

CLAIMS SUBMISSION ALERT!

ICD-10 Starts Oct 1, 2015

June 1, 2015

Dear Provider,

The transition to ICD-10 diagnosis code set has been set by our government for October 1, 2015. Any claim with an ICD-9 diagnosis code date of service on or after October 1, 2015 will not be accepted. Only claims with ICD-10 diagnosis codes will be accepted from October 1, 2015 forward (based on Date of Service).

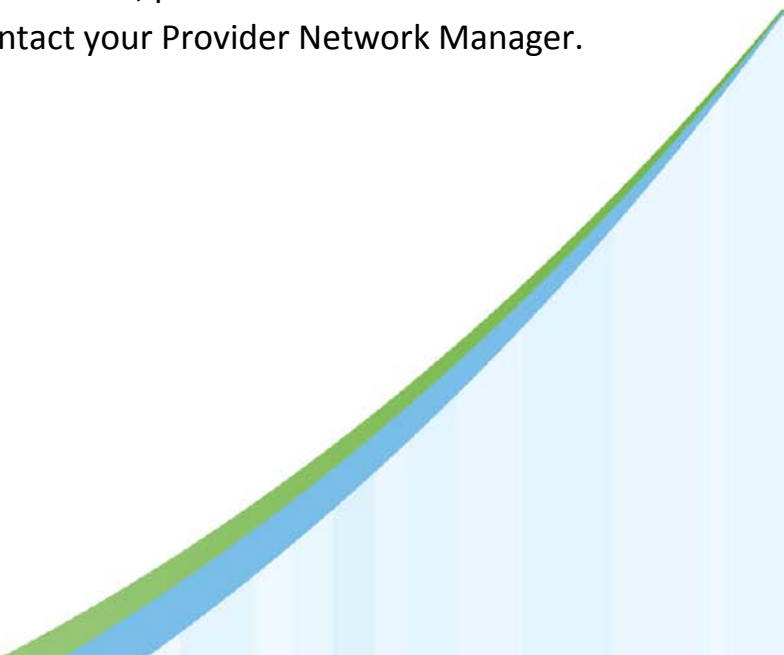
For inpatient facility claims, the discharge date will determine whether there must be an ICD-9 or ICD-10 diagnosis code submitted. Claims with ICD-9 code sets will be required for a discharge date prior to October 1, 2015, while claims with ICD-10 code sets will be required for a discharge date on or after October 1, 2015.

Please read the attached FAQ which further explains what our affiliated providers and those doing business with us, i.e., treating our patient-members, must be aware of.

If you have any questions or to get on our testing schedule, please email us at ICD10Support@Regalmed.com. You may also contact your Provider Network Manager.

Thank you,

Regal Medical Group, Inc.
Lakeside Community Healthcare
ADOC Medical Group



ICD-10 Frequently Asked Questions

1. What does International Classification of Diseases, 10th Revision (ICD-10) compliance mean?

ICD-10 compliance means that all HIPAA-covered entities are able to successfully conduct health care transactions on or after October 1, 2015, using the ICD-10 diagnosis and procedure codes. ICD-9 diagnosis and procedure codes can no longer be used for health care services provided on or after this date.

2. Why is the ICD-10 transition necessary?

ICD-10 is a provision of HIPAA as regulated by the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS). This federal mandate pertains to all HIPAA-covered entities.

The transition from ICD-9 to ICD-10 is occurring for the following reasons:

- ICD-9 codes have limited data about patient's medical conditions and hospital inpatient procedures.
- ICD-9 codes use outdated and obsolete terms and are not consistent with current medical practices.

The structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. A successful transition to ICD-10 is vital to transform our nation's health care system.

3. Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?

ICD-10 codes are different from ICD-9 codes in several ways. Currently, ICD-9 codes are, for the most part, numeric and have three to five digits. ICD-10 codes are alphanumeric and contain three to seven characters. ICD-10 codes provide a higher level of description. However, like ICD-9 codes, ICD-10 codes will be updated every year.

4. Will ICD-10 replace Current Procedural Terminology (CPT®) procedure coding for outpatient procedures?

No. The transition to ICD-10 does not affect CPT coding for outpatient procedures.

5. Will ICD-10 replace ICD-9 procedure coding for hospital inpatient procedures?

Yes. Like ICD-9 procedure codes, ICD-10 Procedure Coding System (PCS) codes are for hospital inpatient procedures only.

6. When do I have to convert to ICD-10?

All dates of services and discharges on or after October 1, 2015, must use the ICD-10 code set. The necessary system and workflow changes need to be in place by the compliance date in order for you to send and receive the ICD-10 codes.

7. Am I required to make the transition to ICD-10?

All Health Insurance Portability and Accountability Act (HIPAA)-covered entities **must** implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after October 1, 2015. HHS has no plans to extend the compliance date for implementation of ICD-10-CM/PCS; therefore, covered entities should plan to complete the steps required to implement ICD-10-CM/PCS on October 1, 2015. If you do not make the transition to ICD-10, your claims will be rejected.

8. Will Regal-Lakeside-ADOC-GCMG accept claims with both ICD-9 and ICD-10 codes on the same claim form?

- No, a claim **cannot** contain both code sets.

