NCPDP IMPLEMENTATION TIMELINES AND RECOMMENDATIONS FOR INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION, CLINICAL MODIFICATION (ICD-10-CM) AND THE INTERNATIONAL CLASSIFICATION OF DISEASES, 10TH REVISION, PROCEDURE CODING SYSTEM (ICD-10-PCS)

VERSION 2.2

This paper offers guidance to the pharmacy industry in preparing for the implementation of the ICD10-CM and ICD-PCS code sets.

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NCPDP Implementation Timelines for ICD-10-CM and ICD-10-PCS

Version 2.2

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Disclaimer

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The writers of this paper will review and possibly update their recommendations should any significant changes occur.

This document is for Education and Awareness Use Only.

1. PURPOSE

Entities such as health care providers, health plans, health care clearinghouses as well as business associates such as prescription benefit managers (PBMs) and vendors that support all of these entities will need to modify their business processes for implementation of the ICD-10-CM and/or ICD-10-PCS code sets.

The NCPDP Strategic National Implementation Process (SNIP) Committee developed this White Paper as guidance to the pharmacy industry to prepare for the implementation of the ICD-10 code set changes.

2. SCOPE

The implementation timelines put forth in this document are based on the HIPAA 2009 Modifications to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Electronic Transaction Standards Final Rule (http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf) and recommendations of the NCPDP SNIP Committee. The intent of the timeline is to provide early action and sufficient time for the industry to implement a complaint process. In 2012, the Department of Health and Human Services issued updated regulations (45 CFR Part 162 Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets) which modified the compliance date to October 1, 2014. The Protecting Access to Medicare Act of 2014 includes a provision that states "The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD-10 code sets as the standard for codes sets under section 1173 (c) of the Social Security Act (42 U.S.C. 1320d-2 (c)) and section 162.1002 of title 45, Code of Federal Regulations."

July 31, 2014 CMS released a notice - Deadline for ICD-10 allows health care industry ample time to prepare for change - *Deadline set for October 1, 2015.*
The U.S. Department of Health and Human Services (HHS) issued a rule today finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015. See http://www.cms.gov/Medicare/Coding/ICD10/index.html

The recommendations were created in response to questions that were generated by committee participants in an effort to provide guidance. The questions were created using current experience with the use of ICD-9 codes and what the industry can anticipate as it prepares for the implementation of the ICD-10 codes.

The standard medical data code sets for coding diagnoses and inpatient hospital procedures are the International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) for diagnosis coding, including the Official ICD–10–CM Guidelines for Coding and Reporting, as maintained and distributed by the U.S. Department of Health and Human Services (HHS), hereinafter referred to as ICD–10–CM, and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) for inpatient hospital procedure coding, including the Official ICD–10–PCS Guidelines for Coding and Reporting, as maintained and distributed by HHS, hereinafter referred to as ICD–10–PCS.

The ICD-10 PCS codes are only used on inpatient hospital claims and are not in scope for this white paper.

3. ICD-10-CM CODE SETS

3.1 TIMELINE PHARMACY

Each column shown below indicates the items that should occur within a given period. It was determined that a fourteen-month development period was needed. In order to facilitate a smooth transition for prescriptions that require diagnosis codes and are refillable on or after the compliance date, NCPDP recommends that pharmacies begin outreach to the physicians to solicit ICD-10 codes no later than March 1, 2014. This will allow pharmacy systems to store the ICD-10 codes that will be needed for claims submission on the compliance date.

Pharmacy Implementation Timeline

Start Date	March 17, 2009	October 1, 2009	December 1, 2011	September 1, 2013	March 1, 2014	Not Prior to October 1, 2015
	Regulatory Effective Date	Business Planning	Development	Internal Testing	External Testing with trading partners, Request ICD-10 from Physicians	Regulatory Compliance Date
Length of Time		26 months	22months	6months	19+ months	

3.1.1 REGULATORY EFFECTIVE DATE

The date the final rule becomes effective.

