ICD-10 FAQ's and Timelines

Q1: What does ICD-10 compliance mean?
A: Effective October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. ICD-10 compliance means that all HIPAA covered entities are able to successfully conduct health care transactions using ICD-10 codes.

Additionally, effective **January 1, 2012**, all trading partners were required to submit claims electronically using the X12 Version 5010, which was a prerequisite for implementing the new ICD-10 codes.

Q2: Is my organization a HIPAA covered entity?
A: An entity that is one or more of these types of entities is referred to as a "covered entity" in the Administrative Simplification regulations.

- a health care provider that conducts certain transactions in electronic form (called here a "covered health care provider").
- a health care clearinghouse.
- a health plan.

For more information visit www.cms.gov.

Q3: How can I prepare for ICD-10 compliance?
A: Software vendors, clearinghouses, and third-party billing services should already be working with you to install and test ICD-10 products. If you haven't begun discussions with your business partners, you are strongly encouraged to do so now to avoid disruption of claim payments.

Q4: When will HealthPartners begin accepting ICD-10 code sets on claims?
A: In accordance with CMS regulations, HealthPartners will be ready to accept ICD-10 codes sets for date of service October 1, 2015 and beyond.

Q5: Can my organization submit ICD-10 code sets on claims with dates of service prior to October 1, 2015?
A: HealthPartners will not be able to process claims using ICD-10 until the compliance date.

Q6: Will my claims be rejected if they do not contain ICD-10 codes sets after the compliance date?
A: Claims for all services and hospital inpatient procedures performed on or after the compliance deadline (October 1, 2015) must be submitted with ICD-10 diagnosis and inpatient procedure codes. Claims that do not contain ICD-10 diagnosis and inpatient procedure codes cannot be processed and will be denied and reported on your electronic remittance advice with the applicable HIPAA Claim Adjustment and Remittance Advice Remark Codes (CARC/RARC).

Claims containing ICD-9 codes with dates of service prior to October 1st will be accepted and processed in accordance with your timely filing requirements.

Q7: Can ICD-9 and ICD-10 codes appear on the same claim after October 1, 2015?
A: No, both codes cannot be sent on a single claim.
Outpatient claims with dates of service that cross October 1, 2015 must be split and sent on a separate claim for services provided prior to ICD-10 implementation. These claims should be coded in ICD-9. Claims for services provided on or after October 1, 2015, must be submitted with ICD-10 codes.
For inpatient claims, patient discharge date determines which ICD version to use. ICD-10 codes are appropriate for claims with discharge dates on or after October 1, 2015. ICD-9 codes are appropriate for discharge dates prior to this date.

Q8: How is HealthPartners determining the correct code sets for Prior Authorizations (PA)?
A: HealthPartners will use the "from" date of service on the PA to determine the correct code set.

- Providers will use the ICD-9 code set if the "from date" on the PA is before the October 1, 2015 effective date.
- Providers will use the ICD-10 code set if the "from date" on the PA is on or after the October 1, 2015 effective date.
- Providers will not be allowed to mix ICD-9 and ICD-10 code sets on the PA.
- PA's submitted and approved prior to October 1, 2015 with ICD-9 codes do not need to be resubmitted if the service is occurring after October 1, 2015.
- See Q4-Q7 for questions regarding usage of code sets on claim submissions.

Q9: Are HealthPartners coverage policies going to be updated with new codes?
A: Yes. HealthPartners coverage polices have been updated with ICD-10 codes and are available on our public website, visit HealthPartners Coverage Criteria

Q10: My organization is interested in end-to-end testing for ICD10. Is HealthPartners accepting ICD-10 test files?
A: HealthPartners has completed all ICD-10 testing with approved providers through our contracted clearinghouses as of **August 1, 2015.** To view the list of our contracted clearinghouses, visit: www.healthpartners.com/eservices

Q11. CMS and the AMA published a joint announcement regarding ICD-10 flexibility and guidance. Will HealthPartners observe CMS' approach?
A. HealthPartners requires all claims to be coded with diagnosis and procedure codes at the greatest level of specificity based on the patient's medical record.

If you have questions regarding claim payment, please contact Claims Customer Service at 952-883-5000 / 800-444-4558 or contact your assigned Service Specialist.

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HealthPartners ICD-10 Testing and Implementation Timeline

February, 2014	**Begin external testing with approved trading partners.** External testing will only be conducted with approved providers that have completed their internal ICD10 customer installations, testing, and are able to conduct a simulated production test exchange. Due to designated testing windows with our contracted clearinghouses, testing schedules are strictly enforced.
August 1, 2015	**Complete external testing with approved trading partners.**
October 1, 2015	**ICD-10 system implementation for full compliance.** Claims for all services and hospital inpatient procedures performed on or after the compliance deadline (October 1, 2015) must be submitted with ICD-10 diagnosis and inpatient procedure codes.

If you have questions regarding claim payment, please contact Claims Customer Service at 952-883-5000 / 800-444-4558 or contact your assigned Service Specialist.