

CareFirst ICD-10 Authorization Review Request Guidelines

Introduction

The U.S. Department of Health and Human Services (HHS) has released a HIPAA administration simplification mandate requiring all HIPAA entities to adopt the 10th revision of the International Classification of Diseases (ICD-10) code set on October 1, 2015.

This document will provide direction to providers regarding CareFirst acceptance of authorization review requests for services provided before, during, and after the October 1, 2015 transition to the ICD-10 code set.

The CareFirst Provider Portal will not accept any authorization request that does not comply with these guidelines. Providers will be required to submit a compliant request before the request will be processed.

General Authorization Review Request Guidelines

CareFirst authorization review requests follow four overarching guidelines:

- CareFirst will begin accepting ICD-10 coded authorization requests on July 27, 2015.
- CareFirst will not accept any authorization request that includes both ICD-9 and ICD-10 codes. Each request must contain only one code set.

Authorization Requests for Professional and Outpatient Services

Authorization requests will use the ICD code set determined by the requested **dates of service**.

- Requests submitted for dates of service entirely prior to October 1, 2015 must be submitted with ICD-9 codes.
- Requests submitted for dates of service entirely on or after October 1, 2015 must be submitted with ICD-10 codes.

Dates of Service Spanning October 1, 2015

Authorization requests with dates of service crossing the ICD-10 effective date of October 1, 2015 must be split into two separate authorization requests. One request must be submitted for the services prior to October 1, 2015 using ICD-9 codes, and a separate request must be submitted for the services on or after October 1, 2015 using ICD-10 codes.

Any currently existing authorization requests that span October 1, 2015 must be revised. The existing request coded in ICD-9 must be updated for dates of service prior to October 1, and a new authorization request coded in ICD-10 must be submitted for the dates of service of October 1 and after.

Rescheduling Approved Services Across October 1, 2015

Because the authorization request coding depends on either the dates of service, changing the service date across the mandate will require the creation of a new and compliant authorization request. There are four scenarios covering the shifting of services across the mandate:

- **Rescheduling approved services to after October 1, 2015** – services rescheduled from before October 1 to on or after October 1 will require a new authorization request. The existing approved request that is coded in ICD-9 must be cancelled, and a new request coded in ICD-10 must be submitted.
- **Rescheduling approved services to span October 1, 2015** – services rescheduled from before October 1 to crossing October 1 will require a new authorization request. The existing approved request that is coded in ICD-9 must be revised to cover the dates up to October 1, and a new request coded in ICD-10 must be submitted for the services dates of October 1 and forward.
- **Back-dating approved services to before October 1, 2015** – services rescheduled from on or after October 1 to before October 1 will require a new authorization request. The existing approved request that is coded in ICD-10 must be cancelled, and a new request coded in ICD-9 must be submitted.
- **Back-dating approved services to span October 1, 2015** – services rescheduled from on or after October 1 to before October 1 will require a new authorization request. The existing approved request that is coded in ICD-10 must be revised to cover the dates on and after October 1, and a new request coded in ICD-9 must be submitted for the services dates before October 1.

Inpatient Notification Requests for Institutional Services

Inpatient notification requests will use the ICD code set determined by the patient **date of admission**.

- Requests submitted for inpatient services with patient admission date prior to October 1, 2015 must be submitted with ICD-9 codes.
- Requests submitted for inpatient services with patient admission date on or after October 1, 2015 must be submitted with ICD-10 codes.

Services Spanning October 1, 2015

Inpatient notification requests for services that end up crossing the ICD-10 effective date of October 1, 2015 will not need to be updated by institutional providers.

For More Information

For more information about CareFirst ICD-10 implications, please check our Frequently Asked Questions at www.carefirst.com/icd10, covering topics such as end-to-end testing, ICD-10 code training, and contract and medical policy implications.