Indiana Provider ICD-10 FAQs

What is ICD-10?
ICD-10 is the abbreviation for the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS). **Providers across the country will begin using these codes for claims as of October 1, 2015.**

Can I start using ICD-10 codes prior to October 1, 2015?
No. Using ICD-10 codes before October 1, 2015 will result in claims submissions being denied. You will then have to resubmit using the correct ICD-9 codes.

Will EOPs be impacted?
No. There will be no change to EOPs. Should that change, we will notify you.

What is the difference between ICD-10-CM and ICD-10-PCS?
ICD-10-CM is the diagnosis code set that will be replacing ICD-9-CM Volumes 1 and 2. ICD-10-CM will be used to report diagnoses in all clinical settings. ICD-10-PCS is the procedure code set that will replace ICD-9-CM Volume 3. ICD-10-PCS will be used to report hospital inpatient procedures only.

Will ICD-10-PCS replace CPT?
No. ICD-10-PCS will be used to report hospital inpatient procedures only. The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) will continue to be used to report services and procedures in outpatient and office settings.

Do I have to upgrade to ICD-10?
Yes. The conversion to ICD-10 is a CMS code set requirement. Providers, including physicians, are HIPAA "covered entities", which means that you must comply with HIPAA requirements.

Who else has to upgrade to ICD-10?
Health care clearinghouses and payers are also HIPAA covered entities, so they are required to convert to ICD-10 as well.

Why is ICD-9 being replaced?
The ICD-9 code set is over 30 years old and has become outdated. It is no longer considered usable for today's treatment, reporting, and payment processes. It does not reflect advances in medical technology and knowledge. In addition, the format limits the ability to expand the code set and add new codes.

The ICD-10 code set reflects advances in medicine and uses current terminology. The code format is expanded, which means that it has the ability to include greater detail within the

code. The ICD-10 code set is also more flexible for expansion and including new technologies and diagnoses.

When do Providers have to convert to ICD-10?
The necessary system and/or workflow changes need to be in place by the compliance date in order for you to send and receive ICD-10 codes. **The compliance date is October 1, 2015.**

What if Providers are not ready by the compliance deadline?
ICD-10 codes are required beginning October 1, 2015. Claims that are not compliant will be rejected.

Will my reimbursement change with the implementation of ICD-10?
CareSource will follow CMS ICD-10 guidelines. At this time, CareSource is evaluating the reimbursement impact that may occur for our providers.

Will there be a transition period for the ICD-10 change?
There will not be a transition period. CareSource will follow CMS ICD-10 compliance guidelines beginning October 1, 2015.

What do Providers need to do now to prepare for the conversion to ICD-10?

- Talk with your practice management or software vendor. Ask if the necessary software updates will be installed with your upgrades.
- Talk to your clearinghouses, billing service, and payers. Determine when they will have their ICD-10 upgrades completed and when you can begin testing them.
- Identify the changes that need to be made to the practice to convert to the ICD-10 code set.
- Identify staff training needs and complete the necessary training.
- Conduct internal testing to make sure you can generate transactions you send with the ICD-10 codes.
- Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.