ICD-10
Frequently Asked Questions

This FAQ addresses general questions relating to Vermont Medicaid's transition to ICD-10. For comprehensive information on ICD-10, please refer to the following resources.

- Vermont Medicaid's ICD-10 website: dvha.vermont.gov/for-providers/icd-10
- CMS's Road to ICD-10 website: www.roadto10.org/icd-10-basics

General Questions

- What do ICD-10-CM and ICD-10-PCS stand for?
- What are ICD-10 diagnosis codes?
- Who mandated ICD-10?
- Who is required to use ICD-10?
- What is the status of DVHA's transition?
- Do State Medicaid programs need to transition to ICD-10?
- When should I start using ICD-10?
- What happens if I don't switch to ICD-10?
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- Where can I find ICD-10 codes?
- Is there a crosswalk between ICD-9 and ICD-10?
- Why doesn't Vermont Medicaid send me the codes?
- How do I submit a valid ICD-10 claim?
- Can both codes appear on the same claim?
- What happens if I transition to ICD-10 early? Will DVHA be able to process my claims?
- How should I prepare for ICD-10?
- How will DVHA communicate transition updates and progress?
- How can I work with DVHA for a successful transition?
- What is provider testing?
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ICD-10 FAQ
Vermont Medicaid is Ready! Are You?

ICD-10
YOUR INFORMATION RESOURCE

General ICD-10 Questions

Q: What do ICD-10-CM and ICD-10-PCS stand for?

International Classification of Diseases — Clinical Modification.

ICD-10-CM is a classification and coding system used by health care providers to code medical diagnoses for billing purposes. ICD-10 will be effective for dates of service on or after October 1, 2015.

CM refers to the Clinical Modification of ICD-10 developed in the U.S. by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS).

ICD-10-CM consists of approximately 68,000 diagnosis codes.

The Federal government has also developed the ICD-10 Procedure Coding System (ICD-10-PCS), a coding system for inpatient hospital procedures that contains 76,000 codes.

Q: What are ICD-10-CM diagnosis codes?

ICD-10-CM is an alphanumeric classification system. The code set is divided into 21 chapters, according to condition or body system. Codes are represented by a three-character category starting with a letter.

An ICD-10 code has three parts.

1. Category: The first character is a letter. The second and third characters may be numbers or alpha characters.
2. Subcategory: Etiology, anatomic site, and/or severity use the fourth, fifth, and six characters. These characters may be numbers or letters.
3. Extension: The seventh character alpha or numeric extension is used to indicate the type of encounter or other condition.

The following diagram helps to illustrate the structure of ICD-10-CM and its improved specificity.

Improved Specificity

X X X . X X X   X

Category | Etiology, anatomic site, severity | Extension

ICD-10's 69,000 codes replace 14,000 in ICD-9
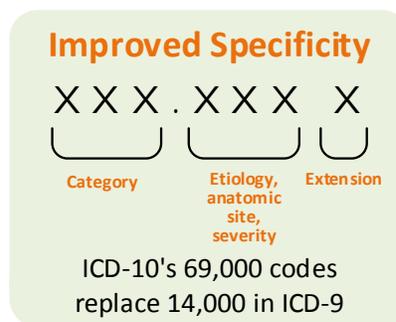
Q: Who mandated ICD-10?

The U.S. Department of Health and Human Services (HHS) has ruled that, as of October 1, 2015, all HIPAA cover entities, including health care providers, health plans, clearinghouses, billing services, and vendors must start using ICD-10-CM for diagnosis coding and ICD-10-PCS for coding hospital inpatient procedures. (45 CFR 162 and H.R. 4302)

The Federal government has also set the compliance date for ICD-10 to October 1, 2015.

ICD-10 FAQ

Vermont Medicaid is Ready! Are You?

Q: Who is required to use ICD-10?

All HIPAA compliant health care providers, health plans, clearinghouses, billing services, and vendors must start using ICD-10-CM for diagnosis coding and ICD-10-PCS for coding hospital inpatient procedures

All payers and insurance companies are covered by this mandate, including Medicaid, Medicare, and commercial payers.

Vermont Medicaid requires the use of ICD-10 codes on all claims for reimbursement starting on October 1, 2015 except for dental providers submitting the 2012 ADA Dental Claim form who elect not to provide a diagnosis code. If a dental provider elects to include a diagnosis code, then they must follow the ICD-10 implementation requirements.

Q: What is the status of DVHA's transition?

Vermont Medicaid has completed remediation and testing of ICD-10 claims processing systems in accordance with Federal guidelines. Vermont Medicaid allocated considerable resources to prepare for the transition to ICD-10, as well as raise awareness in the provider community. As of May 1, 2015 Vermont Medicaid opened up electronic claims testing for any Vermont Medicaid provider who wishes to test. See the DVHA ICD-10 dvha.vermont.gov/for-providers/icd-10-end-to-end-testing-resources for more information about provider testing.

Q: Do State Medicaid programs need to transition to ICD-10?

