

These frequently asked questions cover the topics most providers want to know about our ICD-10 preparation. If you have other questions, please email psc@healthalliance.org.

ICD-10 Frequently Asked Questions

ICD-10 Preparation

- **What has Health Alliance done to prepare for ICD-10?**
Our design, development, testing and deployment are aligned for the October 1, 2015, ICD-10 compliance date. We have completed all analyses, including gap and system impact inventory, and system remediation. We have engaged the impacted areas of our company in our business assessments. We will be ready for the move from ICD-9 codes to ICD-10 codes.
- **How did the one-year delay affect your planning?**
Health Alliance continued its ICD-10 corporate project while awaiting the CMS announcement on the finalized compliance date. We kept our current momentum on our ICD-10 program work, including remediation of our impacted systems and vendor tools, affected business processes and policies. We plan to be fully ready to process ICD-10 claims by October 1, 2015. Testing with external entities based on their readiness has been our biggest challenge.
- **What key information would you want providers to know as they develop their own ICD-10 implementation plans?**
The ICD-10 conversion will affect nearly all provider systems and many processes. The largest impacts will likely be in clinical and financial documentation, billing and coding. It is critical not to delay planning and preparation. Providers should contact their billing or software vendor to understand their plans for conversion and testing.
- **What is Health Alliance's top concern about this transition?**
The October 1, 2015, compliance date may seem far off, but the complexity of conversion requires immediate action to address the business and clinical issues associated with the transition. The ICD-10 conversion will affect nearly all provider systems and many processes. The largest impacts will likely be in clinical and financial documentation, billing and coding. It is critical not to delay planning and preparation. Providers should contact their billing or software vendor to understand their plans for conversion and testing.

Contracts and Reimbursement

- **How will reimbursement methodology be impacted by ICD-10?**
The ICD-10 conversion was not intended to transform payment or reimbursement. However, it may result in reimbursement methodologies that more accurately show patient status and care. We have engaged the impacted areas of our company in business assessments and planning for the move from

ICD-9 codes to ICD-10 codes. As a result of this assessment, we will be updating all impacted policies, processes and systems to be compliant with the ICD-10 code set.

- **How will the conversion affect contracts?**

At this point, ICD-10 will not affect provider contracts.

- **Will DRG groupers continue to be based on ICD-9 codes after the adoption of ICD-10 codes? Or will the grouper determine the DRG based upon ICD-10 codes? (Inpatient and outpatient)**

For inpatient services, Health Alliance plans to use the current MS-DRG grouper from Medicare, which is based on ICD-10 codes beginning October 1, 2015. For outpatient services, when applicable, Health Alliance uses the Medicare APC grouper/pricer, which will accept ICD-10 codes beginning October 1, 2015.

- **If ICD-10 codes are used, will the payer give the provider a copy of the new grouper logic?**

Health Alliance will use ICD-10 codes for grouping beginning with discharges on or after October 1, 2015. Health Alliance uses the CMS MS-DRG grouper, which is industry standard. For Medicaid grouping, it is based on state-defined grouper and/or logic.

- **If the grouper will continue to use ICD-9 logic, how will that diagnosis code be determined? Will there be a crosswalk to ICD-9 codes?**

Health Alliance will not crosswalk ICD-10 codes back to ICD-9 codes. Health Alliance will use ICD-10 codes beginning with discharges on or after October 1, 2015.

- **How will you handle payment provisions of contracts that are diagnosis based?**

If a contract uses ICD-9 diagnosis or procedure codes, ICD-10 codes or categories will be updated as needed to meet clinical expectation.

- **Will you amend the contract to use ICD-10 codes instead of ICD-9 codes?**

Health Alliance's current contract terms support the requirement to bill with ICD-10 codes beginning on the compliance date. We won't amend the billing provisions in our contracts. We will amend contracts as necessary to ensure that the change to ICD-10 codes will result in overall revenue neutrality.

Crosswalk

- **Will Health Alliance use a crosswalk?**

No.

