Questions & Answers
ICD-10 Webinar for Ohio Medicaid Trading Partners

July 8, 2015

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Presentation Availability

Q1: Is this presentation going to be sent out to attendees? When will the slides be forwarded to us?

A1: The presentation was e-mailed to all Ohio Medicaid trading partners after the webinar. It is also posted to Ohio Medicaid's ICD-10 webpage.

- http://medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx

ICD-10 Compliance Date

Q2: May we use ICD-10 starting now? If we get an ICD-10 code sent in now, can we use it process claims before 10/1/2015? Do claims with dates of service prior to 10/1/2015 still use ICD-9?

A2: The U.S. Department of Health & Human Services released a final rule that included an updated ICD-10 compliance date of 10/1/15. This rule also requires the continued use of the ICD-9 through September 30, 2015. The final rule was published in the Federal Register on August 4, 2014 and is available [here](#).

Who's Impacted?

Q3: I am a service provider. Am I impacted by ICD-10 implementation?

A3: This question has been asked by a variety of providers, including ancillary service providers (such as transportation providers, home health, home delivered mean providers, adult daycare, and waiver providers). The answer is straightforward. All providers required to include ICD-9 codes on claims will be required to use ICD-10 codes beginning with the date of service or date of discharge of October 1, 2015. This includes ancillary service providers. Providers such as dental and pharmacy services that are not required to include ICD-9 codes today will not be required to include ICD-10 codes after implementation.

Where Do I Find ICD-10 Codes?

Q4: Where are the new ICD-10 codes located?

A4: The 2016 ICD-10-CM and PCS files are published on CMS's ICD-10 website at:
http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10

Q5: Are the ICD-10 procedure codes located with the ICD-10 diagnosis codes?

A5: Both the 2016 ICD-10-CM (diagnosis) and ICD-10-PCS (procedures) files are published on CMS's ICD-10 website at:
http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10.

What ICD-10 Codes Should I Use?

Q6: What ICD-10 codes should I use? How would I know the diagnosis codes if not given to me by my case manager?

A6: As with ICD-9, ICD-10 codes are derived from documentation in the medical record. If you are a service provider, you must research the codes that will apply to your business. If another provider supplies your ICD-10 codes, you must ensure those providers are ICD-10 compliant. You should consider identifying the most commonly utilized ICD-9 codes in your office and determine the correlating ICD-10 codes. You may want to seek the advice of a professional coder. CMS and many national provider associations have published ICD-10 resources to assist providers with this task. Mapping ICD-9 to ICD-10 codes is addressed in CMS' GEMs publications available on CMS's ICD-10 website.

Procedure Code Changes

Q7: Can you elaborate about procedure code changes?

A7: All ICD procedure codes will be changing and effective on 10/1/2015. ICD procedure codes are used to report procedures on inpatient claims. CPT codes will continue to be used to report procedures on professional and outpatient claims.

Q8: Would you clarify changes to CPT codes? You said CPT codes will not change, is that correct? The diagnosis codes are going to change not the CPT codes?

A8: The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) will continue to be used to report services and procedures in professional and outpatient settings. However, all claims (inpatient, outpatient, and professional) that require and ICD-9 diagnosis code today will require an ICD-10 diagnosis code starting 10-1-2015.

Claims Questions

Q9: Will a claim containing both ICD-9 and ICD-10 cause the entire file to reject?

A9: Claims may not contain a combination of ICD-9 and ICD-10 codes; individual claims may only contain one code set. If ICD-9 and ICD-10 codes are submitted on the same claim, the entire claim will reject/deny.

Q10: For a person receiving services from an outpatient facility, can the same file contain an ICD-9 code for a service received on 9/30/2015 and ICD-10 code for a service received on 10/1/2015?

A10: ICD-9 and ICD-10 can be in the same file but not on the same claim.

Claims Questions

Q11: Are there any qualifier changes? If so, what are they?

A11: Yes, the qualifier in the EDI transaction is different for ICD-10 than for ICD-9. Please reference the appropriate X12 TR3 Implementation guide for the correct qualifier.

Q12: Are any changes being made to paper claim forms?

A12: Paper forms have been revised to accommodate for ICD-10, but Ohio Medicaid does not accept paper forms except in special circumstances.

Q13: Do you foresee a delay in payment on claims after ICD-10 starts?

A13: As long as providers submit the appropriate ICD codes based on the dates of services or discharge, providers will not see any interruption to their payment schedule.

Prior Authorization/Precertification – Inpatient Services

Q14: If we have a previously approved prior authorization (PA) will those PAs have to be redone for inpatient services?

