes (ICD-10-CM) but does not impact CPT or HCPCS codes reported for the authorization. ICD-10-PCS codes are not required for the purpose of obtaining an authorization. Authorizations for inpatient stays will continue to use CPT or HCPCS codes after October 1, 2015. ICD-10-PCS codes should be reported on the claim.
- Authorizations for inpatient stays with an authorization request date before October 1, 2015, continue to use ICD-9 codes for diagnosis regardless of the expected discharge date.
- Authorizations for inpatient stays with an authorization request date on or after October 1, 2015, use ICD-10 codes for the diagnosis.

Outpatient Authorizations
- For outpatient authorizations, the ICD-10 transition impacts diagnosis codes (ICD-10-CM) but does not impact CPT or HCPCS codes reported for the authorization. Authorizations for outpatient services will continue to use CPT or HCPCS codes after October 1, 2015.
- Authorizations for outpatient services with an authorization request date prior to October 1, 2015, should continue to use ICD-9 codes for diagnosis regardless of the end date of service.
  - Example: An authorization for physical therapy with dates of service September 15, 2015, to November 1, 2015, would require an ICD-9-CM diagnosis code.
  - However, if an extension is needed beyond the original authorization then the provider is responsible for requesting the additional services. If the extension date is October 1, 2015 through December 31, 2015, at the time the request is made the provider will not need to provide the ICD-10 codes, but the codes will be captured when provided. If the extension date extends to January 1, 2016, the requests will need to be split into two claims.
- Authorizations for outpatient services with an authorization request date on or after October 1, 2015, must use ICD-10 codes for diagnosis.

29. Are authorizations numbers/identifiers required on claims?
No. Authorization numbers/identifiers are not required today when filing claims. This process is not changing due to the ICD-10 implementation. If you currently submit authorization numbers on claims, you may continue to do so.

30. What are the authorization date rules for ICD-10 compliance?
- Authorization requests for inpatient stays for an admission on or after October 1, 2015, must be submitted with ICD-10 codes.
- Authorization requests for outpatient services for dates of service on and after October 1, 2015, must use ICD-10 codes.

31. If a service didn’t need an authorization before the ICD10 change, will it need one now?
Always check the member’s contract benefits to determine if an authorization is required. ILinkBLUE can be used to check the benefits.
TESTING

31. Will Blue Cross conduct ICD-10 testing with providers and trading partners?
Blue Cross has created a professional scenario-based testing portal for a subset of specialties that provides customized scenarios, based on provider type and specialty. Each professional medical scenario will present a unique combination of three narratives in a format that allows you to enter ICD-10 codes. After completing testing, you will have access to view peer reports which compare your coding results with other providers who tested the same scenario with BCBSLA.

32. Will software vendors take care of the ICD-10 transition for you?
Providers should not assume billing vendors will be compliant. You are ultimately responsible for your claims. Blue Cross recommends that you contact your clearinghouse, billing services and vendors to determine readiness.

PROVIDER PREPARATION

33. How can provider organizations and facilities prepare for ICD-10 compliance?
CMS suggests the following preparation tips for provider organizations as they implement ICD-10 coding changes:
- Visit the CMS website (www.cms.gov/ICD10) and download provider implementation guides and checklists.
- Conduct an ICD-10 impact assessment.
- Develop a strategy for implementing system changes including testing and go-live dates.
- Evaluate and prepare for any financial impacts this change may create.
- Develop a plan for training your employees on this change.
- Acquire necessary resources to implement your transition to ICD-10.

34. Where can I find more information regarding ICD-10?
CMS offers more ICD-10 resources. To learn more about these resources, visit CMS’ ICD-10 Resource page at www.cms.gov/ICD10.

35. Where can I find more information from Blue Cross regarding ICD-10?
For more information on ICD-10, visit the Blue Cross ICD-Web page: www.bcbsla.com/Providers >ICD-10 Conversion. You may also email your Blue Cross-related ICD-10 questions to: ICD10ProviderCommunications@bcbsla.com.

36. Is Blue Cross seeking insight, help or collaboration from providers?
Blue Cross is asking providers to participate in ICD-10 readiness surveys, workshops, webinars and testing initiatives.

37. Will there be a special provider helpline for ICD-10 related issues pre-implementation and post implementation?
Yes. Provider requests should be sent to ICD10ProviderCommunications@bcbsla.com for pre and post implementation questions.

38. How do I get a copy of the Blue Cross ICD-10 webinar presentation?
A printable copy of the webinar presentation can be accessed the Blue Cross ICD-Web page: www.bcbsla.com/Providers >ICD-10 Conversion