of Tennessee

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Below are commonly asked questions regarding ICD-10 implementation and use. The questions are broken into sections:

Contents

General ICD-10 Questions

Question	Answer
What is ICD?	ICD is the International Classification of Diseases published by the World Health Organization (WHO). For our purposes, it primarily serves to provide uniform language that accurately describes diagnosis and procedure information for claims processing, research and analysis. For more information, visit the WHO ICD website, http://www.who.int/classifications/icd/en/. Information specific to the utilization of ICD codes in the United States can be found through the Centers for Medicare and Medicaid (CMS), http://www.cms.gov/ICD10.
What is the current version of ICD in use? What will the new version be?	The current system used in the United States is ICD-9-CM (Clinical Modification). The move to ICD-10 will include: • ICD-10-CM – used in all U.S. health care settings for diagnosis coding; ICD-10 CM utilizes more digits than ICD-9-CM (3-7 digits instead of 3-5) but the format of the codes are similar • ICD-10-PCS – used in U.S. inpatient hospital setting only; coding with ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding (using 7 alphanumeric digits instead of 3-4 numeric digits only) Click here for examples.
What is the Compliance Date for ICD-10?	Centers for Medicaid & Medicare Services (CMS) announced on July 31, 2014 that the Department of Health and Human Services (HHS) supplied the final ruling for the ICD-10 compliance date as October 1, 2015. As a result of the new compliance date, BlueCross BlueShield of Tennessee has re-forecasted ICD-10 preparation and the remainder of this year is finalizing technical changes. While looking ahead in 2015 main activities will be on user acceptance testing, report remediation, provider testing and employee training.

Question	Answer
Why move to ICD-10?	ICD-10 provides a coding system that is more precise, enables more accurate reimbursement for a range of procedures, and keeps the country in step with medical advances on the global stage. ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. The current ICD-9 coding classification is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. This move to a new code set supports the U.S.'s ongoing transition to an electronic health care environment.
What is the intent of ICD-10?	It is intended to improve patient care quality, enhance claim processing, improve data reporting, and promote increased interoperability across industry stakeholders.
Since the World Health Organization (WHO) is already working on ICD-11, why don't we implement ICD-11 instead of ICD-10?	No firm timeframes for the completion of ICD-11 developmental work or testing have been communicated and no firm implementation date for ICD-11 has been designated. This means the earliest projected date for ICD-11 implementation would be 2020, assuming that no U.S. clinical modification is needed. Also, since ICD-11 will build upon ICD-10, many of the costs and much of the work associated with upgrading to ICD-11 will be mitigated by ICD-10 implementation.
Who is impacted or needs to transition to ICD-10? What if I do not deal with Medicare claims?	ICD-10 will affect diagnosis and inpatient procedure coding for all entities covered by HIPAA. This includes providers and payers who do submit Medicare claims. The change to ICD-10 does **NOT** affect CPT®[1] coding for <u>outpatient</u> procedures.
What does ICD-10 compliance mean?	ICD-10 compliance means that every entity covered by HIPAA can successfully conduct health care transactions using ICD-10 codes.
What happens if I don't switch to ICD-10?	Claims cannot be paid for dates of service or discharges on or after the compliance date if the claim is not submitted with ICD-10 codes. BlueCross BlueShield of Tennessee will accept ICD-9 coded claims for dates of service or discharge prior to the compliance date.
Will CPT® procedure codes be impacted?	The change to ICD-10 does **NOT** affect CPT® coding for <u>outpatient</u> procedures.
How many codes are in ICD-10?	ICD-9 has approximately 14,000 diagnosis codes and 3,800 procedure codes. ICD-10 has approximately 68,000 diagnosis codes and 87,000 procedure codes.

