

FAQ – ICD-10

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COMPLIANCE:

Q. When is the ICD-10 compliance deadline?

A. October 1, 2015

Q. What does ICD-10 compliance mean?

A. ICD-10 compliance means that a HIPAA-covered entity must utilize ICD-10 codes for health care services provided on or after October 1, 2015. ICD-9 diagnosis and inpatient procedure codes cannot be used for services provided on or after this date.

Q. Who is affected by the transition to ICD-10? If I do not deal with Medicare claims, will I have to transition?

A. Everyone covered by HIPAA must utilize ICD-10 starting October 1, 2015. This includes health care providers and payers who do not deal with Medicare claims. Organizations that are not covered by HIPAA, but use ICD-9 codes should be aware that their coding may become obsolete if they do not transition to ICD-10

Q. If I transition early to ICD-10, will CMS be able to process my claims?

A. NO – CMS and other payers will not be able to process claims using ICD-10 until the October 1, 2015 compliance date. However, organizations will need to work with their internal team and with business trading partners to test their software systems from beginning to end. This involves testing claims, eligibility verification, quality reporting and other transactions and processes using ICD-10 to make sure the new code set can be processed correctly.

BILLING:

Q. Will ICD-10 replace Current Procedural Terminology (CPT) coding?

A. NO – The transition to ICD-10 does not affect CPT coding for outpatient procedures and physician services. Like ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.

Q. What happens if I do not switch to ICD-10?

A. Claims for all health care services and hospital inpatient procedures performed on or after October 1, 2015, must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and

inpatient procedure codes cannot be processed. It is important to note, however, that claims for services provided before October 1, 2015, must use ICD-9 Diagnosis and inpatient procedure codes.

- Q. Will I need to use both ICD-9 and ICD-10 codes during the transition?
- A. Practice management systems must be able to accommodate both ICD-9 and ICD-10 codes until all claims and other transactions for services before October 1, 2015, have been processed and completed. Promptly processing ICD-9 transactions as the transition date nears will help limit disruptions and will limit the timeframe when dual code sets are needed.
- Q. For an inpatient physician billing stay that overlaps from ICD 9 to ICD 10, do you split bill the charges? For instance, If a patient is inpatient from 9/28 – 10/5/15, is the whole stay coded with ICD 10 or do we split it?
- A. Yes, split billing would be appropriate for the Physician on this type of claim.

GENERAL:

- Q. To whom do I direct specific ICD-10 questions?
- A. Send all ICD-10 questions to ICD10@medicaid.ms.gov
- Q. Do you have an escalation contact in effect to address any issues that could arise after the 10/1/2015 compliance date?
- A. Send all ICD-10 questions to ICD10@medicaid.ms.gov
- Q. What is the best way for us to receive updates on your ICD-10 implementation and can we subscribe to any information?
- A. From the DOM Provider Bulletin, MS DOM Website, Late Breaking News articles or MS DOM Remittance Advice.
- Q. Will you follow CMS' LCD and NCD policies for medical necessity?
- A. No
- Q. Will you process ICD-10 codes in advance of the 10/1/2015 deadline?
- A. No
- Q. Will the webinar information be posted anywhere? Was it recorded?
- A. Yes, it is posted on the DOM website. It was not recorded. You can email ICD10@medicaid.ms.gov and request a copy of the power point presentation. FAQ's will be posted on the DOM website as well

- Q. What is the email address you have on file to notify us of any changes/issues you may encounter after the ICD-10 implementation date?
- A. DOM will use Late Breaking News/Banner Messages/Bulletin Articles to notify any ICD-10 pertinent information
- Q. Do you now require codes for external cause of injury?
- A. The Division of Medicaid does not have a state-based external cause reporting mandate, however providers are encouraged to voluntarily report external cause codes as they provide valuable data for injury research and evaluation of injury prevention strategies.

