InSync and ICD-10: Frequently Asked Questions (FAQs)

July 2015

The transition to ICD-10 is not optional...

Want the good news?
The InSync Team will be here to help you through every step of the way!
About This Document

This document is prepared to clear questions that you may have for the ICD-10 transition. The document contains the following FAQs:

General FAQs on ICD-10:

✓ What is ICD-10?
✓ Why is it important?
✓ When is the transition?
✓ Who needs to transition?
✓ What’s the difference between the ICD-9 and ICD-10 code sets?
✓ How will this change affect me?
✓ If I transition early to ICD-10, will ABILITY be able to process my claims?
✓ Where can I find the ICD-10 code sets?
✓ What do I need to do to prepare for the transition to ICD-10?
✓ Is the InSync PM/EMR system ICD-10 ready? If not, when will it be?
✓ What is the grace period for the use of ICD-9 codes after implementation of the new ICD-10 codes?
✓ Is it true that workers’ compensation and auto insurance payers will continue using ICD-9, even after the ICD-10 transition date?
✓ Will I ever have to submit more than one ICD-10 code?

FAQs on ICD-10 Transition with InSync:

✓ Would I be able to use ICD-9 code from October 1, 2015?
✓ Would I be able to use ICD-10 code before October 1, 2015?
✓ Do I need to close all encounters in which ICD-9 code is recorded before October 1, 2015? What will happen if I have not closed few encounters before October 1, 2015?
✓ I have created Practice/Physician Favorite List of ICD-9 codes. Do I need to create new favorite list for ICD-10?
✓ Using ICD-10 codes is mandatory after October 1, 2015? Is it possible for me to continue using ICD-9 codes?
✓ Out of different payers my practice has, few of them will not be able to switch over to ICD-10 standard on October 1, 2015. How can we handle the coding standard for different payers in that case?
**General FAQs on ICD-10**
This part of the document contains the general questions that you may have for ICD-10 transition including difference between ICD-9 and ICD-10 and how does the transition will affect you and so forth.

**What is ICD-10?**
ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of 2 parts:
1. ICD-10-CM for diagnosis coding
2. ICD-10-PCS for inpatient procedure coding

ICD-10-CM is for use in all US healthcare settings. Diagnosis coding under ICD-10-CM uses 3 to 7 alphanumerical characters instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

**Why is it important?**
The Centers for Medicare & Medicaid Services (CMS), an agency of the US Department of Health and Human Services (HHS), announced the final compliance date of October 1, 2015 for implementation of ICD-10, as mandated by HHS. The transition to ICD-10 is occurring because ICD-9 produces limited data about patients’ medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Additionally, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. ICD-10 has been adopted by almost every country in the world, except the United States.

**When is the transition?**
The ICD-10 deadline is October 1, 2015. Claims for dates of service prior to October 1, 2015 should be submitted with ICD-9 codes—even if submitted after the compliance deadline. To that end, claims for dates of service on or after October 1, 2015 must be submitted with ICD-10 codes. As mandated by the HHS, it is essential that claims submitted for services provided on or after the compliance deadline use updated ICD-10 codes or they may be ineligible for reimbursement. **There is no grace period for delaying the submission of claims with ICD-10 codes.**

**Who needs to transition?**
ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the Health Insurance Portability Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.

Although HIPAA code set requirements apply only to HIPAA electronic transactions, the conversion applies to all paper-submitted claims as well.
**What's the difference between the ICD-9 and ICD-10 code sets?**
The following table is a comparison of the differences in the features between the ICD-9-CM and ICD-10-CM code sets:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length</td>
<td>3-5 numbers</td>
<td>3-7 alphanumeric characters</td>
</tr>
<tr>
<td>Volume</td>
<td>~14,000 diagnostic ~4,000 procedural</td>
<td>~68,000 diagnostic ~87,000 procedural</td>
</tr>
<tr>
<td>Breadth</td>
<td>Growth capacity reached</td>
<td>Supports room for expansion</td>
</tr>
<tr>
<td>Overall detail</td>
<td>Ambiguous, lacks detail</td>
<td>Greater specificity, enhanced accuracy</td>
</tr>
<tr>
<td>Compatibility</td>
<td>Complex to transfer internationally</td>
<td>Compatible with international health systems</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Based on outdated technology</td>
<td>Reflects current usage of medical terminology/devices</td>
</tr>
</tbody>
</table>

**How will this change affect me?**

- **InSync® Practice Management System (PM)/Electronic Medical Records (EMR)** – InSync® is currently preparing our software to be ready for your use by September 2015. A claims scrubber will be added to guide you through the transition.

- **Revenue Cycle Management (RCM)** – Our RCM team will be going through extensive ICD-10 training and will ensure the ICD-10 medical necessities with a claim scrubber.

- **Medical Transcription (MT)** – Our professional transcriptionists are becoming familiar with the new medical terminology encompassed within the ICD-10 code set so that we can continue to monitor all quality parameters through every step of transcription and editing.

**If I transition early to ICD-10, will ABILITY be able to process my claims?**
We encourage early awareness training for both clinical and administrative staff members; however, ABILITY network and their payers will not be able to process claims using ICD-10 until October 1, 2015. ABILITY will process claims submitted with ICD-9 codes for dates of service prior to October 1, 2015—even if the claim is submitted after the compliance deadline. All claims submitted to ABILITY for processing with dates of service on or after October 1, 2015 must be updated to use ICD-10 codes or they may be ineligible for reimbursement.

**Where can I find the ICD-10 code sets?**
The ICD-10-CM/PCS code sets and the ICD-10-CM official guidelines are available free of charge at www.cms.gov/ICD10.