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[1] CPT® is a registered trademark of the American Medical Association

Question	Answer
Where can I find the ICD-10 code sets?	The ICD-10-CM, ICD-10-PCS code sets and the ICD-10-CM official guidelines are available free of charge at www.cms.gov/ICD10.
What is your plan for handling patients that are "in house" on the compliance date?	For business operations processing, the code set version is driven by the date of service for outpatient services and discharge date for inpatient services. For circumstances that occur where a patient is "in house" on the compliance date, we will define and publish business rules based on industry standards and guidance in conjunction with our provider partners. These business scenarios have been identified and are being addressed.
Will there be a period of time when both ICD-9 and ICD-10 codes will be required on the same claim?	No. There will not be a period of time when both code sets will be required on the same claim. A claim should only contain one code set, either ICD-9 or ICD-10.
What is mapping? Why do multiple maps exist? Should GEMs be used? Is BlueCross BlueShield of Tennessee using GEMs?	The General Equivalency Map (GEMs) was developed by CMS as a guide that can be used to assist in converting data from ICD-9 to ICD-10 and vice versa. However, many payers and providers are finding that GEMs alone does not meet their needs for comprehensive system remediation and thus have developed their own mappings of ICD-9 and ICD-10 codes. A meaningful crosswalk of codes should leverage GEMs and be derived by a defined business purpose and ensure that medical concepts in the target code accurately represent the same in the source code. BlueCross BlueShield of Tennessee has created a customized version of the GEMs maps based on Medical Policy and claims experience. Our guiding principles include researching clinical equivalency and performing analytics on historical data.
What is Computer Assisted Coding? What are the advantages?	Computer Assisted Coding (CAC) is a tool for provider use to help review the clinical documentation and suggest potentially applicable codes. CAC could increase productivity, increase efficiency, allow for comprehensive code alignment, allow for the consistent application of rules and leave an electronic coding audit trail.

Preparation for ICD-10

Question	Answer
What should providers do immediately if not already underway with the transition to ICD-10?	The ICD-10 conversion will impact nearly all provider systems and many processes, with the largest impacts to likely to be in clinical and financial documentation (billing and coding). It is critical not to delay planning and preparation. • **Review** business and technical processes to evaluate the impacts of ICD-10 to your processes and plan accordingly o Research the changes needed to your existing work flow and business process and update accordingly o Develop an implementation plan for any new system changes with key milestones, task owners, resources required, and timelines • **Focus** on improving clinical documentation; this can make the transition from ICD-9 to ICD-10 easier and will also have a positive effect on quality of care and reporting o Educate coders, the ICD-10 coding system is more specific and detailed than ICD-9 o Refresh knowledge of anatomy and medical terminology o Train staff to handle ICD-10 codes and adapt to coding, authorization, and billing changes • **Coordinate** with vendors and Practice Management Systems to ensure they will be ready by the compliance date o Review contracts for any policy changes, testing timelines, and costs associated with the ICD-10 transition • **Test** with vendors and payers to ensure that claim files will be accepted and transmitted correctly after the compliance date
What should software vendors, clearinghouses, and third-party billing services be doing to prepare for the transition to ICD-10?	Software vendors, clearinghouses, and third-party billing services should be working with customers to install and test ICD-10-ready products. Products and services will be obsolete if steps are not taken to prepare.

Question	Answer
How many hours of intense coding training will be required?	As a result of the American Hospital Association/American Health Information Management Association (AHA/AHIMA) ICD-10-CM Field Testing Project, the conclusion was that a maximum of 16 hours of training may be sufficient for experienced coding professionals on ICD-10-CM. Physician practices may not need as much training due to the fact that they may utilize a limited number of codes. It is estimated that the ICD-10- PCS will require an additional 16-24 hours of training. Training should be performed 3-6 months prior to ICD-10-CM implementation.
Will Provider Administration Manuals be updated with ICD-10 codes? Will you be updating policies and references for providers? When will they be distributed?	Yes. Both Provider Administration Manuals and Medical Policies will be updated where applicable to reference ICD-10 codes rather than the current ICD-9 codes. Current reference materials, online help tools, policies and manuals will be updated with the appropriate ICD-10 processing changes and we will make every effort to distribute before those changes become effective. Revised and updated medical policies, coverage member benefit and payment information will continue to be made available at www.bcbst.com.
Are there any plans for provider [2]outreach and support?	BlueCross is providing outreach opportunities to assist providers in preparation for ICD-10 implementation. We will continue to provide information and education through the normal distribution channels such as www.bcbst.com, and the BlueAlert[2]provider newsletter. A detailed provider communication plan is being developed that will address post-implementation support.
How do you recommend health care facilities reach out to community physicians who make referrals to ensure they are properly trained on ICD-10 documentation? How do you ensure that all provider groups will have all systems remediated by the compliance date?	Conduct surveys with your community providers to assess their understanding and readiness of ICD-10; conduct testing of normal modes of communication and include community providers in your training sessions. Provide explanations of the impact of the disruption if they are not compliant.