3.1.2 BUSINESS PLANNING

The business planning activities include such items as:

- Determine the Scope
- Define the Business Requirements
- Identify Budget Requirements including Resources
- Perform Risk Assessment and identify contingency plan

3.1.3 DEVELOPMENT

Examples of processes that should be completed within this time period are:

- Systems analysis
- Coding
- Create Mapping of ICD-9 to ICD-10 codes where there is a one to one mapping from the industry approved cross-walk
- Infrastructure planning
    - Hardware
    - Software

3.1.4 INTERNAL TESTING

Examples of processes that should be completed within this time period are:

- Review Maps created for ICD-9 codes to ICD-10 codes and subsequently test to validate maps
- Update any additional files that contain ICD-9 codes that must be manually updated to ICD-10 code
- Software testing for storage of ICD-9 and ICD-10 codes for prescriptions
- Claims testing using ICD-10 codes
- Prior Authorization testing using ICD-10 Codes

- Running reports to identify prescribers which can be proactively contacted to request the appropriate ICD-10 code for active prescriptions

3.1.5 EXTERNAL TESTING WITH TRADING PARTNERS

- Training of employees on ICD-10 policies and procedures
- Outreach to Physicians for ICD-10 codes
- External testing with trading partners including
    - NCPDP Telecommunication Standard transactions
        - Claim Billing (B1-B3),
        - Prior Authorization (P1-P4),
        - Service Billing (S1-S3),
    - NCPDP SCRIPT Standard transactions
        - New Prescription (NEWRX),
        - Refill Request (REFEQ) and Refill Response (REFRES)
    - ASC X12 837Professional
- Testing of claims history loads (for example: prescription transfer)

3.1.6 REGULATORY COMPLIANCE DATE

The date by which all processes above must be completed and the industry must transition to the newly mandated versions of existing HIPAA-named code sets.

3.2 TIMELINE HEALTH PLAN/PBM/PROCESSOR

Each column shown below indicates the items that should occur within a given period. It was determined that a fourteen-month development period was needed. In order to facilitate a smooth transition for prescriptions that require diagnosis codes and are refillable on or after the compliance date, NCPDP recommends that health plans/PBMs/Processor review their ICD-10 code needs internally to better understand how it impacts their business. This process will ultimately provide the information needed to do business planning, development, internal transition/testing and external testing in order to be ready for the regulatory compliance date.

Start Date	March 17, 2009	October 1, 2009	December 1, 2011	September 1, 2013	March 1, 2014	Not Prior to October 1, 2015
	Regulatory Effective Date	Business Planning	Development	Internal Transition/Testing	External Testing with Trading Partners	Regulatory Compliance Date
Length of Time		26 months	22 months	6 months	19 + months	

3.2.1 BUSINESS PLANNING – HOW TO GROUP ICD-9 CODES TO ICD-10 CODES.

3.2.2 REGULATORY EFFECTIVE DATE

The date the final rule becomes effective.

3.2.3 BUSINESS PLANNING

The business planning activities include such items as:

- Determine the Scope
- Define the Business Requirements
- Identify Budget Requirements including Resources
- Perform Risk Assessment

3.2.4 DEVELOPMENT

Examples of processes that should be completed within this time period are:

- Systems analysis
- Coding
- Create Mapping of ICD-9 to ICD-10 codes
- Infrastructure planning
    - Hardware
    - Software

3.2.5 INTERNAL TRANSITION/TESTING

Examples of processes that should be completed within this time period are:

- Transition groups of ICD-9 codes to like groups of ICD-10 codes and subsequently test to validate transition
- Review Maps created for ICD-9 codes to ICD-10 codes and subsequently test to validate maps
- Claims Processor must obtain the allowable ICD-10 Codes from the health plan for claim edits
- Claims Processor obtains ICD-10 codes from health plan to replace exiting ICD-9 codes used in clinical programs
- Health Plans obtain ICD-10 codes from physicians to replace ICD-9 codes that are contained in their patient claim files
- Update any additional files that contain ICD-9 codes that must be manually updated to ICD-10 codes
- Software testing for storage of ICD-9 and ICD-10 codes for prescriptions
- Internal testing including
    - NCPDP Telecommunication Standard transactions which includes, but is not limited to
        - Claim Billing (B1-B3),
        - Prior Authorization (P1-P4),
        - Service Billing (S1-S3),
    - NCPDP SCRIPT Standard transactions which includes, but is not limited to
        - Medication History
    - NCPDP Medicaid Subrogation
    - ASC X12 837 Professional
- Testing of reports generation that previously used ICD-9 codes that will now be using ICD-10 Codes.
- Training of employees on ICD-10 policies and procedures

