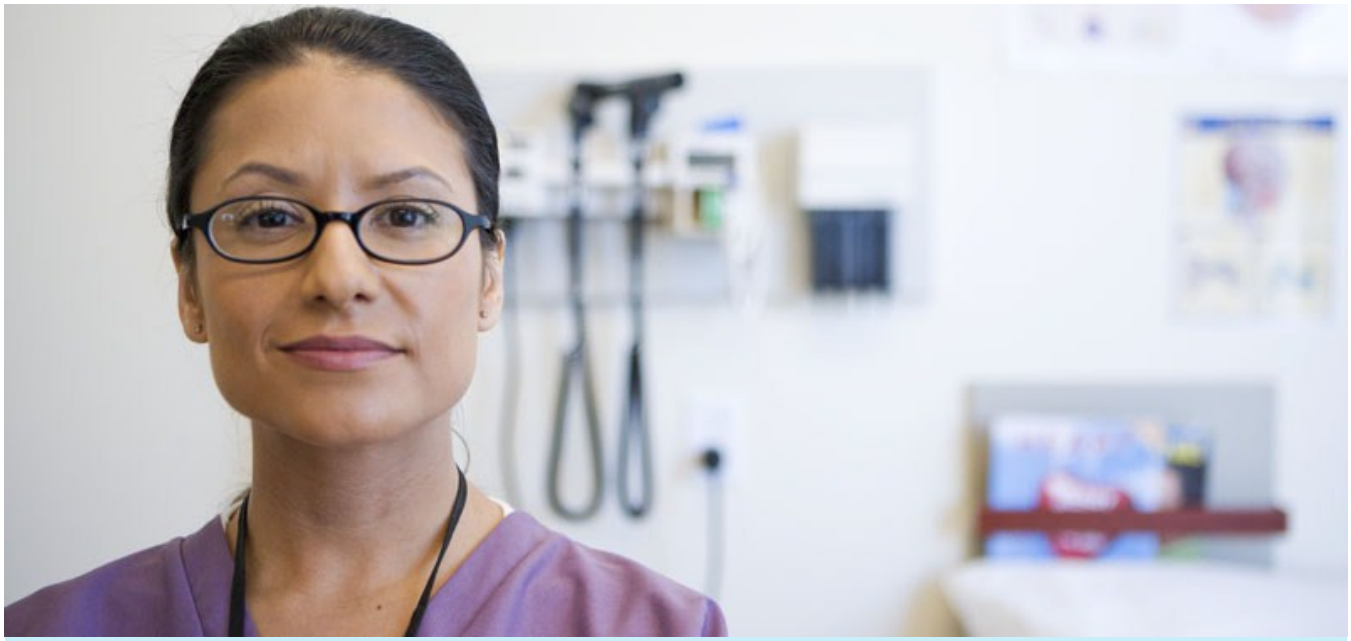
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201341 SEPTEMBER 3, 2013



The IHCP to implement ICD-10-related changes

In preparation for the ICD-10 implementation (October 1, 2014), the Indiana Health Coverage Programs (IHCP) is implementing some ICD-10-related changes effective September 21, 2013. The following is an explanation of the changes and the affected screens, processes, and applications.

Web interChange enhancements

Web interChange updates will be promoted September 21, 2013, and include reference and claim window changes to accommodate ICD-10 diagnosis and procedure codes. All field titles for web forms or electronic claim submissions will change from “ICD-9” to “ICD” to accommodate both ICD-9 and ICD-10 code sets. Only ICD-9 codes will be accepted for claims with dates of service prior to October 1, 2014.

ICD version indicator

An ICD version indicator will be added to Web interChange claim submission windows for all claim types except dental. The ICD version indicator will be used to identify the difference between ICD-9 or ICD-10 code sets for claim submission. Until ICD-10 implementation, the ICD version indicator (radio button) will default to “ICD-9.” Beginning October 1, 2014, the version indicator will default to “ICD-10,” but will allow the user to change to “ICD-9” for dates of service prior to the ICD-10 implementation date. Figures 1 and 2 present institutional and professional claim windows with ICD version radio buttons.