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[2] BlueCross, BlueShield, BlueSource, BlueAlert and the Cross and Shield Symbols are registered marks of the BlueCross and BlueShield Association

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Question	Answer
What is the anticipated timeframe for full normalization to ICD-10/optimization to ICD-10/maturation of all systems and/or when ICD-9 processing capabilities will be terminated?	BlueCross BlueShield anticipates that all core business systems, surrounding systems, reporting capabilities, and trading partner interfaces will be fully capable to accept and natively process both ICD-9 and ICD-10 codes by the compliance date. Claims with dates of service or discharges after the compliance date must be submitted with ICD-10 codes. ICD-9 codes will be accepted after the compliance date for dates of service or discharges **prior** to the compliance date. A target timeframe for terminating ICD-9 capabilities has not yet been determined.
If contracts include DRGs and/or ICD-9 codes, how and when will renegotiation occur? How much lead time is required for renegotiation?	BlueCross BlueShield has developed a workgroup to specifically look at DRGs and ICD-9/ICD-10 codes to determine the overall impact. It is our intention to work toward minimizing any overall impact to our Provider partners based solely on the change in the code set. Any needed renegotiation should occur prior to the compliance date with awareness that contract changes may be warranted after a period of time. Renegotiation requires, at a minimum, three months lead time.
Is there a testing plan and timeline for ICD-10? When will BlueCross begin reaching out to covered entities for testing?	A detailed testing plan has been established. We plan to conduct targeted testing and will directly contact entities as they are scheduled to test.
What is the plan for potential delays in payment? Will there be interim payments?	While delays in payments are not expected, if they do occur, we will evaluate the situation and determine if interim payments would be available at that time.
What is the plan to deal with the potential increase in denials and appeals?	Our response to an increase in denials and/or appeals will depend on the reason for the increase. As that is undetermined at this time, we are taking steps to identify any potential issues that would cause an increase in denials and/or appeals so we can mitigate their impact prior to implementation of ICD-10.
What plans are in place to manage problems with connectivity, processing time, and overall integration since there is a period of time where ICD-9 and ICD-10 codes will be accepted?	We do not anticipate there being any problems related to network connectivity, processing time, or overall integration. However, we are taking steps to identify any potential issues and develop comprehensive mitigation plans should any issues arise post-implementation.

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Implementation

Question	Answer
What is BlueCross BlueShield of Tennessee's strategy for ICD-10 implementation?	We are remediating all systems and implementing a dual processing strategy; this will allow all core business systems, surrounding systems, reporting capabilities, and trading partner interfaces to accept and natively process ICD-9 or ICD-10 codes. We believe that remediation most closely aligns with the intent of the mandate.
How will you manage dual processing versus backward or forward crosswalk solutions?	Dual processing is the strategy to achieve compliance for the ICD-10 mandate at BlueCross BlueShield of Tennessee. This plan will allow for handling of ICD-10 transactions on the compliance date as well as accepting and processing ICD-9 coded claims for dates of service prior to the compliance date. We are remediating all systems and implementing a dual processing strategy; this will allow all core business systems, surrounding systems, reporting capabilities, and trading partner interfaces to accept and natively process ICD-9 or ICD-10 codes. For business operations processing, code set version will be driven by the date of service or discharge and the compliance date (e.g., claims with a date of service or discharge prior to the compliance date will be coded and processed in ICD-9. Claims with a date of service or discharge on or after the compliance date will be coded and processed in ICD-10). The expected benefits of the dual processing strategy are: - Increases the ability to correctly adjudicate benefits - Aligns closely with the intent of the mandate - Processes codes as they are submitted; claims are processed based on the codes submitted by the provider