3.2.6 EXTERNAL TESTING WITH TRADING PARTNERS

- External testing with trading partners including:
    - NCPDP Telecommunication Standard transactions which includes, but is not limited to
        - Claim Billing (B1-B3),
        - Prior Authorization (P1-P4),
        - Service Billing (S1-S3),
    - NCPDP SCRIPT Standard transactions which includes, but is not limited to
        - Medication History
    - NCPDP Medicaid Subrogation
    - ASC X12 837 Professional
- Testing with trading partners for reporting
- Testing of prior authorization transfers and loads with trading partners
- Testing of encounter feeds with trading partners
- Testing of claims history loads with trading partners (for example, post-adjudication and prescription transfer)

3.2.7 REGULATORY COMPLIANCE DATE

The date by which all processes above must be completed and the industry must transition to the newly mandated versions of existing HIPAA-named code sets.

4. FREQUENTLY ASKED QUESTIONS AND RECOMMENDATIONS

1: Is there an authoritative source for mapping of ICD-9 to ICD-10 codes?

Yes, there is an authoritative source as defined by the General Equivalency Mappings (GEMs) and are maintained as follows:

- For the ICD-10-PCS codes sets are maintained by CMS (Centers for Medicare and Medicaid Services) link is

  http://www.cms.hhs.gov/ICD10/01_Overview.asp#TopOfPage

- For the ICD-10-CM codes sets are maintained by NCHS (National Center for Health Statistics). Link is

  http://www.cdc.gov/nchs/icd/icd10cm.htm

The use of GEMs for a one time conversion between ICD-9 and ICD-10 should apply when there is a one-to-one mapping between the code sets.

2: Will there be another source specific to pharmacy?

No. Pharmacy should use the same source as the rest of the healthcare industry (see question 1 above).

3: Will there be a point when an entity stops using a crosswalk internally?

NCPDP recommends that at some point an entity stop using an ICD-10 crosswalk. A Payer, for example, may have to continue to supply data to a health plan or client using the ICD-9 code set. The health plan or client may be hesitant to move to the ICD-10 code set because they are not required by law. The plan may therefore be required to continue mapping the incoming ICD-9 code to an ICD-10 code but industry recommends that everyone migrate to the ICD-10 codes sets.

4: How should pharmacies handle refills when the original claim contained an ICD-9 code and the compliance date has passed and the claim now requires an ICD-10 code to be submitted?

The availability and use of crosswalks, mapping and guidelines may assist entities in converting where there is a one to one match of the ICD-9 to ICD-10. Where this approach does not yield an exact match the pharmacy must contact the prescriber and request the ICD-10 code.

5: Is there a way to proactively obtain the ICD-10 code for refill prescriptions prior to the compliance date?

Pharmacies should begin the process of reviewing their electronic health records and request an update from the physician for any ICD-9 codes that are not a one to one match to an ICD-10 code. The decision on how this could be handled should be a discussion between the pharmacy and the prescriber. The electronic prescribing industry is developing a query transaction that once completed would be an additional option.

6: In what situations are diagnosis codes required on a prescription?

Diagnosis codes are always required on prescriptions for Medicare Part B claims. In addition some Prior Authorizations will require the submission of a diagnosis code. Even though it is not a covered HIPAA transaction, a Workers Compensation claim might also require a diagnosis code based on the injury of the patient.

7: Will ICD-10 codes be required on an electronic prescription?

If the resulting claim requires a diagnosis code and a diagnosis code would have been required on a paper prescription, then an ICD-10-CM code would need to be submitted on the electronic prescription.

8: When a pharmacy is required to submit a diagnosis code as part of the prior authorization process how should processors/plans handle pharmacy claims when the claim comes in with an ICD-10 code and the prior authorization file has an ICD-9 code?

