

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 employers?

We identified these possible issues if employers 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 worker's compensation differently than other payers;
- Bill-processing applications could be unsupported, especially any 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 began 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 on ohiobwc.gov. However, the conversion to ICD-10 will impact those individuals using BWC's phone-based, interactive voice recognition (IVR) system to retrieve diagnosis codes. As of Oct. 1, 2015, this service will provide ICD-10 codes only for new claim allowances occurring that date or after. For claim allowances dating prior to Oct. 1, the IVR will provide only the ICD-9 code.

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, we will add the allowance to the claim using one of the strain codes that ends in A (initial treatment). Providers should use 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.