**Please note:** The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

This publication provides the following information on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS):
- ICD-10-CM/PCS compliance date;
- Frequently Asked Questions; and
- Resources.

### ICD-10-CM/PCS COMPLIANCE DATE

The compliance date for implementation of ICD-10-CM/PCS is October 1, 2014, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities. ICD-10-CM/PCS will enhance accurate payment for services rendered and facilitate evaluation of medical processes and outcomes. A number of other countries have already moved to ICD-10, including:
- United Kingdom (1995);
- France (1997);
- Australia (1998);
- Germany (2000); and
- Canada (2001).

### FREQUENTLY ASKED QUESTIONS

**Will International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) codes be accepted on claims with FROM dates of service or dates of discharge/THROUGH dates on or after October 1, 2014?**

No. ICD-9-CM codes will no longer be accepted on both electronic and paper claims with FROM dates of service (on professional and supplier claims) or dates of discharge/THROUGH dates (on institutional claims) on or after October 1, 2014.

**What will happen to institutional, professional, and supplier claims that contain ICD-9-CM codes for services on or after October 1, 2014?**

Claims that contain ICD-9-CM codes for services will be handled as follows:
- Direct data entry institutional claims – Returned to provider (RTP);
- Paper professional and supplier claims – Returned as unprocessable; and
- Electronic institutional, professional, and supplier claims – Rejected.

Billers whose paper or electronic claims are returned or rejected for an invalid diagnosis code may correct and resubmit those claims. You will receive a letter of explanation or a Remittance Advice that provides information about claim errors. After the claim has been corrected, you must resubmit it as a new claim within the timely filing period. Claims that have been returned as unprocessable may not be appealed.

You may appeal initial claim determinations, including denials, if you are dissatisfied with the claim determination and file a timely appeal request that contains the necessary information needed to process the request.

If a denial is due to a minor error or omission you made in filing a claim, you may request a reopening to correct such clerical errors. A reopening is separate and distinct from the appeals process. After the claim has been corrected, you must resubmit it within the timely filing period.

**Can a claim contain both ICD-9-CM and ICD-10-CM/PCS codes?**

No. A claim cannot contain both ICD-9-CM and ICD-10-CM/PCS codes. Medicare will RTP/return as unprocessable all claims that are billed with both ICD-9-CM and ICD-10-CM/PCS diagnosis and procedure codes on the same claim. For more information about split claims billing, refer to the following MLN Matters® articles:
Will providers be able to use ICD-10-CM/PCS codes on claims prior to the October 1, 2014, implementation date?
No. ICD-10-CM/PCS codes may only be used for services provided on or after October 1, 2014. Claims containing ICD-10-CM/PCS codes for services provided prior to October 1, 2014, will be returned as unprocessable. You must submit claims for services provided prior to October 1, 2014, with the appropriate ICD-9-CM code. For more information, refer to the MLN Matters® articles referenced on the previous page.

How should claims be handled when they are split for an outpatient encounter spanning the ICD-10-CM/PCS implementation date?
Claims for services provided prior to October 1, 2014, must be billed separately from services provided on or after October 1, 2014. When claims are split for an encounter spanning the ICD-10-CM/PCS implementation date, you must maintain all charges with the same Line Item Date of Service (LIDOS) on the correct corresponding claim for the encounter. You must not split single item services whose timeframes cross over midnight on September 30, 2014, into two separate charges. Instead, you must place the single item service in the claim based upon the LIDOS as follows:
- Emergency room (ER) encounters – Date the patient enters the ER; and
- Observation encounters – Date observation care begins.

For more information, refer to the MLN Matters® articles referenced on the previous page.

If there is no service for the encounter with a LIDOS on the split claim, should I send an October 2014 claim to Medicare for payment?
No. If there is no service for the encounter with a LIDOS on the split claim with an October 2014 date, don’t send an October 2014 claim to Medicare for payment. No payment is allowed on any of the charges because all charges are packaged. You must maintain a log of these charges for cost reporting purposes. For more information, refer to the split claims billing MLN Matters® article referenced on the previous page.

Will my payment under ICD-10-CM/PCS mirror the payment I currently receive under ICD-9-CM?
In general, the answer is yes. Providers should code the services they performed.

Professional and supplier claims – Payment is currently based on the Healthcare Common Procedure Coding System (HCPCS) code and under ICD-10-CM/PCS, payment will also be based on the HCPCS code. A claim could be denied if the diagnosis does not warrant payment for the procedure. You should consult the appropriate payment policy, National Coverage Determination (NCD), or Local Coverage Determination (LCD) pertaining to the service you wish to bill to determine whether there are any changes to diagnosis code reporting requirements. You should also consult the forthcoming 2014 payment rules for ICD-10-CM/PCS impacts.

Hospitals – CMS developed ICD-10-CM and ICD-10-PCS versions of the last few years’ Medicare Severity-Diagnosis Related Groups (MS-DRGs) and posted them for public review and comment at http://www.cms.gov/Medicare/Coding/ICD10/ICD-10-MS-DRG-Conversion-Project.html on the CMS website. You can order the personal computer or mainframe version of the ICD-10-CM and ICD-10-PCS MS-DRGs that are equivalent to the current ICD-9-CM MS-DRGs version 30 from the National Technical Information Service at http://www.ntis.gov/products/cms-medicare.aspx on the United States Department of Commerce website. Version 31 of the ICD-10-CM and ICD-10-PCS MS-DRG software will be available in fall of 2013. You can input ICD-10-CM/PCS codes for a particular admission and determine the MS-DRG assignment. Therefore, hospitals can begin testing the impact of current claims information submitted as ICD-10-CM/PCS codes based on current MS-DRG logic. The final, approved ICD-10-CM and ICD-10-PCS MS-DRGs, which will be implemented on October 1, 2014 (fiscal year [FY] 2015), will be available after the next rulemaking cycle for FY 2015.

Will the NCD/LCD conversion be completed in time for the October 1, 2014, implementation date?
CMS is making modifications to its claims processing systems to report the appropriate NCD/LCD captured during claims processing based on their association with either ICD-9-CM or ICD-10-CM/PCS diagnosis codes, the claim line service date, and the ICD-10-CM/PCS diagnosis code effective date. For information about NCD conversions, visit http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html on the CMS website.

When will the LCDs be converted and available in the Medicare Coverage Database (MCD)?
All ICD-10-CM/PCS LCDs and associated ICD-10-CM/PCS articles will be published in the MCD no later than April 10, 2014.
The chart below provides ICD-10-CM/PCS resource information.

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<th>For More Information About...</th>
<th>Resource</th>
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<tr>
<td>ICD-10-CM/PCS Implementation Timelines</td>
<td><a href="http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html">http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html</a> on the CMS website</td>
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<td>ICD-10-CM/PCS Statute and Regulations</td>
<td><a href="http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html">http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html</a> on the CMS website</td>
</tr>
<tr>
<td>All Available Medicare Learning Network® (MLN) Products</td>
<td>“Medicare Learning Network® Catalog of Products” located at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf</a> on the CMS website or scan the Quick Response (QR) code on the right with your mobile device</td>
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<tr>
<td>Medicare Information for Patients</td>
<td><a href="http://www.medicare.gov">http://www.medicare.gov</a> on the CMS website</td>
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