

## Provider Bulletin

Subject:	ICD-10		
Plan:	All Plans	Bulletin Date:	August 26, 2015
Bulletin Number:	15-008	Effective Date:	October 1, 2015

The purpose of this bulletin is to provide an update regarding our ICD-10 readiness. This is applicable to all providers that submit authorization requests or claims.

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets effective 10/1/15. Health Care District will require all providers that submit claims or request authorizations to be compliant. The new code set will be implemented as follows:

### Authorization Requests

- Requests for dates of services prior to 10/1/2015 must be submitted with the appropriate ICD-9 codes
- Requests for dates of services 10/1/2015 and after must be submitted with the appropriate ICD-10 codes
- Inpatient requests that span the implementation date (i.e. 9/28-10/2) should be submitted with ICD-10 codes

### Claims Submissions

- Claims for dates of services prior to 10/1/2015 must be submitted with the appropriate ICD-9 codes
- Claims submitted for dates of services 10/1/2015 and after must be submitted with the appropriate ICD-10 codes
- Claims that span the implementation (i.e. 9/28-10/2) date must be submitted as stated below
  - Inpatient claims must be billed based on date of discharge. Discharge dates 10/1/15 and after must be billed with ICD-10 codes.
  - Outpatient and/or professional services billed on a CMS1500, must be split and billed with the applicable diagnosis codes.

**\*\*Authorization request or claims submitted using the incorrect code set will be denied\*\***

If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.