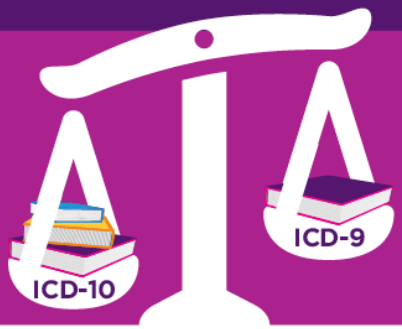
READY, SET, SWITCH

Know your ICD-10 codes

ICD-10 Implementation
Frequently Asked Questions
Updated February 2015



The U.S. Department of Health and Human Services (HHS) issued a rule on July 31, 2014 finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10.

Frequently Asked Questions

1. What are the benefits of the ICD code transition?

One result of changing to the ICD-10 code system is that we will have considerably more detail about the services our customers receive, generating better data on procedure and diagnosis trends.

2. What are Cigna's top priorities when implementing ICD-10?

Our top priorities include:

- Providing health care professionals with information and support regarding the ICD-10 transition.
- Collaborating with our trading partners and vendors who submit claims directly to us to support the transition to ICD-10.
- Complete business readiness monitoring plans and training

3. What should health care professionals expect?

- We do not anticipate delays in payment during the transition to ICD-10.
- We do not anticipate changes to health care professional care designation with the transition to ICD-10.
- We do not anticipate changing health care professional contracts to address ICD-10. Consistent with CMS guidance, the ICD-10 transition is expected to be budget neutral.

4. How will health care professionals be informed of Cigna's progress?

We will continue to communicate updates regarding our progress to health care professionals and hospitals through:

- Our quarterly health care professional newsletter, *Network News*
- Frequently Asked Questions (FAQs) available on the Cigna for Health Care Professionals website (CignaforHCP.com)
- Cigna health care professional service representatives
- For more information, contact your health care professional service representative, or call Customer Service at 1.800.88Cigna (882-4462).

5. What do we recommend health care professionals do to prepare for ICD-10 implementation?

Health care professionals should continue ICD-10 remediation and training efforts to ensure they are prepared for the October 1, 2015 compliance date.

- If they use an electronic medical record, verify with your vendor that the system is ICD-10 compliant.
- If they use a superbill form to document the patient visit, update the form to reflect both ICD-9 and ICD-10 diagnosis codes so you can become familiar with the ICD-10 equivalent.
- Continue with ICD-10 coding and documentation training for their clinical staff and medical coders.
- Focus on adding greater specificity to clinical documentation. In their clinical notes, indicate location or laterality, encounter type, acute versus chronic, degree of illness, and other data elements supported by ICD-10.

6. What ICD-10 learning resources are available for health care professionals?

- For more information on ICD-10 learning resources, health care professionals can view the following material on CignaforHCP.com (Resources > Medical Resources > ICD-10) ICD-10 FAQs and Training Discount (available through Precyse University).

7. What has Cigna done to prepare for ICD-10 implementation?

Cigna has taken the following steps to prepare:

- Completed remediation of system applications that support:
  - Claim intake
  - Benefit plan set-up
  - Precertification and authorizations
  - Claim processing and payment
  - Financial and reporting databases
- Upgraded vendor applications for claim editing and clinical bundling.
- Updated business processes and policies to support the new ICD-10 code set.
- Created a cross-organizational task force to oversee code translations for all business process and systems.
- Performed analysis on inpatient hospital diagnosis related group payment impacts.

8. What testing has been completed?

We have performed internal testing of Cigna systems and conducted external testing with Emdeon, Optum, and Post-n-Track.®. Our testing has included:

- Receipt of ICD-9 and ICD-10 coded test claims
- Confirmation of accept and reject logic based on date of service or discharge
- Routing of claims to all Cigna business units
- Processing and payment of both ICD-9 and ICD-10
- Return of the following 5010 industry standard transactions: 999, 277, and 835
- Remediation of all proprietary inbound and outbound files that contain ICD-9 and ICD-10 codes

We will also continue testing and validation of reporting and analytics processing, including outbound files to clients and vendors through 2015.

9. Will Cigna's implementation of ICD-10 codes vary by product or platform?

No. All systems will be remediated to support ICD-10 based on standard requirements.

10. Will there be a period of time when Cigna accepts both ICD-9 and ICD-10 coded claims?
Yes. As of October 1, 2015, Cigna will continue to support ICD-9 and ICD-10 after the compliance date (i.e., If a date of service or discharge is before the October 1, 2015 compliance date, we will only accept an ICD-9 coded claim for those services. If a date of service or discharge is on or after October 1, 2015 we will only accept an ICD-10 coded claim.

11. What is Cigna's approach regarding claim processing?
We will continue to accept electronic and paper claims coded in ICD-9 until the compliance date based on the date of service or discharge. Please be sure you understand how the following claim types will be processed:

- ICD-10 coded claims: Claims submitted with dates of-service or discharge on or after the new compliance date will be accepted with ICD-10 codes.
- Mixed coded claims: Claims coded with ICD-9 and ICD-10 on the same claim will not be accepted.
- Claims containing services before and after the compliance date: These claims require the health care professionals to split the claim so all ICD-9 codes remain on one claim with dates of service prior to the new compliance date and all ICD-10 codes on the claims with dates of service on or after the new compliance date.
- Inpatient hospital claims: There is an exception for these claims. These claims should be coded based on the discharge date. Use ICD-9 code if the discharge date is before the new compliance date. Use ICD-10 code if the discharge date is on or after the new compliance date.