Figure 1 – Web interChange institutional claim window with ICD version radio buttons

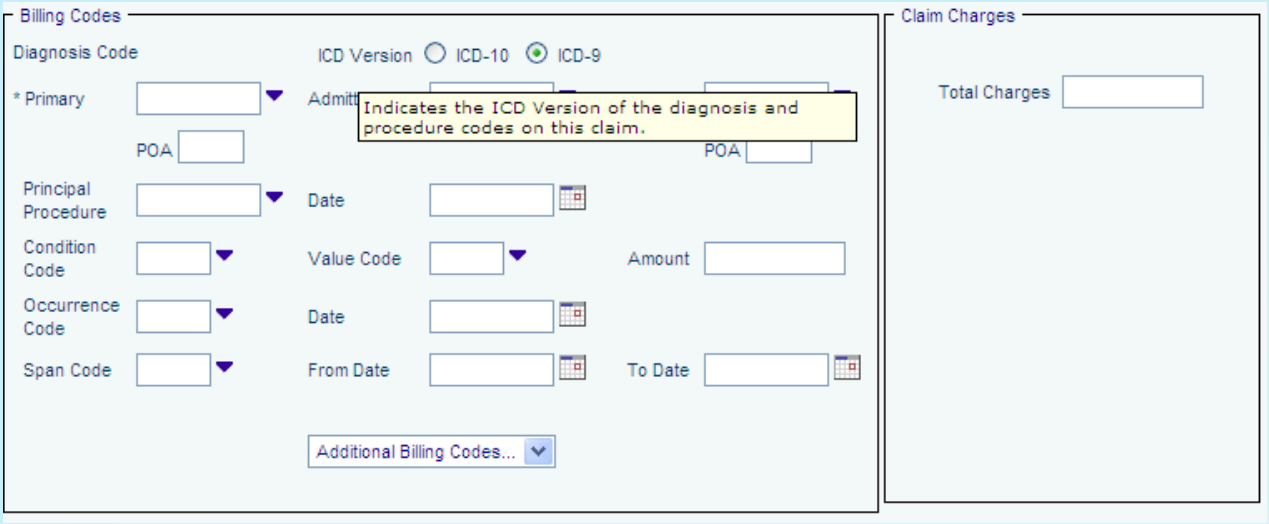
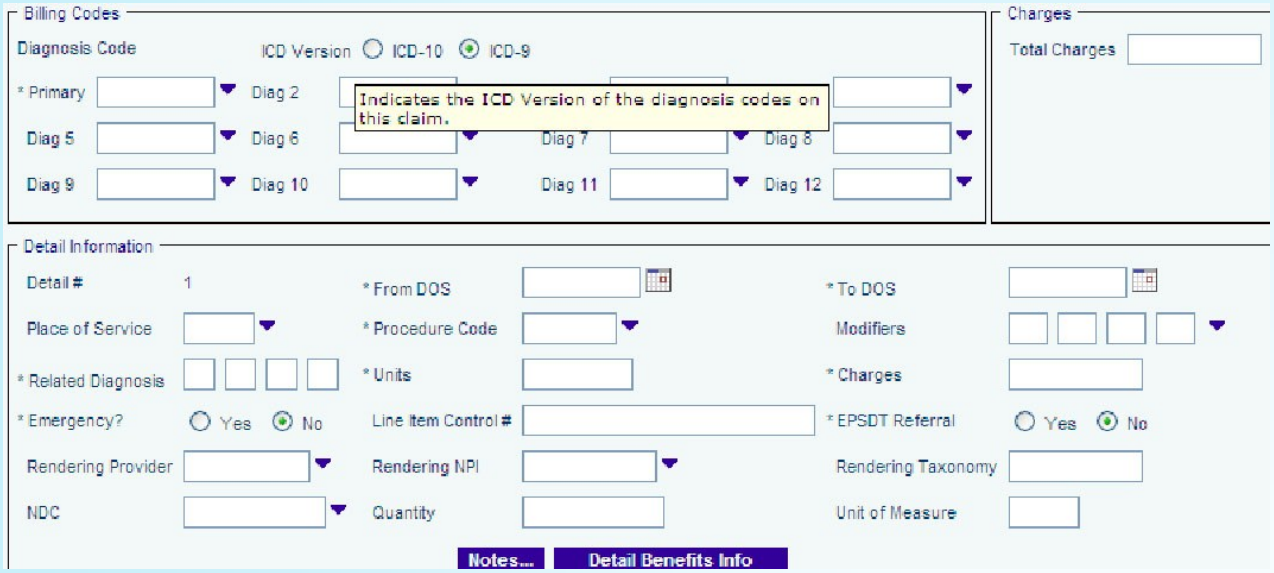


Figure 2 – Web interChange professional claim window with ICD version radio buttons



ICD diagnosis and ICD procedure codes

Web interChange will no longer allow use of a decimal point and/or special characters in the ICD diagnosis or ICD procedure codes.

For professional claim submissions, the number of ICD diagnosis code fields (in the Billing Codes section) will increase to 12 entries per submission. In addition, the Related Diagnosis fields will be expanded to allow four two-digit pointers to accommodate the additional ICD diagnosis entries.

