

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)