

# PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201309 SEPTEMBER 2013



## CMS-1500 claim form revised

On June 17, 2013, the Office of Management and Budget (OMB) approved the revised [1500 Health Insurance Claim Form \(version 02/12\)](#). This form is most commonly referred to as the *CMS-1500*. See the [ICD-10 Decisions](#) page at [indianamedicaid.com](#) for more information and updates.

On August 6, 2013, the National Uniform Claim Committee (NUCC) approved the transition time line for the 1500 Health Insurance Claim Form (version 02/12). The following is the NUCC approved time line:

- January 6, 2014: Payers begin receiving and processing paper claims submitted on the revised *CMS-1500* claim form (version 02/12).
- January 6 through March 31, 2014: Dual use period during which payers may continue to receive and process paper claims submitted on the old *CMS-1500* claim form (version 08/05)
- April 1, 2014: Payers receive and process paper claims submitted on the revised *CMS-1500* claim form (version 02/12) only.

Implementation of the *CMS-1500* claim form (version 02/12) along with instructions for completing and submitting the form will be provided in upcoming Indiana Health Coverage Programs (IHCP) publications.

## Countdown to the 2013 IHCP Annual Provider Seminar begins!

Be sure to mark your calendars for October 22-24 for this year's annual provider seminar. The annual seminar will be held at the Hilton Indianapolis North hotel. Watch for more information in a soon-to-be published Indiana Health Coverage Programs (IHCP) bulletin.

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## Display of Social Security numbers to change in Web interChange

To protect personally identifiable information (PII), all provider and member Social Security numbers (SSNs) that are displayed on Web interChange will be redacted to display only the last four digits of the number. This change will take place effective September 23, 2013.

On Web interChange, Indiana Health Coverage Programs (IHCP) provider and member SSNs are viewable to authorized users on the *Coordination of Benefits* windows of the claim submissions screens, the *Eligibility Inquiry* windows, and the *Provider Maintenance* windows. Additionally, SSNs are displayed to authorized providers on the *Presumptive Eligibility (PE) Assignment*, *Notification of Pregnancy (NOP)*, and *Right Choices* windows on Web interChange.

The federal employer identification numbers (FEINs) that display on the *Provider Profile* window will also be redacted to display only the last four digits.



## ICD-10 interim implementation September 21, 2013

On September 21, 2013, changes to the format, field length, and qualifiers/indicators for claims transactions and processes will be updated to accommodate ICD-10 information. These preliminary changes are being made in anticipation of the transition; however, entry of ICD-10 information is not required until the implementation date of October 1, 2014.

See *Indiana Health Coverage Programs (IHCP) Bulletin BT2013XX* for complete details about the changes or visit the [ICD-10 Decisions](#) page at indianamedicaid.com.

## Attend ICD-10 presentations at the 2013 IHCP Annual Provider Seminar

Be sure to attend the 2013 Indiana Health Coverage Programs (IHCP) Annual Provider Seminar and sign up to attend the ICD-10 presentations. Three ICD-10 sessions will be offered, each with a different focus. Each presentation will be followed by a question-and-answer session with the ICD-10 team. The three sessions are scheduled as follows:

- October 22, 2013 at 11:15 a.m. – *ICD-10 Testing: What you need to know about testing* and *ICD-10 APR DRG: What you need to know about the grouper*, featuring a representative from 3M™ to answer questions
- October 23, 2013 at 1:45 p.m. – *ICD-10 Medical Policy Changes*
- October 24, 2013 at 10 a.m. – *What to expect on October 1, 2014: Countdown to ICD-10 implementation*



Workshop registration will be available on the [Provider Education](#) page at indianamedicaid.com.

## ICD-10 Frequently Asked Questions

The ICD-10 team responds to questions submitted by providers, vendors, and stakeholders regarding ICD-10. Some recently answered questions are presented in this article. For more frequently asked questions (FAQs), visit the [ICD-10 FAQ](#) page at indianamedicaid.com. If you have questions, submit them to [INXIX.ICD10Questions@hp.com](mailto:INXIX.ICD10Questions@hp.com).

**Q: Our company is in the process of performing system enhancements to support the changes from ICD-9 to ICD-10. During our mapping process, we found a few occurrences when more than one ICD-10 code could be used for an ICD-9 code. For example: We found one ICD-9 code that has eight possible ICD-10 codes we could use. After October 2014, how should these claims be submitted?**

- If we submit the claims with all eight ICD-10 codes, will the payer submit payment, or will the claim be rejected?
- Should these claims be submitted without the ICD-10 code, so they are rejected and the payer provides the correct ICD-10 code?



**A:** Due to the level of specificity, several ICD-10 codes may map from one ICD-9 code. Claims should be submitted with the ICD-10 code that best supports the medical service. As was the case with ICD-9 codes, ICD-10 codes should be identified using the index and tabular section in the ICD-10 code book; the code you select must be the ICD-10 code that best supports the medical documentation.

**Q: We work with clients on the Medicaid waivers. Their services are residential habitation, community habitation, facility group habitation, and transportation. I have been reading online that I should start coding ICD-10 as I'm coding my claims now to practice, but I don't know the new codes. Is there a book that shows the new codes or a website that lets me enter the diagnosis and find the new ICD-10 code?**

**A:** The current list of ICD-10 codes is available for purchase from most online vendors. Some of the codes may be accessed online by searching for "ICD-10 codes." Crosswalking ICD-9 to ICD-10 codes is addressed in the Centers for Medicare & Medicaid Services (CMS) [General Equivalence Mappings \(GEMs\) publications](#) at cms.gov. You can also find a link to these publications on the [ICD-10 Training](#) page at indianamedicaid.com. Keep in mind that you may not find one-to-one matches between ICD-9 and ICD-10 codes in all categories. Consider subscribing to [CMS Email Updates](#) at cms.gov to stay current on what is happening with ICD-10.

