



## ICD-10 Special FAQ Edition

This edition of Quick Notes will focus on some of the Frequently Asked Questions our office is receiving regarding the reporting of ICD-10 codes to MIRCal. ICD-10 reporting is currently scheduled to begin with discharges and encounters on or after October 1, 2015.

### **Q1: When will ICD-10 be added to the regulatory requirements?**

A: Current regulation reflects the federal reporting requirement effective date of October 1, 2015.

### **Q2: Does the file format need to be changed to submit ICD-10 to OSHPD?**

A: No file format changes are necessary to report using ICD-10. The current file formats were created to accommodate space for the ICD-10 codes. Please refer to the Format and File Specifications found on our [Manuals and Guides](#) page.

### **Q3: Which codes should be reported when a patient is discharged on or after October 1, 2015, but admitted prior to October 1st?**

A: In this case facilities should code using ICD-10 on the record. Coding is determined by the discharge or service date. The records on the file submission should have ICD-9 codes for discharges through September 30, 2015, and ICD-10 codes for discharges on or after October 1, 2015. All discharges and encounters with a discharge or service date on or after October 1, 2015, must be reported using ICD-10. ICD-9 codes will be flagged as invalid when used on or after October 1st.

### **Q4: Should two different files be submitted for Inpatient—one for July-September with ICD-9 and one for October-December with ICD-10?**

A: No. OSHPD will require one file that includes all discharges for July through December.

### **Q5: When will MIRCal be able to accept test files with ICD-10 codes?**

A: The existing File Format Testing function in MIRCal currently accepts files with the ICD-10 format. When logged on to the MIRCal system, the link for this File Format Testing feature is found on the left side main menu near the bottom. This feature processes test data through **only** Transmittal Validation which verifies that the file format is set up correctly. It does not put the file through a detailed validation of whether an ICD-9 or ICD-10 code is valid.

Facilities will be able to run ICD-10 files through the **full** MIRCal Validation process immediately upon the conclusion of data collection for the first ICD-10 reporting periods. MIRCal will be open for submission of ICD-10 files in early January 2016.

### First ICD-10 Report Periods

- ED and AS: 10/01/2015-12/31/2015
- IP: 07/01/2015-12/31/2015

**Q6: Does OSHPD mandate the reporting of ICD-10 External Cause codes?**

A: Yes. While there is no national requirement, coding guidelines specify that external causes may be required when “*a provider is subject to a state-based external cause code reporting mandate....*” Facilities are required to report external causes using ICD-10-CM codes (V00-Y99) as they did when previously reporting ICD-9-CM (E800-E999).

Please refer to current [regulation](#), sections 97227 and 97260, for more information.

**Q7: Is the initial occurrence the only record that requires the External Cause Code (as it was with ICD-9)?**

A: No. The principal External Cause code is reported on each related visit. The 7<sup>th</sup> character of the code would reflect the initial versus subsequent encounters. However in accordance with the *ICD-10 CM Official Guidelines for Reporting*, other codes (place of occurrence, professional status, etc.) are only reported on the first visit.

**Q8: When will the Edit Flag Description Guide for ICD-10 be available?**

A: Updated Edit Flag Description Guides will be posted on the [Manuals and Guides](#) page in December 2015.

**Q9: When reporting ED and AS data to OSHPD, will ICD-10 be required for procedures or do I continue to report CPT-4 procedures?**

A: ED and AS facilities should continue to report CPT-4 code for procedures. However, facilities must use ICD-10 to report diagnoses and external cause codes for ED and AS encounters on and after October 1, 2015.

**Q10: When will Coding Edits and a Coding Edit Manual be created for ICD-10?**

A: We plan to create coding edits for ICD-10 but do not have a definitive date at this time. Coding edits will be turned off until the new ICD-10 coding edits are created.

**Q11: What are OSHPD’s reporting requirements for ICD-10 HIV Test Results and Screening codes?**

A: OSHPD’s reporting requirements for ICD-10 HIV screening codes will be the same as the requirements for reporting ICD-9 HIV codes. If ICD-10 HIV test results Z21 and R75 are reported in your data, they will receive a warning edit flag: SW05 (Principal Diagnosis field) or SW06 (Secondary Diagnosis field).

The California Health and Safety Code prohibits the disclosure of any HIV test results -- whether positive, negative, or inconclusive -- without the patient’s written authorization for each disclosure. OSHPD’s SW05 and SW06 warning edits are designed to protect health facilities from liability if these codes are inadvertently reported to OSHPD.

Please note that if these HIV test result codes are not removed from the data by the facility, OSHPD will remove them during the standardization process when the data is made available to the public.

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As the healthcare community moves closer to ICD-10 implementation, please continue to contact your analyst or the Patient Data Section with questions you may have related to ICD-10 reporting.

OSHPD appreciates the partnership and dedication of all MIRCAl reporting facilities as we approach the challenges ICD-10 may present.