



## Frequently Asked Questions

### Preparation for ICD-10

#### **What has Aetna done to prepare for ICD-10?**

We plan to meet all applicable timeframes for compliance and will work closely with providers and clearinghouses as they strive for compliance as well. We have engaged the impacted areas of our company in business assessments. We're planning for the move from 18,000 ICD-9 codes to more than 140,000 ICD-10 codes. Our program incorporates remediation of our impacted systems and vendor tools, affected business processes and policies.

#### **How did the delay affect your planning?**

We have kept our current momentum on our ICD-10 program work, including remediation of our impacted systems, vendor tools, and affected business processes and policies. We plan to be fully ready to process ICD-10 claims on 10/1/15.

#### **What key information would you want providers to know as they develop their own ICD-10 implementation plans?**

The ICD-10 conversion will affect nearly all provider systems and many processes. The largest impacts will likely be in clinical and financial documentation, billing and coding. It's important that providers contact their billing or software vendor to understand their plans for conversion and testing.

#### **What is Aetna's top concern about this transition?**

The complexity of conversion requires immediate action to address the business and clinical issues associated with the transition. The ICD-10 conversion will affect nearly all provider systems and many processes. We strongly encourage providers and vendors to continue working toward compliance.

### Contracts and reimbursement

#### **How will reimbursement methodology be impacted by ICD-10?**

The ICD-10 conversion wasn't intended to transform payment or reimbursement. However, it may result in reimbursement methodologies that more accurately show patient status and care.

#### **How will the conversion affect contracts?**

We have assessed the impact of ICD-10 to all provider contracts. We are working with those contracted entities directly on any changes that may be required to accommodate the transition to ICD-10.

#### **Will DRG groupers continue to be based on ICD-9 codes after the adoption of ICD-10 codes? Or, will the grouper determine the DRG based upon ICD-10 codes?**

For inpatient services, we plan to use the MS-DRG v33 grouper from Medicare, which will be based on ICD-10 codes beginning 10/1/15. For outpatient services, when applicable, we use the Medicare APC grouper/pricer, which will accept ICD-10 codes beginning 10/1/15.

**If ICD-10 codes are used, will the payer give the provider a copy of the new grouper logic?**

We'll use ICD-10 codes for grouping beginning with discharges on or after 10/1/15. We use the CMS MS-DRG v33 grouper, which is industry standard.

**If the grouper continues to use ICD-9 logic, how will that diagnosis code be determined? Will there be a crosswalk to ICD-9 codes?**

We'll use ICD-10 codes for grouping beginning with discharges on or after 10/1/15.

**How will you handle payment provisions of contracts that are diagnosis based?**

If a contract uses an ICD-9 diagnosis and/or procedure code as a carve-out, these provisions will be updated via a provider notification letter or an amendment before 10/1/15. These contracts are in the process of being updated at this time. Since there aren't that many, they'll be complete by 10/1/15.

If a contract does not have an ICD-9 diagnosis and/or procedure code as a carve-out, no action is required, as our current contract terms support the requirement to bill using the appropriate code set in effect at the time.

**Crosswalk**

**Will Aetna use a crosswalk?**

We use the CMS GEMS as a clinical equivalence tool to remediate business rules with ICD-9 codes. This allows us to convert them to the ICD-10 code-set. After 10/1/15, standard transactions submitted will be processed using the ICD-10 codes submitted, or the ICD-9 codes submitted for dates of service before 10/1/15.

**What is Aetna's approach to mapping ICD-9 codes to ICD-10 codes?**

We use the CMS GEMS as a clinical equivalence tool to remediate business rules with ICD-9 codes. We won't map codes for claims processing; our systems will process claims using the code set submitted.

**Medical policies**

**Will Aetna's medical policies be remediated to support ICD-10? When will those changes be communicated to providers?**

Yes, our medical policies are being remediated due to the new code set. We plan to publish updates to our medical policies on 8/1/15.

**Testing**

**Is Aetna testing with providers?**

We have done large-scale internal, as well as targeted external testing. We started it in 2013 and will wrap up mid-2015. We strongly encourage providers to approach clearinghouses and other business partners to start testing as well.

