

ICD-10 Frequently Asked Questions (FAQs)

What is ICD-10?

The International Classification of Diseases, 10th Edition, / (ICD-10) consists of two parts:

1. ICD-10-CM (Clinical Modification) for diagnosis coding
 2. ICD-10-PCS (Procedure Coding System) for inpatient procedure coding
- ICD-10-CM is used in all US health care settings and uses 3 to 7 digits instead of the current 3 to 5 digit codes used with ICD-9-CM.
 - ICD-10-PCS uses 7 alphanumeric digits instead of the 3 to 4 numeric digits currently used with ICD-9-PCS. Examples of ICD-9 to ICD-10 translations, both CM and PCS can be found on the Arkansas ICD-10 website located at <http://humanservices.arkansas.gov/dms/Pages/ICD-10.aspx>

Is the ICD-10 transition mandatory?

As part of the Administrative Simplification effort that eliminated payer-specific electronic claim formats, standardized provider identifiers, and updated the electronic transactions, the US Department of Health and Human Services (HHS) has mandated an industry-wide transition to ICD-10 for use in healthcare claims and related transactions.

45 CFR Part 162 published by the Health and Human Services (HHS) on January 16, 2009 requires the adoption of ICD-10. On August 24, 2012, HHS Secretary Kathleen Sibelius announced the new compliance date as October 1, 2014.

On April 1, 2014 the President signed HR 4302; Protecting Access to Medicare into law. This further delayed the implementation of ICD-10 until no sooner than October 1, 2015.

Why is ICD-10 necessary?

There are two main reasons that the transition to ICD-10 is necessary:

1. The ICD-9 classification system does not accurately reflect current technology and medical treatment. In addition, the current classification system has run out of room for addition of new codes that reflect advanced technology and care delivery.
2. The ICD-10 classification system will enhance the measurement of quality of care through the assignment of much more specific codes. It is difficult to evaluate the outcome of new procedures and emerging health care conditions without precise codes that reflect the care and treatment rendered.

Arkansas Medicaid will use ICD-10 to improve our ability to measure health care outcomes to our beneficiaries, enhance clinical decision-making, track public health issues; and ensure accurate payment for the services being provided to our beneficiaries.

Who is affected by ICD-10?

All health care providers (including Medicaid waiver providers), all health plans (public and private) and business associates of those provider and plans that use ICD-9 codes must be compliant and transition from ICD-9 to ICD-10, effective October 1, 2015. Those billing for Medicaid services can stay informed regarding program requirements by checking the Arkansas Medicaid provider website and by attending upcoming training sessions offered by Arkansas Medicaid.

I heard there was going to be a delay. Has the new compliance date been announced?

The implementation of ICD-10 was delayed by the signing of HR 4302; Protecting Access to Medicare. This legislation was signed by the President on April 1, 2014 and prohibits the implementation of ICD-10 until no sooner than October 1, 2015.

What is the time frame for implementing ICD-10?

Arkansas Medicaid has completed the requirements assessment and is in the process of remediating policies, processes and systems. We are currently on target for the implementation date of October 1, 2015. We encourage providers to upgrade their systems well in advance to allow for adequate time to test with Arkansas Medicaid and other health plans.

How is the transition to ICD-10 any different from the ICD-9 annual coding changes?

ICD-10 is not a modification of ICD-9. Literally every code in ICD-9 is replaced by one or more new values in ICD-10. Additionally, new levels of detail; including specificity and laterally, new medical terminology, and a different code structure is used to represent diagnosis and procedures.

What happens if our office does not comply with ICD-10?

Claims (and other transactions) for dates of service on or after the implementation date of October 1, 2015 must use ICD-10 diagnosis codes and claims for hospital inpatient procedures must use ICD-10 procedure codes. Claims that do not use ICD-10 codes cannot be processed. It is important to note, however, that claims for services provided before the implementation date must use ICD-9 codes even if those claims are submitted after the compliance date.

