

## October 1, 2015 Transition to the International Classification of Diseases 10<sup>th</sup> Edition (ICD-10) Frequently Asked Questions

### **1. What is the new ICD-10 requirement and why is it needed?**

The Health Insurance Portability and Accountability Act (HIPAA) was amended to require the use of the World Health Organization's International Classification of Diseases 10<sup>th</sup> Edition (ICD-10) codes as the HIPAA standard beginning October 1, 2015. Early Intervention Program (EIP) transactions with third party payers are covered by HIPAA, and therefore must transition to ICD-10 codes.

According to the Centers for Medicare and Medicaid Services (CMS), this transition is occurring because ICD-9 codes have limited data about individuals' medical conditions. The current code set – ICD-9 – is 35 years old, has outdated and obsolete terms, and is inconsistent with current health care practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. A successful transition to ICD-10 will be vital to transforming our nation's health care system. Please see CMS's FAQ regarding the ICD-10 transition at <https://questions.cms.gov/faq.php?id=5005&faqId=3417>.

### **2. When must EIP providers start using ICD-10 codes?**

The ICD-10 implementation date is October 1, 2015. This means that claims for all services provided to a child and family in the EIP on and after October 1, 2015, must include one or more appropriate ICD-10 codes.

Medicaid and private third party payer claims for services provided on or after October 1, 2015 will be denied if an ICD-9 code is submitted on the claim.

### **3. Who is responsible for determining the appropriate ICD-10 code?**

EIP providers are responsible for providing accurate and appropriate diagnostic codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration.

### **4. Can providers submit a claim with a service date prior to October 1, 2015 with an ICD-10 code?**

No. Claims with dates of service prior to or on September 30, 2015, must be submitted with an ICD-9 code. Medicaid and other third party payers require that ICD-9 codes continue to be used for all services delivered prior to or on September 30, 2015. A claim submitted with an ICD-10 code with a date of service prior to or on September 30, 2015 will be denied.

### **5. Can individual service level claims, or invoices/claims files, include a combination of ICD-9 and ICD-10 codes?**

No.

Claims for service dates on or before September 30, 2015, **MUST BE SUBMITTED WITH APPROPRIATE ICD-9 CODES.**

Claims for service dates on or after October 1, 2015, MUST BE SUBMITTED WITH APPROPRIATE ICD-10 CODES.

Claims that contain a combination of both ICD-9 and ICD-10 coding WILL BE DENIED by the Medicaid Program and other third party payers.

**6. Which providers must comply with the ICD-10 code set upgrade?**

All HIPAA-covered entities, including EIP providers, must comply with the ICD-10 code set upgrade. All providers, payers, clearinghouses, third-party billers, and healthcare software vendors covered under HIPAA requirements must be in compliance with ICD-10—not just those who bill claims to Medicare and Medicaid.

In addition, under Public Health Law section 2559, providers of EI services are responsible for seeking reimbursement from third party payers (private/commercial insurers and the Medicaid Program) for services included in the child's and/or family's health care benefits. EIP Providers are also responsible for adhering to claiming standards established for the Medicaid Program and other insurers, in accordance with HIPAA standards and CMS requirements, and New York Medicaid will be adhering to the new federal compliance timeframe for ICD-10 implementation. Therefore, EIP providers will be responsible for using ICD-10 codes starting on October 1, 2015.

**7. Will ICD-10 codes replace Current Procedural Terminology (CPT) codes?**

ICD-10 codes will not replace CPT codes or Healthcare Common Procedure Coding System (HCPCS) codes. CPT and HCPCS codes will continue to be used to code services and procedures.

ICD-10 codes will only replace ICD-9 diagnostic codes.

**8. How will EIP providers know what ICD-10 diagnostic codes to use for billing purposes?**

The appropriate ICD-10 diagnostic code may be obtained from certain EIP records when such code is available in the child's record, is applicable to the service being delivered, and when the use of such code is deemed appropriate by the provider. Examples of this are the child's health assessment or aspects of the child's multidisciplinary evaluation establishing the child's eligibility for the EIP. Prescriptions, written orders, written recommendations, or referrals for Early Intervention services are additional documents which may also contain the appropriate ICD-10 code.

In addition, rendering (treating) providers delivering the Early Intervention service may provide an appropriate ICD-10 diagnostic code for that service when acting within the scope of his or her professional license, certification, or registration. However, it is ultimately the responsibility of the EIP provider to determine the appropriate diagnostic code(s), which includes sources and documentation to support such diagnostic code determination for the services being delivered by the provider. It is important to note, if the appropriate ICD-10 code is obtained from the child's health assessment or aspects of the child's multidisciplinary evaluation establishing the child's eligibility for the EIP, a prescription, written order, written recommendation, or referral is still required for delivery of and reimbursement of services.

