



## ICD-10 FREQUENTLY ASKED QUESTIONS

**Q1: What is ICD-10?**

A: ICD-10 is an abbreviation for the International Classification of Diseases, 10<sup>th</sup> Revision. As of October 1, 2015, it will replace the International Classification of Diseases, 9<sup>th</sup> Revision.

In the United States, ICD-10 will be separated into two categories:

- ICD-10-CM (Clinical Modification) – Contains Diagnosis code set
- ICD-10-PCS (Procedure Coding System) – Contains the Inpatient Procedure Code Set

**Q2: What is the ICD-10 Regulation?**

A: The Department of Health and Human Services (HHS) published a Final Rule for Modifications to the Health Insurance Portability and Accountability Act (HIPAA) on January 16, 2009. This rule modified the transaction and code set rule to adopt the ICD-10-CM, 10<sup>th</sup> Revision and the ICD-10-PCS, 10<sup>th</sup> Revision. The ICD-10-CM and ICD-10-PCS allow for a higher level of specificity over the ICD-9 code set.

The federal government has delayed the code set transition several times since the first proposed implementation date of October 1, 2011. On April 1, 2014, President Obama signed into law the Protecting Access to Medicare Act, which delays the transition until October 1, 2015.

**Q3: Who is affected by ICD-10?**

A: All HIPAA (Health Insurance Portability and Accountability Act) covered entities, including healthcare payers and providers, are affected by the implementation of the ICD-10 code set.

**Q4: What is MagnaCare's position on the final rules?**

A: MagnaCare's systems, policies and procedures will be compliant with federally mandated regulations effective October 1, 2015.

**Q5: Will MagnaCare continue to accept ICD-9 codes after the compliance date?**

A: As of October 1, 2015, MagnaCare will process claims per the following rules:

- ICD-9 code set is to be used for services performed before October 1, 2015.
- Outpatient and professional claims with date of service on or after October 1, 2015 must be submitted using ICD-10 code set.
- Inpatient and institutional claims with a discharge date of October 1, 2015 or later must be submitted using ICD-10 code set.
- All claims not conforming to the above rules will be rejected.

**Q6: Has MagnaCare developed an ICD-10 test plan?**

A: Yes, MagnaCare has developed a comprehensive project plan, which is being utilized for the ICD-10 implementation.



**Q7: What is MagnaCare's current ICD-10 system readiness?**

A: MagnaCare is underway in preparing our systems to meet full ICD-10 code compliance. Our Information Technology (IT) team has inventoried all relevant systems, services, and solutions to assess the impact of ICD-10 code compliance, making any necessary modifications and enhancements as they have become known.

- Self-testing is currently underway.
- If you submit claims to MagnaCare through a clearinghouse and have a question, please contact your service provider.
- If you submit claims directly to MagnaCare and have a question, please reach out to your MagnaCare representative.

**Q8: How does the ICD-10 implementation impact providers who file paper claims?**

A: The ICD-10 code set must be used on all claims with dates of service on or after the October 1, 2015 mandated compliance date, as well as all inpatient claims with a date of discharge on or after October 1, 2015.

**Q9: When will MagnaCare begin testing?**

A: Sample test files are currently available at [MagnaCare.com](http://MagnaCare.com).

MagnaCare will be testing with appropriate external partners based on several factors, such as contract/reimbursement arrangements that may be most impacted by the ICD-10 code set, including selected hospital/facility providers whose claim reimbursements are based on DRGs.

**Q10: Will MagnaCare use a crosswalk for claims processing?**

A: No. As of October 1, 2015, standard transactions must be submitted with ICD-10 codes.

**Q11: Do I need to use the 5010 transaction standards to implement ICD-10?**

A: Yes, the 5010 standard transaction set was a precursor to ICD-10 readiness; 5010 transactions accommodate ICD-10 code sets. An entity must be 5010 compliant before it can become ICD-10 compliant.

**Q12: Will reimbursement methodology be impacted by ICD-10 code sets?**

A: The only reimbursement methodology changes that will be impacted include those that utilize ICD codes to identify a service provided.

**Q13: When will MagnaCare begin accepting pre-certification requests for services provided on and after 10/1/2015?**

A: As of September 7<sup>th</sup>, 2015, MagnaCare will begin accepting pre-certification requests for services to be performed on or after 10/1/2015, with the ICD-10 code set. For services performed prior to 10/1/2015 and with a planned discharge date prior to 10/1/2015, pre-certification requests will continue to be accepted with the ICD-9 code set.



**Q14: How will MagnaCare communicate with clients and providers regarding the ICD-10 code set implementation?**

A: MagnaCare will continue to communicate with our clients and providers through our MagnaCare website and client and provider resource pages.

- Please visit [MagnaCare.com](http://MagnaCare.com) for additional communications and resources

**Q15: Where can I get additional resources?**

A: For more information, please visit:

- Centers for Medicare and Medicaid Services (CMS): [cms.gov/ICD10](http://cms.gov/ICD10)
- Workgroup for Electronic Data Interchange (WEDI): [wedi.org](http://wedi.org)
- American Health Information Management Association (AHIMA): [ahima.org](http://ahima.org)
- American Hospital Association (AHA): [aha.org](http://aha.org)