In addition, training is crucial to making the transition to ICD-10 as efficient as possible. The [ICD-10](#) page at cms.gov and the [ICD-10 Training](#) page at indianamedicaid.com contain a variety of information and training resources.

**Q: Can you tell me what values go in field 21 ICD Ind. on the new Health Care Financing Administration (HCFA, now Centers for Medicare & Medicaid Services) form?**

**A:** The CMS-1500 (02/12) draft form is available from the [National Uniform Claim Committee \(NUCC\)](#) website at nucc.org. The [1500 Health Insurance Claim Form Change Log \(2/17/2012\)](#), also on the NUCC website, details all the changes proposed to the form, including the proposed values for each new or updated field. The form will require a qualifier entry to differentiate between ICD-9 and ICD-10 claims. Another proposed revision to the form is to expand the number of diagnosis entries from 4 to 12. The IHCP will inform you when the revised CMS-1500 will be implemented.

[Continue](#)



**Q: I heard that Indiana will require ICD-10 procedure codes for outpatient claims on October 1, 2014. Is this correct?**

**A:** No. ICD-10 Procedure Coding System (PCS) is the system used for reporting services and procedures performed in an inpatient hospital setting reported only by the facility. PCS is billed only on inpatient claims.

**Q: We have been reading the ICD-10 information on the Medicaid website, and several of our staff have different ideas as to what ICD-10 means for us. Please help clarify how ICD-10 will affect us and how we need to prepare for this conversion.**

**We are a residential treatment facility serving males ages 6 through 21. We currently bill Medicaid codes 90832, 90834, 90837, 90846, 90847, 90853, 99214, 90839, 90840, and 90791. We use the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, to diagnose our clients and use the DSM-IV code on the Outpatient Treatment Plan (OTP) and Outpatient Treatment Report (OTR) or Universal Prior Authorization Form.**

**My understanding is that on October 1, 2014, we must use the ICD-10 code when asking for prior authorizations and also for billing. Is this correct?**

**Also, the “What to Expect on October 1, 2013” Power Point presentation [from the 2012 IHCP Annual Provider Seminar] mentions the “From” date, when neither the universal form nor the OTR has a “From” date. Universal has a start-and-stop date and the OTR has a requested start date.**



**A:** The codes you mention using (90832, 90834, 90837, and so on) are Current Procedural Terminology (CPT<sup>®1</sup>) codes; when reporting diagnoses on or after October 1, 2014, you will need to use ICD-10 diagnosis codes. The DSM codes are not used for claim submission; therefore, you may continue to use them as you do today. However, providers must use ICD-10 diagnosis codes on medical claims submitted to the IHCP with “From” dates of service on or after October 1, 2014. For an overview of how DSM-5 and ICD-10 will work together, see [Insurance Implications of DSM-5](#) on the American Psychiatric Association website.

In addition, training is crucial to making the transition to ICD-10 as efficient as possible. The [ICD-10](#) page at cms.gov and the [ICD-10 Training](#) page at indianamedicaid.com contain a variety of information and training resources.

You will also need to buy an ICD-10 coding handbook. To find a handbook and other guides to ICD-10 codes, search “ICD-10 code sets” on the web.

For information about submitting and processing claims with dates of service that span the ICD-10 compliance date (October 1, 2014), see the [ICD-10 Decisions](#) page at indianamedicaid.com for more information.

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## Third-quarter provider workshops continue through September

There's still time to sign up for the third-quarter provider workshops! Sessions include:

- Transportation...the Right Way!
- Introduction to the IHCP
- IHCP Updates
- Indiana *Care Select* Top 10 Most Common Questions, Concerns, or Issues
- EPSDT and Bright Futures
- Anthem Hoosier Healthwise and HIP Updates
- Life of a Claim at MDwise
- Managed Health Services and Cenpatico Behavioral Health Third-Quarter Updates



For more information on session content and to register, visit the [Provider Education](#) page at indianamedicaid.com.

## Sign up for the EHR incentive program

Incentive payments for the Electronic Health Records (EHR) initiative amount to more than \$123 million since the program's introduction in May 2011. A total of 1,748 eligible professionals and 109 eligible hospitals have benefited from these payments. For more information about EHR, see the [EHR Incentive Program](#) page at indianamedicaid.com.

### RECENTLY PUBLISHED TO THE IHCP WEBSITE

#### PROVIDER MANUAL UPDATES

The Revision History in each manual (or chapter) provides detailed information about updates made.

- [IHCP Provider Manual](#) – The following chapter of the manual has been updated:
  - [Chapter 11 – Paid Claim Adjustment Procedures](#)
- [Division of Mental Health and Addiction Home and Community-Based Services Waiver Provider Manual](#)

#### BULLETIN

- [BT201330](#) – Enrollment application requirements for rendering providers revised

#### NEWS FROM RECENT BANNER PAGES

- [First-quarter 2013 ACA Primary Care Physician Supplemental Payments distributed](#)
- [CPT code 90785 to be removed from audit 6677](#)
- [EFT payments available for pharmacy reimbursement](#)
- [Claims to be mass adjusted to recoup 5% reimbursement reduction for inpatient/outpatient hospital services](#)
- [Maximum fee pricing assigned to CPT code 32555](#)

#### 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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