These “Frequently asked questions” cover the topics most providers want to know about our ICD-10 preparation. If you have other questions, please let us know at 5010ICD10Inq@cvty.com

ICD-10 Frequently Asked Questions

ICD-10 Preparation

What has Coventry done to prepare for ICD-10?

Our design, development, testing and deployment are aligned for the October 1, 2015 ICD-10 compliance date. We have completed all analyses, including gap and system impact inventory, and system remediation. We have engaged the impacted areas of our company in our business assessments. We will be ready for the move from ICD-9 codes to ICD-10 codes.

How did the one-year delay affect your planning?

Coventry continued their ICD-10 corporate project while awaiting the CMS announcement on the finalized compliance date. We kept our current momentum on our ICD-10 program work, including remediation of our impacted systems and vendor tools, affected business processes and policies. We plan to be fully ready to process ICD-10 claims by 10/1/2015. Testing with external entities based on their readiness has been our biggest challenge.

What key information would you want providers to know as they develop their own ICD-10 implementation plans?

The ICD-10 conversion will affect nearly all provider systems and many processes. The largest impacts will likely be in clinical and financial documentation, billing and coding. It is critical not to delay planning and preparation. It is important that providers contact their billing or software vendor to understand their plans for conversion and testing.

What is Coventry’s top concern about this transition?

The 10/1/2015 compliance date may seem far off, but the complexity of conversion requires immediate action to address the business and clinical issues associated with the transition. The ICD-10 conversion will affect nearly all provider systems and many processes. The largest impacts will likely be in clinical and financial documentation, billing and coding. It is critical not to delay planning and preparation. It is important that providers contact their billing or software vendor to understand their plans for conversion and testing.

Contracts and reimbursement:

How will reimbursement methodology be impacted by ICD-10?
The ICD-10 conversion was not intended to transform payment or reimbursement. However, it may result in reimbursement methodologies that more accurately show patient status and care. We have engaged the impacted areas of our company in business assessments and planning for the move ICD-9 codes to ICD-10 codes. As a result of this assessment, we will be updating all impacted policies, processes and systems to be compliant with the ICD-10 code set.

**How will the conversion affect contracts?**

We are currently assessing the impact of ICD-10 to all provider contracts. If needed, we will work with contracted entities that may be required.

**Will DRG groupers continue to be based on ICD-9 codes after the adoption of ICD-10 codes? Or, will the grouper determine the DRG based upon ICD-10 codes? (Inpatient and outpatient)**

For inpatient services, Coventry plans to use the current MS-DRG grouper from Medicare which is based on ICD-10 codes beginning 10/1/2015. For outpatient services, when applicable, Coventry uses the Medicare APC grouper/pricer, which will accept ICD-10 codes beginning 10/1/2015.

**If ICD-10 codes are used, will the payer give the provider a copy of the new grouper logic?**

Coventry will use ICD-10 codes for grouping beginning with discharges on or after 10/1/2015. Coventry uses the CMS MS-DRG grouper, which is industry standard. For Medicaid grouping, it is based on state defined grouper and/or logic.

**If the grouper will continue to use ICD-9 logic, how will that diagnosis code be determined? Will there be a crosswalk to ICD-9 codes?**

Coventry will not crosswalk ICD-10 codes back to ICD-9 codes. Coventry will use ICD-10 codes beginning with discharges on or after 10/1/2015.

**How will you handle payment provisions of contracts that are diagnosis based?**

If a contract uses ICD-9 diagnosis or procedure codes, ICD-10 codes or categories will be updated as needed to meet clinical expectation.

**Will you amend the contract to use ICD-10 codes instead of ICD-9 codes?**

Coventry's current contract terms support the requirement to bill with ICD-10 codes beginning on the compliance date. We won't amend the billing provisions in our contracts. We will amend contracts as necessary to ensure that the change to ICD-10 codes will result in overall revenue neutrality.

**Crosswalk:**

**Will Coventry use a crosswalk?**

No.
What is Coventry’s approach to mapping ICD-9 codes to the ICD-10 codes?

Coventry used the CMS Reimbursement Map as a clinical equivalence tool to remediate business rules with ICD-9 codes. We will not map codes for claims processing; our systems will process claims using the ICD-9 or ICD-10 codes based on compliance date rules.

Medical policies:

Will Coventry’s medical policies be remediated to support ICD-10? When will those changes be communicated to providers?

Yes, our medical policies are being remediated due to the new code set. We plan to publish updates to our medical policies in August of 2014.

Testing:

When will Coventry be ready to test claims with providers?

