

ICD-10 Implementation For Louisiana Medicaid Legacy Claims

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Why is ICD-9 being replaced?

- ICD-9-CM is 30 years old, has outdated and obsolete terminology, uses outdated codes that produce inaccurate and limited data, and is inconsistent with current Medical practice.
- The current system , International Classification of Disease, 9th Edition, Clinical Modification (ICD-9-CM), does not provide the necessary detail for patients' medical conditions or the procedures and services performed on hospitalized patients.
- The number of new codes that can be created is limited and the majority of the categories are full and do not reflect advanced technology and care delivery available today.

ICD-10 Information

- ICD-10's level of detail will enhance clinical decision-making, allowing us to better track public health issues, and ensure accurate payment for services rendered.
- A number of other countries have already moved to ICD-10, including:
 - United Kingdom (1995);
 - France (1997);
 - Australia (1998);
 - Germany (2000); and
 - Canada (2001).

What is ICD-10?

- ICD-10-CM/PCS consist of two parts:
 - **ICD-10-CM** – The diagnosis classification system developed by the Centers for Disease Control and Prevention for the use in all U.S. health care treatment settings. Diagnosis coding under this system uses 3-7 alpha and numeric digits and full code titles, but the format is very much the same as ICD-9-CM
 - **ICD-10-PCS** – The procedure classification system developed by the centers for Medicare & Medicaid Services (CMS) for use in the U.S. for **inpatient hospital settings ONLY**. The new procedure coding system uses 7 alpha or numeric digits while the ICD-9-CM coding system used 3-4 numeric digits.

Structural Differences

ICD-9 vs ICD-10 CM Diagnoses Codes

ICD-9-CM Diagnoses codes:

- 3-5 digits;
- First digit is alpha (E or V) or Numeric; and
- Digits 2-5 are numeric

ICD-10-CM Diagnoses codes:

- 3-7 digits;
- Digit 1 is alpha;
- Digit 2 is numeric; and
- Digits 3-7 are alpha or numeric

ICD-9-CM Example

Mechanical complication of other vascular device, implant and graft

1 code:

- 996.1

ICD-10-CM Example

Mechanical complication of other vascular grafts

Converts to approximately **49 codes**

(including the sample of codes below)

- T82.311A – Breakdown (mechanical) of carotid arterial graft (bypass), initial encounter
- T82.312A – Breakdown (mechanical) of femoral arterial graft (bypass), initial encounter
- T82.329A – Displacement of unspecified vascular grafts, initial encounter

Structural Differences

ICD-9 vs ICD-10 PCS Procedure Codes

ICD-9-PCS Procedure Codes:

- 3-4 digits; and
- All digits are numeric;

ICD-10-PCS Procedure Codes:

- 7 digits; and
- Each digit is either alpha or numeric;

ICD-9-PCS Example Angioplasty

1 code

- 39.50

ICD-10-PCS Example Angioplasty codes

Converts to approximately 854 codes
(including the sample of codes below)

- 047K04Z – Dilation of right femoral artery with drug-eluting intraluminal device, open approach
- 047K0DZ – Dilation of right femoral artery with intraluminal device, open approach
- 047K0ZZ – Dilation of right femoral artery, open approach

ICD-10-CM Categories

Diagnosis code sets begin with the same letter. The following chart will assist providers with locating codes.

- A00-B99 Certain infectious and parasitic diseases
- C00-D49 Neoplasms
- D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- E00-E89 Endocrine, nutritional and metabolic diseases
- F01-F99 Mental, Behavioral and Neurodevelopmental disorders
- G00-G99 Diseases of the nervous system
- H00-H59 Diseases of the eye and adnexa
- H60-H95 Diseases of the ear and mastoid process
- I00-I99 Diseases of the circulatory system
- J00-J99 Diseases of the respiratory system
- K00-K95 Diseases of the digestive system
- L00-L99 Diseases of the skin and subcutaneous tissue
- M00-M99 Diseases of the musculoskeletal system and connective tissue
- N00-N99 Diseases of the genitourinary system
- O00-O9A Pregnancy, childbirth and the puerperium
- P00-P96 Certain conditions originating in the perinatal period
- Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities
- R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- S00-T88 Injury, poisoning and certain other consequences of external causes
- V00-Y99 External causes of morbidity
- Z00-Z99 Factors influencing health status and contact with health services

When is ICD-10 Effective?

- This transition is required in all health care settings for diagnosis reporting with dates of service (or dates of discharge for inpatient claims) that occur on or after October 1, 2015.
- ICD-10-CM, including the “ICD-10-CM Official Guidelines for Coding and Reporting,” will replace International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) Diagnosis Codes.