When the processor requires an exact match of the submitted diagnosis code to the prior authorization file diagnosis code, they should verify that the prior authorization file contains an ICD-9 to ICD-10 relationship where possible.

If an ICD-9 code matches to only one ICD-10 code, the mapping could be used to update the prior authorization file.

If the submitted claim must contain a match to a diagnosis code based on a group of codes, the processor should verify that their group of codes has been updated.

9: If a pharmacy has a prior authorization number that was obtained when an ICD-9 code was communicated to the payer will it be necessary for the pharmacy to obtain an updated prior authorization number once the ICD-10 effective date is reached?

If the diagnosis code is not submitted on the claim with the prior authorization number there would be no need to obtain a new prior authorization number.

If the diagnosis code is submitted on the claim with the prior authorization number, the payer would determine if a new prior authorization number is needed.

When a prior authorization process includes the submission of a diagnosis code on either the prior authorization request or the claim billing the payer should communicate their instructions to the pharmacies well in advance of the compliance date.

10: Is communication between a prescriber and the pharmacy important?

Communication between a prescriber and a pharmacy is very important to allow for proper education and the transfer of diagnosis code relationships prior to the compliance date. This process will facilitate a smooth transition to the ICD-10 code set.

11: Are in-store communications important?

A pharmacy should create in-store communications when relevant. In store communications should include instructions on how to explain to a patient that a claim requires a diagnosis and has been rejected due to the new requirement of HIPAA to submit an ICD-10 code. Pharmacies should review claims on file that contain ICD-9 diagnosis codes prior to the compliance date for ICD-10 diagnosis codes. Pharmacies should attempt to obtain the ICD-10 code from the prescriber, and store the ICD-10 code ahead of the compliance date to assist in mitigating patient care disruption.

12: What is the impact to health assessment questionnaires?

Since most assessments are for a disease state and not an ICD-9 code, personnel need to evaluate any historical health assessment questionnaire data that is stored on their system to determine if updates are needed. This may require the staff manually review the assessments and look up the correct ICD-10 code for the disease state. Current or new assessment documents should be reviewed to determine if modifications are needed.

13: Will Electronic Health Records (EHR) be impacted?

There are many areas in electronic health records that could be impacted by the transition from ICD-9 to ICD-10. These include but are not limited to clinical decision support, e-Prescribing and the Prior Authorization process.

Entities should review their electronic health records to determine where the ICD-10 codes will be used.

14: What is the impact to clinical information exchanged between payers through the reporting process?

Clinical information exchanged between payers may include ICD-10 or ICD-9 codes. Trading partners should create transition guidelines based on their specific reporting needs and communicate well in advance of the compliance date.

15: What should the payer communicate to the pharmacy?

To allow for the pharmacy to prepare for transition, it is important for all Processors/Payers/PBMs to provide requirements for ICD-10 usage based on drug category and drug supplies by March 1, 2014

16: Are all entities that are using ICD-9 now required to move to ICD-10?

No, if the entity is not using a HIPAA mandated transaction it is not required to move to the ICD-10 code sets. It is recommended that any entity that uses the ICD-9 code set today transition to the ICD-10 code sets for consistency within the industry and to avoid using a dual processing system.

17: Is all that is required by the plan/processor that the ICD-10 code be within a list of codes?

No, some plans will require ICD-10 codes submitted on claims to match the ICD-10 code used in their processing rules. There may be situations where plans will use a list of ICD-10 codes and not require a one to one match.

18. What is the impact to reporting, rebates, outcomes, quality measures, et cetera?

Any type of external reporting currently containing the ICD-9 codes will need to be reviewed for use of ICD-10 codes to determine what changes are required.

19: What will be required if an existing ASC X12 834 enrollment file or a proprietary eligibility file includes ICD-9 Codes?

The expectation is that the submitting entity would provide the ICD-10 code to replace the ICD-9 code. The receiving entity will load what is received from the submitter.

20: Are ICD-9 codes being passed today for medication subrogation?

We have not been able to determine if ICD-9 codes are being passed today for Medicaid Subrogation. Since Medicaid Subrogation version 3.0 is a HIPAA standard the ICD-9 codes would need to be updated to ICD-10 codes for dates of service on or after the compliance. Plans will need to continue

processing ICD-9 codes after the compliance date due to receiving Medicaid Subrogation files containing claims with dates of service prior to the compliance.

