



FREQUENTLY ASKED QUESTIONS ABOUT ICD-10

1. What happens if I submit an ICD-9 code on a claim for a date of service on or after October 1, 2015?

In compliance with CMS regulations, claims with a date of service on or after October 1, 2015, with ICD-9 codes will be rejected. [View CMS regulations regarding submission of different types of claims](#) using ICD-10. Note: The 2011 article references the old 2013 implementation date, but the information regarding claims handling has not changed.

2. Will SelectHealth be able to help me convert claims with ICD-9 codes to ICD-10 if I'm not ready before October 1, 2015?

No. SelectHealth will make any claim conversions from one code set to another. We will only process the code set and codes that were received on the claim from the provider. It is the responsibility of each provider's office to understand and implement ICD-10 coding practices.

3. Will SelectHealth accept claims with ICD-10 codes prior to October 1, 2015?

No. Unless an office was previously set up to test claims, SelectHealth will not accept production claim files with ICD-10 codes prior to the October 1, 2015, compliance date. All claims with dates of service or inpatient dates of discharge prior to October 1, 2015, must continue to be coded in ICD-9.

4. I've already submitted a preauthorization request with ICD-9 codes for a service to be performed after October 1, 2015. Do I have to submit a new request containing ICD-10 codes?

No. We will be able to match the claim for preauthorized services performed after October 1, 2015, and coded with ICD-10 codes with the preauthorization request submitted with ICD-9 codes.

5. Will SelectHealth be using a crosswalk to process claims received with ICD-9 codes after the October 1, 2015, transition date?

No. We will process claims only with their natively coded diagnosis code set. If a claim is sent with ICD-9 codes after the October 1, 2015, date, the claim will be denied for an invalid code set.

6. What happens if I resubmit a claim after the October 1, 2015, transition date for services provided prior to October 1?

When resubmitting claims, you should use the code set that is valid for the Date of Service/Date of Discharge. We will process resubmitted claims with the appropriate code set based on the service date.

7. Are SelectHealth medical policies changing as a result of the ICD-10 implementation?

No. Medical policies are being updated to include ICD-10 codes, but there are no changes in coverage. However, some ICD-10 codes may now not be covered because we can more closely align coverage to our existing medical policies than we could under ICD-9.

8. How do I ensure I'm ready for the ICD-10 transition?

If you have not already prepared to submit all medical claims with dates of service on or after October 1 using ICD-10 codes, you still have time to minimize effects to your business. Start now by working with your billing staff, practice management vendor or clearinghouse, training your staff, and practicing coding. Completing these activities will ensure your claims can be processed accurately and efficiently after the transition date.

9. Does the ICD-10 mandate contain an exemption for small providers and hospitals?

No. All HIPAA-covered entities are required to convert to ICD-10 for dates of service on or after October 1, 2015, regardless of the entity's size.

10. Will my practice management vendor or clearinghouse be able to get my practice ready for ICD-10?

Please check with your practice management vendor or clearinghouse to determine whether they have readiness services available.

11. How do I begin ICD-10 implementation planning?

CMS has created a number of articles, videos, and an ICD-10 Planning Checklist to assist in the ICD-10 preparation process. These can be found on the [CMS ICD-10 Provider Resources website](#).

12. What can I do now to establish readiness?

Update diagnosis and/or procedure codes on internal documents such as superbills, "cheat sheets," and job aids.

- Assess your current documentation specificity to ensure enough information exists in your medical records to accurately assign ICD-10 codes as specifically as possible.
- Communicate with your practice management systems/vendors/clearinghouses to ensure they have fully functional, compliant products and services ready in time for the transition.
- Begin now to bring your documentation up to the required level of specificity needed to accurately assign ICD-10 codes. The biggest potential for delay in submitting claims after the transition is your coding staff needing to return charts to you for additional documentation or information for correct code determination.
- Practice, practice, practice! Have your coders use current medical charts to dual code with ICD-9 and ICD-10. The more familiar they are with how frequently-used codes in your practice have changed, the more quickly and accurately they will be able to code and submit claims after the transition date.

13. Does SelectHealth have any training available for providers on ICD-10?

SelectHealth is not providing ICD-10 specific training. There is, however, a [free mobile application from Precyse University](#) that will guide providers through the documentation required for many diseases to support ICD-10 coding.

If you have any additional questions about the ICD-10 transition at SelectHealth, contact your Provider Relations representative at **800-538-5054**.