A14 (Inpatient Services): PA/precertification requests for inpatient services will continue to use ICD procedure codes. The following will apply if/when requesting a PA or precertification: (1) If the anticipated date of discharge is prior to 10/1/15, use the ICD-9 procedure code on the PA request. (2) If the anticipated date of discharge is on or after 10/1/15, use the ICD-10 procedure code on the PA request. Both PA and precertification requests are being accepted with ICD-10 codes prior to 10/1/15 for services that will be provided on or after 10/1/15.

If a diagnosis code is not required on a PA request now, it will NOT be required when ICD-10 is implemented.   However, if a diagnosis code is included on the PA or precertification, the same date requirements described above will apply.

Prior Authorization – Professional and Outpatient Services

Q14: If we have a prior authorization (PA) for a year for something like liquid nutrition, will those PAs have to be redone for professional & outpatient services?

A14 (Professional & Outpatient Services): PA requests for all professional and outpatient service providers will continue to use Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT). If a diagnosis code is included on the PA request, the following billing guidance applies: (1) If the anticipated date of service is prior to 10/1/15, use the ICD-9 diagnosis code with the procedure or service code on the PA request. (2) If the anticipated date of service is on or after 10/1/15, use the ICD-10 diagnosis code with the procedure or service code on the PA request. Professional and outpatient PA requests are being accepted with ICD-10 diagnosis codes prior to 10/1/15 for services that will be provided on or after 10/1/15. If a diagnosis code is not required on the PA request now, it will NOT be required when ICD-10 is implemented.

Certificates of Medical Necessity – Professional and Outpatient Claims

Q15: How does the implementation of ICD-10 impact Certificates of Medical Necessity (CMNs)?

A15: Where currently required, a CMN will remain required with the implementation of ICD-10.

1. A CMN being submitted for services that will have a start date of service prior to 10/1/15 should contain an ICD - 9 diagnosis code.

2. A CMN being submitted for services that will have a start date of service on or after 10/1/15 should contain an ICD - 10 diagnosis code.

3. A CMN approved with an ICD - 9 diagnosis code prior to 10/1/15 will remain approved after 10/1/15 (through the expiration date of the CMN) without the requirement of an updated CMN.

4. Claims submitted with a date of service on or after 10/1/15 will require an ICD - 10 diagnosis code. Claims submitted on or after 10/1/15 which have an approved CMN noted in number 3 above will process without the provider submitting an additional CMN with the ICD-10 code noted on the claim.

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Testing - Requirements

Q16: Are trading partners required to do ICD-10 testing?

A16: Trading partners are not required to do testing. Testing is an opportunity to ensure that there is no interruption to your providers' claim payment once ICD-10 is effective.

Q17: How many rounds of testing are required?

A17: Trading partners may do as many rounds of testing as necessary to ensure your providers and you are comfortable.

Testing – File Submissions

Q18: Can I test already paid claims in ICD-9 and then change them to ICD-10?

A18: Yes, that is the suggested route for testing. This provides an opportunity to verify the payment that would be made for the same service with the ICD-10 code is comparable to what was paid for with the ICD-9 code.

Q19: Do we test both ICD-9 and ICD-10, or just ICD-10?

A19: It is up to your providers and you. The point of testing is twofold: (1) to ensure a compliant file with a valid ICD-10 diagnosis code is sent and processed, and (2) to ensure that the new ICD-10 codes that your providers have chosen to use provide a payment comparable to claims sent with ICD-9.

Q20: Where do we do the testing through?

A20: Testing is conducted through the CERT region. For more information see: http://medicaid.ohio.gov/Portals/0/Providers/Billing/ICD10/Updates/TestingInfo-TP.pdf

A21: How do we use the CERT region to test ICD-10?

A21: For assistance in sending a file to the CERT region please contact the EDI support desk at (614) 387-1212 opt 1 / 2 OR by email DAS-EDI-Support@das.ohio.gov.

Testing – File Submissions

Q22: Can a file submission contain both ICD-9 and ICD-10 codes?

A22: ICD-9 and ICD-10 can be in the same file but <u>NOT</u> on the same claim.

Q23: What file name do we use for our testing?

A23: There are no file naming standards required for testing.

Q24: How many records/claims does ODM want in a file/batch?

A24: Trading partners can submit as many records in a file/batch as they determine necessary for testing.

Q25: Are the My Care Ohio/Managed Care providers being required to have the same file structure as ODM?

A25: All claims and encounters received by ODM must be in the HIPAA-mandated EDI 837 format. Trading Partners will need to reach out to the Medicaid Managed Care Plans if interested in testing with the MCPs.

Testing – Other

Q26: What are the testing criteria? Are you testing to make sure that the code is a genuine ICD-10 code or are you testing to make sure an appropriate code is being used? Do you have a list of codes that are not reimbursable?

