



Rhode Island Medicaid Program

PROVIDER *update*

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Special ICD-10 Edition

Summer, 2015

SPECIAL EDITION—ICD-10



Only 2 months to ICD-10!!

*Will you be ready?
Preparation should be almost complete!*

This special edition of the **Provider Update** contains ICD-10 helpful information and resources for providers in one location.

Please be sure to share with all staff members who may find this reference tool valuable.



Transition to ICD-10

Important Reminders for All Providers

Preparation for ICD-10 should be nearing completion. Here are some important reminders for all providers:

All staff members should be aware of the upcoming implementation of ICD-10.

ICD-10 impacts all aspects of your practice/facility.

Practice coding your most commonly used codes in ICD-10.

This will help determine if your staff needs training and if your documentation is sufficient for the specificity of ICD-10.

If you are concerned that your software or vendor may not be ready for October 1, consider installing

[Provider Electronic Solutions \(PES\)](#)

Free billing software that is ICD-10 ready!

All providers should submit test claims to ensure a smooth transition.

RI Medicaid's testing window is open through August 31.

To set up testing, send an email to deborah.meiklejohn@hp.com.

Be sure to read the monthly Provider Update for information on the implementation, including forms and procedures that have changed.

Periodically check the [ICD-10 page](#) of the EOHHS website for helpful resources, including an ICD-10 presentation that can be used for staff awareness.

Dual Coding of Claims

To be ready for the ICD-10 transition deadline of October 1, 2015, providers are encouraged to practice coding in ICD-10.

When coding claims for submission with ICD-9, try also coding the claim with the ICD-10 code, not for submission, but for your own practice.

This is recommended, especially for your common/high volume claims to ensure smooth submission of claims after 10/1. It will help you also determine if your current clinical documentation is sufficient, or if staff members require training.

Practicing dual coding will help you determine if your practice or facility is ICD-10 ready!



Provider and Vendor Readiness Information

Get Ready!

These four steps are the foundation for a good implementation plan.

Providers should:

- Assess staff training needs for the ICD-10 transition.
- Understand the ICD-10 code sets and begin developing a plan for how your facility will utilize the new codes.
- Review frequently used ICD-9 codes and crosswalk to ICD-10 codes.
- Use the resources on the website and visit often to check for updates.

ICD-10 Claims Testing

Testing,
testing,
123

As preparation for the ICD-10 implementation on October 1, 2015 continues, RI Medicaid is accepting additional providers who would like to test their ICD-10 coded claims.

We encourage providers take advantage of this final opportunity to test with RI Medicaid.

The testing period will close at the end of August.

Testing helps to ensure a smooth transition to ICD-10. Remember, implementation is only 2 months away!

In addition, providers who have completed successful testing are encouraged to submit adjustment claims to test that process as well.

If you are interested in testing, please send an email to deborah.meiklejohn@hp.com. You will receive a questionnaire to complete, to begin the process.

For providers who are uncertain if their software or vendor is ready for October 1, Provider Electronic Solutions (PES) Software is available. This free software is ICD-10 ready!

To download the software, click [here](#). If it is the first time you are downloading this software, please select "Full Installation". On the [PES page](#), you will also find helpful instructions in our claims guides. General guidelines for creating provider and client lists, and other insurance billing are posted, as well as instructions for specific claims such as Professional, Waiver, Institutional Inpatient or Outpatient, etc. Reminder: to use the PES software, you must be a Trading Partner. Enrollment is electronic through the [Healthcare Portal](#).

If you have any questions, contact our Customer Service Help Desk (see below)



RI Medicaid Customer Service Help Desk for Providers

Available Monday—Friday

8:00 AM-5:00 PM

(401) 784-8100 for local and long distance calls

(800) 964-6211 for in-state toll calls

Myths Surrounding ICD-10

To help dispel some of the myths surrounding ICD-10, the Centers for Medicare and Medicaid Services (CMS) recently talked with providers to identify common misperceptions about the transition to ICD-10. These facts address some of the common questions and concerns CMS has heard about ICD-10.

1. **The ICD-10 transition date is October 1, 2015.** The government, payers, and large providers alike have made a substantial investment in ICD-10. This cost will rise if the transition is delayed, and further ICD-10 delays will lead to an unnecessary rise in health care costs. Get ready now for ICD-10.
2. **You don't have to use 68,000 codes.** Your practice does not use all 13,000 diagnosis codes available in ICD-9. Nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.
3. **You will use a similar process to look up ICD-10 codes that you use with ICD-9** increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.
4. **Outpatient and office procedure codes aren't changing.** The transition to ICD-10 for diagnosis coding and inpatient procedure codes does not affect the use of CPT for outpatient and office coding. Your practice will continue to use CPT.