As is currently the case with ICD-9 diagnostic codes, if the EIP provider determines that there is no appropriate ICD-10 diagnostic code applicable to the service(s) being delivered in the child's record (e.g., child's health assessment or aspects of the child's multidisciplinary evaluation), prescriptions, written

orders, written recommendations, or referrals, the EIP provider is responsible for securing and providing accurate and appropriate diagnostic codes for Early Intervention services provided to children and families in the EIP, consistent with the scope of practice of his or her professional license, certification, or registration.

**9. Is it appropriate for an EIP billing or rendering provider to “translate” an ICD-9 code from a child’s multidisciplinary evaluation or prescription, order, written recommendation, or referral for Early Intervention services?**

Translation from an ICD-9 code to an ICD-10 code may be appropriately done in a number of ways:

- The EIP provider may request the practitioner that originally conducted the evaluation or wrote the prescription, order, written recommendation, or referral containing the ICD-9 code to provide the ICD-10 code to be used on and after October 1, 2015
- The EIP provider may request the child’s primary health care provider to “translate” the “reason/need” wording or the ICD-9 to an appropriate ICD-10 code
- Consulting coding books and resources
- Consulting coding professionals with adequate experience
- Contacting physicians or other health professionals

The State Fiscal Agent (SFA) and the Bureau of Early Intervention (BEI) are developing a New York State Early Intervention General Equivalence Mapping (GEM) tool for providers to use as a reference. The GEM tool will assist EIP providers when determining how certain ICD-9 codes map to ICD-10 codes. This tool can be used by EIP providers, in conjunction with the above strategies, and within the scope of practice of their professional licenses, certifications, and/or registrations, to translate ICD-9 codes to ICD-10 codes.

Again, it is ultimately the EIP provider that is responsible for determining the appropriate diagnostic code(s), including the source and documentation to support such diagnostic code determination for the services delivered by the provider.

**10. Will all Early Intervention billing and claiming systems be ready to send claims with ICD-10 codes to Medicaid and third party payers?**

Yes. The SFA is actively working with Medicaid, Emdeon (the clearing house used for EIP claims), and other third party payers as needed to prepare for the transition to the ICD-10 code set. The SFA is also enhancing the EI Billing portal to support KIDS file uploads and claim submission with ICD-10 codes to Medicaid and third party payers for dates of service of October 1, 2015 and thereafter. Training on the system updates will be available prior to October 1, 2015.

Furthermore, the NYEIS application is being updated for the ICD-10 transition so that providers have the ability to select the ICD-10 codes for claims submitted with dates of service on and after October 1, 2015.

**11. How will the ICD-10 transition affect the way providers obtain prior authorization for Early Intervention services?**

Providers will continue to seek prior authorization using procedures consistent with the insurer’s requirements. As of October 1, 2015, providers should include ICD-10 codes in prior authorization requests if the payer requires such codes as part of the prior authorization process.

**12. Do Early Intervention providers have to obtain an additional prior authorization if one was given before October 1, 2015 for services to be performed on or after October 1, 2015?**

No. As stated above, beginning October 1, 2015 and thereafter, providers should include ICD-10 codes in a prior authorization request if the payer requires such codes as part of the prior authorization process.

**13. Will Early Intervention providers need to obtain a new prescription, written order, written recommendation, or referral for each child?**

For dates of service on and after October 1, 2015, all claims must include an ICD-10 code. Therefore, when obtaining a new prescription, written order, written recommendation, or referral that has service dates both before and after October 1, 2015, the EIP provider should request that both ICD-9 codes and ICD-10 codes be included on the script, order, written recommendation or referral.

Existing prescriptions, written orders, written recommendations, and referrals that contain ICD-9 diagnosis codes will continue to be valid for the time period specified on the prescription, written order, written recommendation, or referral, provided that the EIP provider can appropriately translate (see question 9 above) the ICD-9 code to an ICD-10 code for billing purposes. It is not necessary to acquire a new prescription, written order, written recommendation, or referral for the purpose of obtaining the appropriate ICD-10 code.

**14. Is there an estimated date when ICD-10 diagnostic codes will be available in NYEIS?**

The Bureau of Early Intervention is in the process of revising NYEIS to ensure that ICD-10 diagnostic codes can be used by EIP providers, both through on-line and electronic claims submission, prior to October 1, 2015. Additional information will be forthcoming from the Bureau regarding updates to NYEIS.