A26: The CERT/test region mirrors production. Claims sent to the test region will be processed to ensure that the ICD-10 code is valid and makes sense with the rest of the claim information.

Q27: If someone submits claims directly by entering into the MITS portal, they would use the new ICD 10 codes, but there would be no testing required?

A27: That's correct. ICD-10 changes for the MITS web portal have been tested and will be available for use on 10/1/15. However, claims submitted with ICD-10 codes prior to the effective date of 10/1/15, will be denied.

Q28: Will you define who a Trading Partner is. Is this a fee for service provider? Hopefully we will not be forced to pay for a TP to bill for Medicaid.

A28: A trading partner is an entity that submits and receives claims/transactions using electronic data interchange (EDI). Trading Partners are not necessarily providers, but can be. Providers can submit claims to ODM via: (1) EDI, which requires going through a trading partner or being established as a trading partner, or (2) the MITS web portal.

Testing - Timeframes

Q29: Please verify the final date of testing ICD-10 coding.

A29: Ohio Medicaid is asking trading partners to test by 7/31/15. However, the testing region will continue to be available after this date.

Independent Provider Communications

Q30: Is there any communication going out to the independent providers?

A30: ODM has published a Q&A document specifically for independent providers. Please see:
http://medicaid.ohio.gov/Portals/0/Providers/Billing/ICD10/QandA/IndependentCoBranded.pdf.

Behavioral Health

Q31: Do we have to use the DSM-V codes or ICD-10?

A31: Neither DSM-IV nor DSM-5 is a HIPAA-mandated code set, and therefore, may not be used in HIPAA-standard transactions. Clinicians may continue to base their diagnostic decisions using the DSM criteria, but those codes must be translated to an appropriate ICD-10-CM code(s) when billing Ohio Medicaid.

Q32: Would a non-medical residential drug/alcohol facility (inpatient) need to bill services with ICD-10 procedure codes.

A32: Clinicians may continue to base their diagnostic decisions using the DSM criteria, but those codes must be translated to appropriate ICD-10-CM and PCS code(s) when billing Ohio Medicaid.

Q33: For Medicaid providers that do AOD outpatient counseling or MH outpatient counseling, such as Group, Case Management, Individual, Diagnostic Assm (non physician), the CPT codes do not change. Is that correct?

A33: That is correct, but all claims that currently require a valid ICD-9 diagnosis code today, will require a valid ICD-10 code starting 10/1/2015.

Pharmacy and DME

Q34: In a pharmacy setting, to get a prescription we have the physician put down an illness (for example, for COPD). Can we use the ICD-9 code until 10/1/15 and then switch it over to ICD-10 ourselves as long as we know the correct code?

A34: Yes. However, Ohio Medicaid does not require a diagnosis code on claims for prescription drugs. If you are referring to DME, please see previous slides on prior authorization and certificates of medical necessity.

Q35: For a pharmacy incontinence supply prescription, do we need all new scripts with the new ICD-10 codes before 10/1/15?

A35: See previous slides on prior authorization and certificates of medical necessity.

Medicaid Managed Care Plans

Q36: Are Medicaid HMOs required to do testing for ICD-10?

A36: Medicaid Managed Care Plans are required to test with Ohio Medicaid. In addition, Ohio Medicaid is encouraging providers and trading partners to reach out to the MCPs to learn about opportunities to test with them directly. A link to MCP contact information is located on Ohio Medicaid's ICD-10 webpage.

Q37: Can you verify that MyCare Ohio, in particular the United Healthcare side, is ready to change over from ICD-9 to ICD-10?

A37: All HIPAA-covered entities, including MCPs, are required to implement ICD-10 on 10/1/2015. Please contact United Healthcare directly.

Recent CMS Guidance

Q38: CMS just released a guidance document that "will allow for flexibility in the claims auditing and quality reporting process as the medical community gains experience using the new ICD-10 code set." Will Medicaid be following this?

A38: While State Medicaid Agencies may be required to comply, this guidance only impacts Medicare to date. Please note the guidance reads, "Medicare contractors will not deny physician or other practitioner claims…based solely on the specificity of the ICD-10 diagnosis code as long the physician/practitioner used a valid code from the right family. **However, a valid ICD-10 code will be required on all claims starting on 10/1/2015.**" See:
https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-guidance.pdf.

Contact Information

Ohio Medicaid's ICD-10 Webpage
http://medicaid.ohio.gov/providers/billing/icd10.aspx

General ICD-10 Questions
ICD10questions@medicaid.ohio.gov

Trading Partner Testing
General EDI, login, and testing questions
DAS-EDI-Support@das.ohio.gov