

## ICD-10 Authorization and Referrals FAQ

### Policy

Through September 30, 2015, Kaiser Permanente will continue to accept and use ICD-9 diagnosis codes in processing referrals, durable medical equipment orders, and prior authorization requests.

Effective October 1, 2015, Kaiser Permanente will accept and use only ICD-10 diagnosis codes in processing new referrals, new durable medical equipment orders, and new authorization requests.

Authorizations that have been approved with ICD-9 diagnosis codes will be valid for the approved period of time which may include dates before, on, and after October 1, 2015.

### Frequently Asked Questions

**1. Is a new authorization required if the service has already been approved with an ICD-9 diagnosis code but has dates of service on or after October 1st?**

No, a new authorization is not required if the service has been already approved. Authorizations that were approved with ICD-9 diagnosis codes will be valid for the approved period of time which may include dates before, on, and after October 1, 2015. For example, dialysis authorized with an ICD-9 diagnosis code on June 1, 2014 for a one year period will continue to be valid until June 1, 2015.

**2. When is Kaiser Permanente going to accept ICD-10 diagnosis codes on authorization requests? When should I start submitting ICD-10 codes?**

Starting October 1, 2015.

**3. What if I am requesting an authorization for service dates that are after October 1, 2015?**

Regardless of date(s) of service, use ICD-9 diagnosis codes when submitting authorization requests prior to October 1, 2015.

Requests submitted before October 1st that have an ICD-10 diagnosis code must also include a diagnosis description in order to be processed.

**4. Will Kaiser Permanente accept ICD-9 diagnosis codes on new authorization requests submitted after October 1<sup>st</sup>?**

After October 1<sup>st</sup>, only retroactive authorization requests for services provided before October 1 may be requested with an ICD-9 code.

**5. How are treatment authorizations linked to your claims system?**

Authorization data is electronically sent to our claims systems. When a claim that requires an authorization is received, the claims system checks the date of service on the claim to make sure it is within the authorized time period. The claims system does not look for a match on diagnosis code so it is not necessary for the diagnosis codes on the authorization and claim to match.

**6. When will Kaiser Permanente begin using ICD-10 codes on referrals sent to external providers?**

As of October 1, 2015, Kaiser Permanente will begin using ICD-10 diagnosis codes on new referrals and new durable medical equipment orders.

**7. If an authorization is requested prior to October 1<sup>st</sup> but the date of service is after October 1<sup>st</sup>, does the claim need to have an ICD-10 diagnosis code?**

Kaiser Permanente follows CMS claims processing guidelines. In this example since the date of service was after October 1<sup>st</sup>, the claim should have an ICD-10 diagnosis code. Per CMS, providers are required to submit ICD-10 codes for dates of service or dates of discharge on or after October 1, 2015. ICD-9 codes must be submitted for dates of service or discharge on or prior to September 30, 2015.

Here is a link to the latest CMS guidance on 6/27/2015: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf>

**8. Does ICD-10 affect the use of CPT codes on claims?**

No, Common Procedural Terminology or CPT is used to code physician services and outpatient procedures and is not affected by the change to ICD-10.

**9. How will Kaiser Permanente handle modifications to existing authorizations, where the modification such as to add visits or a new service happens after October 1<sup>st</sup>?**

After October 1<sup>st</sup>, all changes to existing authorizations will be processed with ICD-10 diagnosis codes.

**10. What is the procedure for retroactive authorizations that are requested after October 1<sup>st</sup> for services that were provided before that date?**

Providers should submit an ICD-9 diagnosis code when requesting retroactive authorization for services that were provided before October 1<sup>st</sup>.