

ICD-10 Coding Guidelines

for Preauthorization and Claim Submission by Type of Service



Effective June 1, 2015, HealthLink will accept and process preauthorization requests containing ICD-10 codes for services scheduled on or after October 1, 2015. ICD-9 codes must be used to pre-authorize services scheduled through September 30, 2015.

Some preauthorizations may span the October 1, 2015 compliance date. The code set of the preauthorization will vary, depending on the scenario. This chart will help you determine what code set to use for your preauthorization.

Type of Service	Begins	Ends	Pre-Authorization	Claim
Inpatient	Admission begins <i>on or after</i> 10/01/2015	Discharge on or after 10/01/2015	Preauthorization must be requested with ICD-10 codes.	Claims for services rendered on or after 10/01/2015 must be billed with ICD-10 codes.
Inpatient with <u>unknown</u> discharge date	Admissions begins <i>before</i> 10/01/2015	Unknown at the time of admission, then discharge occurs on or after 10/01/2015	Preauthorization must be requested with ICD-9 codes. This preauthorization will be valid for the entire admission.	The code set used on the claim will be based on the discharge date, so the entire claim must be billed with ICD-10 codes.
Inpatient with <u>known</u> discharge date	Admissions begins <i>before</i> 10/01/2015	Known discharge on or after 10/01/2015	Preauthorization must be requested with ICD-10 codes.	The code set used on the claim will be based on the discharge date, so the entire claim must be billed with ICD-10 codes.
Outpatient Services	Service <i>on or after</i> 10/01/2015	N/A	Preauthorization should be requested with ICD-10 codes.	Claim must be filed with ICD-10 codes.
Long-term Outpatient Services (such as Physical Therapy, Radiation Therapy, Chemotherapy, etc.)	Services begin <i>before</i> 10/01/2015	Services end <i>on or after</i> 10/01/2015	Preauthorization obtained in ICD-9 will be valid for services rendered on or after 10/01/2015.	The claims for these services need to be separated and filed with the correct code set for the date(s) of service. Claims with both code sets, or mixed claims will not be accepted.

Utilization Management components may vary from health plan to health plan. Please refer to the enrollee ID card for specific instructions. Failure to pre-certify elective services may result in participating provider financial penalties from the benefits administrator and in accordance with the health benefit program.

The list of standard services requiring pre-certification is located online at <https://providerinfosource.healthlink.com> > Utilization Management > HealthLink Standard Precertification Listings.

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