**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare, Wisconsin AIDS Drug Assistance Program, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program
**To:** All Providers, HMOs and Other Managed Care Programs

# Effective Dates and Transition Information for ForwardHealth's Implementation of ICD-10 Code Sets

In compliance with the Centers for Medicare and Medicaid Services mandate, ForwardHealth is implementing the *International Classification of Diseases, 10th Revision* (ICD-10) code sets beginning on October 1, 2015. This *ForwardHealth Update* includes the following information related to ForwardHealth's ICD-10 implementation:

- Effective and end dates.
- Code set information and specificity enforcement.
- Prior authorization (PA)-related information and direction for approved PA requests that span the ICD-10 implementation date, including PA requests for transplant services.
- Claim submission information, including direction for claims submitted using Provider Electronic Solutions software and claims that span the ICD-10 implementation date.
- Specific information regarding pharmacy claims and PA requests.
- Revisions to forms and form completion instructions.
- Revisions to other information published to the ForwardHealth Portal, including the Online Handbook.
- ICD-10 support.

This *ForwardHealth Update* contains important information related to ForwardHealth's implementation of the *International Classification of Diseases, 10th Revision* (ICD-10) code sets beginning on October 1, 2015. The transition to the ICD-10 code sets is a Centers for Medicare and Medicaid Services (CMS) mandate and impacts all Health Insurance Portability and Accountability Act of 1996 (HIPAA)-covered entities; this includes Medicaid, Medicare, and all other payers, as well as providers and billers. These entities are referred to collectively as stakeholders in this *Update.*

Stakeholders receiving this *Update* are encouraged to forward it to their appropriate technical or Electronic Data Interchange (EDI) contact person or department, to coders and clinicians within their organization, to their billing service or clearinghouse, and/or to their software vendor.

## An Overview of ICD-10 Codes

ForwardHealth's implementation of ICD-10 encompasses the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) and the *International Classification of Diseases, 10th Revision, Procedure Coding System* (ICD-10-PCS) code sets. The ICD-10-CM code set is the diagnosis code set for use in health care settings. The ICD-10-PCS code set is the procedure code set for use in inpatient hospital settings. Both are referred to collectively as ICD-10 codes in

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this *Update* when there is not a need to distinguish diagnosis codes from procedure codes.

The ICD-10 code sets will replace the *International Classification of Diseases, Ninth Revision* (ICD-9) code sets. The ICD-10 codes will be required, when applicable, on claim or prior authorization (PA) request submissions to ForwardHealth for dates (dates of service [DOS], dates of discharge, requested start dates, etc.) **on and after** October 1, 2015. The ICD-9 codes will still be required, when applicable, on claim or PA request submissions to ForwardHealth for dates **before** October 1, 2015.

## ICD-10-CM Diagnosis Codes

### Code Validity

The format for ICD-10-CM codes includes three to seven characters consisting of letters and numbers. The first three characters represent or identify categories. Characters four through seven will identify subcategories. In order for a code to be valid, it must reflect the highest number of required characters indicated by the ICD-10-CM code set. If a stakeholder uses a code that is not valid (to the level of characters required) under ICD-10-CM, ForwardHealth will deny the claim or return the PA request, and it will need to be resubmitted with a valid ICD-10-CM code.

### Code Specificity

The ICD-10-CM codes allow a high level of detail for a condition. The level of detail for ICD-10-CM codes is expressed as the level of specificity. In order for a code to be valid, it must reflect the highest level of specificity (i.e., contain the highest number of characters) required by the code set. For some codes, this could be as few as three characters. For others, it may be all seven characters. If a stakeholder uses an ICD-10-CM code that is not valid (i.e., not to the specific number of characters required), ForwardHealth will deny the claim or return the PA request, and it will need to be resubmitted with a valid ICD-10-CM code.

An ICD-10-CM code can be valid, at its highest level of specificity, and still have a definition or description of "unspecified" or "not otherwise specified." If a more specific diagnosis code cannot be reasonably selected, a more general valid ICD-10 code may be acceptable.

Refer to the CMS ICD-10 website at *www.cms.gov/ICD10/* for more information about the ICD-10-CM codes.

### Code Specificity Enforcement on Submissions to ForwardHealth

ForwardHealth will enforce specificity of ICD-10-CM codes at the highest level on all claim and PA request submissions. The CMS recently clarified previously issued guidance about ICD-10 specificity enforcement. Refer to the Medicare Fee-For-Service Provider Resources page on the CMS website at *www.cms.gov/ICD10/* for more information.

## ICD-10-PCS Procedure Codes

All ICD-10-PCS codes contain seven characters consisting of letters and numbers. Each of the seven characters has a well-defined meaning, and the characters (and meanings) change depending on the particular section of the ICD-10-PCS official code set.

