Kaiser Permanente ICD-10 Readiness FAQs

Thank you for your interest in Kaiser Permanente’s ICD-10 readiness preparations. Please be advised that this information is valid as of the date it was written and may not necessarily reflect subsequent progress. We look forward to working with you over the coming months to comply with this federal mandate.

A. ICD-10 COMPLIANCE PLAN

1. What existing timelines and plans does your company have for conversion to ICD-10?
   
   Kaiser Permanente is committed to becoming ICD-10 compliant by the October 1, 2015 deadline established by the Centers for Medicare & Medicaid Services (CMS). We have completed remediation of our systems and a significant portion of our internal testing, as well as testing with select contracted providers, and/or external trading partners and vendors. We anticipate conducting additional external testing from approximately Q2 2015 through early Q3 2015.

2. What contingency plans does your company have if your system(s) cannot accommodate ICD-10 codes post implementation?
   
   Kaiser Permanente is on track to meet the ICD-10 compliance deadline. Claims processing timelines will not be impacted.

3. Are you planning to accept ICD-9 codes after the compliance date?
   
   Kaiser Permanente intends to fully comply with the legal requirements put forth by the Centers for Medicare & Medicaid Services (CMS) in the ICD-10 mandate and we strongly encourage our external institutional and professional providers to do the same. Beginning October 1, 2015, we will process claims submitted with ICD-9 codes only for dates of service (outpatient) or dates of discharge (inpatient) prior to October 1, 2015. We will continue to monitor CMS’ position closely and will adjust our approach as necessary.

4. Are you planning to accept ICD-10 codes before the compliance date?
   
   No. Any claims submitted with an ICD-10 code prior to the compliance deadline will be rejected.

5. During the transition period, can both ICD-9 and ICD-10 codes appear on the same claim?
   
   No. Claims which include both ICD-9 and ICD-10 codes will be rejected, as CMS guidelines do not allow for both codes on a single claim.

6. Must claims that span the ICD-10 compliance date be split into two separate claims (one billed with ICD-9 codes for dates of service before the compliance date, and the other billed with ICD-10 codes for dates of service on or after the compliance date)?
   
   Yes. Please refer to CMS guidelines for additional details.

7. Will KP accept 837 batches with both ICD-9 and ICD-10 claims spanning the conversion deadline?
   
   Yes, as long as individual claims do not contain a mix of ICD-9 and ICD-10 codes.
### B. MAPPING / CLAIMS PROCESSING

8. What translation or mapping tool(s) will your company use to convert existing and future databases to ICD-10?

KP is employing a hybrid approach to remediation. We are leveraging General Equivalence Mappings (GEMs) in our effort to provide crosswalk solutions for the variety of business needs across the organization.

9. If you are using a purpose-built mapping (custom-built) tool, will external partners have access to it and when?

As we prepare for external trading partner testing, we will evaluate communication tools, such as KP-specific code mappings, that will be available to external trading partners if they are found to be viable.

10. What plans does your company have to use native ICD-10 codes for adjudication?

We plan to have our claims adjudication system capable of processing either ICD-9 or ICD-10 codes, per requirements set forth by CMS, throughout the entire claims process: intake, adjudication, pricing, and data storage.

11. What format does your organization plan to use to transmit and pay claims post-ICD-10?

KP will continue to use the HIPAA standard v5010 transaction sets for electronic claims (i.e. X12 EDI formats: 837 I/P), as well as the standard paper format for health care claims (i.e. UB04, HCFA 1500).

12. If you utilize external partners to process claims for your members, will they be prepared, and what steps are you taking to ensure their readiness?

We are working closely with external partners to ensure that they will be ready to comply with the ICD-10 mandate. We require regular status reports which provide us visibility into their progress.

13. What are the primary ICD-10 denial codes which KP will be using?

Other than denials for codes that do not meet the mandate standards, we do not expect additional denial codes for ICD-10. For EDI Claims, KP will use standard X12 277CA Claim Status Codes. For paper claims, we anticipate that the same rejects currently generated specific to invalid diagnosis codes will be generated under ICD-10.