CLAIMS:

- Q. Will you be ready to accept and process live ICD-10 claims on 10/1/2015?
- A. Yes
- Q. Will you be using one integrated system to process ICD-9 and ICD-10 claims?
- A. Yes
- Q. If mapping claims for processing will you be converting 9 to 10, 10 to 9 or both?
- A. MS DOM will not convert 9 to 10 or 10 to 9
- Q. Will you still accept ICD-9 codes after 10/1/2015 for appropriate DOS?
- A. ICD 9 will still be accepted for DOS prior to 10/1/2015
- Q. Will Medicaid accept ICD-9 codes for hospital discharges after 10/01/15?
- A. NO
- Q. Does Medicaid have a back-up plan if the claims will not go through the clearing house? If so, how can we get our claims to Medicaid?
- A. Medicaid will be ready to accept ICD-10 claims on October 1, 2015. It is recommended that clearing houses submit test claims to our fiscal agent to ensure that the claims will be processed correctly. Please refer to the MS DOM website for testing instructions.
<http://www.medicaid.ms.gov/preparing-for-the-international-classification-of-diseases-10th-edition-icd-10/>
- Q. Will you be able to accept claim files with a mix of ICD-9 and ICD-10 claims? If not, how would you like us to separate and send your files?
- A. Providers should NOT submit claims with both ICD-9 and ICD-10 codes on the same claim.
- Q. We assume that you will begin accepting ICD-10 starting with Oct 1st DOS and accepting ICD-9 up until Oct 1st DOS?
- A. CORRECT

Q. Will MS Medicaid still be following the 1 year claims filing limit after the implementation of the ICD-10 codes?

A. Claims with date of services (DOS) PRIOR to 10/01/2015 should be submitted with ICD-9 codes. Claims with a DOS AFTER 10/01/2015 should be submitted with ICD-10 codes.

Q. What about an observation stay that overlaps? Example, 9/30/15 – 10/1/15, do we use ICD 9 for 9/30/15 & ICD 10 for 10/1/15?

A. Inpatient claims should be billed based on date of discharge.
Outpatient services should be split billed based on date of service.

Q. We use Envision to process our claims with Medicaid. Do we need to test ICD 10 claims on Envision or is it already ready for ICD 10 codes?

A. It is recommended that ALL providers submit test claims with ICD-10 codes. Refer to the MS DOM website for instructions on how to submit test claims via the webportal.
<http://www.medicaid.ms.gov/preparing-for-the-international-classification-of-diseases-10th-edition-icd-10/>

Q. As a third party administrator we are wondering if we should accept claims with a date of service after 10/1/2015 that come in to us on paper if they have ICD9 diagnosis. We are unclear if ICD10 is required for those who submit claims on paper or if they as non-covered entities can still submit using ICD9

A. Physician claims submitted with a DOS after 10/01/2015 and Hospital Claims with a date of discharge after 10/01/2015 should be submitted with an ICD-10 code.

TESTING:

Q. Will you be testing for ICD-10?

A. Yes

Q. When did you/will you begin external testing for ICD-10?

A. June 1, 2014 for Providers and September 2, 2014 for Vendors

Q. Will you conduct syntax testing?

A. Yes. Only valid codes are accepted – validation is done by matching submitted code against MMIS data base code

Q. Will you conduct end-to-end testing?

A. Yes

Q. Will you be testing both institutional and professional claims?

A. Yes

Q. Will you be testing both inpatient and outpatient claims?

A. Yes

Updated as of: 10/05/2015

- Q. Are there any enrollment/credentialing policies required for testing? If so, what are they?
- A. The tester must have a valid MS Medicaid Provider ID and have a valid submitter number if sending EDI claims
- Q. Are there a minimum or maximum number of claims we can test?
- A. No more than 100 claims per test
- Q. How are the test claims delivered to the payer and identified as ICD-10 test claims?
- A. Submitters drop their files to the test system
- Q. Do you have any documentation on this?
- A. Testing will be only for ICD-10 and all submitted test files during this period will be treated as ICD-10 claims
- Q. What sort of feedback is returned? Written feedback? Reports? 277/999/835?
- A. 277CA/999/835
- Q. In what environment will you be testing?
- A. A test environment which mirrors production
- Q. Will you be following WEDI's testing timeline?
- A. No
- Q. Do you require testing, a letter or any other form of confirmation stating we are prepared for ICD-10 prior to Oct 1st?
- A. TESTING IS RECOMMENDED BUT NOT REQUIRED.

Dental Claim Requirements:

- ADA Claims – (billed with dental codes beginning with the letter D) will not require ICD10 diagnosis or procedure codes.
- Dental Prior Authorizations will require ICD10 diagnosis codes
- CMS 1500 – (billed by any provider type) will require ICD10 diagnosis codes
- UB-04 Claims – (billed by any provider type) will require ICD10 diagnosis and procedure codes (if procedures performed)