

ICD-10 Fact Sheet

The International Classification of Diseases (ICD) is a medical diagnostic and procedure coding system that was developed by the World Health Organization (WHO) in the 1970s. In 2009, the U.S. Department of Health and Human Services (HHS) released a final ruling for the U.S. to adopt the ICD-10 code set. In 2014, HHS issued a final rule formally establishing **October 1, 2015** as the ICD-10 compliance date and requiring the continued use of ICD-9 through September 30, 2015.

Here is some information about ICD-10 and what it means for you.

Q1. What is ICD-10?

A1. ICD-10 is an abbreviation for the International Classification of Diseases, 10th Revision. It replaces ICD-9, which is the International Classification of Diseases, 9th revision. ICD-9 consists of ICD-9-CM (Clinical Modification) and contains three volumes: ICD-9-CM Volumes I & II contain the Diagnosis code sets. ICD-9-CM Volume III contains the Inpatient Procedure code set.

ICD-10 has been modified for use in the U.S. by separating it into two categories: ICD-10-CM (Clinical Modification) contains the Diagnosis code set. ICD-10-PCS (Procedure Coding System) contains the Inpatient Procedure code set.

Q2. Who is affected by ICD-10?

A2. All HIPAA (Health Insurance Portability and Accountability Act) covered entities, including health care payers and providers, are affected by ICD-10.

Q3. Why are we moving to a new code set?

A3. ICD-9 was developed in the 1970s with about 14,000 diagnosis and 4,000 procedure codes. This code set has structural restrictions and is limited in its ability to accommodate advances in medical knowledge and techniques. ICD-10 provides approximately 69,000 diagnosis codes and 72,000 procedure codes. It is more specific than ICD-9 and in many cases, has a one-to-many mapping from a single ICD-9 code to the appropriate ICD-10 codes. The new structure of ICD-10 will improve statistical reporting worldwide. It will better reflect current medical knowledge and enhance management information throughout the industry.

Q4. How does ICD-10-CM differ from ICD-9-CM in diagnosis coding?

A4. ICD-10 is more than just a code set update. It is a complete restructuring of the diagnosis classification system based on current medical terminology, technology and devices. It provides expanded code lengths to make it easier to add new codes, narrative descriptions for improved diagnostic accuracy and a descriptive methodology for medical procedures.

Q5. Was ICD-10 developed with clinical input?

A5. ICD-10 was developed with significant clinical input. A number of specialty medical societies within the U.S. contributed to the development of this coding system.

(Continues)

Q6. ICD-10 has so many more codes than ICD-9. Will additional diagnostic tests need to be performed to find the appropriate ICD-10-CM code?

A6. No. Similar to ICD-9-CM codes, ICD-10-CM codes are derived from documentation in the medical record. For both coding systems, if a diagnosis has not yet been established the condition should be coded to its highest degree of certainty (which may simply be a sign or symptom). ICD-10-CM contains many more codes for diagnostic signs and symptoms than ICD-9-CM, and is better designed for use in ambulatory encounters where definitive diagnoses are often not yet known. Non-specific codes are still available in ICD-10-CM for use when more detailed clinical information is not known.

Q7. Will we still use CPT®, HCPCS, and CDT Codes?

A7. Use of other codes (CPT, HCPCS; Revenue Codes, etc.) will not be impacted by this change.

CPT® = Current Procedural Terminology

HCPCS = Healthcare Common Procedure Coding System

CDT = Current Dental Terminology

Q8. What is HIPAA 5010 and how does it impact ICD-10?

A8. HIPAA 5010 refers to the revised set of HIPAA electronic transaction standards that were adopted to replace Version 4010/4010A standards. Effective July 1, 2012, all HIPAA-covered entities must be compliant with Version 5010. Electronic transactions that do not use Version 5010 are not compliant with HIPAA requirements and will be rejected.

HIPAA 5010 accommodates ICD-10 code sets and is a prerequisite for ICD-10. An entity must be HIPAA 5010 compliant before it can become ICD-10 compliant.

Q9. Will non-covered entities, for example Workers' Compensation, No Fault and Auto Insurance companies, have to implement ICD-10?

A9. Non-covered entities are not required to transition to ICD-10. However the benefits of ICD-10 outweigh the challenges of implantation. ICD-10 provides expanded detail for injury codes that will support workers' compensation and auto insurance programs. ICD-9 will no longer be maintained after ICD-10 compliance and Centers for Medicare & Medicaid Services (CMS) advises that it is in the best interests of non-covered entities to adopt the ICD-10 coding system.

Q10. Describe Horizon BCBSNJ's approach to accepting and paying claims submitted with ICD-9 codes on or after the ICD-10 compliance date?

A10. Horizon BCBSNJ intends to follow appropriate date of service logic per CMS guidelines and accept/process claims submitted with an ICD-10 code and date of service (or inpatient date of discharge) on or after the ICD-10 compliance date.

Effective the ICD-10 compliance date, any claims submitted with an ICD-9 code and date of service (or inpatient date of discharge) prior to the ICD-10 compliance date will be rejected by Horizon BCBSNJ. These claims will need to be resubmitted to Horizon BCBSNJ for payment with the appropriate ICD-10 code.

Q11. Is there a date after which claims submitted with ICD-9 codes and a date of service before the ICD-10 compliance date will no longer be accepted?

A11. Horizon BCBSNJ will continue to process claims submitted with ICD-9 codes and date of service prior to the ICD-10 compliance date, based on timely filing rules. These claims may be denied if submitted beyond the time period specified in these rules.

(Continues)

Q12. What can I do to prepare for ICD-10?

A12. A comprehensive assessment of your organization is required to ensure uninterrupted claims and reimbursement processing and to take advantage of opportunities to streamline clinical processes and improve patient care. Think about your business processes and software systems and how they may be impacted by ICD-10. Do not depend solely on your software vendors, billing offices or clearinghouses for your transition to ICD-10.

Also consider ICD-10 training for your medical staff and coders. The American Academy of Professional Coders (AAPC) offers ICD-10 certification and training. Visit their web site at aapc.com/icd-10.

Q13. What about the revised CMS 1500 Claim Form?

A13. In January 2014, Horizon BCBSNJ began accepting the revised version of the CMS 1500 Claim Form (version 02/12) that accommodates coding changes for ICD-10. **Horizon NJ Health only accepts claims submitted on the CMS 1500 Claim Form (version 02/12).**

If you have questions for Horizon BCBSNJ about our ICD-10 implementation, please email ICD10Communications@horizonblue.com.

Horizon BCBSNJ intends to be fully compliant with all CMS regulations and mandated dates for acceptance of ICD-10.