ICD-10
Provider Frequently Asked Questions

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) HAS ANNOUNCED THE COMPLIANCE DATE FOR HEALTH CARE PROVIDERS, HEALTH PLANS, AND HEALTH CARE CLEARINGHOUSES TO TRANSITION TO ICD-10 IS OCTOBER 1, 2015.

Beacon Health Strategies (Beacon)
ICD-10 Planning & Implementation Questions

Q: What is your organization’s approach for complying with the ICD-10 mandate?
A. Project teams have been identified to assess the impact to systems and business processes. Applications, EDI transactions, reports and business processes will be modified to accommodate the requirements for ICD-10 prior to the implementation date as established by CMS, which is now October 1, 2015.

Q: What is the expected date that all systems and services at Beacon will be compliant with ICD-10?
A. All systems are expected to be compliant before the end of September 2015.

Q: How often will Beacon provide ICD-10 status updates and where can provider updates be found?
A. Beacon will provide status updates to providers via the Provider section of beaconhealthstrategies.com. These updates can be found on the following webpage: http://www.beaconhealthstrategies.com/DSM5ICD10/Default.aspx

Q: What are the anticipated downtime requirements for ICD-10 deployment and conversion activities?
A. Modifications related to ICD-10 will be implemented in scheduled releases overnight to reduce impact on end users and submitters.

Q: Are there any additional costs associated with the ICD-10 implementation?
A. No. There are no additional costs that will be charged to providers by Beacon for implementing ICD-10.
Q: Will you provide support during and after the ICD-10 compliant release?
A. Yes. Adequate resources will be allocated to accommodate the testing requirements. Beacon will be conducting Provider educational webinars on provider related materials impacted by ICD-10 implementation. The schedule is yet to be determined. Any updates will be posted to our provider website.

Q: Are you planning to accept ICD-10 before the compliance date?
A. There is no plan to accept ICD-10 codes prior to the official implementation date established by CMS.

Q: Can we use ICD-10 prior to October 1, 2015?
A. No, CMS requires HIPAA-covered entities, such as Beacon, to continue to use ICD-9 CM through September 30, 2015.

ICD-10 Clinical Questions

Q: Do you expect medical policies to change to support ICD-10?
A: There are no changes anticipated at this time.

Q: Do you expect medical necessity and/or medical policy to change as a result of the conversion to ICD-10?
A. There are no changes anticipated at this time.

Q: How will the transition from ICD-9 to ICD-10 work with Referral/Authorization transactions and subsequent episode of care?
A. For requested start dates prior to October 1, 2015, the ICD-9 codes will be utilized. For requested start dates October 1, 2015 and beyond, the appropriate ICD-10 codes will be utilized.
Q: Will ICD-10 codes be required for authorization of services that span the ICD-10 compliance date?
A. Beacon will accept either ICD or DSM on authorizations. Authorizations that span the October 1, 2015 transition date will not be impacted & providers will not be required to supply both ICD-9 and ICD-10 (or DSM-IV and DSM-5) on the authorization request or split their authorization requests.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Begins</th>
<th>Ends</th>
<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Admission on or after 10/1/15</td>
<td>Discharge on or after 10/1/15</td>
<td>Prior authorizations must be requested with ICD-10 codes.</td>
</tr>
<tr>
<td>Inpatient with known discharge date</td>
<td>Admission before 10/1/15</td>
<td>Known discharge on or after 10/1/15</td>
<td>Prior authorizations must be requested with ICD-9 codes. Prior authorization would be valid for entire submission.</td>
</tr>
<tr>
<td>Inpatient with unknown discharge date</td>
<td>Admission before 10/1/15</td>
<td>Unknown at the time of admission but discharge is on or after 10/1/15</td>
<td>Prior authorizations must be requested with ICD-9 codes. Prior authorization would be valid for entire submission.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Services on or after 10/1/15</td>
<td>Not applicable</td>
<td>Prior authorizations must be requested with ICD-10 codes.</td>
</tr>
<tr>
<td>Long-term outpatient</td>
<td>Services begin before 10/1/15</td>
<td>Services end on or after 10/1/15</td>
<td>Prior authorizations requested with ICD-9 will be valid for services on or after 10/1/15.</td>
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</tbody>
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**ICD-10 Claims Questions**

Q: Will reimbursement methodology be impacted by ICD-10?
A. Beacon will continue to use revenue codes, CPT and HCPCS codes in payment schedules. At this time, we don’t anticipate impact to reimbursement methodologies.
Q: Do you anticipate significant impact to provider contracts due to inclusion of DRG and/or ICD codes in the contracts?
A. No impact is expected. Beacon will continue to contract with providers based on CPT, HCPCS and revenue codes.

Q: Will Beacon utilize the CMS ICD-10 GEMS/crosswalks?
A. Beacon will use the CMS ICD-10 GEMs/crosswalks as the standard for mapping ICD-9 to ICD-10.

Q: Are you using the GEMs or the CMS Reimbursement Maps as a guideline to determine pricing in your claims process?
A. Neither. Beacon will continue to use revenue codes, CPT codes and HCPCS codes in payment schedules. At this time, we don’t anticipate impact to reimbursement methodologies.

Q: When will Beacon stop accepting ICD-9 codes and will the payer be able to accommodate dual processing of ICD-9 and ICD-10 codes?
A. Beacon will be compliant with the ICD-10-CM and ICD-10-PCS code sets regulation. We will enhance our processing system to utilize both ICD-10 and ICD-9 codes on an effective/term date basis. We will accept and utilize ICD-10 codes for services provided on or after the official compliance date. Claims submitted for services rendered prior to the compliance date should be submitted with ICD-9 codes, regardless of the submission date.