**Will you test with us?**

Unfortunately, we're wrapping up all ICD-10 testing and are not accepting any additional ICD-10 testing requests.

**Will you share what you have learned from your testing?**

We've had no issues with accepting new ICD-10 codes, as long as our testing partners created an ICD-10 claim transaction and sent it to their clearinghouse. We successfully processed the ICD-10 837 files from our testing partners. This included the generation of an ERA.

Inpatient, outpatient and professional claims were tested to verify consistent application of clinical policies. These claims have shown a very low rate of ICD-9 to ICD-10 variance, most of which has also been determined to be controllable due to provider coding errors.

In our testing focused on inpatient DRG claims, provider coding caused most of the DRG shifts. This included missing diagnosis or procedure codes, incorrect diagnosis or procedure codes or sequencing issues. Provider coding represented almost 75 percent of all variance we saw in our testing. In the time left before the transition, we encourage hospitals to dual code and compare DRG outcomes. This will help you understand the drivers of any variance seen.

Want to learn more? View Aetna ICD-10 testing results webinars on [www.aetnaeducation.com](http://www.aetnaeducation.com).

**Will you share the types and sizes of business partners you have tested with?**

We don't plan to publish the types, sizes or names of our test partners. However, we have completed end-to-end testing of inpatient, outpatient and professional claims. We have seen no issues with accepting ICD-10 codes, as long as our partners created an ICD-10 transaction and sent it to their clearinghouse.

**Did your organization participate in the HIMSS/WEDI ICD-10 national pilot program?**

We're a member of HIMSS and WEDI, and actively participate on many industry workgroups and task forces related to ICD-10. However, we chose not to participate in the pilot, as we viewed it as redundant to our already robust internal and external testing program.

**Can we set up regular meetings?**

Unfortunately, due to the amount of work currently underway, we can't agree to meet with you regularly.

**Claims**

**Will you accept both ICD-9 and ICD-10 code formats after 10/1/15?**

Beginning on 10/1/15, ICD-10 codes should be submitted for dates of service on or after 10/1/15. ICD-9 codes should be submitted for dates of service before 10/1/15.

**How long will you accept ICD-9 codes?**

ICD-9 codes will be accepted for dates of service before 10/1/15 throughout any run-off, which will be based on specific contracts and legally mandated run-off.

**Will Coordination of Benefits (COB) claims be addressed the same for ICD-10 as they were for ICD-9 processing (for example, will claims be crossed over)?**

Yes, COB claims will be addressed for ICD-10 as they are for ICD-9.

**Will Aetna accept ICD-9 codes on adjustment bills or claim corrections after 10/1/15?**

Yes.

**Can ICD-9 and ICD-10 claims be sent within one ISA/IEA?**

Yes.

**Will you accept a claim that has both ICD-9 and ICD-10 codes?**

No.

## **Are there specific rejection and reason/remark codes that will be used to identify the incorrect use of ICD-10 codes?**

If providers submit ICD-10 procedure codes before the ICD-10 effective date, they may see these new rejection reason codes with their associated, unsolicited claim status codes (277CA):

- Reject reason code C34—The ICD-9 or ICD-10 procedure code is invalid
- Reject reason code C35—ICD procedure code is a mixed code set-ICD-9/ICD-10
- Reject reason code C36—ICD-9 code set is submitted
- Reject reason code C37—ICD code set overlap (when one code can be considered under both ICD-9 and ICD-10 classification). For example, code A13.4 can be a valid code under both ICD-9 and ICD-10 code sets.

## **How will you handle unspecified codes?**

Our handling of unspecified codes won't change when we transition to ICD-10. All policies and processes currently in place will continue to apply. CMS provides guidance about unspecified codes in the ICD-10-CM Official Guidelines for Coding and Reporting. The guidelines have been approved by AHA, AHIMA, CMS and NCHS. In general, codes titled "unspecified" are for use when the information in the medical record is insufficient to assign a more specific code.

Unspecified codes may indicate the highest level of certainty for that encounter or visit. The selection of an unspecified diagnosis code may be valid to code the condition to the highest degree of certainty for that encounter visit, such as diagnoses, symptoms, conditions, problems or other reasons for the visit. Providers should code to the level of detail available at the time the claim is coded.

