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.
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.

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