

PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201306 JUNE 2013



The IHCP is moving forward with ICD-10-related changes and testing

Despite speculation about another delay in implementing ICD-10, the Centers for Medicare & Medicaid Services (CMS) has made it clear that it has no plans for further delay. In fact, the Indiana Health Coverage Programs (IHCP) is set to implement some ICD-10-related changes yet this year.

Here are some changes Indiana Medicaid providers can expect to see beginning October 1 of this year (that's right—*this year*):

- You will see an ICD Version Indicator on Web interChange that defaults to “9.”
- In the user list on Web interChange where it used to say ICD-9, it will say ICD; and where users could previously build user lists of ICD-9 diagnosis and ICD-9 procedure codes, users will be able to build user lists with ICD-10 diagnosis and ICD-10 procedure codes (for both claims and prior authorization).
- If you submit ICD-10 claims, they will be denied, because ICD-10 will not be effective until October 1, 2014.

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- You will have the ability to submit 12 diagnosis codes and four two-digit diagnosis pointers for each detail on the 837P.
- You will not be able to submit a combination of ICD-9 and ICD-10 qualifiers on 837I and 837P transactions; those claims will be rejected.

The IHCP began ICD-10 extract testing April 1. The IHCP is also ready to begin electronic data interchange (EDI) 837I and 837P transaction testing with software and clearinghouse vendors.

Testing in 2013 will ensure that claims process correctly in the new test environment when submitted with ICD-9 or ICD-10 codes. Providers should encourage their software and clearinghouse vendors to begin testing both ICD-9 and ICD-10 claim files now. The new ICD-10-related claim rejection and claim denial edits can be tested at this same time. See the [ICD-10 Testing - Software and Clearinghouse Vendors](#) page and [newsletter](#) at indianamedicaid.com for additional testing information. Your software or clearinghouse vendor should have received a copy of the newsletter via email.

Which providers will be affected by ICD-10?

Providers have been asking: Does ICD-10 apply to all providers, including ancillary providers, such as transportation and durable medical equipment providers?

As announced in [BR201210](#) and [BR201219](#), under current policy, all claims, except pharmacy and dental claims, require ICD-9 diagnosis codes. All claims requiring ICD-9 diagnosis codes will transition to use of ICD-10 codes beginning October 1, 2014. Providers will be required to include ICD-10 diagnosis codes with their claims, including ancillary providers such as:

- Home health agencies (specialty 05)
- School corporations (specialty 12)
- Public health agencies (specialty 13)
- Case managers (specialty 21)
- Hearing aid dealers (specialty 22)
- Durable medical equipment providers (specialty 25)
- Home medical equipment providers (specialty 25)
- Transportation providers (specialty 26)
- Laboratories (specialty 28)
- Radiology providers (specialty 29)
- Waiver providers (specialty 32)



See the [ICD-10 FAQs](#) page at indianamedicaid.com for details.

Sign up for the EHR incentive program

Incentive payments for the Electronic Health Records (EHR) initiative amount to more than \$120 million since the program's introduction in May 2011. A total of 1,683 eligible professionals and 106 eligible hospitals have benefited from these payments. For more information about EHR, see the [EHR Incentive Program](#) page at indianamedicaid.com.

Thank you for responding to the May 2013 ICD-10 Question of the Month

Responses to May 2013 question

Have you and your staff been coding at least one claim a day in both ICD-9 and ICD-10?

- [Yes](#) – 5
- [No](#) – 40
- [Not affected by ICD-10](#) – 1

Please note that you may continue to reply to last month's question by clicking the appropriate response and including any additional information you want to share in the body of the email.

Implications of June 2013 question

Healthcare experts recommended that by April 2013, providers and vendors should have begun internal ICD-10 testing.

For an overview of ICD-10 milestones and the dates they should be completed, see the checklists on the [ICD-10 Implementations Timelines](#) page on the Centers for Medicare & Medicaid Services (CMS) website at cms.gov. CMS has developed separate checklists for payers, large providers, and small providers.

