

ICD-10 Provider Frequently Asked Questions

The Centers for Medicare and Medicaid Services (CMS) has announced the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10 is October 1, 2015.

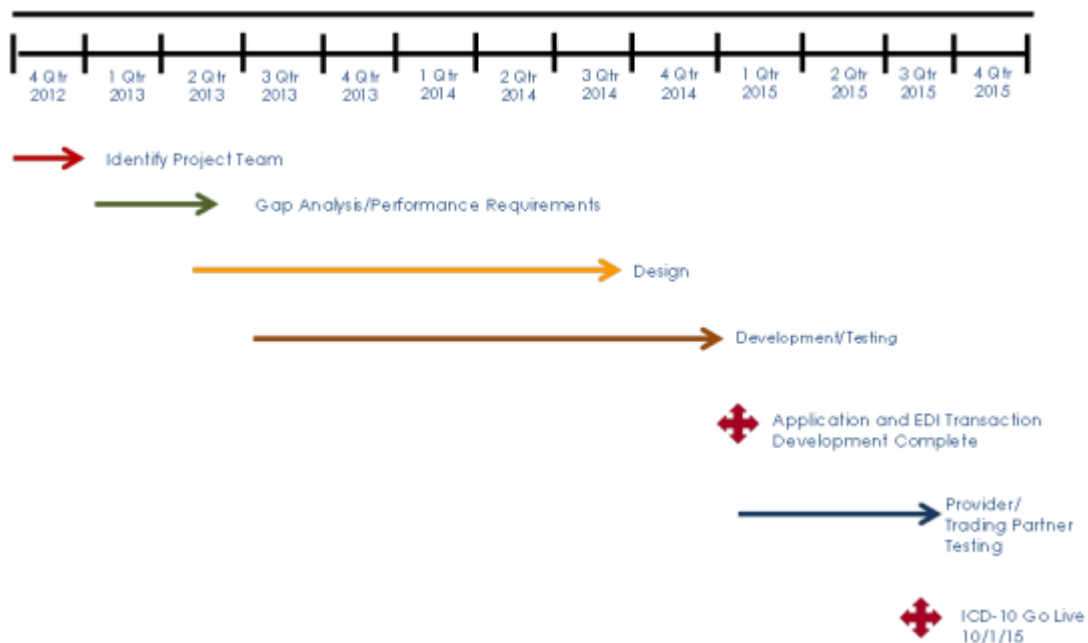
ValueOptions® ICD-10 Planning & Implementation Questions

Q: What is your organization's approach for complying with the ICD-10 mandate?

A. Project teams have been identified to assess the impact to systems and business processes. Applications, EDI transactions, reports and business processes will be modified to accommodate the requirements for ICD-10 prior to the implementation date as established by CMS, which is now October, 1, 2015.

Q: What is the provider ICD-10 timeline?

A.



Q: What is the expected date that all systems and services at ValueOptions will be compliant with ICD-10?

A. All systems are expected to be compliant within the quarter prior to the implementation date published by CMS.

Q: How often will ValueOptions provide ICD-10 status updates and where can provider updates be found?

A. ValueOptions has been providing status updates to providers via the monthly newsletter and ICD-10 FAQ document on at least a quarterly basis. Provider specific information will be posted on the Provider tab of valueoptions.com, under ICD-10 Transition of the Spotlight section here:
<http://www.valueoptions.com/providers/Providers.htm>.

Q: What are the anticipated downtime requirements for ICD-10 deployment and conversion activities?

A. Modifications related to ICD-10 will be implemented in scheduled releases over weekends to reduce impact on end users and submitters.

Q: Are there any additional costs associated with the ICD-10 implementation?

A. No. There are no additional costs that will be charged to providers by ValueOptions for implementing ICD-10.

Q: Will you provide support during and after the ICD-10 compliant release?

A. Yes. Adequate resources will be allocated to accommodate the testing requirements. Providers utilizing ValueOptions applications can receive support from the provider EDI help desk. In addition, ValueOptions has provided educational webinars on ICD-10. Any updates will be posted to our provider website.

Q: Are you planning to accept ICD-10 before the compliance date?

A. There is no plan to accept ICD-10 codes prior to the official implementation date established by CMS.

Q: When do you plan to begin accepting ICD-10?

A. There is no plan to accept ICD-10 codes prior to October 1, 2015.

Q: Are all ValueOptions' contracts moving over to ICD-10 effective October 1, 2015?

