

THE BUSINESS OF SPINE

ICD CODING ADVISORY

September 2015

ICD 10 INSURANCE UPDATES 2015

We have researched specific carrier types to acquire information on their transition to ICD 10. We have confirmed that the following carriers will be using ICD-10 beginning October 1, 2015. It will be necessary to communicate with your regional insurance carriers to confirm this information:

- ❖ **Department of Labor**
- ❖ **Veterans Administration**
- ❖ **Workers Compensation**

There are caveats to the application of the ICD 10 for the carriers listed above. Since many of these carriers work independently, it will be necessary for you to confirm the following:

- **For Workers Compensations cases currently under treatment and have been coded using ICD-9:**

The practice/facility will be required to submit with the new ICD-10 for some WC carriers based on the Individual State Guidelines. Note that some States require both the ICD-9 and the ICD-10 diagnosis code if there had been treatment prior to October 1, 2015.

- **For DOL and VA cases involving treatments after October 1st**

The ICD-10 will be the only diagnosis code accepted by these carriers for all services after October 1st. DOL and VA diagnosis codes will be translated to ICD-10 as of all treatments performed after October 1st, regardless of whether or not the patient had prior treatment.

It is recommended that you begin this process now by communicating with your carriers for your upcoming patient visits and surgeries in order to be prepared for October 1.

This process must be continued with all carriers that you communicate with for the first time after October 1 in order to ensure a smooth transition to ICD 10. Failure to do so, will surely result in delays, denials and potential losses in revenue for your practice.

Disclaimer: Disclaimer: The information provided is general coding information only - it is not legal advice; nor is it advice about how to code, complete or submit any particular claim for payment. It is always the physician's responsibility to determine and submit appropriate codes, charges, modifiers and bills for services rendered. This information is provided as of the date listed above and all coding and reimbursement information is subject to change without notice. Before filing any claims, physicians should verify current requirements and policies with the payer. Thank you for your compliance.