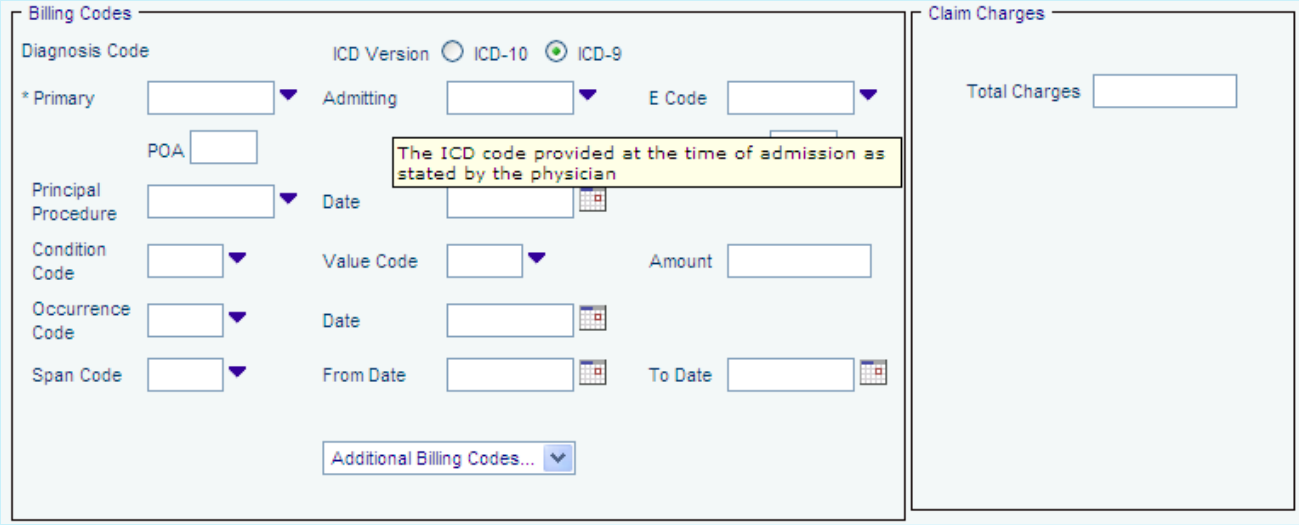
For institutional and professional claims submission, the length of the ICD diagnoses fields will increase from five alphanumeric characters to seven alphanumeric characters in preparation for ICD-10.

ICD procedure fields for institutional claims will increase from four alphanumeric characters to seven alphanumeric characters in preparation for ICD-10.

Tip Help

Web interChange offers help for users in a number of fields. Users can left-click on a field name to display a helpful tip. The tips will be updated to replace references to "ICD-9" with a generic "ICD" reference. Figure 3 presents an example of Tip Help with a generic ICD reference.

Figure 3 – Example of Tip Help with a generic ICD reference



User lists

The user lists section of Web interChange has been enhanced to allow providers to enter and maintain both commonly used ICD-9 and ICD-10 diagnosis and procedure codes. Providers can select the "ICD-9" or "ICD-10" link from the User List Maintenance Menu. User lists are also accessible from the *Claim Submission* window. If the ICD-9 version indicator is selected, the "ICD-9 User List" will display. If the ICD-10 version indicator is selected, the "ICD-10 User List" will display.

