

ICD-10 Implementation

Guiding Principles

BWC, along with its managed care organizations (MCOs), will implement the **International Classification of Diseases** (ICD-10) so that Health Insurance Portability Accountability Act (HIPAA)-compliant providers do not need to make special accommodations. Because BWC is not a HIPAA-covered entity, we can be more flexible than other payers.

To facilitate a smooth transition to ICD-10, BWC and MCOs are implementing measures that will allow us to continue to process claims and bills using ICD-9 codes, if necessary, for 90 days past the Oct. 1, 2015, effective date.

For more information, email BWC's provider relations department at Feedback.Medical@bwc.state.oh.us.

Frequently asked questions and their answers

1. How does ICD-10 implementation affect self-insured (SI) employers?

While SI employers are exempt from HIPAA and are not mandated to implement ICD-10, we identified these possible issues if they do not support ICD-10:

- Inefficiency in claims management could occur—provider documentation will contain ICD-10s for any treatment occurring Oct. 1, 2015, and later;
- Providers may need to treat SI workers' compensation differently than other payers;
- Bill-processing applications could be unsupportable, especially any that are using Medicare's inpatient bill payment methodology (IPPS/DRG);
- No comparison basis available for national statistics;
- Medicare reporting could be affected, especially on claims created Oct. 1, 2015, and later.

2. How does ICD-10 implementation affect reporting a claim?

Coding Guidelines for the *First Report of an Injury, Occupational Disease or Death* (FROI)

- Providers should only submit one version of codes on the FROI.
 - For dates of injury prior to Oct. 1, 2015, use ICD-9 codes.
 - For dates of injury Oct. 1, 2015, and later, use ICD-10 codes.

3. How does ICD-10 affect claim allowances in existing claims?

- BWC uses ICD codes to express the conditions that it covers in each claim. We began identifying ICD-10 codes associated with existing claim allowances in late 2013. To date, we have converted approximately 80 percent of allowances in our claims.
 - Because we are automating manual processes, there are many claims that are partially converted.
 - By Oct. 1, 2015, we intend to have allowances converted on all claims that have been active in the past year.
 - In cases where allowances don't have associated ICD-10 codes by Oct. 1, 2015, we will address codes as the claims come to our attention (treatment or reactivation is requested, for example).
- We will begin dual-coding claim allowances as much as possible in June 2015 to ensure we convert as many claims as possible by Oct. 1, 2015.
- By Oct. 1, 2015, providers will have access to associated ICD-10 codes as well as the codes used in the original allowances.

4. How does ICD-10 affect requests for additional conditions in existing claims?

Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9)

- Section III. of the C-9 requests a narrative description of requested conditions. The narrative should be as specific as possible so we can ensure we can code the ICD-9 and ICD-10 from the request appropriately.

5. How does ICD-10 affect claim allowances in claims with dates of injury on or after Oct. 1, 2015?

- For claims with dates of injury of Oct. 1, 2015, and later, we will allow claims using ICD-10s.
- BWC and MCOs will be prepared to use ICD-9 codes as allowances, if necessary, for the first 90 days following the Oct. 1, 2015, effective date.

6. How does ICD-10 affect treatment requests in existing claims?

Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9)

- For treatment completed prior to Oct. 1, 2015, include only ICD-9 codes as the treating diagnosis.
- For treatment that may span Oct. 1, 2015, include the ICD-9 and ICD-10 codes as the treating diagnosis, if possible.
 - This will facilitate MCO review.
- For treatment that begins Oct. 1, 2015, or later, include ICD-10 codes only.
- As with any treatment, you should consult your MCO contact if you are not certain whether BWC will cover the condition being treated.

7. How does ICD-10 affect coding on medical bills?

- Individual medical bills must only contain one version of the diagnosis codes.
- CMS-1500 (medical bill for professional services) and UB-04 (medical bill for institutional services) – Outpatient services
 - Providers should split bills based on date of service.
 - Bill dates of service prior to Oct. 1, 2015, separately from dates of service Oct. 1, 2015, and later.
 - For dates of service prior to Oct. 1, 2015, bill the ICD-9 diagnosis code(s) corresponding to the condition(s) you treated.
 - For dates of service Oct. 1, 2015, and later, bill the ICD-10 diagnosis code(s) corresponding to the condition(s) you treated.
- UB-04 (medical bill for institutional services) – Inpatient services
 - Use the discharge date to determine the appropriate ICD diagnosis and procedure codes.
 - For discharge dates prior to Oct. 1, 2015, use ICD-9 diagnosis and procedure codes.
 - For discharge dates Oct. 1, 2015, and later, use ICD-10 diagnosis and PCS codes.

8. How will ICD-10 impact bill review?

- One of the key concerns we've heard is that ICD-10 implementation will cause delays in bill payment because ICD-10s are so much more specific than ICD-9 codes.
- To streamline the transition and prevent delays, we are expanding our existing clinical diagnosis groups. BWC and MCOs use these groups as one of the tools that evaluate the relationship between treatment and claim allowances.
- To ensure we process bills accurately, we will use the reimbursement mapping developed by CMS to expand the groups to include ICD-10 codes.
- We will also create new groups that serve solely as a crosswalk from ICD-9 to ICD-10.
- This approach will ensure we can process bills containing ICD-10s even if we have not converted the allowance on a claim to ICD-10, for example.

- This will also address the question we've heard frequently regarding how we will handle the seventh digit of certain codes. For example, when an injured worker suffers a lower back strain, the allowance will be added to the claim using one of the strain codes that ends in A (initial treatment). Providers should bill using whichever strain code is appropriate to the treatment as all three versions of these codes will be included in a single group.
- The clinical diagnosis group table will be available on BWC's website on the Provider page in the Services list.
 - The table will assist providers in understanding which conditions MCOs may consider related to a claim. We do not intend providers to use the table to determine correct coding for a bill. There are other factors that MCOs may take into account in determining whether treatment is related (treatment guidelines for the allowed condition, for instance).
 - As always, providers should bill the conditions they are treating.

9. Can providers test bill submissions for ICD-10 with MCOs and BWC?

Yes. The provider can contact BWC's HPP Systems Support Unit (HPPSSU@bwc.state.oh.us), or work with one of its MCO billing contacts to initiate testing. MCOs and BWC will complete a final round of testing between April and June 2015 to confirm that everyone is prepared to process bills containing ICD-10 codes.

10. How will MCOs support the transition to ICD-10?

- We are developing procedures that will allow MCOs to support BWC's ICD-10 conversion efforts. This includes identifying medical documentation to support sprains and/or strains. It may also include identifying possible ICD-10s associated with existing claim allowances. This plan is under development.
- MCOs are participating in a joint BWC-MCO workgroup that is:
 - Documenting detailed recommendations for ICD-10 issues that need to be addressed in the bill review process;
 - Developing minimum recommended business requirements for bill review, including implementation of the enhanced clinical diagnosis groups;
 - Making recommendations regarding communication opportunities;
 - Serving as a sounding board for various ICD-10-related billing issues;

11. What training is BWC doing to ensure employees understand ICD-10?

- E-Learning Modules are available to all BWC employees. They are prerequisites for the two-day classroom training scheduled between April 7 and June 4.
- BWC developed training in collaboration with Columbus State Community College.

12. How is BWC communicating about ICD-10?

- Communication efforts in progress include:
 - Planned presentations at the 2015 Safety Congress;
 - Communication at upcoming *RepConnect* meetings;
 - Self-insurance employer meetings;
 - *Provider* and *BWCeNews* articles;
 - Stakeholder meetings;
 - Outreach to professional associations;
 - Website changes;
 - Links to various information via social media;
 - Talking points for BWC and MCO staff.