**What do I need to do to prepare for the transition to ICD-10?**
We recommend the following steps:

1. Speak with your Practice Management software and/or vendor staff about their preparations and readiness and to determine your options.
2. Investigate staff training opportunities.
3. Compile a list of your most frequently used ICD-9 diagnosis codes and compare them with options in ICD-10. You may also need to update your internal forms with the new ICD-10 codes.
4. Contact your most frequently billed Insurance Payers regarding payment questions and your most utilized diagnosis codes.

5. Secure a budget that accounts for software upgrades/software license costs and staff training, as well as any workflow changes during and after implementation.

6. Develop a plan and a timeline, and determine any new system changes/processes; share the plans with your team to ensure all understand the extent of the effort the ICD-10 transition requires.

**Is the InSync PM/EMR system ICD-10 ready? If not, when will it be?**

InSync is ready to handle the ICD-10 transition. Test claims have successfully reached our clearinghouse and have gone through the necessary testing required by ABILITY network. It is essential that each practice prepares for the transition by making the configurable changes within InSync.

**What is the grace period for the use of ICD-9 codes after implementation of the new ICD-10 codes?**

The Centers for Medicare & Medicaid Services (CMS) will not allow for dual processing of International Classification of Diseases (ICD)-9 and ICD-10 codes for dates of service on or after the ICD-10 implementation date of October 1, 2015. To be clear, there is no grace period for allowing ICD-9 codes after October 1, 2015.

There is a grace period for CMS to provide greater flexibility to “prevent claim denials and audits for making innocent mistakes in coding.” More information can be found here: [http://www.aafp.org/news/practice-professional-issues/20150707icd10transition.html](http://www.aafp.org/news/practice-professional-issues/20150707icd10transition.html). This does not translate to allowing ICD-9 codes after October 1, 2015. You must use ICD-10 codes after October 1, 2015.

**Is it true that workers’ compensation and auto insurance payers will continue using ICD-9, even after the ICD-10 transition date?**

Because workers’ compensation and auto insurers are not HIPAA-covered entities, the national ICD-10 mandate does not apply to them. Thus, they can legally continue to use ICD-9 if they choose to do so. However, some states may require universal use of ICD-10, and leaders in the healthcare space—including CMS—are strongly encouraging workers’ compensation and auto insurance payers to voluntarily begin using ICD-10 codes once the transition occurs. So, you’ll need to contact the companies you work with directly to verify whether they have a plan to switch over to ICD-10 from October 1.

**Will I ever have to submit more than one ICD-10 code?**

In some situations, you may need to report multiple codes for a single condition. To determine when this is appropriate, check the Tabular List notes. These notes may read something like, “Use additional code” or “Code first,” which means you must code the underlying condition first. Keep in mind, though, that ICD-10 contains several combination codes—single codes that classify two or more conditions that often occur together. So, if a patient presents with two or more related conditions, check to see if there is a combination code that covers all of them before you code each condition separately. Furthermore, for injury codes, you may need to include secondary codes that describe the circumstances surrounding the injury. You can find these codes—known as external cause codes—in Chapter 20 of the Tabular List, and you can assign as many as you need to explain the patient’s condition.
FAQs on ICD-10 Transition with InSync

Would I be able to use ICD-9 code from October 1, 2015?
Yes, you will be able to use ICD-9 after October 1, 2015. However if your practice transmits claims to the clearinghouse, then it is recommended to use ICD-10 coding standard to avoid rejection of claims from clearinghouse. Essentially, it will depend on the payers you are dealing with, whether they are capable of using ICD-10 from October 1, 2015 or not? Based on their feasibility, you will have to set the coding standard (ICD-9 or ICD-10) in InSync.

Would I be able to use ICD-10 code before October 1, 2015?
Yes, you can start using ICD-10 codes before October 1, 2015. There is a setting on the Practice Defaults screen to choose ICD-9/10 option.

Do I need to close all encounters in which ICD-9 code is recorded before October 1, 2015?
Yes, it is recommended to close all the encounters until September 30, 2015, in which ICD-9 coding standard is used.

I have created Practice/Physician Favorite List of ICD-9 codes. Do I need to create new favorite list for ICD-10?
No. You do not need to create new favorite list for ICD-10 codes. InSync will take care of it for you. From October 1, 2015, if you have chosen ICD-9/10 coding standard, then your Practice/Physician Favorite List will automatically show a list of ICD-10 codes.

Using ICD-10 codes is mandatory after October 1, 2015? Is it possible for me to continue using ICD-9 codes?
Yes, it is solely on your discretion. If you do not want to switch over to ICD-10 standard and want to continue with ICD-9 codes only, then you can choose ICD-9/10 option on the Practice Defaults screen. However if your practice transmits claims to the clearinghouse, then it is recommended to use ICD-10 coding standard to avoid rejection of claims from clearinghouse. Essentially, it will depend on the payers you are dealing with, whether they are capable of using ICD-10 from October 1, 2015 or not? Based on their feasibility, you will have to set the coding standard (ICD-9 or ICD-10) in InSync.

Out of different payers my practice has, few of them will not be able to switch over to ICD-10 standard on October 1, 2015. How can we handle the coding standard for different payers in that case?
Apart from the ICD setting on the Practice Defaults screen, you can do one more setting at Payer level which will supersede Practice Defaults setting. On the Insurance Management screen, you can set coding standard (ICD-9 or ICD-9/10) for different payers. So, if your payer is not ready with ICD-10 coding standard, you can set ICD-9 coding standard for that particular payer from Insurance Management screen.
Where do I go for more information on how I can be prepared with InSync for the ICD-10 transition?

For more information on how to be prepared you can visit these sites:

- CMS ICD-10 Site
- ICD-10 Quick Start Guide
- ICD-10 Code Set to Replace ICD-9
- ICD-10: CMS won't deny claims for first year