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# PROVIDER ALERT

**Alert #:** PA 2015-09  
**Issued:** September 17, 2015  
**To:** All CT BHP Providers, DCF, Probation, and Parole Staff  
**Subject:** Implementation of ICD-10 Codes – October 1, 2015

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Dear Provider,

This bulletin is to provide advanced notice of the CT Behavioral Health Partnership's implementation of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) Code Sets. ICD-9 code sets used to report diagnoses will be replaced by ICD-10 code sets. The transition to ICD-10-CM is mandated for everyone covered by the Health Insurance Portability Accountability Act (HIPAA) and must be utilized for any services rendered for dates of service October 1, 2015 forward.

On April 1, 2014, the President signed into law legislation passed by the House and Senate delaying ICD-10. The Centers for Medicare and Medicaid Services (CMS) announced the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10 would be October 1, 2015.

Authorization requests, through the ProviderConnect online registration/authorization system, will require providers to supply the DSM-5 diagnosis using the correct ICD format depending on the requested start date:

- For authorization start dates prior to October 1, 2015, the ProviderConnect application will accept ICD-9 coding.
- For authorization start dates on October 1, 2015 and going forward, the ProviderConnect application will only accept ICD-10 codes.
- Authorizations that span the October 1, 2015 transition date will not be impacted. Providers will not be required to supply both ICD-9 and ICD-10 on the authorization request or split requests. Providers do not need to resubmit authorization requests that are already in effect and span October 1, 2015.

Included with this alert is a Frequently Asked Questions (FAQ) document where many answers to your ICD-10 questions can be found and for industry training resources related to ICD-10 codes, please refer to the [ICD-10 Implementation Information Important Message](#) on the [www.ctdssmap.com](http://www.ctdssmap.com) website. A Provider Notice, outlining ProviderConnect enhancements, screenshots, and webinar trainings will be distributed separately.

If you have any questions, please contact the CT BHP Provider Relations Department at 1-877-552-8247.

Provider Relations  
Connecticut Behavioral Health Partnership

*Enclosed: FAQ*

## **Provider Frequently Asked Questions - ICD-10**

*The Centers for Medicare and Medicaid Services (CMS) announced the compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10 is October 1, 2015.*

### **ICD-10 Planning & Implementation Questions**

**Q: What is the expected date that all CT BHP systems will be compliant with ICD-10?**

**A.** All systems are expected to be compliant prior to the October 1<sup>st</sup>, 2015 implementation date.

**Q: What are the anticipated downtime requirements for ICD-10 deployment and conversion activities?**

**A.** Modifications related to ICD-10 will be implemented in scheduled releases over weekends to reduce impact on end users and submitters.

**Q: Are you planning to accept ICD-10 before the compliance date?**

**A.** There is no plan to accept ICD-10 codes prior to the official implementation date established by CMS.

**Q: Will coding crosswalk tables be available?**

**A.** No. Less than 5% of all ICD-9 and ICD-10 codes have a one to one crosswalk correlation. In some cases, a single ICD-9 code could be represented by multiple ICD-10 codes or a cluster of ICD-10 codes may be required to describe a single ICD-9 code. Additionally, some concepts will be lost when translating between ICD-9 and ICD-10. (For example: substance dependence concept has been removed from ICD-10 and substance use is now defined by specific substance.

**Q: Can you provide some ICD-10 code scenarios related to behavioral health?**

**A.** Not all codes are the same length. Examples of 3-digit codes that are complete are F05 – Delirium due to known physiological condition or F21 – Schizotypal Disorder. For these codes there are no additional characters required. Examples of 4-digit codes that are complete are F20.1 – Disorganized schizophrenia and F20.2 – Catatonic Schizophrenia. Examples of codes where all five characters are required are F20.81 – Schizophreniform disorder.

As shown above – code length can vary within a set of codes – the F20 codes can be either four or five characters in length.

### **ICD-10 Clinical Questions**

**Q: Do you expect medical policies to change to support ICD-10?**

**A.** There are no changes anticipated at this time.

**Q: Do you expect medical necessity to change as a result of the conversion to ICD-10?**

**A.** There are no changes anticipated at this time.

**Q: How will the transition from ICD-9 to ICD-10 work with Referral/Authorization transactions and subsequent episode of care?**

**A.** Authorization requests will require the provider to supply the DSM-5 diagnosis using the correct ICD format depending on the requested start date. For requested start dates prior to October 1, 2015, the ICD-9 codes will be utilized. For requested start dates October 1, 2015 and beyond, the appropriate ICD-10 codes will be utilized.

**Q: Will ICD-10 codes be required for authorization of services that span the ICD-10 compliance date?**

**A.** Authorizations that span the October 1, 2015 transition date will not be impacted. Providers will **not** be required to supply both ICD-9 and ICD-10 on the authorization request or split requests. Providers do **not** need to resubmit authorization requests that are already in effect and span October 1, 2015.

**Q: Will you accept ICD-10 authorization requests prior to October 1, 2015?**

**A.** We anticipate as of September 28, 2015, providers will be able to enter authorization requests through our online portal, ProviderConnect, with a requested start date on or after October 1, 2015.

## **ICD-10 Claims Questions**

**Q: Will claim submissions be impacted by ICD-10?**

**A.** Yes. The Department of Social Services has published the following provider bulletins to make providers aware of the changes required for ICD-10 implementation in the Connecticut Medical Assistance Program (CMAP). Please review the provider bulletins and familiarize yourself with the upcoming changes:

- [PB14-20](#) for claims submission changes required for ICD-10 implementation
- [PB15-47](#) for new Explanation of Benefit (EOB) codes being implemented for ICD-10
- [PB15-61](#) for date span logic for submitting ICD-10 codes

The CMAP Provider Manual on the [www.ctdssmap.com](http://www.ctdssmap.com) website also outlines claim submission guidelines in Chapters 5 & 8.

## **ICD-10 Appeal or Reconsideration Questions**

**Q: Will you have a new appeal process in place to support disagreements connected to ICD-10 code selection?**

**A.** No. ValueOptions will use the existing appeal process for appeals related to ICD-10.

**Q: What flexibility will be provided, if any, related to timely appeal requirements through the ICD-10 transition?**

**A.** Existing timely appeal requirements will continue to be adhered to during the ICD-10 transition.

## **ICD-10 Support Questions & Resources**

### **Q: Will there be help line for ICD-10 related issues post implementation?**

A. For questions concerning authorizations and the ProviderConnect online application, providers can contact the CT BHP Provider Relations Department at 1-877-552-8247.

For questions concerning billing and claims submission, providers should first reference the CMAP website at [www.ctdssmap.com](http://www.ctdssmap.com) to access provider bulletins and the CMAP Provider Manual, or they can contact HP ES at 1-800-842-8440.

### **Q: Where can providers find additional information about the ICD-10 transition?**

A. The links below can provide additional information about the ICD-10 transition:

- For industry training resources related to ICD-10 codes, please refer to the [ICD-10 Implementation Information Important Message](#) on the [www.ctdssmap.com](http://www.ctdssmap.com) website.
- CMS has a detailed provider resources page with guides, checklists and FAQ documents: <http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html>
- Additional information, including mapping crosswalks, can be downloaded from the CMS website: <https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html>