

# ICD-10: Be Ready October 1, 2015

## Quick Reference: Claim & Authorization Highlights

Use of ICD-10 Codes for billing will commence on an industry-wide basis effective October 1, 2015. You can prepare now for a smooth and effective transition to ensure continuity in the care you provide and to maintain your usual revenue cycle.

### Claims: What you need to know

This is a “flip-of-the-switch-change” for our industry. The legislation requires full and immediate transition to ICD-10 for billing for all Dates of Service October 1, 2015 and later. There is no transitional grace period for ICD-10.

### Timeline: What about services spanning the transition date?

*A single claim cannot include both ICD-9 and ICD-10 code sets.*

*The Date of Service (DOS), not the date of claim submission, determines which ICD code set (ICD-9 or ICD-10) should be used.*



### Outpatient Services

- Client A  
Seen for services on 9/3, 9/10, 9/17 and 9/24: All DOS may be filed on a single claim using ICD-9 codes (as listed within DSM-5)
- Client B  
Seen for services on 10/1, /10/8, 10/15 and 10/22: All DOS may be filed on a single claim using ICD-10 (as listed within DSM-5)
- Client C  
Seen for services on 9/17, 9/24, 10/1 and 10/8: The September DOS may be filed on a single claim using ICD-9, and the October DOS will need to be submitted on a second separate claim using ICD-10 (Use DSM-5 ICD code mapping for billing with ICD-9 or ICD-10)

### Is Optum Ready?

Yes!

- Provider Express Claim Entry has been tested, will go live for ICD-10 on October 1, 2015
- “End-to-End” Claim Testing analysis will be fully complete by August 2015
- Our move to the DSM-5 last year supports the transition of provider billing from ICD-9 to ICD-10

### Inpatient Services

*For services spanning September into October 2015, the Date of Discharge determines which ICD code set to apply. Regardless of admission date:*

- Client discharges on or before 9/30/15: bill using ICD-9 (as listed within DSM-5)
- Client discharges on or after 10/1/15: bill using ICD-10 (as listed within DSM-5)

# ICD-10: Be Ready October 1, 2015 (continued)

## ICD Indicator Field

The Date of Service (DOS), not the date of submission, determines which ICD code set to use. For inpatient claims spanning the transition between ICD-9 or ICD-10, use the date of discharge as your DOS reference.

Claim submissions (paper or electronic) will require that you indicate which ICD code set you are using. For example, the 1500 (02/12) form includes the ICD Indicator (ICD Ind.) in the upper right corner of Field 21:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))				ICD Ind.
A. _____	B. _____	C. _____	D. _____	
E. _____	F. _____	G. _____	H. _____	
I. _____	J. _____	K. _____	L. _____	

The National Uniform Claim Committee (NUCC) notes that you should enter the ICD indicator between the dotted vertical lines, 9 = ICD-9-CM and 0 = ICD-10-CM.

The UB-04 uses the same “9” or “0” to indicate either ICD-9-CM or ICD-10-CM in Field 66.

Electronic claim submissions will also require the ICD Indicator. Provider Express, which supports claim entry for outpatient MH/SUD and EAP services, will have a radio button allowing you to select either ICD-9 or ICD-10 based on DOS. Provider Express will compare the date of service to the ICD indicator and will prompt users to review and correct information so that ICD-10 is applied to DOS on and after October 1, 2015, and ICD-9 is applied to DOS before and through September 30, 2015.

*A single claim cannot include both ICD-9 and ICD-10 code sets.*

## DSM-5: Supports easy transition to ICD-10

The DSM-5 maps to both ICD-9 and ICD-10 billing codes. Once you have documented clinical assessment based on the DSM-5, you will be prepared to apply billing codes before and after the transition to ICD-10.

## Authorizations

Existing authorizations will not require any action by providers to update or change the authorization to reflect ICD-10 codes.

## Effective for Dates of Service October 1, 2015

Clinical reviews, claim submissions and clinical documentation should reflect ICD-10 coding based DSM-5 clinical criteria. If your last clinical review prior to this date included DSM-IV diagnostic criteria and the ICD-9 code associated with the DSM-IV, you will be expected to provide a DSM-5 based diagnosis and associated ICD-10 code in your next review.

## Resources

National Uniform Claim Committee: [nucc.org](http://nucc.org) (outpatient 1500 claim form information)

DSM-5 Information including access to coding updates: [APA DSM-5 Development](http://APA DSM-5 Development)