JUNE 2013 QUESTION

Has your organization begun internal testing of ICD-10?

*(Click the link below that corresponds to your answer. An email containing your answer will be created. Add your comments to the email and click **Send**.)*

- [Yes](#)
- [No](#)
- [Not affected by ICD-10](#)

How do you define “vendor”?

Everywhere you look—on websites, in publications, in online webinars and workshops—one of the most persistent themes relating to ICD-10 is the importance of collaboration between providers, payers, and software and clearinghouse vendors. In the past, the *IHCP Provider News* featured a link to information about [how to assess your vendors' ICD-10 readiness](#). This month, we're considering an even more basic question: How do you define an “ICD-10 vendor?”

In his May 30, 2012, article, “How ready are you to assess vendor readiness?”, author Carl Natale suggests providers begin by looking at entities they do business with that use ICD-9 codes.

For more ways to help define “vendors,” see the article, which appeared in the May 30, 2012, posting on [ICD10Watch.com](#).



Questions about ICD-10?

Email the [ICD-10 Questions Mailbox](#) and you'll receive a direct answer from the IHCP. Your question, along with the answer, may also be added to the IHCP's [ICD-10 FAQs](#) web page at indianamedicaid.com.

Helpful tips for submitting paper claims for nonpharmacy services

If you submit claims electronically, your claims are processed in one-third the time required for paper claims. However, if you must file a paper claim, remember to do the following:

- Make certain the National Provider Identifier (NPI) on the claim belongs to an enrolled provider.
- Avoid handwritten claims; typing the information improves readability (for example, distinguishing “5” from “S,” “0” from “O,” and “2” from “Z”).
- When submitting the *Claims Attachment Cover Sheet* form, make sure the attachment control number (ACN) information is clear – preferably typed.
- Adjust printer alignment to improve readability; be sure the information is in the designated field boxes.
- Use blue or black ink to enter claim information, not red ink.
- When reporting a taxonomy code, use taxonomy qualifier “ZZ” for *CMS-1500* claims and “B3” for *UB-04* claims.
- When submitting National Drug Code (NDC) information, type “N4” in front of the NDC number.
- Do not submit Units/Admin Amount more than 9999.99; it will not be accepted.



Following these tips will increase the timely processing of your paper claims. For more information about submitting claims, see [Best Practices for Nonpharmacy Claims](#) at indianamedicaid.com.

Don't miss the IHCP second-quarter workshops

Registration for in-person and online provider workshops, scheduled for dates in June 2013 is available via the [Provider Education](#) page at indianamedicaid.com. Workshops include Provider Enrollment, IHCP Updates, and Web interChange Claims Billing for UB-04 Billers. Go to the [Provider Education](#) page and sign up to attend!





RECENTLY PUBLISHED TO THE IHCP WEBSITE

BULLETINS

- [BT201313](#) – New Payer Sheet Companion Guide effective with Pharmacy Benefit Manager transition
- [BT201314](#) – New forms to be submitted with PA requests for PRTF admissions, readmissions, and continued stays

PROVIDER MANUAL UPDATES

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

[IHCP Provider Manual](#) – The following chapters of the manual have been updated:

- [Chapter 9](#) – *IHCP Pharmacy Services Benefit*
- [Chapter 14](#) – *Long Term Care*

[Qualified Provider Presumptive Eligibility Manual](#)

[Right Choices Program Policy Manual](#)

NEWS FROM RECENT BANNER PAGES

- [Inpatient shadow claims eligible for medical education payments to be mass adjusted](#)
- [Clarification on the Consent for Sterilization form](#)
- [IHCP PBM transition to Catamaran Corporation affects web-based pharmacy resources](#)
- [Removal of gender restriction on CPT code J0178](#)
- [CPT code 37210 ambulatory surgical center pricing indicator assigned](#)
- [CPT code 22856 ambulatory surgical center pricing indicator assigned](#)

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.
- Subscribe to [IHCP E-mail Notifications](#).
- Contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

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