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. Beacon will be following the guidance [MLN 7492] released by the Centers for Medicare and Medicaid Services (CMS) for processing of claims that span the ICD-10 implementation date.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Use of ICD-9</th>
<th>Use of ICD-10</th>
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</thead>
<tbody>
<tr>
<td>Date of Service prior to 10/1/2015</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Date of Service on 10/1/2015</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of Service after 10/1/2015</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Dates of Service that spans 10/1/2015</td>
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</table>
Q: Do you anticipate any delays in claim adjudication as of the compliance date and if so, for how long? Do you intend to pay interest on the value of the delayed claims and if so, at what rate?
A. No delays in adjudication are anticipated. Beacon is currently and will continue to be compliant with all interest penalty regulations.

Q: When will Beacon Payer Companion Guides reflect payer ICD-10 changes?
A. Beacon Payer Companion Guides reflecting ICD-10 changes will be made available on our website on or after October 1, 2015.

Q. Can you provide some ICD-10 code scenarios related to behavioral health?
A. Codes for claims payment must be a full ICD-10 code – we will not be accepting partial or incomplete codes. Not all codes are the same length. Examples of 3-digit codes that are complete are F05 – Delirium due to known physiological condition or F21 – Schizotypal Disorder. For these codes there are no additional characters required. Examples of 4-digit codes that are complete are F20.1 – Disorganized schizophrenia and F20.9 – Schizophrenia, unspecified. Examples of codes where all five characters are required are F20.89 - Other schizophrenia and F20.81 – Schizophreniform disorder.

As shown above – code length can vary within a set of codes – the F20 codes can be either four or five characters in length. If a character is missing from the claim request the claim will not be accepted. Example F20.8 will reject – there is a need for the fifth character to clarify the diagnosis. Codes for authorization request must be codes that are available in the current DSM and are based on the requested start date.

Additional information, including mapping crosswalks, can be downloaded from the CMS website: https://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html.

Q. Will Beacon issue a list of acceptable ICD-10 codes?
A. Acceptable ICD-10 codes will vary by Plan benefit design. Refer to Plan benefit materials for information.

Q. Will Beacon reimburse for services when “other specified” is utilized?
A. Yes, if the ICD-10 code is covered under the Plan benefit design.

Q. How will Beacon handle claims during the assessment phase, i.e. the first few sessions with a new client, no referring diagnosis and there is no clear diagnostic picture? For certain services and payers, providers currently use 799.9 diagnosis deferred on Axis I. There does not seem to be anything similar in ICD-10.
A. F99 which is defined as “Mental disorder, not otherwise specified.”
Q. Will Beacon be following recent CMS guidance about not denying claims for lack of specificity for 12 months?
A. Yes. All claims with dates of service of October 1, 2015 or later must be submitted with a valid ICD-10 code; ICD-9 codes will no longer be accepted for these dates of service. ICD-10-CM is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity. A three-character code is to be used only if it is not further subdivided.

Many people use the term 'billable code' and 'valid code' interchangeably.

ICD-10 Claims/Appeal or Reconsiderations Questions

Q: Will you have a new appeal process in place to support disagreements connected to ICD-10 code selection and/or DRG classification that were used for reimbursement?
A. Beacon will use the existing appeal process for appeals related to ICD-10.

Q: What flexibility will be provided, if any, related to timely appeal requirements through the ICD-10 transition?
A. Existing timely appeal requirements will continue to be adhered to during the ICD-10 transition.

Q: Will EOB/remittance remarks explicitly state reason for denials if related to no coverage?
A. Yes. Beacon will state on the EOB/remittance the specific reason for denial when a provider uses an expired diagnosis code.

ICD-10 Testing Questions

Q: When will your ICD-10 product or service be available to test?
A. Beacon is currently testing with payers and providers. Information regarding ICD-10 testing is available at: http://www.beaconhealthstrategies.com/DSM5ICD10/Default.aspx.

Q: When can providers start talking to Beacon about the testing plan?
A. Now. Inquiries should be sent to BeaconICD10EDI@beaconhs.com.

ICD-10 Reporting Questions

Q: How will reports handle dual use of ICD-9 and ICD-10?
A. Mapping from ICD-9 to ICD-10 codes will be applied using the CMS GEMs to ensure consistency of reporting.
ICD-10 Support Questions

Q: Will you provide support during and after the ICD-10 compliant release? What is the source of this support?
A. Yes. Specific resources will be assigned to support providers with testing of process changes. Adequate resources will be allocated to accommodate the testing requirements and any influx of questions.

Q: Will there be special help line for ICD-10 related issues post implementation? Or will the provider service line assume these types of specialized calls?
A. For testing and technical questions, providers can call the EDI Help Desk at 888-204-5581.

For all other provider ICD-10 questions, providers can call the Provider Services Line at:
- Beacon MA Service Center: 781-994-7556
- Beacon FL Service Center: 800-221-5487 x5993
- Beacon CA Service Center: 800.779.3825, option 6, then 3

Q: Is the support included as part of the original agreement or is it an additional cost?
A. There is no additional cost for this support.

Q: Will you provide support during and after the ICD-10 compliance release?
A. Yes.

ICD-10 CMS Resources

Q: Where can providers find additional information about the ICD-10 transition?
A. CMS has a detailed provider resources page with guides, checklists and FAQ documents: http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html