Question	Answer
How should providers prepare for ICD-10 implementation?	The ICD-10 conversion will impact nearly all provider systems and many processes, with the largest impacts likely to be in clinical and financial documentation (billing and coding). It is critical not to delay planning and preparation. • Complete a gap assessment to understand the breadth of ICD impacts to your systems and business processes o Assess coding staff needs and training o Prepare for potential coding delays and increased error rates as coders learn the new system o Practice coding in ICD-10 prior to the compliance date so that any problems are mitigated prior to go-live • Develop an ICD-10 budget and timeline o Monitor progress toward milestones o Focus on highest priorities and develop risk mitigation plans • Coordinate with vendors, payers, and third-parties o Enhance electronic health records (EHRs) to accommodate the new code set • Appoint a physician champion/sponsor to assist with gaining alignment with clinical staff o Educate clinical staff regarding the need for increased clinical documentation • Develop an executive council to ensure alignment across the organization and drive business value from ICD-10
How soon should providers implement ICD-10?	For suggested ICD-10 testing information please select the link below which will supply a guide for the best plan for your specialty Provider ICD-10 Testing Plan Link
If I transition early to ICD-10, will BlueCross BlueShield of Tennessee be able to process my claims?	No. We will not be able to process claims using ICD-10 until the compliance date. However, providers should expect ICD-10 testing to take up to 19 months.
How will superbills change?	Examples of superbills using ICD-10 codes can be referenced at AHIMA's website: http://www.ahima.org/icd10/faqs.aspx

Last Updated: February 3, 2016
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Question	Answer
Will the Grouper continue to use ICD-9 logic post-implementation? Will there be a crosswalk provided to ensure that the correct DRG is utilized?	BlueCross BlueShield of Tennessee will have the capability to process claims submitted with ICD-9 or ICD-10 codes. There will not be a requirement to submit claims with the old ICD-9 after the mandated date for conversion. We will ensure that codes submitted are natively processed and grouped appropriately based on the correct grouper logic.
What methodology is being used in the MS-DRG 10th Edition (ICD-10) conversion?	CMS develops and maintains the MS-DRGs. BlueCross BlueShield of Tennessee makes DRG assignments according to the CMS grouper. CMS's intent for the MS-DRG ICD-10 conversion is to replicate the current MS-DRG logic.
How will payment for diagnosis based reimbursement be handled?	Generally, payment for professional services and outpatient services will not be affected. DRG based payment for Acute Care Inpatient Services will be handled in accordance with the applicable provider agreement in place.
Will medical necessity requirements change because of the increased specificity of ICD-10?	As the new more specific codes are used and additional information is gathered, we will review medical necessity requirements to determine if changes are needed based on new codes.
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)	MS-DRG will be grouped natively. CMS-DRG will use a mapback feature for those providers on CMS-DRG Grouper 24.
If ICD-10 codes are used, will the payer give the member a copy of the new grouper logic?	No.
If the grouper will continue to use ICD-9 logic, how will that diagnosis code be determined?	CMS-DRG Grouper 24 contracts will use the CMS mapback feature to take ICD-10 codes on the claims and determine reimbursement.
Do you intend to change medical-necessity requirements because of the more specific codes that will be available?	BlueCross uses customized MCG criteria (formally Milliman Care Guidelines®) to determine medical necessity. These guidelines will change to accommodate ICD-10.

Question	Answer
What are your plans to manage potential problems related to network connectivity, processing time, and overall integration while you're simultaneously processing claims with ICD-9 and ICD-10 codes (that have different IT processing requirements given the differences in amount of data, complexity, etc.)?	BlueCross will be stress testing our system for these types of scenarios to prevent them from happening at the time of implementation.
How do I begin ICD-10 testing with BlueCross BlueShield of Tennessee?	Go to our ICD-10 page - http://www.bcbst.com/providers/icd-10.page. Choose "Professional Provider" or "Institutional Provider" and follow the instructions.
What do I need to do before I begin ICD-10 testing?	Before beginning the medical scenario tests, we recommend that the staff completing the testing has the necessary training and tools. A variety of ICD-10 training options for coders are offered through industry and professional training organizations. ICD-10 tools, which are traditionally used by coders, can also be acquired from both industry associations and through professional vendors. We recommend that those completing the medical scenario testing have ready access to ICD-10 coding manuals and other tools normally used in their day-to-day activities. BlueCross does not endorse any specific vendor.
Do I have to install a separate system for testing?	No, this is an online ICD-10 testing tool. It will be available until the compliance date for ICD-10.

