

KY Department for Medicaid Services update KY Medicaid is ICD-10 ready. Are You?

ICD-10 Frequently Asked Questions

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

- ✓ [KY Medicaid's ICD-10 website:](#)
- ✓ [Road to ICD-10 website](#)

General Questions

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General ICD-10 Questions

Q1: 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.

Q2: 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.



Q3: 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**.

Q4: 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.
- ✓ KY 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.

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Q5: What is the status of KY Medicaid's transition?

KY Medicaid has completed remediation and testing of ICD-10 claims processing systems in accordance with [Federal guidelines](#). KY 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, KY Medicaid opened up electronic claims testing for any Kentucky Medicaid provider who wished to test. See the [KY Medicaid ICD-10 webpage](#) about provider testing.

Q6: Do State Medicaid programs need to transition to ICD-10?

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

Q7: 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 **dates of service** 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](#), KY Medicaid will not accept claims with ICD-10 diagnosis codes before October 1, 2015. This is the so-called "no early adopters" rule.

Q8: What happens if I do not switch to ICD-10?

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

Q9: 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 **prior to** October 1, 2015, use ICD-9 diagnosis codes.
- ✓ For claims submitted on or after October 1, 2015 that represent services rendered **on or after** 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.

Q10: 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](#).
- ✓ CMS maintains the following look-up tools.
 - [CMS ICD-9 Lookup](#)
 - [CMS ICD-10 Lookup](#)
- ✓ 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.

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Q11: 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, KY Medicaid and other industry experts, stress that all crosswalk tools should be viewed as guidance and not as definitive instructions. CMS has published “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](#).
- ✓ You may also find these resources useful for conversion from ICD-9 to ICD-10.
 - [Crosswalk tool ICD-9 to ICD-10](#)
 - [Convert ICD-9 codes to ICD-10](#)

Q12: Why doesn’t KY Medicaid send me the codes?

KY 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.

Q13: How do I submit a valid ICD-10 claim?

When the dates 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.

Q14: 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.

Q15: What happens if I transition to ICD-10 early? Will KY Medicaid process my claims?

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

Q16: Will the use of CPT codes be affected?

No. ICD-10 procedure codes will only be used for facility reporting of hospital inpatient services. Current Procedural Terminology (CPT®) codes will continue to be used for physician and outpatient services.

Q17: Will the use of unspecified codes be allowed after ICD-10 is implemented?

Yes, as unspecified codes should be reported when they are the codes that most accurately reflect what is known about the patient’s condition at the time of that particular encounter.

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Q18: Is “dual coding ”a feasible approach to address concerns about the potential financial impact of the ICD-10 transition on small physician practices?

No, dual coding (acceptance of either ICD-9 or ICD-10 codes for dates of service after October 1, 2015) is not practical or feasible. A dual coding system is not a simple solution, but is fraught with difficulties that have the potential to undermine the data infrastructure of the healthcare industry. It will confuse claims processing and negatively impact the handling of important patient clinical information and may affect patient care. It would require extremely complex and costly changes to major payment, clearinghouse and provider systems. The communication of health information between providers would be compromised, adversely impacting the quality of patient care and increasing the potential for patient harm. CMS has stated that they and many commercial health plans are unable to process claims for both ICD-9 and ICD-10 codes submitted for the same dates of service, so a dual coding approach is not possible.

Q19: 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

Q20: 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.

4. Testing

- ✓ Test your ability to submit ICD-10 compliant claims with KY Medicaid.
- ✓ Work together with your vendors to verify that their systems and processes meet the new requirements and produce valid claims. KY Medicaid 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 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 [KY Medicaid ICD-10 website](#)
- ✓ CMS has developed implementation guides for small and medium size practices on its [website](#).

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Q21: How can I get help with my ICD-10 transition?

KY Medicaid and HPES are here to assist! Please visit the [KY Medicaid ICD-10 website](#) for details about the transition to ICD-10. For additional questions regarding ICD-10, email the [CHFS DMS ICD-10 Questions mailbox](#). For electronic claims issues, contact the [EDI Helpdesk](#) or the [EDI staff email box](#) or call 800.205.4696. For paper claim issues, please contact the HPES provider representatives at 800-807-1232 or view the [provider representative listing](#).