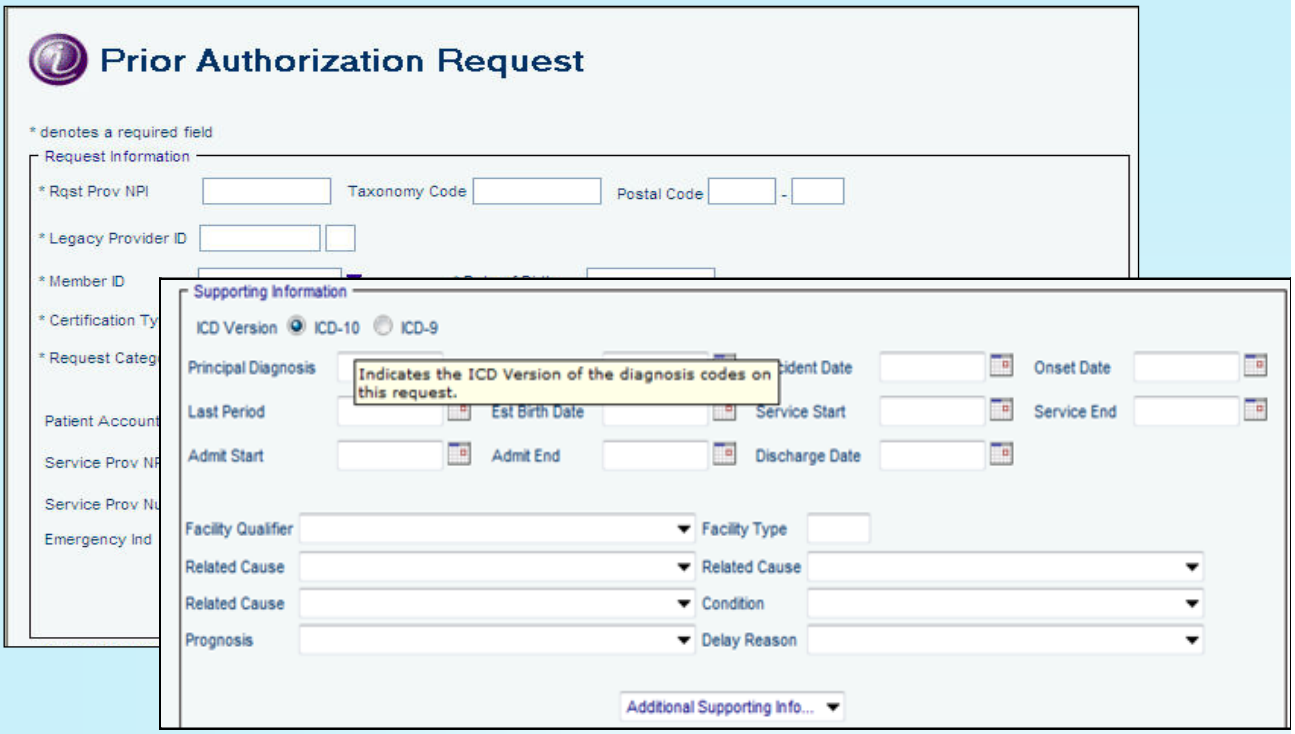
Note: Any existing user list that contains decimal points will be systematically updated to remove the decimal points as of September 21, 2013.

Prior authorization

Providers will see the following differences when requesting prior authorization (PA) via Web interChange:

- The *Prior Authorization Request* window will have a version indicator to differentiate between ICD-9 and ICD-10 diagnosis codes; the appropriate indicator must be selected for all PA requests that contain a diagnosis. Figure 4 presents the ICD version indicator on the *Prior Authorization Request* window.

Figure 4 – ICD version indicator for PA requests



- PA requests should have only one ICD indicator per request and contain only one set of codes. Requests submitted with both ICD-9 and ICD-10 diagnosis codes will experience delays in processing.
- The diagnosis code fields will display up to seven alphanumeric characters and no decimals.
- The help tips will be updated with ICD-10 information.
- The *Prior Authorization Inquiry Mode* window will display the detailed information of the prior authorization request.

When "Copy This PA" is selected, the cross edits will ensure the diagnosis or line items correspond to the same ICD period as the version indicator that was selected.

Electronic Data Interchange enhancements

The September 21, 2013, ICD-10-related enhancements will result in changes to Electronic Data Interchange (EDI) claim submissions as follows.

ICD qualifiers

EDI professional (837P) and institutional (837I) claims must use the appropriate ICD qualifiers. Providers should continue to use the ICD-9 qualifiers until the ICD-10 implementation date of October 1, 2014.

EDI rejection edits

Two new EDI rejection edits will set if ICD-9 and ICD-10 qualifiers are submitted together on a claim. Rejected claims are reported on the Submission Summary Report (SSR):

- Rejection Edit 267 is for 837P transactions – *Claim submitted with a mixture of ICD-9 and ICD-10 qualifiers on the ICD diagnosis. This is not permitted*.
- Rejection Edit 269 is for 837I transactions – *Claim submitted with a mixture of ICD-9 and ICD-10 qualifiers on the ICD diagnosis and/or procedure codes. This is not permitted*.

Paper claims unaffected by enhancements

The September 21, 2013, ICD-10-related enhancements will not affect paper claim forms. The *1500 Health Insurance Claim Form (CMS-1500)* and *UB-04* paper claim forms will not require an ICD version indicator at this time; however, the Centers for Medicare & Medicaid Services (CMS) is planning for the implementation of a revised *CMS-1500* claim form. Please monitor future IHCP publications for updates about changes to paper claim forms and claim form submissions.

Explanation of benefits edit enhancements

The September 21, 2013, ICD-10-related enhancements will activate two new explanation of benefits (EOB) edits for EDI, Web interChange, and paper claims. These edits will also apply to encounter claims for managed care entities (MCEs):

- EOB Edit 243 − *Claims with FROM and THROUGH dates spanning the ICD-10 implementation date cannot be billed on one claim. Please separate the dates and resubmit.* (Effective for outpatient, home health, and outpatient crossover claims)
- EOB Edit 245 − *The ICD version indicator on the claim does not match the diagnosis codes billed on the claim. Please verify and resubmit.* (Effective for all claim types)

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