## **How will the transition from ICD-9 to ICD-10 work with IP hospital or IP skilled nursing interim billing?**

Inpatient hospital/inpatient skilled nursing claims **without** a discharge date (that is, interim bill) will use the "through" date as the sole determiner of which code set to accept/reject. Interim bills sent with a through date on or after 10/1/15 must be submitted with ICD-10 codes. Interim bills sent with a through date before 10/1/15 must be submitted with ICD-9 codes.

For other scenarios and recommendations, review MLN Matters Number: SE1325 or SE1408 at [www.cms.gov](http://www.cms.gov).

## **How should IP hospital or IP skilled nursing claims with a discharge date be billed?**

If the through date is before 10/1/15, the claim should be billed with ICD9 codes. If the through date is on or after 10/1/15, the claim should be billed with ICD-10 codes.

## **How should injectibles be billed when a vial is billed for a 30-day supply and the dates span before and after 10/1/15?**

It depends on the number of expense lines and whether the "from" dates are before or after 10/1/15.

### **You should bill with ICD-9 codes for:**

- Professional claims with a single expense line with a from date on or before 9/30/15 and a through date on or after 10/1/15.
- A single claim can be submitted using ICD-9 codes for professional claims with multiple expense lines, as long as all of the from dates for all expense lines are on or before 9/30/15.

### **You should bill with ICD-10 codes for:**

- Professional claims with a single expense line with a from date on or after 10/1/15.

- A single claim can be submitted using ICD-10 codes for professional claims with multiple expense lines, as long as all of the from dates for all expense lines are on or after 10/1/15.

**Billing separate/split claims:**

- If a professional claim has multiple expense lines with from dates both before and after 10/1/15, you must submit separate claims. Please submit one claim with all expense lines that have from dates on or before 9/30/15 coded in ICD-9, and another claim with all expense lines that have from dates on or after 10/1/15 coded in ICD-10.

**Do I need to split IP hospital/IP skilled nursing claims?**

No, most inpatient claims don't have to be split. IP claims should use the appropriate code set in effect as of the through date. For other scenarios and recommendations, review MLN Matters Number: SE1325 or SE1408 at [www.cms.gov](http://www.cms.gov).

**How will Aetna handle split claims?**

We'll require split claims for all professional and outpatient claims, as well as certain inpatient hospital bill types, that span the ICD-10 implementation date. You should submit two bills: one with dates of service through 9/30/15 with ICD-9 codes, and a second for charges on or after 10/1/15 with ICD-10 codes. For split claims, our system logic and other processes will appropriately handle the review of both claims together.

For other scenarios and recommendations, review MLN Matters Number: SE1325 or SE1408 at [www.cms.gov](http://www.cms.gov).

**Will you accept the new HCFA 1500 form? If so, can we continue to submit the HCFA 1500 version 08/05?**

Yes, the CMS HCFA 1500 paper claim form version 02/12 for medical professional services is now revised to support various coding requirements and prepare for the conversion to ICD-10 diagnosis coding effective 10/1/15. We began accepting the revised CMS HCFA 1500 paper claim form version 02/12 on 1/6/15. We'll also continue to accept and process paper claims submitted on the CMS HCFA 1500 paper claim form version 08/05.

**Can you help me with coding/billing questions?**

Unfortunately, we can't give guidance on how you should code or bill. We've updated our Clinical Policy Bulletins to support ICD-10. View our CPBs at

<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>

We're following CMS guidelines in transitioning to ICD-10. CMS has given us detailed information about guidelines for coding and reporting. Please see the links below for answers to more specific questions.

<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2016-ICD-10-CM-Guidelines.pdf>

<https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html>

CMS also gives detailed scenarios and recommendations in their MLN publications. Review MLN Matters Number: SE1325 or SE1408 at [www.cms.gov](http://www.cms.gov).

**Communication**

**Will any other support be offered to providers for issues/questions about claims submission or payment? If yes, explain.**

Providers should continue to call the Provider Service Center numbers they do today for help related to ICD-10.

