ICD-10 Compliance Date

The U.S. Department of Health and Human Services (HHS) issued a rule on July 31, 2014 finalizing October 1, 2015 as the compliance date for health care providers, health plans, and health care clearinghouses to implement ICD-10.

CMS and AMA Announce Efforts to Help Providers Get Ready for ICD-10

Responding to requests from the provider community, CMS released additional guidance for flexibility in the Part B physician claims auditing and quality reporting process as the medical community gains experience using the new ICD-10 code set. The guidance only applies to professional claims and providers are required to submit valid, billable ICD-10 codes from the correct code family in order to avoid denials or incorrect reimbursement.

The White House and CMS announced that an Ombudsman will be appointed and plans to provide a range of online resources—including web conferences and training documents—to aid providers in the transition for a 12 month period after the October 1, implementation date. Even with this announced safe harbor in mind, it is important to understand that ICD-10 will be the only acceptable codes beginning October 1.

Frequently Asked Questions

About ICD-10

What are the benefits of the ICD code transition?
One result of changing to the ICD-10 code system is that we will have considerably more detail about the services our customers receive, generating better data on procedure and diagnosis trends.

What does the ICD-10 compliance date mean for Cigna-HealthSpring?
Cigna-HealthSpring will continue to support and accept ICD-9 codes until October 1, 2015. We will not accept ICD-10 codes on claims until October 1, 2015.

What are Cigna-HealthSpring’s top priorities when implementing ICD-10?
Our top priorities include:

- Providing health care professionals with information and support regarding the ICD-10 transition.
- Collaborating with our trading partners and vendors to support the transition to ICD-10.
- Completing business readiness monitoring plans and training.

What should health care professionals expect?
- We do not anticipate delays in payment during the transition to ICD-10.
- We will not be changing health care professional contracts. Furthermore, consistent with CMS guidance, the ICD-10 transition is expected to be budget neutral.
How will health care professionals be informed of Cigna-HealthSpring’s progress?
We will continue to communicate updates regarding our progress to health care professionals and hospitals through:
- Our periodic health care professional newsletter
- Frequently Asked Questions (FAQs) available on the Cigna-HealthSpring ICD-10 website (http://www.cigna.com/medicare/healthcare-professionals/icd-10)
- Cigna-HealthSpring Network Operations Representatives
- For more information, contact your Network Operations Representative, or call Provider Services at 1.800.230.6138

Preparing for ICD-10 implementation

What do you recommend health care professionals do to prepare for ICD-10?
We recommend that all health care professionals continue ICD-10 remediation and training efforts to ensure you are prepared to transition on October 1, 2015. For example, we suggest:
- If you use an electronic medical record, verify with your vendor that the system is ICD-10 compliant.
- If you use a superbill form to document the patient visit, update the form to reflect both ICD-9 and ICD-10 diagnosis codes so you can become familiar with the ICD-10 equivalent.
- Continue with ICD-10 coding and documentation training for your clinical staff and medical coders.
- Focus on adding greater specificity to clinical documentation. In your clinical notes, indicate location or laterality, encounter type, acute versus chronic, degree of illness, and other data elements supported by ICD-10.

What has Cigna-HealthSpring done to prepare for ICD-10 implementation?
Cigna-HealthSpring has taken the following steps to prepare:
- Completed remediation of system applications that support:
  - Claim intake
  - Benefit plan set-up
  - Precertification and authorizations
  - Claim processing and payment
  - Financial and reporting databases
- Upgraded vendor applications for claim editing and clinical bundling.
- Updated business processes to support the new ICD-10 code set.
- Created a cross-organizational task force to oversee code translations for all business process and systems.

What testing has been completed?
We have performed internal testing of Cigna-HealthSpring systems and conducted external testing with a few clearinghouse vendors as part of 5010 compliance. Our testing includes:
- Receipt of ICD-9 and ICD-10 coded test claims
- Confirmation of accept and reject logic based on date of service or discharge
- Routing of claims to all Cigna-HealthSpring business units
- Processing and payment of both ICD-9 and ICD-10
- Return of the following 5010 industry standard transactions: 999, 277, and 835
- Remediation of all proprietary inbound and outbound files that contain ICD-9 and ICD-10 codes

Is Cigna-HealthSpring evaluating how ICD-10 implementation will affect diagnosis related group inpatient hospital claims?
Cigna performed a diagnosis related group (DRG) inpatient hospital study through the first quarter of 2015. The study provided insights on inpatient hospital coding practices and how they affect payment. This collaborative process allows Cigna and the hospital to analyze claims with both ICD-9 and ICD-10 coding.
ICD codes

When will Cigna-HealthSpring accept ICD-10 codes?
Cigna-HealthSpring will not accept ICD-10 codes until October 1, 2015. We will continue to accept ICD-9 codes before and after October 1, 2015 for dates of service or discharge before the compliance date.

Will Cigna-HealthSpring’s implementation of ICD-10 codes vary by product or platform?
No. All systems are or will be remediated to support ICD-10 based on standard requirements.

Will Cigna-HealthSpring accept unspecified codes?
When sufficient clinical information isn’t known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate “unspecified” code (e.g., a diagnosis of pneumonia has been determined, but not the specified type).

How is Cigna-HealthSpring using the General Equivalency Mappings (GEMs)?
We used the GEMs as a guideline to build our diagnosis and procedure ICD-9 to ICD-10 translation maps. Certified coders and Medical Directors were engaged to review the GEMs to ensure agreement on the mapping, and to be sure all codes were included. These maps were used to update client reporting, operating procedures, and benefit plans including client specific plans.

