Resources to Help You Prepare for ICD-10
Frequently Asked Questions

Overview

Oct. 1, 2015 is the compliance date for the transition to ICD-10 coding to replace ICD-9. These codes will be used by physicians and health care professionals to record and identify diagnoses and procedures for claim payments. ICD-10 affects diagnosis and inpatient procedure coding only. It does not affect current procedural terminology coding for outpatient procedures.

Over time, a number of benefits from the ICD-10 implementation will emerge:

- Improved payment accuracy
- Fewer rejected claims
- Improved disease management

Q1. How does UnitedHealthcare plan to communicate with its provider network regarding ICD-10 implementation?

A. UnitedHealthcare has a dedicated web page available at UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > ICD-10, which offers resources and information about ICD-10 preparation. Other sources about ICD-10 include UnitedHealthcare’s monthly Network Bulletin and Practice Matters. UnitedHealthcare Provider Advocates and Hospital/Facility Advocates are also available to answer general questions about ICD-10.

Tools available on our ICD-10 web page include:

- **New Physician ICD-10 Coding Practice Tool** that allows physicians to practice ICD-10 coding in more than 35 medical specialties. A Quick Reference Guide and a User Guide for the tool also are available on the ICD-10 web page.

  To access the tool, go to [www.unitedhealthcareicd-10codingpracticetool.com](http://www.unitedhealthcareicd-10codingpracticetool.com). If you are accessing it using Internet Explorer, you will need to use Internet Explorer 11.

- **ICD-10 Code Lookup Tool** allows the user to enter in an ICD-9 code and receive an ICD-10 equivalent code(s) and in the reverse order from ICD-10 to ICD-9, which can allow a better understanding of the relationship between the two code sets.

- **ICD-10 Decision Tree Tools** are available to view ICD-10 codes for 15 medical conditions.

Education and Training:

- **ICD-10 Clinical Documentation Improvement (CDI) webinar** is a 28-minute primer on ICD-10 documentation requirements and created in conjunction with AAPC, the nation’s largest coding training and credentialing organization.

- **Payer’s Collaboration Code-Specific, Specialty Specific Documentation Education:** UnitedHealthcare, along with collaboration from Blue Cross Blue Shield of Michigan, Humana, HAP, and Priority Health, is offering a series of free one-hour specialty specific ICD-10 coding education webinars. To access these webinars, go to UnitedHealthcareOnline.com > Tools & Resources > Training & Education. Scroll to HIPAA and ICD-10 section for webinars.
AAPC Discounts offer the lowest discounted rates for UnitedHealthcare network care providers on ICD-10 coder and clinician training. CME and CEU credits are available.

ICD-10 Assessment discounts are available through Optum, our vendor for health and technology services for interactive assessment tools and professional consulting.

**Claim Adjudication**

**Q2. What DRG Grouper will you be using for your claims and will the DRG Grouper version be the same for commercial, Medicare, other claim types?**

A. UnitedHealthcare will be using MS DRG 33 for inpatient claims. Please note that state regulations and contractual obligations for grouper software may vary and utilize specific AP-DRG or APR-DRG versions.

**Q3. When will UnitedHealthcare DRG grouper software be updated for ICD-10?**

A. UnitedHealthcare’s update to MS DRG 33 will be concurrent with ICD-10 implementation on October 1.

**Q4. Will your acceptance of Not Otherwise Specified (NOS) codes change from ICD-9 to ICD-10?**

A. No. UnitedHealthcare recognizes the validity of NOS codes and therefore the acceptance of such codes will not change. It is expected that with the specificity provided by ICD-10 codes, the use of NOS codes will be greatly reduced.

**Q5. Will claim payments be delayed pending supporting documentation?**

A. We will process claims in ICD-10 as we do today with ICD-9 and request documentation when needed to adjudicate claims on a claim-by-claim basis, or request required medical records for specific situations per the care provider’s Participation Agreement. ICD-10 codes provide more specificity, accuracy and completeness than ICD-9 codes. Over time, ICD-10 codes are expected to help reduce the number of requests for additional documentation.

**ICD-10 Transition**

**Q6. Has UnitedHealthcare conducted testing to prepare for ICD-10?**

A. Yes. UnitedHealthcare has performed payer-provider testing over the course of the last several years to prepare for the ICD-10 transition including end-to-end claims processing and payment testing, claims transactions and analysis of diagnosis-related group shifts from ICD-9 to ICD-10 coding. We completed this testing as follows:

- Phase 1: ICD-10 Coding & DRG Shift Analysis: 2012 – 2013

**Q7. Does UnitedHealthcare have plans to crosswalk claims submitted with ICD-9 codes to ICD-10 codes?**

A. No. UnitedHealthcare will not process noncompliant claims. Claim submissions that are not correctly coded with valid ICD-9 or ICD-10 codes based on the date of service for outpatient services or date of discharge for inpatient hospital services will be returned for correction and resubmission.
Q8. How will UnitedHealthcare handle claims which contain invalid ICD codes?

A. UnitedHealthcare will follow standardized HIPAA validation edits that will reject/return the claim to the care provider for correction and resubmission.

Care providers should monitor their rejection reports from their clearinghouse to ensure claim transactions are accepted by UnitedHealthcare. Additional information regarding enhanced claim edits is available at UnitedHealthcareOnline.com > Tools & Resources > EDI Education for Electronic Submissions > Enhanced Claim Edits.

Q9. Will UnitedHealthcare follow Centers for Medicare & Medicaid Services (CMS) Guidance and observe the one-year period of claims payment review leniency as they announced in July 2015 for Medicare Part B claims submissions for Medicare record reviews/reporting penalties?