**What is Aetna doing to communicate with providers about these changes?**

Keep checking here for the best source for detailed information. This is where we have the most current information about our ICD-10 implementation. We'll continue to update this site as work continues on this

important project. This is part of a detailed communication plan, which also includes our provider newsletter, direct outreach, communications with medical societies and more.

**What should doctors and facilities do to prepare for the compliance date?**

You should contact your billing or software vendors for information on their ICD-10 conversion and testing plans. And, look closely at clinical, financial, billing and coding processes to ensure readiness.

**Precertifications/authorizations/referrals**

**Do you expect your preauthorization procedures to change as a result of implementing ICD-10?**

No.

**Do you currently require ICD-9 diagnosis codes, ICD-9 procedure codes or CPT procedure codes (or some combination of all) for preauthorizations?**

We currently require ICD-9 diagnosis codes and CPT4/HCPCS for procedures.

**When can you accept precertification requests with ICD-10 codes for services provided on and after 10/1/15?**

Beginning 8/10/15, we'll accept precertification requests with ICD-10 codes. This is for services scheduled for dates that are on or after 10/1/15.

However, you can still use ICD-9 codes for precertification requests until 10/1/15 for dates of service prior to, and after 10/1/15. You don't have to re-submit precertification requests with a new code. We'll match the original precertification to the corresponding claim. Beginning 10/1/15, we'll only accept ICD-10 codes for precertification.

**Do referrals submitted before 10/1/15 with ICD-9 codes have to be resubmitted with ICD-10 codes after 10/1/15?**

No, referrals submitted before 10/1/15 with ICD-9 codes don't have to be resubmitted with ICD-10 codes for services rendered on or after 10/1/15.

**Pharmacy (if provided with medical plan)**

**What steps will you take to ensure that the pharmacy program will function appropriately after the ICD-10 conversion?**

We began outlining the conversion from ICD-9 to ICD-10 in 2010 and developed specific actions in the pharmacy program in 2011-2012. The drug-disease edit program uses ICD codes to pass to the pharmacy claim system. It also alerts the dispensing pharmacist with an actual (not inferred) drug-disease interaction. The drug edits have been updated to ICD-10 and are ready for when the ICD-10 code set becomes effective on 10/1/15.

**Will the conversion to ICD-10 impact the pharmacy vendor used? If so, what processes will be put in place to ensure a smooth transition?**

Yes, Aetna uses CVS Caremark for pharmacy claim administration. All of the files passed between Aetna and CVS Caremark have been remediated to use ICD-10 codes and thoroughly tested.

**How will you ensure that the conversion to ICD-10 will not negatively impact pharmacy edits that may involve integrated medical data?**

We recently moved pharmacy claim administration to CVS Caremark. As part of that transition, all processes were remediated and tested with ICD-10 in mind.

**What steps will you take to ensure that any pharmacy utilization programs, such as RationalMed®, will function appropriately after the ICD-10 conversion?**

As part of our enterprise ICD-10 readiness initiative, we have remediated and tested all impacted systems and databases.

**How can I learn more?**

We created several webinars to help you. These give an overview of our testing, including our approach, results and lessons learned. On [www.aetnaeducation.com](http://www.aetnaeducation.com), type “collaborative” in the search box.

You can also check back here for more information. As we progress, we’ll update our site with current information.

**Are there other resources that might be helpful?**

Yes. These include:

**Post-n-Track®**

Post-n-Track is a simple, secure and Health Insurance Portability and Accountability Act (HIPAA)-compliant exchange that connects providers and payers. Your electronic claims and related transactions are delivered directly via the Internet, with quick validation and confirmation. You can use the solution from Office Ally while you upgrade your system to ICD-10. The solution is free to you for commercial payers and there are no term or volume commitments. Learn more at <https://www.post-n-track.com/>.

**Free CMS resources**

Be sure to check out CMS’ free help at [www.roadto10.org](http://www.roadto10.org). This is for smaller physician practices. The “Road to 10” has primers for clinical documentation, clinical scenarios and other specialty-specific resources to help with implementation. CMS also released provider training videos that offer helpful tips.

**The Physician’s Foundation**

Check out [www.physiciansfoundation.org](http://www.physiciansfoundation.org) for helpful information.