Yes. Like everyone else covered by HIPAA, all State programs, including Vermont Medicaid, must be compliant with the ICD-10 mandate starting on October 1, 2015.

Q: When should I start using ICD-10?

On October 1, 2015, all HIPAA-covered entities must start using ICD-10 for services rendered on or after the compliance date. Except dental providers who submit a 2012 ADA Dental Claim form and elect not to provide a diagnosis code. If a dental provider elects to include a diagnosis code, then they must follow the ICD-10 implementation requirements.

The ICD-10 mandate applies to claims with <u>dates of service</u> on or after October 1, 2015, or date of discharge for inpatient claims. For example, if you submit two out-patient claims on October 2, 2015, one for service rendered on September 30 and the other for service on October 1, the former would need to use ICD-9 and the latter ICD-10. You will need to submit these as two separate claims.

As per Federal regulation, Vermont Medicaid will not accept claims with ICD-10 diagnosis codes before October 1, 2015. This is the so-called "no early adopters" rule.

Q: What happens if I don't switch to ICD-10?

Remember, for health related services provided on or after October 1, 2015, Vermont Medicaid will only accept claims with valid ICD-10 diagnosis codes. Federal regulations require compliance. All non-compliant claims will be denied.

Q: What about claims with dates of service before October 1, 2015?

Providers must comply with the following rules for their claims to process.

- For claims submitted prior to October 1, 2015, providers must use ICD-9 diagnosis on all claim types.

- For claims submitted on or after October 1, 2015 that are for services rendered <u>prior to</u> October 1, 2015, use ICD-9 diagnosis codes.
- For claims submitted on or after October 1, 2015 that represent services rendered <u>on or after</u> October 1, 2015, providers should use ICD-10 diagnosis codes.

In the case of claims for services that span the October 1, 2015 cutover date, refer to the ICD-10 submission guidelines that provide a detailed explanation of how to handle spanned claims. See the guidelines here: dvha.vermont.gov/for-providers/vt-medicaid-span-claim-guidelines.v2.01.pdf

Q: Where can I find ICD-10 codes?

The ICD-10-CM code set and the official ICD-10-CM guidelines are available free of charge on the CMS website at: http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html

CMS maintains the following look-up tools.

- CMS ICD-9 Lookup: www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-lookup.aspx
- CMS ICD-10 Lookup: www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx

There are also hard-copy coding manuals for ICD-10 diagnosis codes, ICD-10 inpatient procedure codes, CPT, and HCPCS codes available for purchase through a number of online vendors.

Q: Is there a crosswalk between ICD-9 and ICD-10?

Yes. CMS and others have developed general equivalence mapping tables. There are also online lookup and conversion tools. However, DVHA, and other industry experts, stress that all crosswalk tools should be viewed as guidance and not as definitive instructions. CMS published what they call "General Equivalency Mappings," or GEMs files. However, because of the greater specificity of ICD-10, many ICD-9 codes translate to multiple ICD-10 codes.

Applying the appropriate code to describe the patient's condition requires the judgment of a diagnostician (physician/coder). CMS maintains various coding resources for providers on its website at: www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

You may also find these resources useful for conversion from ICD-9 to ICD-10.

- Crosswalk tool ICD-9 to ICD-10: www.aapc.com/icd-10/codes/
- Convert ICD-9 codes to ICD-10: www.icd10data.com/Convert

Q: Why doesn't Vermont Medicaid send me the codes?

Vermont Medicaid is not permitted to tell its providers what diagnosis codes to use. The use of appropriate diagnosis codes is the sole responsibility of the provider.

Lists of ICD-10 codes for a given specialty are available from a number of resources, including CMS. See the list of online resources at the end of this document.

Q: How do I submit a valid ICD-10 claim?

When the date of service is on or after October 1, 2015, make sure your claim includes an ICD-10 diagnosis code and an indicator that you are using ICD-10. This applies whether you are submitting electronically or on paper.

Q: Can both codes appear on the same claim?

No. CMS has stated that there cannot be both ICD-9 and ICD-10 codes on the same claim. Deciding which code set to use depends on the date of service/date of discharge. If you use the incorrect code set on a claim, the claim will be denied.

As of October 1, 2015, claims submitted with dates of service before October 1, 2015 will require ICD-9 codes, or date of discharge for inpatient claims. Claims with dates of service on or after October 1, 2015 must be submitted with ICD-10 codes, or date of discharge for inpatient claims.

In the case of claims for services that span the October 1, 2015 cutover date, refer to the ICD-10 submission guidelines that provide a detailed explanation of how to handle spanned claims. See the guidelines here: dvha.vermont.gov/for-providers/vt-medicaid-span-claim-guidelines.v2.01.pdf

Q: What happens if I transition to ICD-10 early? Will DVHA process my claims?

No. Claims with ICD-10 codes submitted before October 1, 2015 will be denied.

Q: How should I prepare for ICD-10?