Refer to the CMS ICD-10 website at *www.cms.gov/ICD10/* for more information about the ICD-10-PCS codes.

## ICD-10 Code Translations

ForwardHealth will publish the allowable ICD-10 codes where ICD-9 codes are currently published in the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*. The ICD-9 codes that are currently published in the Online Handbook will be retained for up to one year after the ICD-10 implementation to align with timely filing policy. ForwardHealth will send email subscription and Portal messaging when the Online Handbook has been revised with the ICD-10 codes.

As a reminder, stakeholders are responsible for keeping current with code changes. They are also responsible for determining the ICD-10 code that is the most appropriate,

valid, and specific code for the service provided. Stakeholders are encouraged to refer to the CMS website at *www.cms.gov/ICD10/* for information to assist them in selecting appropriate ICD-10 codes.

As a result of the inherent differences between the ICD-9 and ICD-10 code sets, changes to ForwardHealth guidelines or policy requirements may occur. These changes will be reflected in the Online Handbook.

Healthcare Common Procedure Coding System (HCPCS) codes, *Current Procedural Terminology* codes, National Drug Codes, and revenue codes are not impacted by ICD-10 changes.

### External Cause of Morbidity Diagnosis Codes

With the implementation of ICD-10, E-codes in ICD-9 (representing External Causes of Injury and Poisoning) will be replaced by Chapter 20 (V00-Y99) External Causes of Morbidity codes in ICD-10.

### Etiology/Manifestation Diagnosis Codes

Etiology/manifestation diagnosis codes are code pairs that describe certain conditions in which an underlying etiology and body system manifestations exist. Manifestation diagnosis codes represent the manifestation of an underlying disease, not the disease itself and, therefore, cannot be a principal or first listed diagnosis. Manifestation codes cannot be billed alone, instead they must be reported with the code for the underlying disease (etiology) sequenced first followed by the code for the manifestation. ForwardHealth will deny the claim or return the PA request if a manifestation code is indicated as the first listed or principle diagnosis.

### National Annual Code Updates

While ForwardHealth will continue to accept the current allowable ICD-9 codes for dates before October 1, 2015, and for timely filing, only ICD-10 codes will be maintained (updated, changed, revised) on and after October 1, 2015.

## Prior Authorization

The majority of current PA policies are not changing as a result of the ICD-10 implementation. Stakeholders should continue to complete and submit electronic and paper PA request forms and attachments as they do currently, but with consideration of the ICD-9 and ICD-10 code set effective and end dates. The exception is spell of illness (SOI) PA policy for occupational therapy, physical therapy, and speech and language pathology; changes to SOI PA policy will be published in a September 2015 *Update*.

A single PA request cannot contain both ICD-9 codes and ICD-10 codes. If a single PA request is submitted to ForwardHealth containing a mixture of ICD-9 and ICD-10 codes, ForwardHealth will return the PA request to the provider.

If current PA policy requires a requested PA start date to be indicated on the PA request, that date will dictate which code set is required to be indicated on the PA request. The ICD-9 codes will be required for PA requests with Requested Start Dates before October 1, 2015, and ICD-10 codes will be required for PA requests with requested start dates on and after October 1, 2015.

If current PA policy does **not** require a requested PA start date to be indicated on the PA request, the date that ForwardHealth receives the PA request is the date that will dictate which code set is required to be indicated on the PA request. The ICD-9 codes will be required for PA requests received by ForwardHealth before October 1, 2015, and ICD-10 codes will be required for PA requests received by ForwardHealth on and after October 1, 2015.

### Prior Authorizations that Span the ICD-10 Implementation Date

The majority of approved PAs that span the ICD-10 implementation date (i.e., PAs approved with grant dates before October 1, 2015, and with expiration dates on and after October 1, 2015) will not need to be amended, with the exception of PAs approved for transplant services.

### Prior Authorizations for Transplant Services

Any approved PAs for transplant services (i.e., bone marrow, stem cell, and other medically necessary transplants and all out-of-state non-emergency transplants) that contain ICD-9 codes and that are associated with a claim for services rendered on and after October 1, 2105, will need to be amended to indicate the appropriate ICD-10-CM diagnosis code(s) and ICD-10-PCS procedure code(s). Both the diagnosis code(s) and procedure code(s) on the PA will be required to be amended in order for them to be in the same code set and to match the claim.

### Physician Prescriptions for Evaluation and Treatment and for Plans of Care

Physician prescriptions for evaluation and treatment and for plans of care (POC) that contain ICD-9 codes and that have certification periods that span the ICD-10 implementation date will continue to be valid on and after October 1, 2015; they will not need to be reissued. For example, if a POC is reviewed, signed, and dated before October 1, 2015, with ICD-9 codes and the certification period spans into October 2015 (meaning the services on the POC are performed on and after October 1, 2015), a new POC will not be necessary.

