

ICD-10 Behavioral Health Provider Readiness

ICD-10, ready or not ... October 1, 2015.

Have you/your organization seen our ICD-10 Transition presentation?

[Click here to watch it now](#)



1) Coding using ICD-10-CM

- Is my practice or facility using DSM-5 for assessment and documentation?

2) Billing using ICD-10-CM

837I or 837P Electronic Claim Submission

- Did my practice or facility upgrade to the HIPAA 5010 format?
- Have I checked with my practice management vendor to make sure I have any software updates that I may need?
- Have I checked with my EDI Clearinghouse to confirm they are ready for the transition to ICD-10?

Provider Express Claim Submission

- Does my practice submit claims on Provider Express (available for professional /outpatient claims)?

Paper Claim Submission

- Does the 1500 form (professional/outpatient claims) or the UB-04 form (institutional claims) that I am using include the ICD Indicator field?

3) Understanding when to use ICD-9 versus ICD-10

- The transition date is October 1. Does everyone involved with billing understand when to apply an ICD-9 or ICD-10 code based on industry standards for services spanning the transition?

4) Procedure Codes

- Is my practice or facility clear regarding the impact of the ICD-10 transition on Procedure codes?

5) Mitigations

- Does my practice or facility file claims electronically?
- Is my practice or facility enrolled in Electronic Payments and Statements (EPS)?

If you / your organization did not answer “yes” to questions in the five areas above, check out the ICD-10 resources for behavioral health providers to prepare today!

- Provider Express > Admin Resources > [DSM-5 and ICD-10 Resources](#)
- [ICD-10 Transition presentation](#)

Answer Sheet: ICD-10 Behavioral Health Provider Readiness Checklist

1) Coding using ICD-10-CM

Is my practice or facility using DSM-5 for assessment and documentation?

ANSWER: The DSM-5 maps to both ICD-9-CM and ICD-10-CM diagnostic codes used for billing. It provides industry standard criteria for clinical conditions and takes the guesswork out of coding since both ICD-9 CM and ICD-10 CM codes are included. If you use the DSM-5 and document both code sets in your records, this will support billing both before and after the transition date.

2) Billing using ICD-10-CM

837I or 837P Electronic Claim Submission

- Did my practice or facility upgrade to the HIPAA 5010 format?
- Have I checked with my practice management vendor to make sure I have any software updates that I may need?
- Have I checked with my EDI Clearinghouse to confirm they are ready for the transition to ICD-10?

ANSWER: The 5010 format supports billing using ICD-10 code sets, including the ability to report whether you are filing a claim with ICD-9 or ICD-10 codes. It is important to verify that your current electronic claims submission process is updated and ready for the ICD-10 transition.

Provider Express Claim Submission

- Does my practice submit claims on Provider Express (available for professional /outpatient claims)?


ANSWER: Provider Express is compliant with claim submission requirements and will prevent submitting a claim with a mismatch between the date of service and the required ICD code set. If you are not a registered user of Provider Express, it is easy to get started: visit providerexpress.com and click on [first-time user](#) to get started.

Paper Claim Submission

- Does the 1500 form (professional/outpatient claims) or the UB-04 form (institutional claims) that I am using include the ICD Indicator field?

ANSWER: The most current versions of these claim forms contain an ICD indicator field where you can specify which code set you are using. This is included in the 1500 form (version 02/12) as field 21 and in the UB-04 form as field 66. For either type of claim form, simply enter a single digit to indicate which ICD code set is being used on the claim. For paper claims, indicate “9” for ICD-9 and “0” for ICD-10.

– 1500 (v02.12) claim form (outpatient/professional claims): Field 21




21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

A. _____	B. _____	C. _____	D. _____
E. _____	F. _____	G. _____	H. _____
I. _____	J. _____	K. _____	L. _____

ICD Ind. ←

– UB-04 claim form (institutional claims): Field 66



ICD Ind. ← 9

Answer Sheet: ICD-10 Behavioral Health Provider Readiness Checklist

- continued -

3) Understanding when to use ICD-9 versus ICD-10

- The transition date is October 1. Does everyone involved with billing understand when to apply an ICD-9 or ICD-10 code based on industry standards for services spanning the transition?

ANSWER:

The date of claim submission has no bearing on the code set selection.

For **outpatient services**, the Date of Service determines which code set to use:

- DOS prior to October 1, use ICD-9
- DOS on or after October 1, use ICD-10

For **inpatient services** the Date of Discharge determines which code set to use:

- Discharge prior to October 1, use ICD-9
- Discharge on or after October 1, use ICD-10

4) Procedure Codes

- Is my practice or facility clear regarding the impact of the ICD-10 transition on Procedure codes?

ANSWER:

Outpatient: There is no ICD-related change to procedure codes for outpatient services. Outpatient providers will continue to use CPT codes (e.g., 90791, 90834, etc).

Inpatient: ICD-10-PCS codes will replace ICD-9-PCS codes for certain inpatient services. However, Optum does not use PCS codes. For billing with Optum, facilities should continue using Rev Codes in accordance with your Agreement.

5) Mitigations

- Does my practice or facility file claims electronically?
- Is my practice or facility enrolled in Electronic Payments and Statements (EPS)?

ANSWER: Provider Express and some practice management software will prevent filing claims with a mismatch between service dates and required ICD code sets. Thus, filing claims electronically can help to prevent ICD-related billing errors.

Also, with electronic filing, transactions occur more quickly so that the time between filing and processing is significantly reduced. And with EPS, the time to receive payment is reduced significantly when claims payments are deposited directly into your bank account. If you are not currently enrolled for EPS, learn more and get started today by visiting providerexpress.com >> [DSM-5 and ICD-10 Resources](#) >> [Electronic Payments and Statements](#)