Last Updated: February 3, 2016
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Question	Answer
How long should I test?	CMS suggests internal testing up to nine months and external testing up to 10 months. https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
What is internal testing?	Internal testing is the process your practice or facility uses to test internal processes and systems.
What is external testing?	External testing is the testing of transactions with trading partners outside of the practice or facility.
Is testing only with BlueCross sufficient for ICD-10 preparedness?	Testing with payers is part of the testing plan. CMS has published guidelines on how providers can be prepared. https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
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Mapping

Will you be using a standard or customized map to convert to ICD-10?	BlueCross adopted the CMS ICD-10 map for ICD-10 Procedure codes. BlueCross mapped the ICD-10 diagnosis codes to create our own map.
How did you build your ICD-10 mappings/GEMS? In other words, when you developed your mappings did you go from 9 to 10 or 10 to 9 to get your payer specific mappings/GEMS?	BlueCross used the American Association of Professional Coder best practice. This guidance uses forward and backward mapping to determine the most appropriate mapping decision.

Provider Testing

When will we be able to conduct external testing?	BlueCross will begin provider testing for ICD-10 in the second quarter of 2014. More specific dates

Last Updated: February 3, 2016
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	will be published at http://www.bcbst.com/providers/icd-10.shtml during the end of the first quarter of 2014.

Dual Processing

Can you explain your dual processing testing?	BlueCross' adjudication system will indefinitely accept claims with ICD-9 codes with dates of service before the compliance date. This approach allows for claims adjustments, provider audits, and fraud and abuse efforts to address ICD-9 claims in our systems. BlueCross will begin accepting ICD-10 claims with dates of service on and after the compliance date.
When will you begin accepting ICD-10 codes?	BlueCross will begin accepting ICD-10 codes on claims with dates of service on and after the compliance date.
When will you stop accepting ICD-9 codes?	BlueCross' adjudication system will indefinitely accept claims with ICD-9 codes with dates of service before the compliance date. This approach allows for claims adjustments, provider audits, and fraud and abuse efforts to address claims with ICD-9 codes in our systems.
Will there be a time when both codes will be required on the same claim?	No, ICD-9 and ICD-10 codes cannot be billed on the same claim.
How will in-house claims (patients who are inpatient at midnight on Oct. 1, 2015) be handled?	Per CMS Guidelines, BlueCross will be ready to process claims with ICD-10 codes by the compliance date. To support CMS transmittal 950, BlueCross will accommodate date span claims per the transmittal terms.

