

ICD-10 >> November 2013 (updated September 2014) PROVIDER Q+A

The health care industry is preparing for monumental changes as it transitions toward implementing the International Classification of Diseases, Tenth Revision, also known as ICD-10.

>> ICD-10 is a new code set for reporting << medical diagnoses (ICD-10-CM) & inpatient procedures (ICD-10-PCS).

> Upgrading to ICD-10 will:

- > Provide better data for measuring health care service quality, safety and efficacy of care.
- > Allow clinical IT systems to record far more specific and rich diagnostic information.
- > Boost efficiencies by helping to identify specific health conditions.

> Will ICD-10-PCS replace CPT?

No. ICD-10-PCS will be used to report hospital inpatient procedures only. The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) will continue to be used to report services and procedures in outpatient and professional settings. However, all claims (inpatient, outpatient, and professional) will require an ICD-10 diagnosis.

> Who is required to prepare for this change?

The coding system conversion will affect the entire health care continuum. All providers covered under HIPAA are required to be compliant.

> When is the required date for implementation?

All providers and payers under HIPAA are required to be compliant with ICD-10 on 10/1/15. Claims with discharge dates or dates of service prior to the compliance cutoff of 10/1/15, should continue to be coded with ICD-9 codes.

Inpatient claims with discharge dates on or after 10/1/15 must be coded in ICD-10. Interim bills for long hospital stays are expected to follow the same rules as other claims. If an inpatient provider submits a replacement claim

to cover all interim stays, the provider must re-code all diagnoses/procedures to ICD-10 since the replacement claim will have the discharge date post compliance.

Outpatient and professional claims with dates of service on or after 10/1/15 must contain ICD-10 diagnosis codes. Claims may not contain a combination of ICD-9 and ICD-10 codes. Individual claims may only contain one code set. Outpatient and professional claims with from/through service dates that span the compliance date should be split into two claims (One claim for dates of service prior to 10/1/15, with ICD-9 codes and one claim for dates of service on or after 10/1/15, with ICD-10 codes).

> What should providers do to prepare?

Providers can begin preparing by taking the following steps:

- > Talk with your billing service, clearinghouse, or practice management software vendor about their ICD-10 readiness plans and ensure software updates will be installed.
- > Identify ICD-9 and ICD-10 touch points in your system and business processes.
- > Identify needs and resources, such as staff training.
- > Determine if billing forms need to be updated for compliance.
- > Conduct external testing with your clearinghouses and payers to make sure you can send and receive transactions with the ICD-10 codes.

If you handle billing and software development internally, you should develop a plan for your medical records/coding, clinical, IT and finance staff to coordinate ICD-10 transition efforts.

question + answer information
provided by these partners:



> What do the Ohio Department of Medicaid (ODM) and Managed Care Plans (Plans) recommend for network providers about the transition?

Physicians and facility partners who have not yet begun planning for the transition to ICD-10 need to begin immediately. Those who have already begun ICD-10 transition plans should continue on course to ensure a successful transition. Implementation planning is critical to the success of ICD-10, including testing the new system and communicating with health plan partners prior to 10/1/15. Being prepared can significantly improve how your organization fares during this transition by minimizing the financial and productivity impacts in the first years after implementation.

> Will ODM and the Plans meet the 10/1/15 compliance date and be capable of accepting transactions containing ICD-10 codes?

Effective 10/1/15, ODM and all the Plans will be able to accept transactions containing ICD-10-CM and ICD-10-PCS codes as well as ICD-10 based DRGs.

> How are ODM and the Plans working together?

While each Plan, like all HIPAA covered entities, is required to implement ICD-10, ODM and the Plans are working collaboratively to ensure the smoothest transition possible for Ohio Medicaid. ODM and the Plans have frequent communications to coordinate efforts and ensure readiness.

> Is there a transition period? After 10/1/15 will ODM and the Plans no longer accept ICD-9 codes?

There is not a transition period. However, the implementation deadline is based on date of service or discharge and not the date of claim submission. Because of timely filing rules, ICD-9 codes will continue to be accepted after 10/1/15 but **ONLY** for claims with dates of service or discharge prior to 10/1/15. Timely filing rules do not change the regulation that all claims with dates of service or discharge on or after 10/1/15 must contain ICD-10 codes.

> Will reimbursement change with ICD-10?

At this time, we do not anticipate significant changes to provider reimbursement for providers that are compliant with the implementation deadline.

> What if providers are not ready by the compliance deadline?

Any ICD-9 codes used in claims with dates of service or discharge on or after 10/1/15, will be rejected as non-compliant and the claims will not be processed. You will have disruptions in your claims being processed and receipt of your payments.

> Do(es) ODM or the Plans expect delays in payment during the transition?

Although ODM and the Plans strive for minimal disruption in operations, we acknowledge that with any implementation there is potential for an increase in processing time and inquiries for a short term period during the change. ODM and the Plans will leverage proven techniques to effectively manage increased volume in any area requiring it.

> What will the appeal process be for resubmission of ICD-9 based claims after 10/1/15?

ODM and the Plans will follow the date of service of the claims; if it was originally filed with ICD-9 coding and the date of service was prior to 10/1/15, we will continue to accept that claim through the appeal process with ICD-9 coding.

ICD-10 ONLINE

Check the CMS & ODM websites for ICD-10 updates. Find links to Medicaid Managed Care Plan ICD-10 updates on the ODM ICD-10 webpage.

OHIO DEPARTMENT OF MEDICAID:
www.medicare.ohio.gov/PROVIDERS/Billing/ICD10.aspx

CENTERS FOR MEDICARE & MEDICAID SERVICES:
www.cms.gov/ICD10