



Frequently Asked Questions About ForwardHealth's Transition to ICD-10

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Revised: 11/11/2015

ForwardHealth implemented *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) and *International Classification of Diseases, 10th Revision, Procedure Coding System* (ICD-10-PCS) code sets on October 1, 2015. ForwardHealth now requires ICD-10 diagnosis codes and ICD-10 procedure codes to be indicated, when applicable, on claim and prior authorization (PA) request submissions with dates (dates of service [DOS], dates of discharge, requested start dates, etc.) on and after October 1, 2015.

ForwardHealth will continue to use this Frequently Asked Questions About ForwardHealth's Transition to ICD-10 document to capture post-implementation ICD-10 questions and share the answers. Refer to the ICD-10 Code Set Transition home page of the ForwardHealth Portal for more information. Stakeholders are advised to check the Portal page regularly to view current communications and other ICD-10 Information. Current policy and claims information can be found in the ForwardHealth Online Handbook.

Topic Category Guide

- Claims
- Codes
- Communications
- Diagnosis
- General
- HMO
- Prior Authorization
- Testing

Topic Category: Claims

Date: 10/09/2015

Question: Today is October 5, 2015, but the DOS for the claim is September 28, 2015. Which codes should be indicated on the claim: ICD-9 or ICD-10?

Answer: Because the DOS is before October 1, 2015, ICD-9 codes are required to be indicated on the claim.

Topic Category: Claims

Date: 10/09/2015

Question: Which codes should be indicated on a claim with a DOS of October 2, 2015, if the associated approved PA request is dated September 29, 2015, and has ICD-9 codes?

Answer: Because the DOS is after October 1, 2015, ICD-10 codes are required on the claim, even if the codes on the PA associated with the claim are ICD-9 codes.

Topic Category: Claims

Date: 10/09/2015

Question: Can a claim have both ICD-9 and ICD-10 codes?

Answer: No, a single claim cannot contain both ICD-9 and ICD-10 codes. Claims submitted to ForwardHealth containing both ICD-9 and ICD-10 codes will be denied.

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

Created: 10/30/2013
Revised: 11/11/2015

Topic Category: Claims

Date: 10/09/2015

Question: Can a batch of claims have both ICD-9 and ICD-10 codes?

Answer: Yes, batches of claims can contain both ICD 9 and ICD-10 codes as long as each individual claim only contains the codes (ICD-9 or ICD-10) appropriate for its dates (DOS, dates of discharge, etc.).

Topic Category: Claims

Date: 10/09/2015

Question: Should stakeholders follow Centers for Medicare and Medicaid Services (CMS) direction for submitting claims spanning the October 1, 2015, ICD-10 implementation date?

Answer: In some cases, ForwardHealth's direction for submitting claims spanning the ICD-10 implementation date is different from CMS's direction. In summary, with the exception of inpatient hospital claims, all other claims that span the ICD-10 implementation date should be split into two separate claims. The ICD-9 codes are required to be indicated on one claim, with dates through September 30, 2015, and ICD-10 codes are required to be indicated on the second claim, with dates beginning on October 1, 2015, and later.

Refer to the August 2015 *ForwardHealth Update* (2015-39), titled "Effective Dates and Transition Information for ForwardHealth's Implementation of ICD-10 Code Sets" for more information.

Topic Category: Claims

Date: 10/09/2015

Question: How should stakeholders submit claims for inpatient services for instances in which a member was admitted on the day **before** ICD-10 compliance and was discharged on the day **of** ICD-10 compliance, resulting in two DOS spanning the ICD-10 implementation date?

Answer: For inpatient hospital claims that span the ICD-10 implementation date, the appropriate codes to use are determined by the date of discharge (the "to" DOS date), regardless of the admittance date. Refer to the *Update* 2015-39 for more information.

Topic Category: Claims

Date: 10/09/2015

Question: Do prescriptions written before October 1, 2015, with ICD-9 diagnosis codes need to be replaced?

Answer: No, prescriptions written before October 1, 2015, that contain ICD-9 diagnosis codes and that are for fill dates on and after October 1, 2015, will not need to be replaced with new prescriptions with ICD-10 codes.

Topic Category: Claims

Date: 10/09/2015

Question: A prescription has an ICD-9 code, but the DOS for the associated claim is October 2, 2015. What code should be indicated on the claim?

