ICD-10-CM Frequently Asked Questions

Q. What was the implementation date for ICD-10-CM?

A. October 1, 2015. All claims with a date-of-service on or after October 1, 2015, must be reported with an ICD-10-CM code(s).

Q. What resources should we have to prepare for the transition?

A. There are many resources that exist, both from the AAP and other government agencies, especially CMS. Refer to www.aap.org/coding/ICD10 for all of the ICD-10-CM resources to help you prepare. Click on the link “Road to Ten” for some helpful resources from CMS that can be tailored to your practice’s needs.

Q. Who is required to use the ICD-10-CM code set?

A. Every HIPAA covered entity must begin to use the ICD-10-CM code set on and after October 1, 2014.

Q. Do we have to stop billing ICD-9-CM after October 1, 2015?

A. Yes and No. Your coding will be based on the date of service. For example if a patient was in the hospital from September 27 – September 30 and your provider hands you the billing sheet on October 3, you will still bill those services with ICD-9-CM because the date of service was prior to October 1. However, if a patient presents to your office on or after October 1, 2015, you must bill that out with ICD-10-CM. Remember to refer to the dates of service (not the actual date of the claim submission) to determine if you will be billing ICD-9-CM or ICD-10-CM.

Q. Will we have to run a dual billing system for some time after ICD-10-CM is implemented?

A. Yes, you will be required to run a billing system for a time after the implementation of ICD-10-CM that can handle both ICD-9 and ICD-10. The ICD-9-CM system will need to be maintained until all claims prior to October 1 have been submitted and rectified. This could take time considering you may need time to re-submit claims electronically.

Q. Will the new ICD-10-CM impact CPT coding including modifier usage?

A. No, the implementation of ICD-10-CM will not impact how you report CPT codes, including proper modifier placement. Those rules and guidelines will not change with the
implementation of ICD-10-CM. Note that CPT will still be the code set to use for all physician/provider-based professional services.

**Q. How many characters will the new ICD-10-CM codes have?**

**A.** Similar to ICD-9-CM, the number will vary. In ICD-10-CM valid codes range from 3 characters up to 7 characters.

**Q. I heard that "x" was to be used as a placeholder character, what does that mean?**

**A.** In ICD-10-CM some codes will require a qualifier as a 7th digit character. These qualifiers are used (for example) to denote the type of encounter after an injury (eg, initial or subsequent). However, some injury codes are not at least 6 digits long. If the code is not at least 6 digits, you need to have a “placeholder” so that the 7th digit can be your qualifier. For example to report a contusion of Rt hip, the code is S70.01 – however, this code requires a 7th digit to identify the type of encounter. Since this was an initial encounter, the 7th character is A. Therefore the valid code to submit for this encounter is S70.01XA. The “X” is needed because the base code was only 5 characters.

If the patient had an abrasion of the Rt hip, the code is S70.211 – again this code requires a 7th digit for type of encounter. Since this is an initial encounter, the 7th character is A. Therefore the valid code is S70.211A. Since the base code was already 6 characters, no placeholder is needed.

**Q. We have an Electronic Health Record (EHR) system, won’t that just code for us?**

**A.** You should never allow your EHR to code for you. It is important that physicians and other reporting providers use appropriate documentation that will help ease the transition to ICD-10-CM. Without knowing what the new codes and code descriptors are, the documentation will not match up with the ICD-10-CM nomenclature and thus not provide the most specific and appropriate code.

**Q. We should never use “unspecified” codes in ICD-10-CM, right?**

**A.** While ICD-10-CM affords much more specificity and “unspecified” codes still exist and with a purpose. They should still be used when a provider is unable to document more and an unspecified code is the most specific. However, a provider should ensure that they are documenting to the highest degree of specificity that is known to avoid using an “unspecified” code when a more specific one is available and the condition is known to the provider. For instance details like laterality should never be coded as “unspecified.”

**Q. As we are planning for implementation a question came up about hospital claims that span the transition date. For example a baby is born on September 29th and remains in the hospital until October 2nd. How do we bill for this hospital claim?**
A. While we are inquiring with private payers how they plan to handle this, the Centers for Medicare and Medicaid services has provided guidance for claims where ICD-9 codes are effective for the portion of the services that were rendered on September 30, 2015, and earlier and where ICD-10 codes are effective for the portion of the services that were rendered October 1, 2015, and later. For **inpatient claims** (Medicare Part B) you are to **split the claim** which will require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later. For outpatient facility services when claims are split for an encounter spanning the ICD-10 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, 2015, 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.

Refer to the following links for complete details


**Q.** Does the AAP have a sample superbill with ICD-10-CM codes?

**A.** Yes, please visit [www.aap.org/coding/ICD10](http://www.aap.org/coding/ICD10) for a copy.

**Q.** Is it true we can only link 4 ICD-10-CM codes per CPT code?

**A.** Yes, that is true. The AAP is looking into how this could be addressed.