EDI and Paper Claim Submissions

For Louisiana Medicaid Legacy Claims:

- Claims with dates of service October 1, 2015 and after will be denied with new ICD-10 denial codes if an ICD-9 code is present on the claim. ICD-9 codes will still be accepted for dates of service prior to October 1, 2015.
- In instances where **inpatient** claims “From-Through” dates span October 1, 2015 (i.e. the discharge/through date is October 1, 2015 or after) the claims do not have to be split billed (**unless otherwise required by Medicaid policy**) but they must be coded with the appropriate ICD-10 code(s) in order to pay correctly.
- All other claims must be split billed if the dates of service span across the October 1, 2015 effective date of ICD-10.

Sample Inpatient UB 04 Form:

3a PAT. CNTL. #		111111111		4 TYPE OF BILL		111	
b. MED. REC. #							
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH			
		093015		100315			
66 DX	O10.013	Z73.0	O71.4	O701	Z23		
69 ADMIT DX	70 PATIENT REASON DX		71 PPS CODE				
74	PRINCIPAL PROCEDURE CODE	a.	OTHER PROCEDURE CODE	b.	OTHER PROCEDURE CODE		
	0UQG0ZZ		100114				

Sample of an Inpatient claim billed with date of service 9/30/15 to 10/03/15. This claim is billed with ICD-10 codes.

3a PAT. CNTL. #		111111111		4 TYPE OF BILL		112	
b. MED. REC. #							
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH			
		093015		093015			
66 DX	64201	V270	66541	66411	V0481	V061	
69 ADMIT DX	70 PATIENT REASON DX		71 PPS CODE		72 ECI		
74	PRINCIPAL PROCEDURE CODE	a.	OTHER PROCEDURE CODE	b.	OTHER PROCEDURE CODE	75	

Sample of an Inpatient claim split billed with date of service 9/30/15 to 09/30/15. The first claim is billed with ICD -9 codes.

3a PAT. CNTL. #		111111111		4 TYPE OF BILL		114	
b. MED. REC. #							
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH			
		100115		100315			
66 DX	O10.013	Z73.0	O71.4	O701	Z23		
69 ADMIT DX	70 PATIENT REASON DX		71 PPS CODE		72 ECI		
74	PRINCIPAL PROCEDURE CODE	a.	OTHER PROCEDURE CODE	b.	OTHER PROCEDURE CODE	75	
	0UQG0ZZ		100114				

Sample of an Inpatient claim split billed with date of service 10/01/15 to 10/03/15. The second claim is billed with ICD -10 codes.

Sample CMS 1500 Form:

Professional Services billed with ICD -9 CM

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9												22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. 789.59		B. 783.21		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____	
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____	
23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #															
1 09 29 15 09 29 15 21 99222 A B 200 00 NPI															
2 09 30 15 09 30 15 21 99232 A B 100 00 NPI															

Professional Services billed with ICD -10 CM

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0												22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. R18.8		B. R63.4		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____	
E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____	
23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #															
1 10 01 15 10 01 15 21 99232 A B 100 00 NPI															
2 10 02 15 10 02 15 21 99232 A B 100 00 NPI															

New Denial Codes

- Louisiana Medicaid Proprietary Error Code:
 - 151 claim contain mixed ICD code sets
- Claim Status Codes:
 - 21 Missing or invalid information. Note: At least one other status code is required to identify the missing or invalid information.
 - 255 Diagnosis code.
- Adjustment Reason Code:
 - 16 Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation.
- Remark Code:
 - N657 This should be billed with the appropriate code for these services.

New Denial Codes

CONT.

- Louisiana Medicaid Proprietary Error Code:
 - 152 invalid ICD code set for claim dates of service
- Claim Status Codes:
 - 21 Missing or invalid information. Note: At least one other status code is required to identify the missing or invalid information.
 - 255 Diagnosis code.
 - 187 Date(s) of service
- Adjustment Reason Code:
 - 146 Diagnosis was invalid for the date(s) of service reported.
- Remark Code:
 - N76 Missing/incomplete/invalid number of riders.

Billing Instructions

- For billing paper claims, please view the billing instructions for paper claims present on the Louisiana Medicaid website, www.lamedicaid.com, directory link – Billing Instructions.
- For billing EDI (electronic) claims, the EDI Companion Guides have been revised and are also found on the website, www.lamedicaid.com, directory link –HIPAA Information Center.

Will this affect Prior Authorizations?