Answer: An ICD-10 code is required for DOS on after October 1, 2015, **regardless** of the code indicated on the original prescription. ForwardHealth advises that the prescriber listed on the prescription be

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

Created: 10/30/2013
Revised: 11/11/2015

contacted in order to obtain the appropriate, valid, and specific ICD-10 diagnosis code to submit on the claim.

Topic Category: Claims

Date: 09/17/2015

Question: Does the Provider Electronic Solutions (PES) software accept ICD-10 codes?

Answer: The current PES software accommodates ICD-10 codes on claims with dates on and after October 1, 2015.

Topic Category: Claims

Date: 03/12/2015

Question: Will ForwardHealth be accepting the paper 1500 Health Insurance Claim Form, version February 2012 (02/12)?

Answer: Effective November 12, 2014, ForwardHealth only accepts the National Uniform Claim Committee-developed and CMS-adopted paper 1500 Health Insurance Claim Form (02/12), regardless of the DOS. ForwardHealth no longer accepts the 1500 Health Insurance Claim Form, version August 2005 (08/05).

Topic Category: Codes

Date: 11/11/2015

Question: How do I find the ICD-10 codes for the services that my organization and I provide?

Answer: Stakeholders are responsible for ensuring they are indicating the appropriate, valid, and most-specific code for a member's condition or planned procedure. Stakeholders should refer to the CMS website for ICD-10 code information. Recently, CMS added coding resources to their website to assist providers with coding and clinical documentation for ICD-10. Refer to the ICD-10 Code Set Transition home page on the Portal for direct links to these resources and other CMS ICD-10 resources.

ForwardHealth has published ICD-10 diagnosis codes for services in the Online Handbook that had published ICD-9 codes. The ICD-9 codes in the Online Handbook will be retained for up to one year after the ICD-10 implementation as a billing reference for dates before October 1, 2015.

Topic Category: Codes

Date: 11/11/2015

Question: Is there a free ICD-9 to ICD-10 crosswalk available?

Answer: Refer to the CMS website for coding resources that are available free of charge.

Topic Category: Codes

Date: 09/17/2015

Question: CMS and the American Medical Association issued an announcement that Medicare will not deny physician or other practitioner claims billed under the Part B physician fee schedule based solely on the specificity of the ICD-10 diagnosis codes for 12 months after the ICD-10 implementation. Will ForwardHealth be doing the same?

Answer: Recently, CMS issued clarification on specificity that indicated Medicare will relax specificity requirements for automated medical review or complex medical record review during the first 12

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

Created: 10/30/2013
Revised: 11/11/2015

months after ICD-10 implementation. ForwardHealth does not perform automated medical review or complex medical record review; therefore, this concept does not apply to Medicaid.

Like Medicare, ForwardHealth enforces validity of ICD-10 diagnosis codes (i.e., the highest number of characters required by the code set) for all claims and PA request submissions. If a stakeholder uses an ICD-10 diagnosis code that is not valid, ForwardHealth will deny the claim or return the PA request, and it will need to be resubmitted with a valid ICD-10 code.

ForwardHealth has published information about code validity and specificity in *Update 2015-39*.

Topic Category: Codes

Date: 09/17/2015

Question: If ForwardHealth receives a crossover claim from Medicare, could the claim be denied for lack of specificity?

Answer: Like Medicare, ForwardHealth enforces the validity of ICD-10 diagnosis codes (i.e., the highest number of characters required by the code set) for all claims. If ForwardHealth receives a crossover claim from Medicare, it means that it has been processed as valid by Medicare. Crossover claims processing verifies, in part, that the member is eligible to receive services, the service is covered, and that all administrative requirements for the claim have been met. If all of the applicable requirements are met, payment is made, taking into consideration the amount paid or payable by Medicare.

Topic Category: Codes

Date: 10/09/2015

Question: Has the ForwardHealth Online Handbook been updated for ICD-10?

Answer: Yes, the Online Handbook is revised for ICD-10. ForwardHealth has identified the allowable ICD-10 diagnosis codes for services in the Online Handbook that had published ICD-9 diagnosis codes. The ICD-9 information is linked under "Information for Dates of Service before October 1, 2015" in the applicable Online Handbook topics.

Topic Category: Codes

Date: 05/01/2015

Question: Are ICD-10 diagnosis codes all new codes or are some the same as the ICD-9 diagnosis codes?

