PROVIDER *news*

ICD-10 news and resources

The Indiana Health Coverage Programs (IHCP) continuously updates information about the International Classification of Diseases, Tenth Revision (ICD-10), during association meetings and on the ICD-10 pages on indianamedicaid.com. Be sure to check the site frequently for new and updated offerings.

ICD-10 updates to indianamedicaid.com

Having completed the implementation of *Health Insurance Portability and Accountability Act* (HIPAA) 5010, the Centers for Medicare & Medicaid Services (CMS) has turned its attention to ICD-10. A number of recent emails from CMS are geared toward ICD-10 preparations. You can sign up for these emails by going to cms.gov and submitting your email address in the "Receive Email Updates" field. If you do not elect to receive emails directly, you can find a list of the CMS ICD-10 emails under "CMS News Updates" on the ICD-10 Information page of indianamedicaid.com. The list is updated with each ICD-10 email CMS sends.

■ The ICD-10 Training page is updated frequently with links to ICD-10 training materials. Examples follow:

– World Health Organization (WHO) ICD-10 Interactive Self-Learning Tool. This website offers self-directed training for those who use ICD-10 codes.

– ICD-10 Resources. This web page on the American Health Information Management Association (AHIMA) website contains tabs for "Understanding ICD-10-CM/PCS," "Implementing ICD-10 CM/PCS," and "Training & Education."

– WEDI ICD-10 Vendor Resource Directory. This resource, offered by the Workgroup for Electronic Data Interchange (WEDI), connects the healthcare community with vendors providing ICD-10 implementation and training services. The directory is relevant to all users.

■ Visit the ICD-10 Decisions page to keep up with ICD-10-related changes that will affect claims processing. Recent decisions follow:

– Providers will not be able to bill International Classification of Diseases, Ninth Revision (ICD-9), codes and ICD-10 codes on the same claim submission.

– Claims may not be submitted without an ICD version indicator if submitted on or after October 1, 2013, regardless of the October 1, 2014, ICD-10 effective date.

– The CMS-1500 claim form has been expanded to include 12 diagnosis codes and a version indicator. However, the CMS-1500 claim form is awaiting approval and will not be adopted by Indiana Medicaid until it is approved by the CMS. Watch IHCP publications for information about approval and adoption of the CMS-1500 claim form.

– The ICD version indicator (radio button) will default to "9" for claims submitted via Web interChange until the ICD-10 effective date. As of the ICD-10 effective date, the version indicator will default to "0."

– With ICD-10 implementation, ICD procedure codes will continue to be used only on inpatient or inpatient crossover claims.

– With ICD-10 implementation, all claims except pharmacy and dental claims will continue to require a diagnosis code regardless of provider type. This includes, but is not limited to, transportation, waiver, long-term care (LTC), home health, Medical Review Team (MRT), and durable medical equipment (DME) providers. See BR201210 and BR201219 for complete details.

– As of October 1, 2013, Web interChange will no longer allow use of a decimal point in the ICD diagnosis or procedure codes, regardless of the new ICD-10 implementation date of October 1, 2014.

– Two new validity edits/explanations of benefits (EOBs) codes have been created for paper claims and electronic data interchange (EDI) submissions related to ICD-10 implementation:

Why aren't dental and pharmacy claims affected by ICD-10 implementation?

The IHCP does not process dental or pharmacy claims based on diagnosis codes. Dental claims are processed based on procedure codes and pharmacy claims based on National Drug Codes (NDCs). Both dental and pharmacy claims are excluded from the requirement to include ICD-9 primary diagnosis codes, as outlined in banner pages BR201210 and BR201219. Likewise, using ICD-10 diagnosis codes on dental or pharmacy claims will not be required at this time.

Edit/EOB	Applies to	Description
243	Outpatient, home health, and outpatient crossover	Claims with FROM and THROUGH dates spanning the ICD-10 implementation date cannot be billed on one claim.
245	All claim types	The ICD version indicator on the claim does not match the diagnosis codes billed on the claim.

These two new edits will also apply to encounter (shadow) claims submitted by the managed care entities (MCEs) and will be set to deny. All other validity editing related to ICD diagnosis and procedure codes will use existing edit/EOB codes.

ICD-10 IHCP Provider Readiness Survey 5

Because the CMS pushed the ICD-10 implementation date to October 1, 2014, we are making a fresh start with our provider readiness tracking beginning with the November readiness survey. The survey, which releases Tuesday, November 6, will be available from the News and Announcements section on the provider home page of indianamedicaid.com. We will now be able to track providers' progress with a fixed readiness target date in mind.