- **What is Health Alliance's approach to mapping ICD-9 codes to the ICD-10 codes?**

Health Alliance used the CMS Reimbursement Map as a clinical equivalence tool to remediate business rules with ICD-9 codes. We will not map codes for claims processing; our systems will process claims using the ICD-9 or ICD-10 codes based on compliance date rules.

Testing

- **When will Health Alliance be ready to test claims with providers?**

Health Alliance completed large-scale internal testing and began external end to end testing in November 2014. We have tested both institutional and professional claims with providers and our clearinghouse. We strongly encourage providers to approach their software vendors, clearinghouses and other business partners to start testing as well.

- **How will you share your results?**

As providers submit files to the clearinghouse for testing, we communicate results back to the clearinghouse to share with the provider submitters. We will also communicate with providers individually if the need arises.

- **Is your organization participating in the HIMSS/WEDI ICD-10 national testing program? If so, have you begun testing?**

Health Alliance is a member of WEDI and actively participates on many industry workgroups and task forces related to ICD-10. We are not participating in the national testing program.

Claims

- **Will you accept both ICD-9 and ICD-10 code formats after October 1, 2015?**

No. Beginning with dates of service/discharge on or after October 1, 2015, ICD-10 codes will need to be submitted. ICD-9 codes should be submitted for dates of service/discharge before October 1, 2015.

- **How long will you accept ICD-9 codes?**

ICD-9 codes will be accepted for dates of service before October 1, 2015, based on current contract terms.

- **Will Coordination of Benefit (COB) claims be addressed the same for ICD-10 as they were for ICD-9 processing (for example, will claims be crossed over)?**

Yes, COB claims will be addressed for ICD-10 as they are for ICD-9.

- **Will Health Alliance accept ICD-9 codes on adjustment bills or claim corrections after October 1, 2015?**

Yes, for dates of service/discharge dates prior to October 1, 2015, based on your current contract terms.

- **Will you accept a claim that has both ICD-9 and ICD-10 codes?**
No. Claims will need to be split with service/discharge dates based on the compliance date.
- **How will the transition from ICD-9 to ICD-10 work with interim billing?**
Inpatient hospital claims without a discharge date (that is, interim bill) will use the earliest claim incurred (ECI) date (earliest date of service) as the sole determiner of which code set to accept /reject. Interim bills sent with an ECI date on or after October 1, 2015, must be submitted with ICD-10 codes. Interim bill sent with an ECI date before October 1, 2015, must be submitted with ICD-9.

Communication

- **Will any other support be offered to providers for issues/questions about claims submission or payment? If yes, explain.**
Providers should continue to call the provider service or customer service numbers they do today for help related to ICD-10.
- **What is Health Alliance doing to communicate with providers about these changes?**
The best source for detailed information is our website, HealthAlliance.org. This is where we have the most current information about our ICD-10 approach. We'll continue to update this site as work continues on this important project. The website is part of a detailed communication plan, which also includes our provider newsletter, direct outreach, communications with medical societies and more.

Precertification/Authorization

- **Do you expect your preauthorization procedures to change as a result of implementing ICD-10?**
Yes. ICD-10 codes are required for dates of service as of October 1, 2015.
- **Do you currently require ICD-9 diagnosis codes, ICD-9 procedure codes or CPT procedure codes (or some combination of all) for pre-authorizations?**
We currently require ICD-9 diagnosis codes and CPT4/HCPCS for procedures. For dates of service starting October 1, 2015, we will require ICD-10 diagnosis codes.
- **When can you accept preauthorization requests for services provided on and after October 1, 2015?**
ICD-9 codes should be used for pre-certifications for dates of service before the compliance date of October 1, 2015, and ICD-10 for dates of services on or after October 1, 2015.
- **Will authorizations provided before October 1, 2015 that use ICD-9 be carried over for ICD-10 claims processing?**
Yes.

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

These industry resources will help with your planning and preparation:

- [Centers for Medicare & Medicaid Services \(CMS\)](#)
- [Workgroup for Electronic Data Interchange \(WEDI\)](#)