The following information applies to paper, web, and standard electronic (837 X12) claims:

- Claims may not contain a combination of ICD-9 and ICD-10 codes.
- Claims must be submitted with ICD-10 codes if the date of discharge / date of service is on or after the ICD-10 compliance date of 10/1/2015.
- Claims must not be submitted with ICD-10 codes prior to compliance date of 10/1/2015.
- For some claims which span the ICD-10 compliance date, the admit date on the claim can be prior to the ICD-10 compliance date and the claim can still contain ICD-10 codes. For other claims which span the ICD-10 compliance date, a splitting of the claim into two separate claims is necessary. **CMS has outlined guidance on which claims will need to be split in these claims processing documents (SE1325 and SE1408).**
- CMS uses the “bill type” on an institutional claim for determining whether the claim should be split. In general, inpatient claims can have dates of service which span the compliance date and contain ICD-10 codes. Outpatient and professional claims cannot have dates of service which span the compliance date and have ICD-10 codes. **For outpatient and professional claims, providers must split claims into two separate claims (one claim with a date of discharge on 9/30/15 and another claim with an admit date of 10/1/15).**
- Interim bills for long hospital stays (TOB: 112, 113, 114) are expected to follow the same rules as other claims. If a provider submits a replacement claim (TOB: 117) to cover all interim stays, it is expected that the provider must re-code all diagnoses / procedures to ICD-10 since the replacement claim will have a discharge / through date post-compliance.
- All first-time claims and adjustments for pre-10/1/2015 service dates must include ICD-9 codes, even if claims are submitted post-10/1/2015. Claims with pre-10/1/2015 service dates can be submitted with ICD-9 codes for as long as contracts and provider manuals specify.
- Reiteration: **Claim submission date does not determine whether ICD-9/10 codes should be used. All ICD-9/10 claims submission rules outlined by CMS are based on patient discharge date, or date of service for outpatient/professional services.**

Claims will be reimbursed according to state reimbursement guidelines. Claims will be adjudicated natively in ICD-9 for dates of service prior to 10/1/2015 and natively in ICD-10 for dates of service on and after 10/1/2015, consistent with CMS requirements.

9. **What will happen to institutional, professional and supplier claims that contain ICD-9-CM codes for services on or after October 1, 2015?**

Claims that contain ICD-9-CM codes for services will be handled as follows:

- Paper UB-04 or CMS1500 claims – Mail back claims to provider to re-submit corrected claims
- Electronic UB-04 or CMS1500 claims – Rejected by Clearing Houses

Billers whose paper or electronic claims are returned or rejected for an invalid diagnosis code may correct and resubmit those claims with accurate ICD-10 CM or ICD-10 PCS. You will receive a letter of explanation that provides information about claim errors. After the claim has been corrected, you must resubmit it as a new claim within the timely filing period. Please do not submit the corrected claims as an appeal claims.

10. **Do you expect authorization/referral processing to be impacted?**

ICD- 9 codes will no longer be accepted on prior authorization requests submitted for dates of service on the ICD- 10 compliance date or later.

- Providers will use the ICD-9 code set if the "from date" on the PA is before the October 1, 2015 effective date.
- Providers will use the ICD-10 code set if the "from date" on the PA is on or after the October 1, 2015 effective date.
- Providers will not be allowed to mix ICD-9 and ICD-10 code sets on the PA.
- Submissions for claims payment will need to utilize the correct ICD coding dependent on the date of service.

11. **If I transition early to ICD-10, will Regal-Lakeside-ADOC be able to process my claims?**

No, The U.S Department of Health and Human Services (HHS) has mandated that all HIPAA-covered entities will transition to the use of ICD-10 on October 1, 2015, and early or late transitions will not be allowed. **Regal-Lakeside-ADOC** will not be able to process claims using ICD-10 until October 1, 2015.

12. **Are paper claims affected by the transition to ICD-10?**

Yes. All claim transactions, whether paper or electronic, will be required to be submitted using ICD-10 codes.

13. What do I need to do now to prepare for the conversion to ICD-10?

There are several steps you need to take to prepare for the conversion to ICD-10:

- Begin by talking to your practice management or software vendor. Ask if the necessary software updates will be installed with your upgrades for the Version 005010 (5010) HIPAA transactions. If you do not use the HIPAA transactions, determine when they will have your software updates available and when they will be installed in your system. Your conversion to ICD-10 will be heavily dependent on when your vendor has the upgrades completed and when they can be installed in your system.
- Talk to your clearinghouses, billing service and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing with them.
- Identify the changes that you need to make in your practice to convert to the ICD-10 code set. For example, changes may include diagnosis coding tools, “super bills” additional documentation requirements, etc.
- Identify staff training needs and complete the necessary training.
- Conduct internal testing to make sure you can generate transactions with the ICD-10 codes.
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.

14. Where can I find the latest ICD-10 news and resources?

Description	Link
CMS.gov ICD-10 resources	http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10/
CMS Claims Processing Policy SE1325	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1325.pdf
CMS Split Claims Policy SE1408	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf
CMS ICD-10 Physician Practice Guide	http://www.roadto10.org/
CA.gov ICD-10 info	http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.08%20ICD-10.aspx
AHIMA ICD-10 Resources	http://www.ahima.org/ICD10/default.aspx
WHO ICD-10 Interactive Learning Tool	http://apps.who.int/classifications/apps/icd/ICD10Training/
ICD-9 to ICD-10 Crosswalk Tool	http://www.icd10codesearch.com/

If you have questions about ICD-10 or would like more information, please email us at ICD10Support@Regalmed.com.