If I transition early to ICD-10, will Arkansas Medicaid be able to process my claims?

No. The regulation prohibits the submission of claims using ICD-10 prior to the October 1, 2015 compliance date. We do, however, encourage providers to upgrade their systems well in advance, to facilitate testing with Arkansas Medicaid prior to the compliance date.

Will there be a freeze in claims processing or other processes?

Arkansas Medicaid will not freeze claims processing, pre-authorization, or any other services utilizing ICD-10 codes.

To ensure that you do not experience a disruption in your claims processing, sign up for testing. Send contact information to <http://humanservices.arkansas.gov/dms/Pages/ICD-10.aspx>

Who will be responsible for making sure providers use the correct codes?

Arkansas Medicaid is confident that providers will be responsible for becoming familiar with the ICD-10 code sets and guidelines. Arkansas Medicaid will provide assistance by helping providers understand our policies and programs, and conducting awareness outreach to rural communities.

Will providers and vendors be able to use ICD-9 codes after the October 1, 2015, implementation of ICD-10?

Providers must use ICD-10-CM codes for dates of service or dates of discharge on or after the October 1, 2015, compliance date. After the compliance date, providers can submit ICD-9 codes on claims and other transactions dates of service/dates of discharge prior to October 1, 2015. **There is no grace period.**

Will the implementation of ICD-10 be based on date of service or date of receipt for claims processing?

Claims with dates of service on or after October 1, 2015, will require diagnoses and inpatient procedure codes (Institutional claims only) to be coded with ICD-10. See the following CMS publication for important information about Date of Service issues for pre-authorizations, inpatient claims and series outpatient claims. The link provided below is for informational purposes only. The information provided in this link applies to Medicare only.

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf>

Which transactions require ICD-10 codes?

- Professional Claims (ASC X12N 837P and paper equivalent)
- Institutional Claims (ASC X12N 837I and paper equivalent)
- Dental Claims (only under very specific circumstances, “in cases where specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions”)
- Electronic pre-authorization (ASC X12N 278 Health Care Services Review)

Can I “opt out” of ICD-10 by submitting paper claims?

No. The Federal mandate applies to all claims, whether submitted electronically or on paper. There is no exception for paper claims.

Will Arkansas Medicaid be meeting with stakeholders?

Arkansas Medicaid will be presenting information about ICD-10 at various association meetings, provider organizations, provider workshops, and seminars. Providers are encouraged to monitor the Arkansas Medicaid and DHS Websites for updates and information regarding provider outreach awareness training. If you would like us to speak to your organization or group, please contact us at:

<http://humanservices.arkansas.gov/dms/Pages/ICD-10.aspx>

Will Arkansas Medicaid publish guidance regarding ICD-10 impact on coverage and benefits policies?

Yes. Prior to the implementation date of October 1, 2015 Arkansas Medicaid will be publishing implementation changes in policy and benefits in the provider manuals, provider bulletins, official notices, and the Arkansas Medicaid and DHS websites.

How will Arkansas Medicaid communicate with affected stakeholders?

- Arkansas Medicaid will communicate Arkansas Medicaid policy, coverage and claims processing procedure, and system changes with stakeholders via the provider website, and when applicable, Arkansas Medicaid will contact stakeholders directly.
- Arkansas Medicaid will be holding ICD-10 provider outreach awareness training sessions as the implementation date approaches. These training sessions will provide background for ICD-10 as well as discussing the impact for Arkansas Medicaid. Additionally, information will be posted on the Arkansas Medicaid website as well as shared via remittance advice (RA) messages, letters and via email.
- Arkansas Medicaid will offer information and training regarding Arkansas Medicaid claim submission. For further information regarding Arkansas Medicaid claim submission, please contact your provider representative or visit the provider website. To ensure that you do not experience a disruption in claim processing, sign up for testing. Send your contact information to: <http://humanservices.arkansas.gov/dms/Pages/ICD-10.aspx>

What is Arkansas Medicaid’s status with preparing for the transition?

