

## 1. What codes will be required on October 1, 2015?

ICD-10 CM diagnosis and ICD-10 PCS procedure codes will be required on all inpatient claims with discharge dates on or after October 1, 2015. ICD-10 CM diagnosis codes will be required on all professional and outpatient claims on October 1, 2015. Service dates or discharge dates prior to October 1, 2015 will require ICD-9 codes. Other codes (CPTs, HCPCS, revenue codes, etc.) will not be impacted by this change.

## 2. Does the state have to make changes for its programs or is it exempt?

Medicare and Medicaid are required to be compliant with these guidelines.

## 3. Will the health plan be ICD-10 compliant by October 1, 2015?

Yes. The health plan will be able to process (send/receive) transactions and perform analytics using ICD-10 diagnosis and procedure codes for service dates on professional claims and discharge dates for institutional claims on or after October 1, 2015.

## 4. What is the health plan doing to prepare for the ICD-10 conversion?

A detailed implementation plan is in place. The health plan completed its ICD-10 assessment in 2011-2012 and will be testing through 2015. The health plan anticipates it will be ready to test with external entities (providers, clearinghouses, vendors, state agencies) in the spring of 2015.

Providers that directly submit claims via EDI or are interested in directly submitting claims via EDI can test with the health plan. For questions, please contact the EDI service desk at 1-800-225-2573, ext. 25525 or [EDIBA@centene.com](mailto:EDIBA@centene.com).

Details regarding the health plan implementation approach can be found [here](#).

## 5. Will training be provided to prepare for the ICD-10 transition?

The health plan will incorporate webinar-based information sessions in provider workshops. The health plan's ICD-10 website will include additional details regarding when webinars will be held.

## 6. Will external testing with providers be conducted prior to the compliance date?

Yes. The health plan anticipates it will be ready to test HIPAA compliance of claims submissions with providers beginning in the spring of 2015.

## **7. Will the health plan update coverage positions or medical necessity criteria for ICD-10?**

Medical policies and benefit configurations will be impacted by the ICD-10 transition. The health plan is assessing the impact of such changes as it continues testing with each state and will communicate any changes with state agencies and providers as needed.

Example: Medical policy will cover bariatric surgery if claim is billed with ICD-9 diagnosis code V45.86 pre-compliance date. Medical policy will cover bariatric surgery if claim is billed with ICD-10 diagnosis code Z98.84 post-compliance date.

## **8. Will there be changes to the paper claims form guide?**

The health plan will require ICD-10 codes on paper claims for dates of service (for professional claims) and discharge dates (for institutional claims) as of October 1, 2015. Any changes that might be made to the CMS-1500 or UB-04 claim forms will be communicated through the National Uniform Claim Committee for the CMS-1500 claim form or the National Uniform Billing Committee for the UB-04, as these groups are responsible for updating paper claim forms on behalf of CMS.

## **9. How will the ICD-10 transition impact provider reimbursement?**

The health plan is evaluating the impact of ICD-10 on contracting and clinical operations. Any changes will be communicated via existing channels. We believe the transition will impact the entire industry. It is important to note that the ICD-10 conversion was not intended to transform payment or reimbursement; however, it may result in reimbursement methodologies that more accurately reflect patient status and care.

Providers that submit clean claims electronically will be reimbursed more quickly than providers that submit clean claims manually.

## **10. Will the health plan use the CMS-provided GEMS/Reimbursement Mapping to crosswalk ICD codes during claim adjudication / reimbursement?**

No. The health plan plans to adjudicate claims natively in ICD-9 for dates of service prior to October 1, 2015 and natively in ICD-10 for dates of service on and after October 1, 2015, consistent with CMS requirements.

## **11. Will date of service or date of discharge determine which code to use to achieve compliance on October 1, 2015?**

Inpatient claims with discharge dates on or after October 1, 2015 must be coded in ICD-10. Outpatient and professional claims with dates of service on or after October 1, 2015 must contain ICD-10 diagnosis codes.

