

ICD-10 Q&A

On October 1st, 2015, all HIPAA covered entities, including providers, clearinghouses, and payers, will begin using the International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). The ICD-10-CM/PCS code sets will replace the current ICD-9-CM version nationwide. The transition to ICD-10 will impact all healthcare providers and requires significant planning, training, system configuration, and testing among all stakeholders. Geisinger Health Plan¹ (GHP) is on target for implementation and will convert to ICD-10 for both paper and electronic claims by the October 1st, 2015 compliance deadline set by the Department of Health and Human Services (HHS). Claims for all GHP product lines, including GHP Family, with dates of service (DOS) or dates of discharge (for inpatient claims) on or after October 1, 2015, will need to be submitted in accordance with ICD-10 requirements.

Is GHP prepared to meet the ICD-10 deadline of 10/1/2015?

Yes. GHP has a dedicated ICD-10 task force that has identified scenarios and developed strategies to enable GHP to be ready to accept ICD-10 codes as of 10/1/2015.

Is GHP conducting external testing?

Yes. GHP is currently conducting testing with select provider organizations that care for a representative cross-section of membership in order to ensure a smooth transition. Limited resources do not afford GHP the luxury of testing with all participating providers.

Does my practice need to test with GHP before the deadline?

No. GHP believes most issues will be identified and resolved through the testing plan already in place. GHP will continue to do all it can to ensure that the transition to ICD-10 goes smoothly for all of the participating providers we work with.

Will I or my agency/organization need to re-contract with GHP?

No. The language in your current agreement is sufficient to cover the transition to ICD-10.

Will GHP agree to any revenue neutrality provisions with providers?

No. Preliminary GHP testing confirms all of the ICD-10 testing data from the Centers for Medicare and Medicaid Services that show shifts in diagnosis coding do not result in any statistically significant differential in payment when diagnoses are coded per the guidelines. Because net reimbursement impact due to shifts in diagnosis coding is statistically zero, GHP feels ICD-10 neutrality provisions are unnecessary and instead, would like to work with providers in emphasizing correct and appropriate coding on all claims.

If I'm ready to bill using ICD-10 codes now, can I do so?

No. GHP will only accept ICD-10 codes for claims with DOS on and after 10/1/2015.

¹ Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Geisinger Health Plan."

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Will GHP accept ICD-9 codes after 10/1/2015?

No. Claims billed with ICD-9 codes for DOS on or after 10/1/2015 will be rejected.

Will there be a grace period during which GHP will accept ICD-9 codes for DOS after 10/1/2015?

No. GHP systems will not be setup for dual processing of both code sets for any period of time. GHP will not crosswalk ICD-9 codes to ICD-10 or vice versa. Prompt and complete claims submission in the lead up to the transition date will help limit disruptions in payment.

Will GHP reimbursement methodology be impacted by ICD-10?

GHP does not anticipate an immediate impact on reimbursement methodology. GHP will continually analyze claims data and evaluate reimbursement methodology for improvements in appropriate and fair compensation.

Will there be any change to GHP medical benefit policies due to the ICD-10 transition?

GHP medical benefit policies are not expected to change solely because of the transition to ICD-10. However, these policies are continually under review. Generally, GHP medical benefit policy updates go into effect around the 15th of every month. Upcoming GHP medical benefit policy updates are available for review through the For Provider section at www.thehealplan.com or the GHP plan central page at www.NaviNet.net.

How will ICD-10 affect prior authorization requirements for services rendered to my GHP patients?

All authorization and referral requests submitted prior to 10/1/2015 need to include ICD-9 codes, even if the DOS is expected to be on or after 10/1/2015. All authorization and referral requests submitted on or after 10/1/2015 need to include ICD-10 codes, regardless of DOS.

If I submit a claim with date of service (DOS) 9/30/2015, but don't submit the claim until after 10/01/2015, which version of ICD should I use?

The date on which the claim is submitted does not determine the version of ICD that should be used. Rather, the diagnosis code(s) submitted on the claim should correlate to the DOS. Any claim with a DOS before 10/1/2015 should still use ICD-9 codes. Claims submitted with DOS on or after 10/1/2015 should only use ICD-10 codes.

How should I bill for a patient with a DOS before AND after 10/1/2015?

Professional claims for services that span the 10/01/2015 transition date will require split billing. Generally, this means the claims for that portion of services billed with DOS before 10/1/2015 would require ICD-9 codes and claims for that portion of services billed with DOS after 10/1/2015 would require ICD-10 codes. For inpatient facility services, claims should be billed based on the discharge date. Billing guidelines and direction may differ depending on the type of claim. More detailed information about split billing for your GHP patients is forthcoming.

Are CPT and/or HCPCS codes affected by the transition to ICD-10?

No. The transition to ICD-10-CM code set will not impact CPT and/or HCPCS codes.

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Does GHP anticipate any delays in payments as a result of the ICD-10 transition?

No delays are anticipated. As always, timely claims processing is contingent on correct coding and thorough clinical documentation (when necessary).

What happens if things go wrong?

Though we do not anticipate any major issues during the switch to ICD-10, GHP has contingency plans in place and will work closely with participating providers to ensure claims are billed and paid appropriately in the event of a failed transition.

Who should I contact at GHP if I have further questions or if there are issues after 10/1/2015?

Please contact your GHP Provider Account Manager at (800) 876-5357.