A. Coding accuracy is critical to achieving the highest quality of care and delivering the best possible outcomes for patients across the country. To that end, beginning Oct. 1, UnitedHealthcare will require all facilities, physicians and other health care professionals to use valid ICD-10 codes for all claim submissions for services provided to our health plan members.

Since the release of CMS July 6 Frequently Asked Questions (FAQ) document there has been considerable discussion in the industry regarding CMS leniency with enforcement of coding to the correct level of specificity for ICD-10.

There are a few other important components related to the FAQs. They include:

- The FAQs only apply to Medicare fee-for-service claims from a physician or other practitioner that are billed under the Part B physician fee schedule and explicitly do not apply to Medicare Advantage plans or "commercial payers".
- In terms of claims payment, the flexibility announced by CMS applies only to “automated claim review” and “complex medical claim review” and not to “preauthorization” or “prepayment review”.
- Lastly, as indicated in Question #7 of the Sept. 22 FAQ document, the flexibility announced by CMS “does not change the coding specificity required by the NCDs [National Coverage Determinations] and LCDs [Local Coverage Determinations]."

While the FAQs do not apply to our operations, in terms of claims payment through “automated claim review” or “complex medical claim review”, we’d like to share that, in general, the kind of flexibility discussed in the FAQs is already part of our original ICD-10 implementation efforts. It is also important to note that there is not enough detail in the FAQs to address all specific claims payment scenarios and draw exact parallels to CMS’ approach.

Q10 How will claims be handled when they include a date span on the CMS 1500 or 837P form which overlaps the discontinuation of using ICD-9 codes and the beginning of using ICD-10 codes?

A. UnitedHealthcare will return claims to care providers that contain both ICD-9 and ICD-10 codes on the same claim. Per CMS guidance, care providers must split claim submissions that carry over the October 1 compliance date so services provided prior to that date are not reported in the same claim as services provided on or after October 1.

The exceptions include:

- Anesthesia providers cannot bill using a date span but rather the start date of the procedure only.
- DME capitated rentals must be billed as a monthly rental using a date span.
Claim edits for DME capitated rental claims will be approved using HCPC codes for DME.
Medical supplies must be billed in 30-day increments, thus using a date span. Claim edits for Medical Supply claims will be approved using HCPC codes for medical supplies.

Q11. Will you be updating any policies or handbooks for care providers?
A. Policies have been updated and are available at UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > ICD-10. The link to UnitedHealthcare’s Medical Policies is toward the bottom of the page under Education.

Q12. Will there be a dual use period where both ICD-9 and ICD-10 codes will be utilized?
A. The nature of the ICD-10 mandate forces the healthcare industry to comply with a dual use period. There will be an undetermined period of time where the healthcare industry will be required to process claims using ICD-9 for dates of service before Oct. 1, 2015 and ICD-10 for dates of service on or after Oct. 1, 2015 simultaneously based upon date of service for outpatient services or date of discharge for inpatient hospital services.

Authorizations/ Referrals/ Notifications

Q13. When will you start accepting prior authorizations, referrals or notifications with ICD-10 codes for services to be rendered on or after October 1?
A. Prior authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to October 1 regardless of the date of service for outpatient services or date of discharge for inpatient hospital services.

Q14. What are the UnitedHealthcare ICD coding requirements for prior authorizations covering multiple visits that are expected to occur prior to October 1 and on or after that date?
A. Prior authorization, referrals and notification transactions containing ICD codes must be coded using ICD-9 if the transaction is submitted prior to October 1 regardless of the date of service for outpatient services or discharge date for inpatient hospital services.

Q15. Will UnitedHealthcare honor authorizations/referrals/notifications for procedures scheduled for dates of service after October 1 if the authorization/referral/notification was obtained prior to October 1 using an ICD-9 code?
A. Yes, UnitedHealthcare will honor authorization/referral/notifications if they were obtained prior to October 1. No changes or additional authorizations will be required from the care provider.

Q16. Will UnitedHealthcare’s prior authorization/referral/notification policy and/or your guidelines for them change with the implementation of ICD-10?
A. No, these processes, policies and guidelines will remain unchanged.

Q17. Should the version of ICD codes listed in prior authorizations/referrals/notifications be based upon the date of service on the claim or the submission date of the authorization request?
A. Prior authorization, referrals and notification transactions received after the service has been provided must be coded in the same ICD version as the claim based on date of service, not on date of claim submission.

Q18. Has UnitedHealthcare tested their authorization/referral/notification system for ICD-10 readiness?
A. Yes, UnitedHealthcare has tested the authorization/notification/referral system for ICD-10 readiness.
Q19. How will UnitedHealthcare handle claims for a patient that is hospitalized over the October 1 implementation date?
A. Use ICD-10 codes for claims with dates of discharge on or after the implementation date of October 1.

Q20. How will Auto, Life, or Workers’ Compensation claims be handled?
A. Auto, Life and Workers’ Compensation claims are non-covered entities under HIPAA for ICD-10 coding; however, UnitedHealthcare will require all claims transactions to be ICD-10-compliant.

Q21. What industry resources are available for transaction readiness and testing?
A. CMS developed extensive provider ICD-10 readiness tools and recommendations and they are available on the CMS website at CMS.gov. An alternative to using CMS is to test with your clearinghouse. Contact them for testing availability.

Resources
- UnitedHealthcareOnline.com > Tools & Resources > Health Information Technology > ICD-10.
- CMS has resources including FAQs and other educational material about ICD-10 at cms.gov.

If you have questions, call your Provider Advocate or Provider Services at 877-842-3210.