

Part B Insider (Multispecialty) Coding Alert

ICD-10: CMS: Your Payments Are Tied to CPT® Codes, Not ICD-10 Codes

Yes, you must transition to ICD-10, but not for procedure coding.

Among the many ICD-10 myths circulating around the country, one of the most damaging and misunderstood involves your Medicare payments. And although you'll need to use ICD-10 codes to collect for your services starting in October, your payment amounts will be based on your CPT® codes—not on your diagnoses.

That was the word from the June 18 CMS presentation, "ICD-10: Preparing for Implementation and New ICD-10-PCS Section X," during which CMS reps dispelled several myths, answered questions and offered tips to practices.

"The ICD-10 date is set for Oct. 1, 2015," said CMS's **Denesecia Green** during the call. "What we want you to understand is that there are not that many codes. Yes, you have to take a look at the codes that you use, and over half the codes really are laterality. If you look at the codeset by category, some of the codes have actually been streamlined under ICD-10. What patients you take care of will dictate which codes you'll use under ICD-10."

Despite having to adjust how you report diagnoses, ICD-10 doesn't change everything, Green added. "You'll use very similar processes that you use today for ICD-9." This means that you'll assign the appropriate procedure and diagnosis codes based on the physician's documentation, you'll submit the claims using the same methods that you use today, and you'll collect your reimbursement in the same manner.

Payments Still Tied to CPT®

"Outpatient and office procedure codes aren't changing—that's a common myth," Green said. "Physicians will continue to be paid using the Medicare Physician Fee Schedule." A caller who seemed confused about this statement was advised that payments will be based on CPT® codes, as they are now, even though ICD-10 codes may impact edits or medical necessity.

Testing still available: Medicare fee-for-service providers can test with CMS up through the transition, Green added. "Acknowledgement testing is available through Sept. 30, 2015, but certainly we encourage you to get started today."

If you cannot submit an ICD-10 claim electronically for any reason, such as your system is not working, you can use the free billing software on the CMS site. Also, many of the MACs offer portals where you can submit claims. And finally, there's the option of paper claims if you meet the waiver provisions.

Another myth is that high transition costs could be a barrier to provider preparation. "But what we've learned over the last few years is that many vendors have included the ICD-10 upgrade within their systems, and many are either low cost or no cost," Green said. "And there are multiple free trainings out there through CMS and a number of our training partners."

Outpatient Coders Won't Use PCS

Another concern of Part B practices has been whether they'll need to learn ICD-10-PCS codes, but fortunately, that won't be necessary. "ICD-10-CM are diagnosis codes that will be used by all providers in every health care setting after Oct. 1," said CMS's **Pat Brooks** during the call. However, ICD-10-PCS, which are procedures, will only be used for hospital claims for inpatient hospital procedures. "ICD-10-PCS will not be used on physician claims, even those for inpatient visits," Brooks said. Therefore, Part B practices shouldn't have to worry about using PCS claims.

"If you are currently using CPT® codes, you'll continue using CPT® codes and not ICD-10-PCS codes," Brooks said.

One caller to the forum asked whether she can submit ICD-10 codes effective immediately, since she is very confident in her abilities. "ICD-10 codes are only acceptable for billing with dates of service on or after Oct. 1, 2015, so you cannot bill those now," a CMS rep told the caller.

In addition, if you submit a claim this October but the date of service was in September, you'll bill ICD-9 codes for the claim. "The coding system you pick is based on the date of service," Brooks said. "It has nothing to do with when you submit the bill, and everything to do with the date of the encounter."

Resource: For more on ICD-10 coding, visit www.cms.gov/Medicare/coding/ICD10/index.html.