21: Will processor help desk staff require training on ICD-10?

Yes, calls will be received for claim rejections when ICD-9 codes are submitted for dates of service on or after the compliance date:

- If diagnosis codes are required and no diagnosis code is submitted
- If diagnosis code submitted does not match the diagnosis code required for the drug on the claim.

Representatives must be versed in the above rejections in order to respond to pharmacies as to what action is necessary to resolve the rejection.

22: Will workers' compensation claims require movement from ICD-9 to ICD-10 code as it is not a HIPAA mandated transaction?

Workers' Compensation transactions are not HIPAA mandated but there are Workers' Compensation claims which are submitted using the Telecommunication Standard. It is not the industry's intent to bill Workers' Compensation claims via paper in lieu of electronic submissions. The use of the ICD-9 versus the ICD-10 will be governed by the contractual relationships between the Workers' Compensation entities or by the state-specific Workers' Compensation regulations. It was reported to the National Committee on Vital and Health Statistics (NCVHS) in February 2014 that some states will be supporting ICD-10 for Workers' Compensation claims.

23: Will entities currently using ICD-9 codes on their paper claims remain on ICD-9 to avoid the conversion to ICD-10?

No, it is anticipated that when an entity normally submitting electronically must submit a paper claim, they will convert to ICD-10 to maintain the consistency of their claims and documents. Small providers that submit only paper claims may or may not convert to the ICD-10 code set. However, many payers that allow paper claims will require ICD-10 codes on both paper and electronic claims.

24: Will the industry see an increase in paper claims as those entities currently submitting electronically revert to paper to avoid the conversion to ICD-10?

While paper claims are not covered under HIPAA and do not require the use of ICD-9 or ICD-10 codes, it is not expected that providers will revert to paper to avoid conversion to the ICD-10 code sets.

25: Will payers use existing group coding of ICD-9 code groups and convert them to ICD-10 code groups?

If health plans currently edit on NDC(s) and submitted ICD-9 codes and restrict coverage within a group of ICD-9 codes, they should use a complete group of equivalent ICD-10 codes.

For example:
Patient has diabetes with renal manifestations and has an ICD-9 diagnosis code of 250.4 this can be grouped within the following ICD-10 codes

- E08.2 Diabetes mellitus due to underlying condition with renal complications
- E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy
- E08.22 Diabetes mellitus due to underlying condition with Ebstein's disease
- E08.23 Diabetes mellitus due to underlying condition with diabetic renal failure
- E08.29 Diabetes mellitus due to underlying condition with other diabetic renal complication

26: How are ICD-CMs modified?

Currently ICD-CM codes are released once a year to be effective October 1st. If a code exists and requires modifications, the existing code will not be deleted. It will be expanded to address the refinement of the condition or treatment state.

27: What is the field number in the NCPDP standards that will accommodate the ICD-10?

The NCPDP Telecommunication Standard supports the use of the ICD-10 (and ICD-9) codes in the

- DUR Co-Agent ID Qualifier (475-J9)
- Diagnosis Code Qualifier (492-WE)

The NCPDP SCRIPT Standard supports the use of the ICD-10 and ICD-9 codes in the

- DUE Co-Agent ID Qualifier (DRU-1ØØ).
- Primary Diagnosis Code (DRU-Ø7Ø)
- Second Diagnosis Code (DRU-Ø7Ø)

The NCPDP Formulary and Benefit Standard supports the use of the ICD-10 (and ICD-9) codes in the

- Diagnosis Code Qualifier (492-WE)

The NCPDP Post Adjudication Standard supports the use of the ICD-10 (and ICD-9) codes in the

- Diagnosis Code Qualifier (492-WE)
- DUR Co-Agent ID Qualifier (475-J9)

The NCPDP Universal Claim Form supports the use of the ICD-10 (and ICD-9) codes in the

- Diagnosis Code Qualifier (492-WE)

The NCPDP Workers' Compensation Universal Claim Form supports the use of the ICD-10 (and ICD-9) codes in the

- Diagnosis Code Qualifier (492-WE)

28: Will physicians be required to include ICD-10 diagnosis code(s) on all prescriptions to comply with the ICD-10 code set regulation?