After completing our large-scale internal testing, we began our external end to end testing in July 2012. We are testing a limited number of institutional and professional claims. We strongly encourage providers to approach their software vendors, clearinghouses and other business partners to start testing as well.

Will you test with us?

We do have a limited amount of Provider testing that we will be conducting. Once we have hit our maximum number of Providers for testing, we will not accept any additional. If you are interested in testing with Coventry, please send an email to our dedicated mailbox 5010ICD10Inq@cvty.com. Coventry has defined criteria for our Provider End to End Testing. We will send a Use Case to the Provider to complete and return. Once we have reviewed the completed use case, we will follow-up with an email if accepted.

How will you share your results?

We plan to use what we learned from our testing as we work with all of our vendors and providers in the coming months, leading up to the 10/1/2015 compliance date. At this time, we are evaluating the best communication mechanism for sharing our testing results. We’ll continue to update our health plan websites and DirectProvider.com as we make these decisions.

Is your organization participating in the HIMSS/WEDI ICD-10 national testing program? If so, have you begun testing?

Coventry is a member of HIMSS and WEDI, and actively participates on many industry workgroups and task forces related to ICD-10. We did participate in the pilot, however at this time; we are not participating in the program.

Claims:
Will you accept both ICD-9 and ICD-10 code formats after October 1, 2015?

No. Beginning with dates of service/discharge on or after 10/1/2015, ICD-10 codes will need to be submitted. ICD-9 codes should be submitted for dates of service/discharge before 10/1/2015.

How long will you accept ICD-9 codes?

ICD-9 codes will be accepted for dates of service before 10/1/2015 based on current contract terms.

Will Coordination of Benefit (COB) claims be addressed the same for ICD-10 as they were for ICD-9 processing (for example, will claims be crossed over)?

Yes, COB claims will be addressed for ICD-10 as they are for ICD-9.

Will Coventry accept ICD-9 codes on adjustment bills or claim corrections after 10/1/2015?

Yes, for dates of service/discharge dates prior to 10/1/2015 based on your current contract terms.

Will you accept a claim that has both ICD-9 and ICD-10 codes?

No. Claims will need to be split with service/discharge dates based on the compliance date.

How will the transition from ICD-9 to ICD-10 work with interim billing?

Inpatient hospital claims without a discharge date (that is, interim bill) will use the earliest claim incurred (ECI) date (earliest date of service) as the sole determiner of which code set to accept/reject. Interim bills sent with an ECI date on or after 10/1/2015 must be submitted with ICD-10 codes. Interim bill sent with an ECI date before 10/1/2015 must be submitted with ICD-9.

Communication:

Will any other support be offered to providers for issues/questions about claims submission or payment? If yes, explain.

Providers should continue to call the provider service center numbers they do today for help related to ICD-10.

What is Coventry doing to communicate with providers about these changes?

The best source for detailed information is our health plan websites and DirectProvider.com. This is where we have the most current information about our ICD-10 approach. We’ll continue to update this site as work continues on this important project. The website is part of a detailed communication plan, which also includes our provider newsletter, direct outreach, communications with medical societies and more.
**Precertification/authorization:**

Do you expect your preauthorization procedures to change as a result of implementing ICD-10?

Yes. ICD-10 codes are required for dates of service as of 10/1/15.

Do you currently require ICD-9 diagnosis codes, ICD-9 procedure codes or CPT procedure codes (or some combination of all) for pre-authorizations?

We currently require ICD-9 diagnosis codes and CPT4/HCPCS for procedures. For dates of service starting 10/1/2015 we will require ICD-10 diagnosis codes.

When can you accept preauthorization requests for services provided on and after 10/1/2015?

ICD-9 codes should be used for pre-certifications for dates of service before the compliance date of 10/01/2015 and ICD-10 for dates of services on or after 10/1/2015.

Will authorizations provided before 10/1/2015 that use ICD 9 be carried over for ICD 10 claims processing?

Yes.

When will Coventry begin to accept the revised CMS HCFA 1500 paper claim form version 02/12?

Starting January 6, 2014, we will accept the revised CMS HCFA 1500 paper claim form version 02/12. The revised HCFA 1500 paper claim form supports various coding requirements and prepares for the conversion to ICD-10 diagnosis coding effective October 1, 2015. We will continue to accept and process paper claims submitted on the CMS HCFA 1500 paper claim form version 08/05 until April 1, 2014 per CMS. For more information visit the National Uniform Claim Committee website.

Where can I find more information on ICD-10?

These industry resources will help with your planning and preparation:

- Centers for Medicare & Medicaid Services (CMS)
- Workgroup for Electronic Data Interchange (WEDI)