Long-term care RAC audits to begin in October

Health Management Systems (HMS), the Recovery Audit Contractor (RAC) vendor, will begin conducting audits of nursing facilities in October 2012, rather than in September as originally planned. HMS audits include a comprehensive review of financial activity for Medicaid-enrolled residents in all Indiana Health Coverage Programs' (IHCP) nursing facilities. Each audit covers a three-year review period adjusted by a one-year look-back period from the date when the audit commences. Because claims filed within the most recent 12 months are excluded (due to timely filing allowances), audited claims can date back four years.

The HMS audits focus on, but are not limited to:

- Payments made for dates of service after date of discharge
- Duplicate Medicaid payments
- Appropriateness of reporting Medicare or other third-party payments
- Errors related to patient liability application or collection

HMS expects to review all nursing facilities on a two-year cycle.

Provider Education

MDS 3.0 Case Mix Audit Review, SDGs, and PASRR – online training sessions set for October and November

Online training sessions on the Minimum Data Set (MDS) 3.0 Case Mix Audit Review, the Supportive Documentation Guidelines (SDGs), and Pre-Admission Screening and Resident Review (PASRR) are scheduled for October 4, October 31, and November 1, 2012. Sessions run from 10-11 a.m. The training will be presented via HP Virtual Room and combined with an audio conference telephone number. For more information, see the MDS 3.0 page on indianamedicaid.com.

There's still time to sign up for the 2012 annual provider seminar October 23-25!

It's not too late to register for the 2012 IHCP Annual Provider Seminar at its new location – the Caribbean Cove and Conference Center in Indianapolis. Scheduled for October 23-25, 2012, the annual seminar offers topics for all Medicaid providers, regardless of type and specialty or amount of IHCP experience. For more information and to register, visit the Provider Education page of indianamedicaid.com.

ICD-10 at the IHCP Annual Provider Seminar

The ICD-10 team will be at the 2012 IHCP Annual Provider Seminar, October 23-25, to field your ICD-10 questions. ICD-10 presentations will be made as follows:

- **Welcome to ICD-10** – An introduction of and comparison between ICD-10 and ICD-9. This session explains the rationale behind the move to ICD-10 and the improvements inherent in the change. The session is scheduled for Tuesday, October 23, at 9:15 a.m.

- **What to Expect on October 1, 2013** – Even though the ICD-10 implementation date is now October 1, 2014, some changes to Indiana*AIM* will be effective October 1, 2013. This session outlines those changes and how they will affect you. Sessions are scheduled for Wednesday, October 24, at 1 p.m. and Thursday, October 25, at 9 a.m.

ADA Dental Claim form (J430) is not being adopted by the IHCP

The American Dental Association® (ADA) announced the new American Dental Association® Dental Claim Form (J430) on April 9, 2012. The revised form allows dentists to include a diagnosis code in instances where the dental procedure performed minimizes risks associated with the patient's systemic health condition, and the diagnosis might therefore affect claims adjudication. This new version of the form is not being adopted by the Indiana Health Coverage Programs (IHCP) at this time.

RECENTLY PUBLISHED TO THE IHCP WEBSITE

BULLETINS

- BT201234 – Mark Your Calendars – 2012 IHCP Annual Provider Seminar Scheduled for October 23-25 in Indianapolis

- BT201235 – Coverage and Billing Information for the October Quarterly HCPCS Code Updates

PROVIDER MANUAL UPDATES

IHCP Provider Manual – the following chapter of the manual has been updated:

- *Chapter 2* – *Member Eligibility and Services*

HIP Reimbursement Manual

Hospice Provider Manual

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications.

- The Revision History at the front of each manual (or chapter) provides detailed information about the updates made in the most recent revision.

NEWS FROM RECENT BANNER PAGES

- The OMPP Approves Long-Term Care RAC Audits

- Update: Missing Dates of Service on Outpatient Crossover Claims

- Professional and Outpatient Claims to Be Mass Adjusted

- Provider Education Opportunities – Fall 2012

- Annual Update of the International Classification of Diseases Is Effective October 1, 2012

- Sign Up Now for the 2012 IHCP Annual Provider Seminar, October 23-25

FOR MORE INFORMATION

- Contact your Provider Relations Field Consultant.

- IHCP Provider Quick Reference – This reference contains a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors.