



**TO: All Providers**

**RE: 1) International Classification of Diseases, 10th Revision (ICD-10) Implementation  
2) Elimination of Provider Electronic Solutions (PES)**

The purpose of this bulletin is to provide important information regarding the Department of Social Services' (DSS) implementation of ICD-10. The United States Department of Health and Human Services requires that all Health Insurance Portability and Accountability Act (HIPAA) covered entities must use the ICD-10 codes beginning with dates of service October 1, 2014. This impacts all providers who participate in the Connecticut Medical Assistance Program (CMAP). The ICD-9 code sets currently used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

### **About ICD-10**

ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) consists of two parts:

1. **ICD-10-CM** for diagnosis coding is for use in all U.S. health care settings. Diagnosis coding under ICD-10-CM uses 3 to 7 alpha numeric digits instead of the 3 to 5 digits used with ICD-9-CM, but the format of the code sets is similar.

2. **ICD-10-PCS** (for inpatient procedure coding) is for use in U.S. inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3 or 4 numeric digits used under ICD-9-CM procedure coding. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

The ICD-10 coding system will fully replace the current ICD-9 coding system and will have a substantial impact on the entire health care industry. ICD-10 will incorporate greater specificity, reflect modern advances in health care and enable world-wide sharing of health data.

Claims for all health care services and hospital inpatient procedures performed on or after **October 1, 2014**, will be required to use ICD-10 diagnosis and inpatient procedure codes.

Providers must work with their IT staff, billing software vendors, clinical staff, coders, billing staff, clearinghouses, etc., to ensure **both paper and electronic claims** can be correctly coded with either ICD-9 or ICD-10 based on the date of service submitted on the claim. **Beginning October 1, 2014, claims that are not properly coded will deny when submitted to CMAP.**

**It is important to note that providers will use either ICD-9 or ICD-10 based on the date(s) of services on the claim and not on the date the claim is submitted.**

Your early participation in this implementation will avoid unnecessary claim denials and will ensure a smooth transition to these new requirements. Please review the below **To Do List** carefully to learn what you or your organization should do now to prepare.



## To Do List

- Identify all places you currently use ICD-9 to understand the impact of the transition to ICD-10 on your business practices. Make sure you account for the use of ICD-9 in authorizations/pre-certifications, physician orders, medical records, practice management and billing systems, and coding manuals.
- Learn about ICD-10 structure, organization and features and initiate communication with payers, vendors and other trading partners about their ICD-10 plans to ensure ICD-10 compliance on October 1, 2014. Each provider will be responsible for the needed changes to their clinical documentation and diagnosis coding.
- Stay informed!! Visit the ICD-10 Important Message located on the home page of the [www.ctdssmap.com](http://www.ctdssmap.com) Web site to obtain updates to ICD-10 implementation plan. The ICD-10 Important Message contains links to key CMS-support materials, external provider resources and training documentation to aid in the successful implementation of ICD-10.
- Participate in CMAP's ICD-10 implementation efforts by taking readiness assessment surveys and answering the "Question of the Month" in order to become familiar with the new code set.
- Become a beta tester. Beginning January 2014, trading partner testing will be conducted to ensure the accurate acceptance, adjudication, and payment of ICD-10 claims.

## FAQ - Frequently Asked Questions

**Q.** Who will be impacted by this transition to ICD-10 coding system?

**A.** The transition to ICD-10 coding system will affect diagnosis and inpatient procedure coding for everyone covered by HIPAA, not just those who submit Medicare or Medicaid claims. The change to ICD-10 does not affect CPT coding for outpatient procedures.

**Q.** Will there be a phased implementation of ICD-10 or is there a hard cutover date?

**A.** As of the adoption of the final rule, the ICD-10 implementation date is now set to October 1, 2014, with no exceptions. This is a hard cutover date.

**Q.** Where can I find the ICD-10 codes?

**A.** The ICD-10-CM (diagnoses), ICD-10-PCS (procedures) code sets and the ICD-10-CM official guidelines are available free of charge on the "2013 ICD-10-CM and GEMs" and "2013 ICD-10-PCS and GEMs" pages of the CMS ICD-10 website located at [www.cms.gov/ICD10](http://www.cms.gov/ICD10).

**Q.** Are we required to submit test claims?

**A.** No. Providers will not be required to submit test claims.

**Q.** Who do I contact if I have ICD-10 questions?

**A.** Send all ICD-10 questions to [cmapid10questions@hp.com](mailto:cmapid10questions@hp.com).

**Q.** I don't submit diagnosis codes on my claim today, will that change?

**A.** Billing requirements will not change. A small subset of CMAP providers are not required to submit a diagnosis code on their claim today. Transportation claims are an example of this. That will not change.

## Elimination of PES

**Effective October 1, 2014**, HP Provider Electronic Solutions (PES) will not be upgraded to ICD-10 and will be phased out. Providers currently utilizing the PES software



will be required to transition to an alternative method of claim submission and batch eligibility verification, such as a vendor/clearinghouse or web, before October 1, 2014. HP will assist PES users with options available in a separate bulletin well in advance of the retirement of PES.

Current PES users are encouraged to explore and research alternative methods of claim submission and batch eligibility verification prior to October 1, 2014 to ensure a smooth transition.