Claim processing

When will Cigna-HealthSpring begin accepting the revised CMS 1500 paper claim form?
Cigna-HealthSpring currently accepts the revised CMS 1500 Health Insurance Claim form (version 02/12). As of October 1, 2014, Cigna-HealthSpring will only accept the CMS 1500 form (02/12).

The newest version of the form includes the following information to increase functionality:
- Indicators for differentiating between ICD-9-CM and ICD-10-CM\(^1\) diagnosis codes
- Expansion of the number of possible diagnosis codes to 12
- Qualifiers to identify the following provider roles (on item 17):
  - Ordering
  - Referring
  - Supervising

For additional information about the CMS 1500 claim form and to obtain a copy, please visit the National Uniform Claim Committee (NUCC) website at nucc.org.

Please note that as of March 31, 2014, the Center for Medicare & Medicaid Services (CMS) no longer accepts the CMS 1500 Health Insurance Claim Form (version 08/05). Professional and supplier paper claims are only accepted by CMS on the revised CMS 1500 Health Insurance Claim Form (version 2/12).\(^2\)

\(^1\)Although the revised CMS 1500 claim form has functionality for accepting ICD-10 codes, Cigna-HealthSpring will not be accepting ICD-10 codes on claims until October 1, 2015.

\(^2\)The Administrative Simplification Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

What is Cigna-HealthSpring’s approach regarding claim processing?
We will continue to accept electronic and paper claims coded in ICD-9 until the compliance date based on the date of service or discharge. Please be sure you understand how the following claim types will be processed:
- **ICD-10 coded claims**: Claims submitted with dates-of-service or discharge on or after October 1, 2015 will be accepted with ICD-10 codes.
• **Mixed coded claims:** Claims coded with ICD-9 and ICD-10 on the same claim will not be accepted.

• **Claims containing services before and after the compliance date:** These claims require the health care professionals to split the claim so all ICD-9 codes remain on one claim with dates of service prior to October 1, 2015 and all ICD-10 codes on the claims with dates of service on or after October 1, 2015.

• **Inpatient hospital claims:** There is an exception for these claims. These claims should be coded based on the discharge date. Use ICD-9 codes if the discharge date is before October 1, 2015. Use ICD-10 codes if the discharge date is on or after October 1, 2015.

**How will Cigna-HealthSpring handle claims that are not billed according to a National Coverage Decision (NCD) policy or Local Coverage Decision (LCD) policy coding guidelines?**

Cigna-HealthSpring will continue to follow CMS guidelines and edit claims prior to payment for correct ICD-10 coding when specificity is required under an NCD or LCD. The recent CMS guidance does not change the coding specificity required by the NCDs and LCDs. Coverage policies that currently require a specific diagnosis under ICD-9 will continue to require a specific diagnosis under ICD-10. It is important to note that these policies will require no greater specificity in ICD-10 than was required in ICD-9, with the exception of laterality, which does not exist in ICD-9. LCDs and NCDs that contain ICD-10 codes for right side, left side or bilateral do not allow for unspecified side. The NCDs and LCDs are publicly available and can be found at [http://www.cms.gov/medicare-coverage-database/](http://www.cms.gov/medicare-coverage-database/).

**Are there any new claim reject codes for ICD-10?**

No. We did not add or change any claim reject codes for ICD-10.

**Is Cigna-HealthSpring moving to DRG version 33 as of 10/1?**

Yes. Cigna-HealthSpring will utilize the final ICD-10 MS-DRG v33 diagnoses and procedures, DRG grouper, and facility rate updates for claims with discharge dates on or after October 1, 2015.

**Electronic claim submission**

We strongly encourage you to submit your claims electronically, as it can help you save time, money, and improve claim processing accuracy. Using one of Cigna-HealthSpring’s electronic data interchange (EDI) options allows you to send, view, and track claims with Cigna-HealthSpring—no faxing, printing, or mailing. Everything is right on your desktop. For more information about electronic claim submission, refer to your Cigna-HealthSpring provider manual or contact Provider Services at 1.800.230.6138.

**Clinical Policies**

**What has Cigna-HealthSpring done to support clinical policy updates?**

• Our medical and pharmacy clinical policies do not have ICD codes, so they do not require updating.

**Authorizations**

**Will there be any changes to authorization or medical necessity approval processes?**

No. There will be no changes to our utilization management guidelines or processes for medical necessity approval.

**What is Cigna-HealthSpring’s approach for authorizations?**

• Referral or authorization for date of service or admission prior to October 1, 2015 – only accept ICD-9 codes.

• Referral or authorization for a date of service or admission on or after October 1, 2015 – only accept ICD-10 codes. We will start accepting ICD-10 codes on this type of authorization request effective July 1, in advance of the compliance date.

• Cigna-HealthSpring will only accept one code type on a referral or authorization based on date of service or admission.
What is Cigna-HealthSpring's approach for referrals and authorizations for services that include dates before and after the compliance date?
If a referral or authorization includes dates before and after the compliance date, only a single referral or authorization will be required to support claim processing.

Are there any changes to the authorization process for ICD-10?
No, a health care professional obtains an authorization based on a primary (or principle) reason. The primary reason is associated with one diagnosis – which is the reason for treatment. That diagnosis code will drive whether precertification is required.

Questions
If you have questions about ICD-10 implementation, please contact your Cigna-HealthSpring Network Operations Representative, or call Provider Services at 1.800.230.6138