Post Implementation

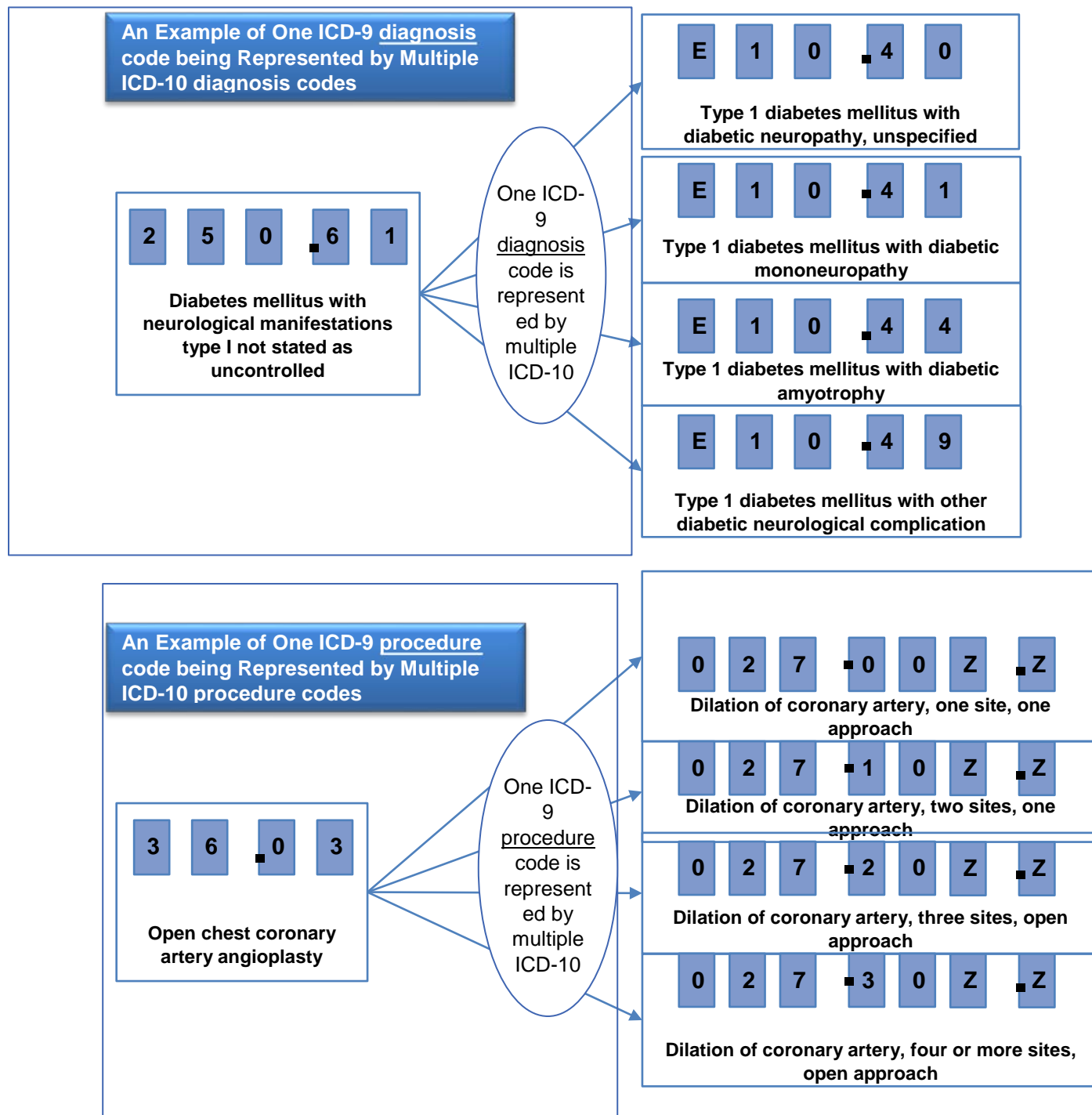|	
Who can we contact if issues arise Oct. 1, 2015?	BlueCross' call centers will be ready to answer ICD-10 related questions. Please contact the same numbers that you do today.

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Additional Information

| Question	Answer
Where can additional information be obtained?	Additional information can be found through the following links: Center for Medicare and Medicaid Services (CMS): http://www.cms.gov/ICD10 CMS FAQs: http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs.pdf Workgroup for Electronic Data Interchange (WEDI): http://www.wedi.org/index.shtml American Health Information Management Association (AHIMA): http://www.ahima.org/icd10/ American Association of Professional Coders (AAPC): http://www.aapc.com/icd-10/index.aspx
Where can online training be found?	The American Association of Professional Coders (AAPC) has some information regarding training available on their website, http://www.aapc.com/icd-10/training.aspx as does the American Health Information Management Association (AHIMA), http://www.ahima.org/icd10/training.aspx. Additional training resources can be found be using a search engine to search for ICD-10 training programs.