A. Yes, all Beacon Health Options' contracts will be moving to ICD-10 effective October 1, 2015 in compliance with federal regulations.

Please note: ValueOptions is a Beacon Health Options' company. Please visit our [website](#) or view our [Frequently Asked Questions](#) for more information regarding our merger.

ICD-10 Clinical Questions

Q: Do you expect medical policies to change to support ICD-10?

A. There are no changes anticipated at this time.

Q: Do you expect medical necessity and/or medical policy to change as a result of the conversion to ICD-10?

A. There are no changes anticipated at this time.

Q: How will the transition from ICD-9 to ICD-10 work with Referral/Authorization transactions and subsequent episode of care?

A. Authorization requests will require the provider to supply the DSM-5 diagnosis using the correct ICD format depending on the requested start date. For requested start dates prior to October 1, 2015, the ICD-9 codes will be utilized.

For requested start dates October 1, 2015 and beyond, the appropriate ICD-10 codes will be utilized.

Q: Will ICD-10 codes be required for authorization of services that span the ICD-10 compliance date?

A. Authorizations that span the October 1, 2015 transition date will not be impacted. Providers will **not** be required to supply both ICD-9 and ICD-10 on the authorization request or split requests. Providers do **not** need to resubmit authorization requests that are in effect that span October 1, 2015. Submissions for claims payment will need to utilize the correct ICD coding dependent on the date of service. ICD-10 codes will be required for authorization of services that occur after the ICD-10 compliance date.

Q: Will you accept ICD-10 authorization requests prior to October 1, 2015?

A. We anticipate as of September 28, 2015, providers will be able to enter authorization requests through our online portal, [ProviderConnect](#), with a requested start date on or after October 1, 2015.

ICD-10 Claims Questions

Q: Will reimbursement methodology be impacted by ICD-10?

A. ValueOptions will continue to use revenue codes, CPT and HCPCS codes in payment schedules. At this time, we don't anticipate impact to reimbursement methodologies.

Q: Do you anticipate significant impact to provider contracts due to inclusion of DRG and/or ICD codes in the contracts?

A. No impact is expected. ValueOptions will continue to contract with providers based on CPT, HCPCS and revenue codes.

Q: Will ValueOptions utilize the CMS ICD-10 GEMS/crosswalks?

A. ValueOptions will use the CMS ICD-10 GEMS/crosswalks as the standard for mapping ICD-9 to ICD-10. Additional information can be located on the CMS website: <https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>.

- [CMS ICD-10 Code Lookup](#)
- [Coding Conversion Tool](#)

Q: Can you provide some ICD-10 code scenarios related to behavioral health?

A. Codes for claims payment must be a full ICD-10 code – we will not be accepting partial or incomplete codes. Not all codes are the same length. Examples of 3-digit codes that are complete are F05 – Delirium due to known physiological condition or F21 – Schizotypal Disorder. For these codes there are no additional characters required. Examples of 4-digit codes that are complete are F20.1 – Disorganized schizophrenia and F20.9 – Schizophrenia, unspecified. Examples of codes where all five characters are required are F20.89 - Other schizophrenia and F20.81 – Schizophreniform disorder.

As shown above – code length can vary within a set of codes – the F20 codes can be either four or five characters in length. If a character is missing from the claim request the claim will not be accepted. Example F20.8 will reject – there is a need for the fifth character to clarify the diagnosis. Codes for authorization request must be codes that are available in the current DSM and are based on the requested start date.

Additional information, including mapping crosswalks, can be downloaded from the CMS website: <https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>.

Q: Are you using the GEMs or the CMS Reimbursement Maps as a guideline to determine pricing in your claims process?

A. Neither. ValueOptions will continue to use revenue codes, CPT codes and HCPCS codes in payment schedules. At this time, we don't anticipate impact to reimbursement methodologies.

Q: When will ValueOptions stop accepting ICD-9 codes and will the payer be able to accommodate dual processing of ICD-9 and ICD-10 codes?

A. ValueOptions will be compliant with the ICD-10-CM and ICD-10-PCS code sets regulation. We will enhance our processing system to utilize both ICD-10 and ICD-9 codes on an effective/term date basis. We will accept and utilize ICD-10 codes for services provided on or after the official compliance date. Claims submitted for services rendered prior to the compliance date should be submitted with ICD-9 codes, regardless of the submission date.