ICD-10 Overview

RI Medicaid created an ICD-10 overview to raise awareness of the impact of ICD-10 implementation. The presentation was delivered to providers in a webinar format, but the slides are available for review.

This presentation can be used with staff, to ensure that all staff members have a general understanding of the changes. Staff members duties and responsibilities determine who will require additional more specific training.

[Click here for presentation slides](#)



Other Important ICD-10 Updates:

Prior Authorization Form Revisions



To prepare for the upcoming transition to ICD-10 effective 10/1/2015, some of the existing Prior Authorization forms require revision.

It is critical for claim processing that these documents contain the correct diagnosis codes for the date(s) of service, as well as an ICD Type indicator to identify the code as an ICD-9 or ICD-10 code.

The forms that have been revised are the following:

- [Prior Authorization Form](#)
- [Certificate of Medical Necessity](#)
- [Request for Prior Authorization for DME— Children Only](#)

Please discard all earlier versions and use the revised forms as of 6/1/2015.

In addition to the field for entering the diagnosis code, there is an added field for entering the ICD Indicator/Type. The values for this field are **2** when using ICD-9 codes and **3** when using ICD-10 codes. The image below is from the Prior Authorization form with the revised areas highlighted.

RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM

Recip MID _____ Last Name _____ First Name _____ Middle _____ Birth Date _____

Requesting Medicaid Provider NPI _____ Taxonomy _____

Requesting Provider Name _____ Return Mailing Address _____

City _____ ST _____ ZIP _____ Phone _____ Fax _____

Performing/Billing Provider Name _____

HOSPITALS ONLY **SERVICE TYPE** **INPATIENT** **OUTPATIENT**

The ICD TYP Values are defined as follows: 2=ICD-9, 3=ICD-10

EOHHS ONLY	BILLING PROV NPI	TAXONOMY	START DATE	END DATE	PROCEDURE OR REVENUE CODE/MOD	ADD MOD	TTH SRF	ICD TYP	DIAG CODE	UNITS/ OCCUR	DOLLAR AMOUNT

The Certificate of Medical Necessity and the Request for Prior Authorization for DME—Children Only have an added field for the indicator next to the diagnosis code.

SECTION B: TO BE COMPLETED OR REVIEWED AND SIGNED BY PRESCRIBER

Prognosis: _____ **ICD Type¹ / DX:** () _____

How long is this problem expected to last? _____ Months

Please enter number of months, 1-99 (99=Lifetime)



The indicator, **2** for ICD-9 and **3** for ICD-10, must be entered in the field shown with the arrow. The diagnosis code will be entered on the line to the right of the indicator. Providers should use the revised forms, as the older version will not be processed and will be returned to the provider. If you have any questions when completing the form, please contact the Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls.

[See next page for additional ICD-10 updates](#)

Other Important ICD-10 Updates:

Prior Authorization *Process Update for ICD-10*



As preparations continue for the transition to ICD-10, an important update to processing of Prior Authorizations is required.

System updates prohibit the processing of ICD-9 diagnosis codes on Prior Authorization forms effective 10/1/2015 or later.

Prior Authorizations with start and end dates that span the 10/1/2015 effective date of ICD-10 implementation will be processed in the following way.

- All requests that span the 10/1 date, **will be end dated on 9/30.**
- If by 9/30 the service has not been completed, or delivered, **a second prior authorization form will be required** effective on 10/1/2015, that includes an ICD-10 diagnosis code.
- Existing Prior Authorization forms already on file are not affected by this process update.

Providers will be notified when requests are end dated due to this ICD-10 edit.



Waiver Claim Form Revision *Update for ICD-10*



The Waiver claim form has been revised in preparation for the transition to ICD-10 on October 1, 2015. Providers should use the revised form, as the older version will not be processed and will be returned to the provider.

An ICD indicator has been added to the bottom of the claim form. At this time, the indicator that should be used is 9, indicating that ICD-9 codes are being submitted. After 10/1/2015, the indicator and the diagnosis code will be determined by date of service. Also after 10/1/2015, ICD-9 and ICD-10 claims may not be mixed on one form as the indicator applies to all claims on the form.

[Click here for Waiver Claim Form](#)

[Click here for Waiver Claim Form Instructions](#)

Claim Billing Information

ICD indicators have been added to claim forms. This indicator must match the version of the ICD diagnosis code being submitted. Please review the instructions for the claim form being submitted.