ICD-10 Structure Changes

An Example of One ICD-9 <u>diagnosis</u> code being Represented by Multiple ICD-10 diagnosis codes

| 2 | 5 | 0 | . | 6 | 1 |

Diabetes mellitus with neurological manifestations type I not stated as uncontrolled

One ICD-9 <u>diagnosis</u> code is represented by multiple ICD-10

| E | 1 | 0 | . | 4 | 0 |

Type 1 diabetes mellitus with diabetic neuropathy, unspecified

| E | 1 | 0 | . | 4 | 1 |

Type 1 diabetes mellitus with diabetic mononeuropathy

| E | 1 | 0 | . | 4 | 4 |

Type 1 diabetes mellitus with diabetic amyotrophy

| E | 1 | 0 | . | 4 | 9 |

Type 1 diabetes mellitus with other diabetic neurological complication

An Example of One ICD-9 <u>procedure</u> code being Represented by Multiple ICD-10 procedure codes

| 3 | 6 | . | 0 | 3 |

Open chest coronary artery angioplasty

One ICD-9 <u>procedure</u> code is represented by multiple ICD-10

| 0 | 2 | 7 | . | 0 | 0 | Z | . | Z |

Dilation of coronary artery, one site, one approach

| 0 | 2 | 7 | . | 1 | 0 | Z | . | Z |

Dilation of coronary artery, two sites, one approach

| 0 | 2 | 7 | . | 2 | 0 | Z | . | Z |

Dilation of coronary artery, three sites, open approach

| 0 | 2 | 7 | . | 3 | 0 | Z | . | Z |

Dilation of coronary artery, four or more sites, open approach

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ICD-10-CM Code Structure

ICD -10-CM Structure (Diagnosis Volumes 1 & 2)
3 to 6 position code with leading alpha (+ extension)

X X X - X X X   X

Category

Etiology, anatomic site. severity

Extension
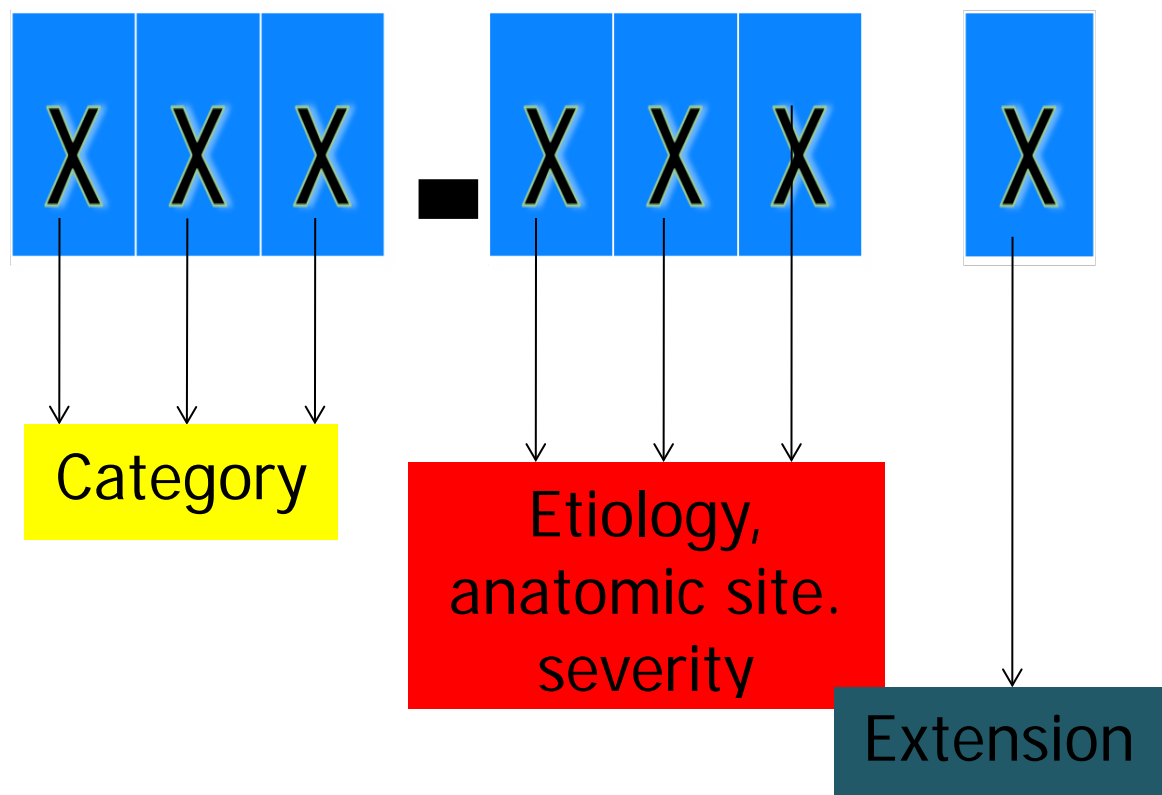
Note: ICD-9-CM diagnosis was 3 to 5 position numeric except V and E