Claims may not contain a combination of ICD-9 and ICD-10 codes. Claims may only contain one code set. Outpatient claims with service dates straddling the compliance date should be split. Interim bills for long hospital stays (TOB: 112, 113, 114) are expected to follow the same rules as other claims (e.g., claims with discharge / through dates that span compliance must be split, claims with discharge / through dates pre-

compliance must bill in ICD-9, claims with discharge / through dates post-compliance must bill in ICD-10). If a provider submits a replacement claim (TOB: 117) to cover all interim stays, it is expected that the provider must re-code all diagnoses / procedures to ICD-10 since the replacement claim will have a discharge / through date post-compliance.

## 12. Will the health plan accept claims with ICD-9 and ICD-10 codes?

No. Providers must submit claims with codes that align with CMS and state coding guidelines. The health plan's systems are prepared to accept ICD-9 codes for dates of service prior to October 1, 2015 and ICD-10 codes on or after October 1, 2015. Below are examples of outcomes for potential billing practices:

Examples					
	Claim Type	Admit / Form Date	Discharge / Through Date	Billing Practice	Outcome
1	Inpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is processed
2	Inpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected
3	Outpatient	9/25/2015	10/3/2015	● ICD -9 codes are billed on claim with pre-10/1/2015 FROM services dates ● ICD -10 codes are billed on claim with post-10/1/2015 FROM services dates	Claim is processed
4	Outpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected as claim must be split
5	Outpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is rejected as claim must be split

## 13. Will the health plan accept ICD-10 codes prior to the compliance date?

No. The health plan will not process claims submitted with ICD-10 codes prior to the compliance date. Below are examples of outcomes for potential billing practices:

Examples					
	Claim Type	Admit / Form Date	Discharge / Through Date	Billing Practice	Outcome
1	Inpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is processed
2	Inpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected
3	Outpatient	9/25/2015	10/3/2015	● ICD -9 codes are billed on claim with pre-10/1/2015 FROM services dates ● ICD -10 codes are billed on claim with post-10/1/2015 FROM services dates	Claim is processed
4	Outpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected as claim must be split
5	Outpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is rejected as claim must be split

#### 14. Will the health plan accept ICD-9 codes after the compliance date?

No. Claims must be submitted with ICD-10 codes if dates of service are post-compliance date. Below are examples of outcomes for potential billing practices:

Examples					
	Claim Type	Admit / Form Date	Discharge / Through Date	Billing Practice	Outcome
1	Inpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is processed
2	Inpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected
3	Outpatient	9/25/2015	10/3/2015	<ul style="list-style-type: none"> <li>● ICD -9 codes are billed on claim with pre-10/1/2015 FROM services dates</li> <li>● ICD -10 codes are billed on claim with post-10/1/2015 FROM services dates</li> </ul>	Claim is processed
4	Outpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected as claim must be split
5	Outpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is rejected as claim must be split

#### 15. How will ICD-9 codes be disabled once ICD-10 code sets are in full effect?

Claims containing ICD-9 codes with a date of service on or after October 1, 2015 will be rejected. All first-time claims and adjustments for pre-10/1/2015 service dates must include ICD-9 codes, even if claims are submitted post-10/1/2015. Claims with pre-10/1/2015 service dates can be submitted with ICD-9 codes for as long as contracts and provider manuals specify.

Examples					
	Claim Type	Admit / Form Date	Discharge / Through Date	Billing Practice	Outcome
1	Inpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is processed
2	Inpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected
3	Outpatient	9/25/2015	10/3/2015	<ul style="list-style-type: none"> <li>● ICD -9 codes are billed on claim with pre-10/1/2015 FROM services dates</li> <li>● ICD -10 codes are billed on claim with post-10/1/2015 FROM services dates</li> </ul>	Claim is processed
4	Outpatient	9/25/2015	10/3/2015	● ICD -9 codes	Claim is rejected as claim must be split
5	Outpatient	9/25/2015	10/3/2015	● ICD-10 codes	Claim is rejected as claim must be split