## Paper Prior Authorization Forms and Completion Instructions

ForwardHealth has revised the following paper PA forms and completion instructions to remove specific ICD-9 code set references:
- Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, F-11020A (08/15).
- Prior Authorization/Environmental Lead Inspection Completion Instructions, F-11062A (08/15).
- Prior Authorization/Oxygen Attachment (PA/OA) Completion Instructions, F-11066A (08/15).
- Prior Authorization Request Form (PA/RF) Completion Instructions for Residential Care Center Treatment Services, F-11076 (08/15).
- Mental Health Day Treatment Functional Assessment, F-11090 (08/15).

- Mental Health Day Treatment Functional Assessment Completion Instructions, F-11090A (08/15).
- Prior Authorization/Care Plan Attachment (PA/CPA), F-11096 (08/15).
- Prior Authorization/Care Plan Attachment (PA/CPA) Completion Instructions, F-11096A (08/15).
- Personal Care Screening Tool (PCST) Completion Instructions, F-11133A (08/15).

The revised forms and completion instructions can be found on the Forms page of the ForwardHealth Portal.

*Note*: The Prior Authorization/Spell of Illness Attachment (PA/SOIA), F-11039, and associated completion instructions, F-11039A, will be revised for ICD-10 and published in a September 2015 *Update* with more information.

Additionally, as announced in the July 2015 *Update* (2015-27), titled "July 2015 Preferred Drug List and Other Pharmacy Policy Changes," completion instructions for PA drug forms were revised to remove specific ICD-9 code set references. These completion instructions are published to the Forms page of the Portal (dated 07/15).

## Prior Authorization Amendment Requests

For PA amendment requests, stakeholders should indicate the same code set on that was indicated on the approved PA, regardless of the date that the amendment request is submitted. Approved PAs with ICD-9 codes for dates before October 1, 2015, will not need to be amended to include ICD-10 codes even if the PAs were approved with grant dates before October 1, 2015, and with expiration dates on and after October 1, 2015, with the exception of PAs for transplant services as detailed under the Prior Authorizations for Transplant Services section of this *Update*. ForwardHealth will not require PA amendments solely to amend the code set on approved PAs, with the exception of the PAs for transplant services.

## Claim Submissions

Stakeholders should continue to complete and submit claims as they do currently, but with consideration of the ICD-9 and ICD-10 code set effective and end dates.

ForwardHealth will require ICD-10 codes on electronic and paper claims for dates on and after October 1, 2015. The ICD-9 codes will still be required for dates before October 1, 2015. The codes indicated on claims will be verified to determine if they are within the appropriate code set relative to the date indicated on the claim (DOS, date of discharge, etc.).

A single claim cannot contain both ICD-9 and ICD-10 codes. If a single claim is submitted to ForwardHealth containing a mixture of ICD-9 and ICD-10 codes, ForwardHealth will deny the claim. Batches of claims can contain a mixture of ICD-9 and ICD-10 codes, as long as each individual claim within the batch only contains the single code set appropriate for its indicated date (DOS, date of discharge, etc.).

### *Claims That Span the ICD-10 Implementation Date*

With the exception of inpatient hospital claims, ForwardHealth will require that all other claims that span the ICD-10 implementation date (i.e., claims where ICD-9 codes are effective for the portion of services rendered before October 1, 2015, and ICD-10 codes are effective for the portion of services rendered on and after October 1, 2015) be split into two separate claims. The ICD-9 codes will be required to be indicated on one claim, with dates through September 30, 2015, and ICD-10 codes will be required to be indicated on the second claim, with dates beginning on October 1, 2015, and later.

#### *Inpatient Hospital Claims That Span the ICD-10 Implementation Date*

ForwardHealth is issuing interim direction in this *Update* for inpatient hospital claims that span the ICD-10 implementation date. This direction is only applicable to the unique circumstance of the transition from ICD-9 to ICD-

10. Stakeholders should refer to the ForwardHealth Online Handbook for current standard claim submission requirements.

For inpatient hospital claims that span the ICD-10 implementation date, the appropriate code set used for diagnosis and procedure is determined by the date of discharge (the "to" DOS date), regardless of the admittance date.

### *Claim Adjustments*

The ICD-10 codes will be required on claim adjustments for indicated dates on and after October 1, 2015. The ICD-9 codes will still be required for indicated dates before October 1, 2015, even if the adjustment occurs after October 1, 2015. As with claim submissions, a single claim adjustment cannot contain both ICD-9 and ICD-10 codes.

