ICD-10 KNOWLEDGE BRIEFS

Procedure Codes: What is, and what is not changing

ICD-9-PCS codes transition to ICD-10-PCS* codes (when applicable)

Facility / Inpatient Services
• Applies to specified facility-based services
• Optum does not use ICD-PCS codes
• Continue to bill Optum using Rev Codes as aligned with your Agreement
• Facilities will need to work with other payers to determine whether and how the ICD-PCS transition affects claim submissions to other payers

Outpatient
• Outpatient providers do not use “PCS” codes
• Providers currently billing with CPT or HCPCS codes will continue to use those for billing dates of service on and after October 1, 2015
• For outpatient services, there is no ICD-10 related industry change to procedure codes

A note about CPT Codes
• The Current Procedural Terminology (CPT) code set is maintained by the American Medical Association
• New CPT manuals are usually available in October
• Optum will post notices to Provider Express if there are behavioral health CPT code changes
• Changes, if any, would not go into effect until January 1, 2016
• CPT code examples: 90791 or 90834

ICD-10-CM diagnosis codes used for billing are changing for everyone on October 1, 2015.
Learn more:
• ICD-10-CM Transition - webinar for behavioral health providers
• Transition Resources - Provider Express > Admin Resources > DSM-5/ICD-10 Resources

*ICD-10-PCS (ICD-10 Procedure Coding System)