Q: Should dates of service prior to October 1, 2015 be billed separately from dates of service which occur on or after October 1, 2015?

A. Yes. Claim lines cannot span the ICD-10 effective date of October 1, 2015. In addition, all claims with dates of service prior to October 1, 2015 should be billed as separate claims with ICD-9 codes. Subsequently, all claims with dates of service on or after October 1, 2015 should be billed as separate claims with using valid ICD-10 codes covered by the member's benefit and appropriate for the service being rendered.

Q: I could use some clarification. So if our facility has a patient admitted on September 28th who is not discharged until October 5th, how should I bill?

A. You would submit two separate claims – one for the dates in September using ICD-9 codes and one for the dates in October using ICD-10 codes.

Q: If I bill a claim using the date span, could it deny?

A. Yes. If a claim line spans October 1, 2015, the claim will deny or reject if part of batch compliance. If you bill ICD-9 and ICD-10 on separate lines of the same claim, there could be delays in claims processing.

You must submit two separate claims – one for the dates in September using ICD-9 codes and one for the dates in October using valid ICD-10 codes covered by the member's benefit and appropriate for the service being rendered.

Q: Do you anticipate any delays in claim adjudication as of the compliance date and if so, for how long? Do you intend to pay interest on the value of the delayed claims and if so, at what rate?

A. No delays in adjudication are anticipated. ValueOptions is currently and will continue to be compliant with all interest penalty regulations.

Q: When will ValueOptions Companion Guides reflect payer ICD-10 changes?

A. Testing instructions reflecting ICD-10 changes will be sent to providers during the testing phase. ValueOptions Companion Guides reflecting ICD-10 payer information will not be made available on our website until on or after October 1, 2015.

ICD-10 Claims/Appeal or Reconsiderations Questions

Q: Will you have a new appeal process in place to support disagreements connected to ICD-10 code selection and/or DRG classification that were used for reimbursement?

A. ValueOptions will use the existing appeal process for appeals related to ICD-10.

Q: What flexibility will be provided, if any, related to timely appeal requirements through the ICD-10 transition?

A. Existing timely appeal requirements will continue to be adhered to during the ICD-10 transition.

Q: Will EOB/remittance remarks explicitly state reason for denials if related to no coverage?

A. Yes. ValueOptions will state on the EOB/remittance the specific reason for denial when a provider uses an expired diagnosis code.

ICD-10 Testing Questions

Q: When will your ICD-10 product or service be available to test?

A. See timeline.

Q: If providers have questions about the testing plan, who can they contact?

A. For questions related to ICD-10 testing, providers can call the EDI Help Desk at 888.247.9311 or via email to e-supportservices@valueoptions.com.

Q: Specify whether or not the applications can accommodate both ICD-10-CM/PCS and ICD-9-CM code sets in dual testing strategy?

A. During the testing phase, providers will be able to submit claims with both ICD-9 and ICD-10 codes to test dual use in the ValueOptions testing environment.

ICD-10 Reporting Questions

Q: How will reports handle dual use of ICD-9 and ICD-10?

A. Mapping from ICD-9 to ICD-10 codes will be applied using the CMS GEMs to ensure consistency of reporting.

ICD-10 Support Questions

Q: Will you provide support during and after the ICD-10 compliant release? What is the source of this support?

A. Yes. Specific resources will be assigned to support providers with testing of process changes prior to the trading partner testing phase of the project. Adequate resources will be allocated to accommodate the testing requirements and any influx of questions.

- Q: Will there be special help line for ICD-10 related issues post implementation? Or will the provider service line assume these types of specialized calls?**
- A.** For testing and technical questions, providers can call the EDI Help Desk at 888.247.9311. For all other provider ICD-10 questions, providers can call the Provider Services Line at 800.397.1630.
- Q: Is the support included as part of the original agreement or is it an additional cost?**
- A.** There is no additional cost for this support.
- Q: Will you provide support during and after the ICD-10 compliance release?**
- A.** Yes.

ICD-10 CMS Resources

- Q: Where can providers find additional information about the ICD-10 transition?**
- A.** CMS has a detailed provider resources page with guides, checklists and FAQ documents:
- <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
- National Council for Behavioral Health Webinar Recording:
- <http://www.thenationalcouncil.org/events-and-training/webinars/webinar-archive/>