ICD-10-PCS Structure (Procedures Volume 3): 7- position alphanumeric code

1	2	3	4	5	6	7

Section

Root Operation

Approach

Qualifier

Body System

Body Part

Device
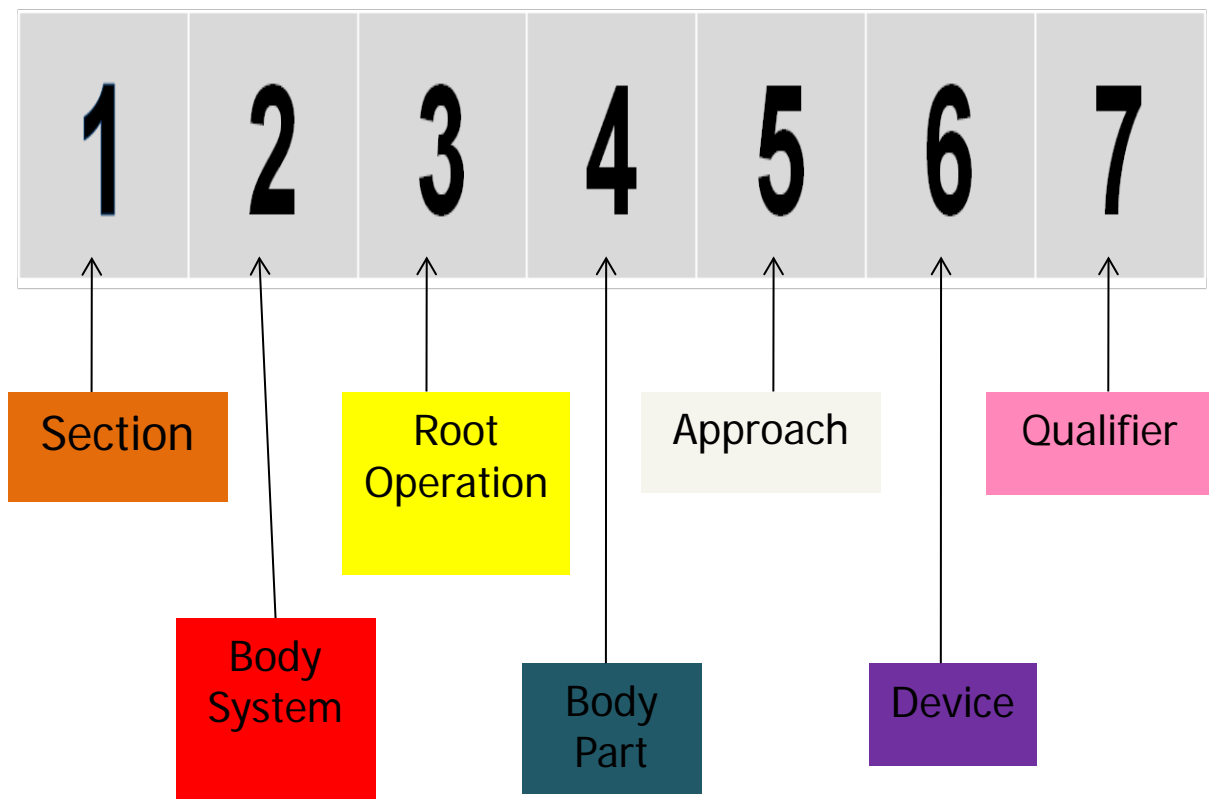
Note: ICD-9-CM procedure code was 2 to 4 position numeric