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 unsupportable, 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, 2105, 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.