The regulation does not require prescribers to include a diagnosis code on all prescriptions (however Medicare Part B requires a diagnosis on all prescriptions). The NCPDP SCRIPT Standard supports submission of both ICD-9 and ICD-10 codes.

29: Will drug compendia update their disease states to incorporate the ICD-10 code sets and what will the timeline be?

Yes, the drug compendia will support the ICD-10 code sets. Please contact your compendia for information on obtaining the code sets.

30: Will anyone support both the ICD-9 code set and the ICD-10 code sets?

Entities will be required to support both ICD-9 and ICD-10 code sets after the compliance date as claims and reports for dates of service prior to the compliance date will continue to contain ICD-9 codes.

31: Will drug compendia continue to support both ICD-9 and ICD-10 code sets and will it be effective date driven?

Please check with your drug compendia since their responses vary from supporting only a cross-walk to supporting both ICD-9 and ICD-10 code sets for a period of time. Most compendia will not use effective dates in their database.

32: Will the decimal point be required to be transmitted on claims that contain ICD-10 codes?

No, from the code set maintainer: The ICD codes do have a decimal; however, for transaction/submission of the codes the decimal is **not** included in the code.

The reporting of the decimal between the third and fourth characters is unnecessary because it is implied. (Field is alphanumeric; count from left to right for the third and fourth characters.)
Preciseness is designated with the number of digits to the right of the implied decimal point.

Example:
O26851 Spotting complicating pregnancy, first trimester
O26852 Spotting complicating pregnancy, second trimester
O26853 Spotting complicating pregnancy, third trimester
O26859 Spotting complicating pregnancy, unspecified trimester
The above may be displayed with a decimal point (e.g. O26.851) but are transmitted without the decimal point.)

5. REFERENCE INFORMATION

The WEDI ICD-10 Timeline document can be found on the WEDI website:
http://www.nchica.org/HIPAAResources/timeline.htm

ICD-10-CM information can be found on the NCHS website:
http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm.

ICD-10 information can be found on the CMS website: http://www.cms.hhs.gov/ICD10/.

American Health Information Management Association (AHIMA) offers ICD guidance
http://www.ahima.org/icd10/

2009 ICD-10 CM General Equivalency Mapping zip file can be found at:
http://www.cms.hhs.gov/ICD10/02m_2009_ICD_10_CM.asp

2010 ICD-10 CM General Equivalency Mapping zip file can be found at:
http://www.cms.hhs.gov/ICD10/02k_2010_ICD_10_CM.asp

2009 ICD-10 CM Reimbursement Mapping Guide can be found at:
http://www.cms.hhs.gov/ICD10/downloads/reimb_map_guide_2009.pdf

CMS fact sheet on ICD-10 is available at http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10factsheet2009.pdf.

CMS Frequently Asked Questions http://questions.cms.hhs.gov/ Search ICD

Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets Final Rule dated September 5, 2012
FDsys - Browse Federal Register

6. APPENDIX A. HISTORY OF CHANGES

6.1 MARCH 2010 MODIFICATIONS

Add link for the 2010 General Equivalency Mapping zip file
Corrected link under FAQ Question 1 for ICD-10 Code lists

6.2 SEPTEMBER 2012 MODIFICATIONS

Updated compliance date to October 1, 2014 based on **45 CFR Part 162 Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets**

6.3 FEBRUARY 2014 MODIFICATIONS

Updated Frequently Asked Question 22 to include the following:
It was reported to the National Committee on Vital and Health Statistics (NCVHS) in February 2014 that some states will be supporting ICD-10 for Workers' Compensation claims.

6.4 AUGUST 2014 MODIFICATIONS

Updated compliance date to "not before October 1, 2015" based on *The Protecting Access to Medicare Act of 2014*.
Removed specific date of October 1, 2014 in the FAQ's. They now read "compliance date".
Added new FAQ "32: Will the decimal point be required to be transmitted on claims that contain ICD-10 codes?**"**
Updated compliance date to October 1, 2015 based on the CMS notice.