Humana – CareSource KY Provider ICD-10 Frequently Asked Questions

1. Q: What is ICD-10?

A: ICD-10 is the abbreviation for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). Health care providers across the country are scheduled to begin using these codes for claims as of Oct. 1, 2015.

2. Q: Can I start using ICD-10 codes prior to Oct. 1, 2015?

A: No. Using ICD-10 codes before Oct. 1, 2015, will result in claims submissions being denied. You will need to resubmit using the correct ICD-9 codes.

3. Q: Will explanations of payment (EOPs) be impacted?

A: No. There will be no change to EOPs. In the event EOPs are impacted, we will notify you.

4. Q: What is the difference between ICD-10-CM and ICD-10-PCS?

A: ICD-10-CM is the diagnosis code set that will be replacing ICD-9-CM, volumes one and two. 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 three. ICD-10-PCS will be used only to report hospital inpatient procedures.

5. Q: Will ICD-10-PCS replace CPT?

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

6. Q: Do I have to upgrade to ICD-10?

A: Yes. The conversion to ICD-10 is required by the Centers for Medicare & Medicaid Services (CMS). Physicians and other health care providers are included in this requirement as entities covered under the Health Insurance Portability and Accountability Act (HIPAA).

7. Q: Who else has to upgrade to ICD-10?

A: Health care clearinghouses and payers also are HIPAA-covered entities and are therefore required to convert to ICD-10

8. Q: Why is ICD-9 being replaced?

A. The ICD-9 code set is more than 30 years old and has become outdated. It is no longer considered usable for today's treatment, reporting and payment processes. The ICD-9 code set does not reflect advances in medical technology and knowledge. The set also limits the ability to expand.

The ICD-10 code set reflects advances in medicine and uses current terminology. The new code format has the ability to include greater detail within the code. The ICD-10 code set also is flexible enough to include new technologies and diagnoses as they become available, without requiring substantial overhaul of the code set.

9. Q: When must health care providers convert to ICD-10?

A: The necessary system and/or workflow changes need to be in place by the compliance date in order for health care providers to send and receive ICD-10 codes. The compliance date is Oct. 1, 2015.

10. Q: What if health care providers are not ready by the compliance deadline?

A: ICD-10 codes are required beginning Oct. 1, 2015. Claims that are not compliant will be rejected.

11. Q: Will my reimbursement change with the implementation of ICD-10?

A: Humana – CareSource will follow CMS ICD-10 guidelines. At this time, Humana – CareSource is evaluating the reimbursement impact that may occur for health care providers.

12. Q: Will there be a transition period for the ICD-10 change?

A: No, there will not be a transition period. Humana – CareSource will follow CMS ICD-10 compliance guidelines beginning Oct. 1, 2015.

13. Q: What do physicians and other health care providers need to do now to prepare for the conversion to ICD-10?

A: Physicians and other health care providers are encouraged to take the following steps to prepare for ICD-10 conversion:
- Ask your practice management or software vendor if the necessary software updates will be installed with your upgrades.
- Determine when your clearinghouses, billing service and payers 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 for conversion 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 to 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.