14. Will KP's documentation review process change with the implementation of ICD-10?

KP does not expect any changes to its documentation review process. We have a documented process related to the requirements and submission of medical documentation to support the delivery of service to our members. Those requirements are available in the Provider/Billing manual that is provided to each contracted provider. To receive a copy of this manual, please reach out to your Provider Relations contact.

15. Will KP randomly pull claims for audit purposes?

Claims audit is a standard practice throughout the industry. KP completes this audit function to verify both payment and administrative processing accuracy. Since this process is already in place within KP, we expect that claims will continue to be randomly selected for audit purposes. We don’t expect that this process will affect claim turnaround time.
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<td>16. Is a new authorization required if the current authorization has an ICD-9 diagnosis code and includes dates of service on or after October 1st?</td>
<td>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.</td>
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<td>17. Which diagnosis code – ICD-9 or ICD-10 – should be used on authorization requests for services to be performed on and after October 1, 2015?</td>
<td>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.</td>
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<td><strong>C. TESTING PLANS</strong></td>
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<td>18. What are the testing and implementation schedule dates?</td>
<td>KP has completed a significant portion of individual and integrated system testing. We have started, and plan to continue, external trading partner testing in Q2 2015 through early Q3 2015.</td>
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<td>19. When will your systems be ready for ICD-10 testing with external trading partners?</td>
<td>We have started, and plan to continue, external trading partner testing in Q2 2015 through early Q3 2015. For more information, please refer to the External Provider Testing Guidelines located on the KP Community Provider Portals.</td>
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<td>20. Do you plan to test with all of your external trading partners? If not, what is the process for determining which partners you will select?</td>
<td>Given our large number of external trading partners and the limited amount of time available to conduct testing, we have contacted, and are in the process of testing with, select trading partners only. We identified those partners based on 1. financial impact, 2. transaction volume, and 3. relationship specifics. This approach follows the recommendation established by the Workgroup for Electronic Data Interchange (WEDI).</td>
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<td>21. How do providers register for testing?</td>
<td>KP has compiled a small, representative list of providers and clearinghouses with whom we want to test to ensure our systems are operating as expected. We have contacted those partners and are now in the process of testing with them. Given the vast number of external partners we have, as well as time and resource constraints, we will be unable to test with others not already on that list.</td>
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<td>22. Is there a specific testing process that providers must follow? If so, please describe the process / requirements?</td>
<td>KP has created External Provider Testing Guidelines outlining the process, timeframe and requirements for testing with our organization and we are in the process of sharing those with the providers with whom we plan to test. Additionally, we have decided not to introduce any third parties within the testing process with external providers. KP is committed to using the ICD-10 testing process as defined by our clearinghouse partners.</td>
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<td>23. Which, if any, clearinghouses is KP planning to involve in the testing process?</td>
<td>KP is actively engaged in discussions around testing plans with all of our clearinghouses.</td>
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<td>24. What type of claims data does your organization intend to use for testing?</td>
<td>KP has a set of External Provider Testing Guidelines that have been distributed to external providers with whom we plan to conduct ICD-10 inbound claims testing.</td>
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25. For what services does your organization plan to test claims?

KP is testing to ensure clear mutual understanding of the CMS acceptance criteria. At the same time, we are working with individual providers to determine those services which they are most interested in testing.

26. What remediation plan is in place for claims processing and payment issues identified through testing?

KP reimburses its external providers based on a signed contract with specified reimbursement levels. If any claims or payment issues arise during testing, the KP contract manager is in the best position to address this topic.

### D. NETWORK PROVIDER SUPPORT

27. To whom may external providers direct their questions around ICD-10 and their current KP contracts?

Please refer to the KP Community Provider Portal for contact information specific to your KP region. [http://providers.kaiserpermanente.org/](http://providers.kaiserpermanente.org/)

28. Will KP be offering any free resources, training or education on ICD-10?

There are a number of resources available throughout the industry. Please visit the [CMS website](http://www.cms.gov) for further details.

29. Will there be a special help line for ICD-10 related issues post implementation? If not, will the provider service line assume these types of specialized calls?

We are currently looking at various options for providing post ICD-10 implementation support to our external partners and will provide an update as soon as more information is available.