Answer: The ICD-10 diagnosis codes replace the entire ICD-9 diagnosis code set. ForwardHealth requires ICD-10 diagnosis codes and ICD-10 procedure codes to be indicated, when applicable, on claims and PA request submissions with dates (DOS, dates of discharge, requested start dates, etc.) on and after October 1, 2015.

Topic Category: Codes

Date: 05/01/2015

Question: How is the ICD-10 code set different than the ICD-9 code set?

Answer: The ICD-9 codes are primarily numeric and have three to five digits; whereas ICD-10 codes are alphanumeric and contain three to seven characters. Additionally, descriptions between the code sets are different. Refer to the CMS website for more information regarding ICD-10 codes and to the

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

Created: 10/30/2013
Revised: 11/11/2015

ICD-10 Readiness document on the ICD-10 Code Set Transition Project Home Page for more information about code set differences.

Topic Category: Codes

Date: 03/12/2015

Question: Will ICD-10 impact *Current Procedural Terminology* codes?

Answer: *Current Procedural Terminology* codes are not impacted by ICD-10 changes and continue to be the codes used to bill for office and outpatient services. ForwardHealth's transition to ICD-10 is in response to the ICD-10 mandate regarding ICD-10-CM and ICD-10-PCS code sets. The ICD-10-CM codes are the diagnosis code set for use in United States health care settings and the ICD-10-PCS codes are the procedure code set for use in United States inpatient hospital settings only.

Topic Category: Codes

Date: 03/28/2014

Question: Will ICD-10 impact Healthcare Common Procedure Coding System (HCPCS) codes?

Answer: The HCPCS codes are not be impacted by ICD-10 changes. ForwardHealth's transition to ICD-10 is in response to the ICD-10 mandate regarding ICD-10-CM and ICD-10-PCS code sets. The ICD-10-CM codes are the diagnosis code set for use in United States health care settings and the ICD-10-PCS codes are the procedure code set for use in United States inpatient hospital settings only.

Topic Category: Communications

Date: 09/17/2015

Question: How is ForwardHealth communicating ICD-10 information?

Answer: ForwardHealth continues to use *Updates*, electronic messaging, and the ICD-10 Code Set Transition home page on the Portal to communicate ICD-10 information. Stakeholders are advised to check the Portal page regularly to view current ICD-10 Information.

Topic Category: Communications

Date: 06/26/2015

Question: When will the ForwardHealth companion guides and the ForwardHealth Payer Sheet: National Council for Prescription Drug Programs (NCPDP) Version D.0 be revised for ICD-10?

Answer: ForwardHealth has published the revised ForwardHealth companion guides and the NCPDP Version D.0 Payer Sheet: National Council for Prescription Drug Programs (NCPDP) Version D.0. They are posted to the HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet page of the Portal.

Topic Category: Communications

Date: 11/14/2013

Question: Can we receive ICD-10 information specific only to our designated service area via the ICD-10 Project Information email subscription option?

Answer: ForwardHealth continues to use the ICD-10 Project Information email subscription option to communicate a variety of ICD-10 information regardless of service area. The ICD-10 Project Information email subscription option is not set up to send service area-specific information only.

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

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Refer to the ForwardHealth Email Subscription User Guide for more information about email subscription registration.

Topic Category: Diagnosis

Date: 09/17/2015

Question: Will ICD-10 diagnosis codes be required for dental claim processing?

Answer: Billing instructions for dental and oral surgery services that do not currently require a diagnosis code, such as the American Dental Association (ADA) 2006 and ADA 2012 paper claim forms and the 837 Health Care Claim: Dental electronic transaction, do not require a diagnosis code.

The billing instructions for the 1500 Health Insurance Claim Form (02/12) requires a diagnosis code to be indicated for oral surgery services, and therefore, an ICD-10 diagnosis code is required for DOS on and after October 1, 2015. Stakeholders are reminded to refer to the Online Handbook for current policy.

Topic Category: Diagnosis

Date: 09/17/2015

Question: Will *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) codes be implemented in coordination with ICD-10?

Answer: ForwardHealth's transition to ICD-10 was in response to the ICD-10 mandate and, as such, ForwardHealth's current DSM policy for diagnosis was not changed. Claims and the PA request forms are required to have ICD-10 codes indicated. Prior authorization attachment forms and supporting documentation may allow DSM codes. Refer to the Online Handbook for current policy.