## Compound and Noncompound Drug Claim Form Completion Instructions

As announced in *Update* 2015-27, Compound Drug Claim Completion Instructions, F-13073A, and Noncompound Drug Claim Completion Instructions, F-13072A, were revised to remove specific ICD-9 code set references. These completion instructions are published to the Forms page of the Portal (dated 07/15).

## Pharmacy Claims and Prior Authorization Requests

### *Diagnosis Specificity*

Per current policy for submission of pharmacy claims and PA requests, a diagnosis code is not always required. In situations where a diagnosis code is indicated on a claim or PA request, the stakeholder is required to choose a valid code to the level of specificity required by the code set, as previously detailed in the Code Validity and Code Specificity sections of this *Update*.

### Prescriptions That Span the ICD-10 Implementation Date

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. Any associated claims will be required to include the appropriate code (ICD-9 or ICD-10) for the indicated DOS, regardless of the code indicated on the original prescription.

Prescribers and ordering providers may wish to start including ICD-10 codes now, in addition to the current ICD-9 codes, on prescriptions that span the ICD-10 implementation date. ForwardHealth's current policy regarding diagnosis codes on prescriptions is not impacted by the implementation of ICD-10.

### Diagnosis Restriction Table

ForwardHealth will be revising the Diagnosis Restricted Drugs data table on the Pharmacy Resources page of the Portal for ICD-10. The revised data table will be published in September 2015 and will contain ICD-10 codes for diagnosis-restricted drugs effective October 1, 2015. If needed, providers may reference earlier ICD-9 versions of the Diagnosis Restricted Drugs data table in the Other (e.g. MAC List) link under the Archives section on the Pharmacy Resources page of the Portal.

## Provider Electronic Solutions Software

The current Provider Electronic Solutions (PES) software, can accommodate ICD-10-CM and ICD-10-PCS codes for dates on and after October 1, 2015. Revisions for ICD-10 were made to the PES Manual in March 2015 in preparation for the implementation of ICD-10.

Provider Electronic Solutions users are encouraged to add code descriptions and identify the ICD code set version (ICD-9 or ICD-10) in the description when building their PES code list. The HCPCS list in PES, which allows users to create a list of procedure codes used most often when submitting claims using an 837 Health Care Claim transaction, is not impacted by the ICD-10 implementation.

## ForwardHealth Portal Resources

### Diagnosis Related Groups

A new Diagnosis Related Group (DRG) Grouper (Version 33) for ICD-10 codes will be available October 1, 2015. New weights and rates, once available, will be published on the Inpatient & Outpatient Hospital Rates and Inpatient Hospital Weights page of the Portal.

### Neonatal Diagnosis Related Group Enhancement Table

A Neonatal DRG Enhancement Table has been created for the ICD-10 codes and is published on the Inpatient & Outpatient Hospital Rates and Inpatient Hospital Weights page of the Portal. The table with the ICD-9 codes will be retained on the Portal for up to one year after ICD-10 compliance to align with timely filing policy.

### Companion Guides and ForwardHealth National Council for Prescription Drug Programs Version D.0 Payer Sheet

Revised ForwardHealth companion guides and the ForwardHealth National Council for Prescription Drug Programs (NCPDP) Version D.0 Payer Sheet are published to the HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet page of the Portal to allow stakeholders access prior to ICD-10 compliance.

### Online Handbook

Changes as a result of ForwardHealth's transition to ICD-10, such as the removal of specific ICD-9 code set references and the addition of ICD-10 codes, where applicable, will be reflected in the Online Handbook. Revisions to the Online Handbook will occur from July 2015 through October 30, 2015. The currently published ICD-9 codes will be retained for up to one year after ICD-10 implementation to align with timely filing policy.

### ICD-10 Code Set Transition Home Page

ForwardHealth is continuing to use the ICD-10 Code Set Transition home page of the Portal as the repository for ForwardHealth ICD-10 information and resources.

Stakeholders are reminded to check the Portal page regularly to view current communications and updated information.

Additionally, all interested parties may still register to receive ICD-10-specific email notifications from ForwardHealth. ForwardHealth is using the ICD-10 Project Information email subscription option to communicate ICD-10 information throughout the transition to ICD-10, including post-implementation. Click the Register to Receive Information from ForwardHealth about ICD-10 link on the ICD-10 Code Set Transition home page for more information about email subscription registration.

## Testing

As a reminder, now through September 30, 2015, ForwardHealth is offering testing to interested stakeholders so that they can determine their readiness for ICD-10 and confirm their ability to conduct business with ForwardHealth on and after October 1, 2015. Refer to the ICD-10 Code Set Testing page link under Hot Topics on the Portal home page for more testing information.

## ICD-10 Support

ForwardHealth has established the *VEDSICD10Support@wisconsin.gov* email address linked from the ICD-10 Code Set Transition Home page for general ICD-10 inquiries.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at *www.forwardhealth.wi.gov/*.

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