



## ICD-10 Provider Frequently Asked Questions

*This FAQ document will continue to be reviewed and updated regularly in order to provide the most current and pertinent information.*

### **Q. Does Beacon utilize CMS ICD-10 GEMS/crosswalks?**

- A.** Yes. Beacon uses the Centers for Medicare and Medicaid Services (CMS) General Equivalence Mappings (GEMs) as the standard for mapping ICD-10 diagnosis coding for our organization. Codes are reviewed and updated by CMS on a regular basis. In order to remain compliant, Beacon implements changes as we are notified.

Additional information regarding ICD-10, including 2017 ICD-10 GEMs changes that went into effect October 1, 2016, can be located on the [CMS ICD-10 page](#).

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

- A.** Authorization requests require a DSM-5 diagnosis using the correct ICD format depending on the requested start date. Requested start dates prior to October 1, 2015, utilized ICD-9 codes and requested start dates October 1, 2015 and after utilized ICD-10 codes that are found in the DSM-5 manual.

### **Q. Were ICD-10 codes required for authorization requests that spanned the ICD-10 compliance date?**

- A.** No. Authorizations that spanned the transition date were not impacted.

### **Q. Was reimbursement methodology impacted by ICD-10?**

- A.** Beacon continues to use revenue, CPT, and HCPCS codes in payment schedules. At this time, reimbursement methodologies are not impacted by changes to ICD coding.

### **Q. Should dates of service prior to October 1, 2015 be billed separately from dates of service which occur on or after October 1, 2015?**

- A.** Yes. Claim lines **cannot** span the ICD-10 transition date of October 1, 2015.
- Prior to October 1, 2015: Bill as separate claims with ICD-9 codes.
  - Dates on or after October 1, 2015: Bill as separate claims with ICD-10 codes.



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**Note:** All claims must contain coding covered by the member's benefit and appropriate for the service being rendered.

**Q. Please clarify. What if our facility had a patient admitted on September 28, 2015 who was not discharged until October 5, 2015, and our claim denied? How should I have billed?**

**A.** For the above example, two separate claims would need to be submitted within the appropriate timely filing limits – one for the dates in September using ICD-9 codes and one for the dates in October using ICD-10 codes.

**Q. Where can I find additional ICD-10 resources?**

**A.** Current information regarding ICD-10 can be found directly through CMS. Here are some resources that were helpful during the transition in 2015:

- [Coding Conversion Tool](#)
- [CMS ICD-10 website](#)
- [Road to 10](#)
- DSM-5 manual