

## ICD-10 Frequently Asked Questions

### **Why did the transition to ICD-10 happen?**

The transition took place because ICD-9 codes have limited information about patients' medical conditions and hospital inpatient procedures. The ICD-9 code structure has been in place for 30 years. The terms currently used in ICD-9 have become outdated, obsolete and inconsistent with current medical practices. In addition, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

### **When was the ICD-10 compliance date?**

The Centers for Medicare & Medicaid Services (CMS) mandated the U.S. health care industry use ICD-10 diagnosis and inpatient procedure codes starting with a date of service (DOS) or date of discharge (DOD) of October 1, 2015. Providers may continue to submit claims using ICD-9 diagnosis and inpatient procedure codes after this date *only* if the DOS or DOD is prior to October 1, 2015.

### **Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?**

No. The switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.

### **Where can I find the ICD-10 code sets?**

The ICD-10-CM, ICD-10-PCS code sets and the ICD-10-CM official guidelines are available free of charge at [www.cms.gov/ICD10](http://www.cms.gov/ICD10).

### **Is Amerigroup compliant with the October 1, 2015, deadline?**

Yes. We worked to ensure our systems, supporting business processes, policies and procedures successfully meet the implementation standards and deadlines without interruption to day-to-day business practices. We worked closely with providers, clearinghouses, vendors and state partners as they also worked towards meeting this updated compliance date.

### **Will Amerigroup reject my claims if I am not compliant?**

We expect providers and clearinghouses we work with will meet the ICD-10 compliance date. However, we will continue to accept ICD-9 codes after the October 1, 2015, compliance date in order to accommodate claims with dates of service (outpatient) or dates of discharge (inpatient) prior to October 1, 2015, only.

### **Is there a transition period where I can use either ICD-9 or ICD-10 codes without having my claims rejected?**

No. ICD-9 and ICD-10 codes are dependent upon the date of service (DOS) or date of discharge (DOD). If the DOS/DOD is prior to October 1, 2015, ICD-9 codes must be used on HIPAA transactions such as claims and authorizations. If the DOS/DOD is October 1, 2015, or later, ICD-10 codes must be used or the transactions will be rejected and returned back to you.

### **If my practice is still not ready for ICD-10 by October 1, 2015, can I drop my claims to paper and continue using ICD-9?**

No. The current version of the UB-04 facility claim form is ICD-10 ready and includes the FL 66, Diagnosis and Procedure Code Qualifier field. The qualifier field value for ICD-9 is 9 and for ICD-10 is 10. CMS has

approved the CMS-1500 version -0212 form, which added the ICD version indicator in field 21. The value for ICD-9 is 9, and the value for ICD-10 is 0 (numeric zero and not alpha O).

**Can I submit both ICD-9 and ICD-10 codes on the same claim?**

No. Only one version of ICD codes can be submitted on a claim. If both ICD-9 and ICD-10 codes are submitted on a claim, the claim is rejected as a claims submission error.

**How do I handle split billing of claims that span the ICD-10 compliance date? For example, a patient was seen from September 30, 2015, through October 2, 2015. Can I submit one claim for all the services covered through these dates?**

No. Only one version of ICD codes can be submitted on a claim. In the example above, if the claim was for an outpatient visit, the claim would be split into two claims with the services performed on September 30, 2015, on one claim using ICD-9 diagnosis codes and services performed on October 1 and October 2, 2015, on another claim using ICD-10 diagnosis codes. For an inpatient claim, the general rule of thumb is to use the date of discharge (DOD); if the DOD is September 30, 2015, or before, submit the claim using ICD-9 codes, and if the DOD is October 1, 2015, or after, code the claim using ICD-10 codes. There are specific directions by bill type for facility claims and for some professional claims scenarios such as anesthesia.

Please refer to [CMS Transmittal 950](#) for specific direction on handling claims that span the ICD-10 compliance date.

**Where can I find additional information on ICD-10?**

Continue to check our site for more information. We also encourage all providers to check with CMS, as well as any professional, clinical and trade associations in which you may be affiliated for a wide variety of ICD-10 information, educational resources, checklists and updates to assist you with this transition.

**Source:**

[Centers for Medicare & Medicaid Services](#)