12. Is Cigna accepting the revised CMS 1500 paper claim form?
Yes, Cigna accepts the revised CMS 1500 Health Insurance Claim form (version 2/12).

The newest version of the form includes the following information to increase functionality:

- Indicators for differentiating between ICD-9-CM and ICD-10-CM[1] diagnosis codes
- Expansion of the number of possible diagnosis codes to 12
- Qualifiers to identify the following provider roles (on item 17):
    - Ordering
    - Referring
    - Supervising

For additional information about the CMS 1500 claim form and to obtain a copy, please visit the National Uniform Claim Committee (NUCC) website at nucc.org.

Please note that as of March 31, 2014, the Center for Medicare & Medicaid Services (CMS) no longer accepts the CMS 1500 Health Insurance Claim Form (version 08/05). Professional and supplier paper claims are only accepted by CMS on the revised CMS 1500 Health Insurance Claim form (version 2/12).[2]

13. Will Cigna accept unspecified codes?
When sufficient clinical information isn't known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate "unspecified" code (e.g., a diagnosis of pneumonia has been determined, but not the specified type).

14. Are there any new claim reject codes for ICD-10?
No. We did not add or change any claim reject codes for ICD-10.

[1]Although the revised CMS 1500 claim form has functionality for accepting ICD-10 codes, Cigna will not be accepting ICD-10 codes on claims until the new compliance date.

[2]The Administrative Simplification Act (ASCA) requires that Medicare claims be sent electronically unless certain exceptions are met. Some Medicare providers qualify for these exceptions and send their claims to Medicare on paper. For more information about ASCA exceptions, please contact the Medicare Administrative Contractor (MAC) who processes your claims. Claims sent electronically must abide by the standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

15. ICD10 provides two new codes for reporting findings during an exam (ex. Z00.00 - normal finding and Z00.01 - abnormal finding). Given that you receive a claim coded as follows, will you process it as medical, preventive or pend/deny for additional information?
Preventive E&M code with an abnormal diagnosis code (e.g. Z00.01) and an additional diagnosis code is present that identifies the abnormal finding or medical concern.

A preventive E&M code will process as preventive. Z00.00 and Z00.01 are both included in the preventive diagnosis (Dx) code listing. Including an additional Dx code will not change the benefit application.

16. Will Cigna continue the Diagnosis Related Group (DRG) inpatient hospital study?
Yes, we will continue our DRG inpatient hospital study through the first quarter of 2015. The study will provide insights on inpatient hospital coding practices and how they affect payment. This collaborative process allows Cigna and the hospital to analyze claims with ICD-9 and ICD-10 coding.

17. Will Cigna continue to review contracts with non-standard ICD procedure code carve outs?
Yes. We will continue to review these contracts with non-standard ICD procedure code carve outs and remove these codes where possible.

18. How is Cigna using the General Equivalency Mappings (GEMs)?
We used the GEMs as a guideline to build our diagnosis and procedure ICD-9 to ICD-10 translation maps. Certified coders and Medical Directors were engaged to review the GEMs to ensure agreement on the mapping, and to be sure all codes were included. These maps were used to update clinical policies, support client reporting, operating procedures, and benefit plans including client specific plans.

19. What has Cigna done to support clinical policy updates?
- Our medical and pharmacy clinical policies have been updated to support ICD-10 as part of the standard review process.
- ICD-10 codes have been added to the policies along with the corresponding ICD-9 codes.
- All of our clinical policies are available on our public website, as well as the secure Cigna for Health Care Professionals website (CignaforHCP.com).
- Information about major policy updates is provided to our network of health care professionals in *Network News,* our quarterly newsletter.

20. Will there be any changes to authorization or medical necessity approval processes?
No. There will be no changes to our utilization management guidelines or processes for medical necessity approval as a result of ICD-10 implementation.

21. What is Cigna's approach for authorizations?
- Referral or authorization for date of service or admission prior to the new compliance date – only accept ICD-9 codes.
- Referral or authorization for a date of service or admission on or after the new compliance date – only accept ICD-10 codes.
- Cigna will only accept one code type on a referral or authorization based on date of service or admission.

22. What is Cigna's approach for referrals and authorizations for services that include dates before and after the compliance date?
If a referral or authorization includes dates before and after the compliance date, only a single referral or authorization will be required to support claim processing.

23. If a pre-authorization is currently required for a service associated with an ICD-9 diagnosis and that diagnosis crosswalks to multiple ICD-10 diagnoses, will all services with all of these ICD-10 diagnoses require pre-authorization after 10/1/2015? For example, when ICD-9 diagnosis XYZ maps to ICD-10 diagnoses AB7R and HY8T, will all services with diagnoses AB7R and HY8T require a pre-auth?
A health care professional obtains an authorization based on a primary (or principle) reason. The primary reason is associated with one diagnosis – which is the reason for treatment. That diagnosis code will drive whether precertification is required.

Electronic claim submission

We strongly encourage you to submit your claims electronically, as it can help you save time, money, and improve claim processing accuracy. Using one of Cigna's electronic data interchange (EDI) options allows you to send, view, and track claims with Cigna—no faxing, printing, or mailing. Everything is right on your desktop. For more information about electronic claim submission, refer to information on the Cigna for Health Care Professionals website at CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claim Policies and Procedures > How to File a Claim).

Additional information

Additional information and resources on ICD-10 are available internally on the Total Health & Network intranet site at (add path).

Health care professionals may access information on the Cigna for Health Care Professionals website at CignaforHCP.com> Resources > Medical Resources> ICD-10).

Health care professionals should contact their Cigna representative or call Customer Service at 1.800.88Cigna (882-4462).