Topic Category: General

Date: 09/17/2015

Question: Will ForwardHealth-generated reports be impacted by ICD-10?

Answer: ForwardHealth identified reports impacted by ICD-10 and has already made many of the required revisions to these reports, such as expanding field lengths and including appropriate ICD codes, as applicable.

Topic Category: General

Date: 05/1/2014

Question: Does the ICD-10 code set initiative only impact those serving Medicaid?

Answer: The transition to the ICD-10 code sets was a national mandate and impacted all HIPAA-covered entities, including Medicaid, Medicare, and all other payers as well as providers and billing vendors. ForwardHealth requires ICD-10 codes in compliance with the ICD-10 mandate. Refer to the ICD-10 Code Set Transition Page of the Portal for more information and direct CMS links.

Topic Category: HMO

Date: 09/17/2015

Question: When will ForwardHealth be offering testing with HMOs?

Answer: Testing for HMO encounters started on August 19, 2015, and is open until December 29, 2015. Although testing with ForwardHealth is optional for all HMOs, it is strongly encouraged to ensure readiness to conduct business with ForwardHealth after ICD-10 compliance. Specific HMO encounter

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

Created: 10/30/2013
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testing details were communicated in the July 2015 *Update* (2015-33), titled "*International Classification of Diseases, 10th Revision, Testing for HMOs.*"

Topic Category: HMO

Date: 05/01/2015

Question: How will ForwardHealth communicate ICD-10 information to HMOs?

Answer: ForwardHealth will continue to communicate post-implementation ICD-10 information to HMOs at the monthly HMO Encounter Technical meetings and via electronic messaging.

Topic Category: Prior Authorization

Date: 10/09/2015

Question: Can a PA request contain both ICD-9 and ICD-10 codes?

Answer: No, a single PA request cannot contain both ICD-9 and ICD-10 codes. If a PA request is submitted to ForwardHealth containing both ICD-9 and ICD-10 codes, the PA request will be returned.

Topic Category: Prior Authorization

Date: 10/09/2015

Question: Will approved PA requests that contain ICD-9 diagnosis codes continue to be valid on and after October 1, 2015, or do new PA requests need to be submitted with ICD-10 diagnosis codes?

Answer: Yes, approved PA requests with ICD-9 codes will continue to be valid on and after October 1, 2015. New PA requests should not be submitted to replace approved PA requests that contain ICD-9 codes.

With the exception of approved PA requests for transplant services, it is not necessary to amend approved PA requests that span the ICD-10 implementation date in order to submit claims with ICD-10 codes for services that were or will be rendered on and after October 1, 2015. Processing during the ICD-10 transition is equipped to process claims with ICD-10 codes for DOS on and after October 1, 2015, even if the codes on the PA associated with the claim are ICD-9 codes.

In *Update* 2015-39, ForwardHealth issued special instructions for approved PAs for transplant services (i.e., bone marrow, stem cell, and other medically necessary transplants and all out-of-state non-emergency transplants). Any approved PA requests for transplant services that contain ICD-9 codes and that are associated with a claim for services rendered on and after October 1, 2015, will need to be amended to indicate the appropriate ICD-10 diagnosis codes and ICD-10 procedure codes. Both the diagnosis codes and procedure codes on the approved PA will be required to be amended in order for them to be in the same code set and to match the claim.

Topic Category: Prior Authorization

Date: 10/09/2015

Question: When will ForwardHealth be updating PA forms and completion instructions for ICD-10?

Answer: Revisions to PA forms and completion instructions for ICD-10 are completed. Revisions were minimal, primarily to remove specific ICD-9 references, and did not impact the overall completion instructions or form layouts. The revised forms and completion instructions are published to the

Frequently Asked Questions About ForwardHealth's Transition to ICD-10

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Revised: 11/11/2015

Forms page of the Portal. The paper ForwardHealth Prior Authorization Request Form (PA/RF), F-11018 (05/13), has not changed as a result of ICD-10.

Topic Category: Testing

Date: 10/09/2015

Question: Is ForwardHealth still offering testing for fee-for-service entities?

Answer: ForwardHealth concluded optional testing for fee-for-service entities on September 30, 2015. Optional testing for HMO encounters is open until December 29, 2015.