- Arkansas Medicaid with the help of Cognosante has conducted an agency wide ICD-10 impact analysis of business processes, policies, and systems.
- Results of that impact assessment have been used to make changes to policies, coverage and claims processing procedures and systems.
- Arkansas Medicaid is working with vendors who interface with the MMIS claims processing system to ensure they have plans in place to meet the time frame to accommodate the deadline.
- Arkansas Medicaid is working with CMS, sharing best practices with other state Medicaid agencies, and other Arkansas healthcare entities to ensure a coordinated transition.

What can our practice, clinic, or business do to prepare for ICD-10?

- Make providers and staff members aware of transition to ICD-10 and the changes that will be a result of the change as well as the potential impacts for your organization.
- Keep in mind that ICD-10 will impact all health plans, providers, and clearinghouses. Your practice, clinic, or business should reach out to other entities to fully understand the changes that will be required of your organization after the compliance date.
- Reach out to vendors and clearinghouses to make sure they provide detailed and reliable plans for necessary upgrades, training and testing. These changes will need to be in place well before the compliance date to ensure that any issues identified in testing can be resolved.
- Ensure clinical and administrative staff participate in early awareness training, moving on to educational and reference materials specific to your areas of practice.
- Continue to monitor the ICD-10 website for updates, training and testing opportunities.

What should we be doing about our computer systems?

Providers should contact their software vendors now to request detailed schedules for system upgrades and testing. Systems will require expanded field lengths to accommodate the new codes. More importantly, any logic in the system needs to be updated to address both ICD-9 and ICD-10 representations of clinical information. Some providers are adopting Computer-Assisted Coding technologies (which may be included in some EHRs and billing systems) to help ensure the proper level of detail is captured to support ICD-10's increased specificity. In addition, providers should incorporate vendor testing prior to the compliance date. Providers should work with their software vendors to ensure that they will not only be ready by the compliance date, but to submit test claims and other transactions to Arkansas Medicaid and other health plans well in advance of October 1, 2015.

To ensure that you do not experience a disruption in your claims processing, sign up for testing. Send contact information to: <http://humanservices.arkansas.gov/dms/Pages/ICD-10.aspx>

What questions should we ask our software vendors to help us determine whether they are ready for ICD-10?

CMS recommends you ask the following questions:

- Will my system be able to accommodate ICD-10-CM and/or ICD-10-PCS code sets?
- What customer support and training for ICD-10 will be offered, and will it be included in the contract?
- Will the software application be able to accommodate both ICD-9 and ICD-10 codes?
- When will you be ready to test with us to ensure ICD-10 readiness?

Additional ICD-10 Information & Websites

WWW.CMS.Gov/ICD10

WWW.roadto10.org

WWW.HIMSS.org

WWW.WEDI.org

WWW.AHIMA.org

Will the Payment Improvement Initiative be impacted by ICD-10?

Yes; there will be impacts to the Payment Improvement Initiative since there are ICD-9 codes associated with the project. The impact of the ICD-9 to ICD-10 translations is unknown at this point in time. Additional information will be provided as it becomes available. Updates will be posted on the Payment Improvement Initiative website as well as the AR ICD-10 website.

www.paymentinitiative.org

www.humanservices.Arkansas.gov/ICD10

Where can I find out more about ICD-10 and Arkansas Medicaid?

www.medicaid.state.ar.us

Contact - Jessie Smith - HP

www.humanservices.Arkansas.gov/ICD10

Contact - Amy Web

www.AFMC.org

Contact - Penni Ingle - AFMC

<http://www.qsource.org/ar/>

Contact – Kerri Brazzel – QSource

<http://arkansas.valueoptions.com/>

Contact – Kay Ewalt – Value Options

How can I ask a question you didn't answer here?

Questions should be submitted to: <http://humanservices.arkansas.gov/dms/Pages/ICD-10.aspx>

The FAQ document will be updated frequently to ensure that the most current and up to date information is available.