
ICD - 10 FAQs

Frequently Asked Questions

1) What is ICD-10

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification /Procedure Coding System) consists of two parts:

1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all U.S. healthcare settings. Diagnosis coding under ICD-10-CM uses 3 to 7 digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

ICD-10-PCS is for use in U.S. inpatient hospital settings only. ICD-10PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding. The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.*

2) When is the ICD-10 compliance deadline?

The ICD-10 deadline is **October 1, 2015**.**

3) What does ICD-10 compliance mean?

ICD-10 compliance means that a HIPAA-covered entity uses ICD-10 codes for healthcare services provided on or after **October 1, 2015**. ICD-9 diagnosis and inpatient procedure codes cannot be used for services provided on or after this date. Everyone covered by HIPAA must be ICD-10 compliant starting on **October 1, 2015**.**

4) Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition?

Everyone covered by HIPAA must use ICD-10 starting **October 1, 2015**. This includes healthcare providers and payers who do not deal with Medicare claims. Organizations that are not covered by HIPAA, but use ICD-9 codes should be aware that their coding may become obsolete if they do not transition to ICD-10.**

5) What happens if I don't switch to ICD-10?

Claims for all health care services and hospital inpatient procedures performed on or after **October 1, 2015**, must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services provided before **October 1, 2015**, must use ICD-9 diagnosis and inpatient procedure codes.**

6) If I transition early to ICD-10, will CMS be able to process my claims?

No. CMS and other payers will not be able to process claims using ICD-10 until the **October 1, 2015**, compliance date. However, organizations will need to work with their internal team and with business trading partners to test their software systems from beginning to end. This involves testing claims, eligibility verification, quality reporting and other transactions and processes using ICD-10 to make sure the new code set can be processed correctly.**

7) Why should I prepare now for the ICD-10 transition?

The transition from ICD-9 to ICD-10 will change how you do business. Healthcare organizations, from large national plans to small provider offices, laboratories, medical testing centers, hospitals and more will need to devote staff time

and financial resources for transition activities. Activities include:

- Identifying how ICD-10 will affect your organization
- Developing a plan for implementing ICD-10 and creating a timeline of activities
- Working with vendors on new software/systems to accommodate ICD-10
- Coordinating with vendors, payers, and other business partners about ICD-10, especially about testing transactions and processes that use ICD-10

The transition will go much more smoothly for organizations that plan ahead and prepare now. The CMS ICD-10 website has resources to help you prepare.**

8) Does Apex Health Solutions have an ICD-10 specific implementation plan?

Yes, we have completed an ICD-10 gap analysis. We are on schedule to complete internal development and will be ready for testing with vendors and trading partners the first quarter of 2015 along with our provider partners.

9) Will Apex Health Solutions be ready to accept ICD-10 live claims by the compliance date of October 1, 2015?

Yes, Apex Health Solutions is on target to meet the deadline of **October 1, 2015**.

10) Will Apex Health Solutions accept ICD-9 claims for dates of service after October 1, 2015?

Our policy is to follow CMS guidance therefore accept only ICD-10 claims.

11) Will Apex Health Solutions accept ICD-10 claims for dates of service prior to October 1, 2015?

No, Apex Health Solutions will not accept these claims.

12) Will Apex Health Solutions test institutional and professional claims?

Yes, Apex Health Solutions will test both.

13) Will Apex Health Solutions accept claims with both ICD-9 and ICD-10 codes?

No, Apex Health Solutions will not be accepting claims with both ICD-9 and ICD-10 codes on them.

14) Will Apex Health Solutions be doing end-to-end testing with providers?

Yes, it is Apex Health Solutions' plan to test with providers.

15) Will Apex Health Solutions accept 837 claim files with claims that have ICD-9 and ICD-10 codes?

837 files will include ICD-9 claims separate from ICD-10 claims. An individual claim will not have both ICD-9 and ICD-10 codes on it.

16) What kind of response file will be sent once the 837 file is acknowledged?

If you are a direct submitter, you will receive a 277CA and 997. If you submit to us through a Trading Partner, then you will need to contact your Trading Partner for that information.

For more information, visit www.cms.gov/Medicare/Coding/ICD10/.

* CMS - www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10Introduction.pdf

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