- [CMS 1500 form](#)  [Instructions](#) 
- [UB 04 form](#)  [Instructions](#) 
- [Waiver form](#)  [Instructions](#) 

ICD-10 Code Information

Diagnosis coding is based on the documentation in the medical file for each client. Providers must ensure that the documentation in the record is sufficiently detailed to determine the most accurate diagnosis code that represents the client's condition.



Information about ICD-10-CM (Clinical Modification) and ICD-10-PCS (Procedure Coding System) is available on the [CMS ICD-10 website](#). Claims submitted with diagnosis codes that are not coded to the correct level of specificity will deny.

Crosswalks

RI Medicaid is unable to provide a crosswalk for converting ICD-9 to ICD-10 codes. Crosswalks are not a substitute for fully implementing ICD-10.

Providers may find the CMS General Equivalence Mappings (GEMs) a helpful tool, but GEMs are not an exact crosswalk between ICD-9 and ICD-10. Current ICD-9 codes often lack the level of specificity required to determine the correct ICD-10 code so the match may not be accurate. GEMs are not intended to replace coding based on the client's condition.



Transition to ICD-10

Selecting ICD Version on Span Date Claims

After ICD-10 is implemented on October 1, 2015, providers will need to determine the version of ICD coding to use when submitting claims to RI Medicaid for payment. For claims with dates of service spanning the October 1 implementation date, providers will need to review the type of claim being submitted to determine the correct version. For example, a claim might have dates of service from 9/29/15 to 10/5/15 which spans the 10/1 implementation date.

The chart below will help providers determine the version of ICD coding to use, for situations like the example above. Providers should locate the claim type, and in some cases the bill type as well, on the chart below. The chart will identify if you are to use the "From date of service" or the "To date of service" to select the ICD version.

Using ICD-9 or ICD-10 Coding For Claims Spanning October 1, 2015

CLAIM TYPE	USE THE "FROM" DATE OF SERVICE TO DETERMINE ICD VERSION	USE THE "TO" DATE OF SERVICE TO DETERMINE ICD VERSION
Inpatient	All other bill types	Bill Types 1 1 X
Inpatient Crossover	All other bill types	Bill Types 1 1 X
Nursing Home	All other bill types	Bill Types 2 1 X
Home Health	All other bill types	Bill Types 3 1 X
Hospice	--	All claims
Outpatient	All claims	--
Outpatient Crossover	All claims	--
Professional	All claims	--
Professional Crossover	All claims	--
Waiver	All claims	--
Dental	All claims	--
Pharmacy	All claims	--

If you have any questions on using this chart,
please contact our Customer Service Help Desk
at (401) 784-8100.

Provider Resources

RI Medicaid provides links to valuable resources that support providers in the transition to ICD-10

[CMS Website](#)

This website has comprehensive information on ICD-10 for all providers. Planning documents, checklists, and implementation guides for providers are also available.

[Road to 10](#)

The CMS resource offers physicians information specific for their specialization. There is also an interactive tool to create an action plan.

Medscape, in collaboration with CMS, produced two helpful videos. The videos require that you set up a free account to view, entering a user name and password of your choice.

[A Small Practice Guide to a Smooth Transition](#)

[A Roadmap for Small Clinical Practices](#)

[ICD-10 FAQ](#)

Frequently asked questions about ICD-10 implementation.

[ICD-10 Assessment Plan](#)

A quick look at how ICD-10 will impact your organization.

Do You Know the Basics?

It is essential that everyone in your organization has a basic understanding of what is impacted by the transition to ICD-10. To help with that, we have created a short quiz on ICD-10 facts. Turn it into a competition, or just test yourself. Answers are found on the [ICD-10 page](#) of the EOHHS website.

ICD-10 QUIZ FOR PROVIDERS		
1. All claims received by RI Medicaid after 10/1/2015 (the ICD-10 Implementation date) must contain ICD-10 codes.	True	False
2. There is a 30 day grace period during which both ICD-9 and ICD-10 claims will be accepted, regardless of date of service.	True	False
3. The correct version of ICD coding is determined by the date of service for the claim.	True	False
4. ICD-9 and ICD-10 diagnosis codes can be mixed on the claim form, or electronic claim.	True	False
5. When submitting claims, providers must verify that they select the correct ICD indicator for the date of service.	True	False
6. If a three character ICD-10 diagnosis code is submitted on a claim, it will process correctly, even if a more specific code exists for the diagnosis.	True	False
7. How many possible diagnosis codes exist in ICD-10?	A. 15,000 B. 30,000 C. 68,000 D. 100,000	
8. All procedure codes are changing with ICD-10 implementation.	True	False
9. Only physicians must make the switch to ICD-10 coding.	True	False