Here are some steps you can take to prepare for the October 1 deadline. Where you invest your time and effort will depend on the size of your practice, the extent of the services you provide, and your available resources.

1. Planning
- Assign someone to be responsible for the transition to ICD-10.
- Assess the impact of ICD-10 on your practice. Plan for operational and financial contingencies. Consider talking to your bank about a bridge loan, just in case there are any delays in reimbursement.

2. Training
- Train your team in the basics of ICD-10 coding and new procedures.
- Identify resources to resolve questions. Check with your professional association for additional assistance.

3. Coordinate
- Engage with the vendors of your practice management software, clearinghouse or billing services to confirm their readiness.
- Coordinate with payers to assess your readiness and your understanding of their reimbursement rules.
- If you submit paper claims, sign up for electronic claims submission using Vermont Medicaid Provider Electronic Solution (PES) software.

4. Testing
- Test your ability to submit ICD-10 compliant claims with Vermont Medicaid.

- Work together with your vendors to verify that their systems and processes meet the new requirements and produce valid claims. DVHA encourages you to test with us, even if you have tested with another payer.

One way to ensure a smooth transition to ICD-10 is to engage in provider testing with Vermont Medicaid. Participating in provider testing will give you the opportunity to assess your readiness and identify any issues well before the deadline. For more information on provider testing, see the DVHA ICD-10 website under dvha.vermont.gov/for-providers/icd-10-end-to-end-testing-resources.

CMS has developed implementation guides for small and medium size practices on its website at www.cms.gov/Medicare/Coding/ICD10/index.html.

Q: How will DVHA communicate transition updates and progress?

DVHA has created the following resources to communicate ICD-10 information to the provider community.

- DVHA ICD-10 website: dvha.vermont.gov/for-providers/icd-10
- Banner pages: vtpubs-comm@hp.com
- Mailing list: VT-ICD-10@hp.com

Additionally, providers will receive important notifications and announcements via email.

Q: How can I work with DVHA for a successful transition to ICD-10?

First, if you normally submit paper claims, switch to electronic submissions. By using Provider Electronic Solutions (PES) software, you will be able to submit claims electronically and get paid faster than with claims submitted on paper. You will have the ability to check claim status the next day and make immediate corrections when necessary.

Secondly, test your ability to submit valid ICD-10 claims with Vermont Medicaid. Testing with Vermont Medicaid is your opportunity to make sure that you're ready for the October 1 deadline. Those providers who submit paper claims will not be able to participate in provider testing. This could increase the risk of claim denials.

Vermont Medicaid and DVHA are here to assist! Please contact us or visit DVHA's ICD-10 website (dvha.vermont.gov/for-providers/icd-10) for details about the transition to ICD-10. You may contact HP's Provider Services Help Desk by phone: 800-925-1706 (Toll-free in Vermont) or 802-878-7871 (Local and Out-of-State), or send your questions by email to VT-ICD-10@hp.com.

Q: What is provider testing?

Testing is the key to successful transition to ICD-10. It is the provider community's opportunity to identify and correct any ICD-10 claim submission issues before the transition deadline and avoid possible reimbursement delays. The Vermont Medicaid testing environment will accept ICD-10 test claims from May 1, 2015 through August 27, 2015.

See the detailed testing information in *ICD-10 Provider Testing Instructions* on the DVHA ICD-10 website at dvha.vermont.gov/for-providers/vermont-medicaid-icd-10-testing-instructions.pdf.

Q: Can I use Provider Electronic Solution (PES) software for testing?

Yes. But you must use PES version 2.27 or higher in order to submit ICD-10 test claims. If you are using an older version of PES, please follow the instructions in *Procedures for Upgrading PES User Software* http://www.vtmedicaid.com/Downloads/software/PES Upgrade user directions 02.05.14.pdf. Earlier versions of PES do not support ICD-10.

Q: How can I get help with my ICD-10 transition?

Visit DVHA's ICD-10 website (dvha.vermont.gov/for-providers/icd-10) for details about the ICD-10 transition. You may contact HP's Provider Services Help Desk by phone: 800-925-1706 (Toll-free in Vermont) or 802-878-7871 (Local and Out-of-State), or send your questions by email to VT-ICD-10@hp.com.

Vermont Medicaid and HPES are here to help you!

Didn't find the answer here? Send your question to the ICD-10 Project Team at VT-ICD-10@hp.com

Go Electronic!

Download our free claims submission software

- Quicker Payments
- Check eligibility
- Confirm claim status next day
- Resubmit corrected claims immediately

Contact HPES EDI Support:

802-879-4450 Option 3

ICD-10 Resources

Department of Vermont Health Access (DVHA)
dvha.vermont.gov/icd-10

Provider Portal
www.vtmedicaid.com

CMS Road to 10
www.roadto10.org

Contacts

Questions? Call the HPES Provider Services Help Desk

800-925-1706 in-state
802-879-4450 Option 1

Email VT-ICD-10@hp.com

Get Updates!
Send your email address to:

VT-ICD-10@hp.com