- Existing approved PAs containing ICD-9 codes that extend beyond October 1, 2015 will remain authorized, and no further action is needed by providers.
 - Claims billed for dates of service on or after October 1, 2015 will need to be billed with the appropriate ICD-10 code, even if the PA was authorized with an ICD-9 code.
- Providers submitting PA requests between now and September 30, 2015, with a begin service date prior to October 1, 2015, should continue to follow current practices of using ICD-9 codes.
- Authorization requests received with begin dates of October 1, 2015 and after, must contain ICD-10 codes or they will automatically deny. Providers must utilize ICD-10 codes in their requests to be considered for approval.

ICD- 10 Testing

- All Providers are encouraged to test claims submission prior to the effective date of October 1, 2015.
- To test or for more information on testing, contact:
 - Donna Rehagen (Donna.Rehagen@molinahealthcare.com)
 - Ron Gerstner (Ron.Gerstner@molinahealthcare.com)
- If you have any other questions related to the LA Medicaid ICD-10 implementation, please email those questions to lamedicaidICD10@molinahealthcare.com.
 - Your questions will be addressed in further updates of the facts sheet on www.lamedicaid.com, ICD-10 tab (top of Home page).
- For testing claims with the Bayou Health plans, Please contact each plan individually for testing information or other ICD-10 questions.

Frequently Asked Questions

Q: Does DHH have every intention of complying with the ICD-10 transition mandate as set forth by CMS and are DHH remediation efforts on track?

A: Yes we are ready for the CMS mandate of October 1, 2015 and we are on track.

Q: Is DHH considering any exceptions (grace period, provider exceptions, etc.) to the CMS mandate?

A: **No exceptions**

Q: Will the Medicaid portal which currently may support prior authorization processes for DME products be updated to support ICD-10 as of 10/01/2015?

A: Yes.

Q: Will the ICD-10 diagnosis code be required as of the claim date of service of 10/01/2015 or later, versus the claim transmission date?

A: Yes it is based off of date of service, not transmission date.

Frequently Asked Questions CONT.

Q: When will claim testing be available to providers?

A: Testing is currently available, files can be submitted at any time.

Q: Are dental providers required to do anything for ICD-10?

A: If the claims you submit now do not contain diagnosis or surgical procedure codes then you will have no changes to your claims for the ICD-10 start of 10/1/2015.

Q: Is Molina currently ready to accept test files for 837P and if so what are the testing requirements?

A: Yes, we are currently testing 837 transactions with all interested providers. Please email the contacts below to obtain testing information.

- Donna Rehagen (Donna.Rehagen@molinahealthcare.com) or
- Ron Gerstner (Ron.Gerstner@molinahealthcare.com)

Q: Will the forms currently on the Louisiana Medicaid website be updated to reference ICD-10 before the change effective October 1, 2015?

A: Yes all paper forms currently on the Louisiana website that contain reference to ICD-9 diagnosis or procedure codes will have an updated version posted by early August.

Frequently Asked Questions:

Pharmacy

Q: **For Pharmacy claims**, will your system support the implied decimal, where the ICD-10 code submitted on the claim will not contain the decimal point. Per the ICD code set owner the implied decimal is always in the 4th position from the left.

A: The implied decimal is supported.

Q: **For Pharmacy claims**, if the ICD-9 diagnosis code was submitted and accepted on the original fill, will the ICD-10 diagnosis code be required on subsequent refills?

A: Yes.

Q: **For Pharmacy claims**, if there are drug to diagnosis code validation rules in place, will the 2015 GEMS be used to identify all potential ICD-10 matches?

A: DHH will provide a chart of medications requiring diagnosis codes at Point of Sale with the acceptable ICD-10 codes.

Q: **For Pharmacy claims**, should we expect any new coverage rules, where the diagnosis code will now be required as of 10/01/2015?

A: Yes, we are making a comprehensive chart of the medications and corresponding ICD-10's that would be acceptable.

Helpful Links

Below are links to the ICD-10 procedure codes (PCS) & diagnosis codes (CM) gems for 2016 located on CMS's website.

Basic CMS ICD-10 link:

<http://www.cms.gov/Medicare/Coding/ICD10/index.html>

ICD-10 procedure codes (PCS) gems:

<http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html>

ICD-10 diagnosis codes (CM) gems:

<http://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>

** GEMS: General Equivalence Mappings**

Additional Contact information

Following Implementation of ICD-10:

Molina: Provider Relations

225-924-5040

800-473-2783

Provider Relations is available to answers questions concerning claim denials and claim form completion.

NOTE: Molina cannot assist providers with procedure/diagnosis codes for billing.

Reminder: Questions related to implementation and testing should be submitted to lamedicaidICD10@molinahealthcare.com

Questions

