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Provider Information and FAQs on ICD-10

This document outlines important details about IlliniCare Health's ICD-10 implementation in regards to providers. IlliniCare Health has crafted this document to inform contracted providers about IlliniCare Health's status related to ICD-10. The most up to date information on the ICD-10 transition can be found at CMS.gov/ICD10.

How will the ICD-10 transition impact provider reimbursement?

The ICD-10 conversion is not intended to transform payment or reimbursement; however, it may result in reimbursement methodologies that more accurately reflect patient status and care across the industry. Contract remediation will occur on an as-needed basis and is currently being reviewed on a contract by contract basis. Any updates will be communicated via existing channels.

When will claims with dates of service prior to 10/1/15 stop being accepted?

There will not be a date established as it relates to the ICD-10 transition. IlliniCare Health will continue to accept ICD-9 coded claims prior to 10/01/15 in accordance with existing claim submission rules.

Where can I find training and additional resources to prepare my staff for ICD-10?

CMS regularly updates a resources flier that can be found by following this URL:

http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ResourcesFlyer20141105.pdf

This URL will provide information on:

- ICD-10 Basics
- Communications about ICD-10
- Road to 10 Resources
- Training
- Education Modules
- Email Updates

What if I use an Electronic Health Record/Practice Management System?

Contact the vendor that supports your system to ensure they have updated, or will be updating, the system to accommodate ICD-10.

When will IlliniCare Health be ready to process ICD-10 claims?

Starting 10/1/15, IlliniCare Health will be able to use ICD-10 codes in all areas of operations in compliance with the CMS mandate. IlliniCare Health will not process claims submitted with ICD-10 codes prior to this compliance date. **Claims with dates of service after 9/30/15 will reject if ICD-10-CM/PCS codes are not used.**

Who must comply with ICD-10?

All Health Insurance Portability and Accountability Act (HIPAA) covered entities must comply with ICD-10. The compliance date for implementation of ICD-10-CM/PCS is October 1, 2015.

When will IlliniCare Health be processing ICD-10 Prior Authorizations?

ICD-10 diagnosis codes will be accepted on prior authorization requests submitted 7/1/15 or later for services with a start date on or after the ICD-10 compliance date. ICD-9 codes will no longer be accepted on prior authorization requests submitted on the ICD-10 compliance date or later except in the case of retro authorizations for services with a start date on or before 9/30/15. ICD-9 procedure codes are not used on authorizations and ICD-10 procedure codes will not be used on authorizations.

What provider or clearinghouse testing opportunities are available?

IlliniCare Health has completed internal end-to-end testing and has offered end-to-end claims testing to providers. For providers or clearinghouses not participating in end-to-end testing, claims format testing is available at any time and is entirely self-service.

If you wish to participate in format testing with IlliniCare Health, email ICD10ProviderTesting@Centene.com for further instructions.

Where is a list of ICD-10 codes and mapping information available for billing?

Mapping ICD-9 to ICD-10 codes is addressed in CMS' General Equivalence Mappings (GEMs) publications available on the CMS website: www.cms.gov/ICD10. Please keep in mind, when submitting the appropriate ICD-10 code, mapping from ICD-9 to ICD-10 is not always one ICD-9 code to one ICD-10 code. Additionally, the claims payment systems will not automatically map an ICD-9 coded claim to ICD-10. It is your responsibility to submit the appropriate code based on the date of service or date of discharge on the claim. Claims may not contain a combination of ICD-9 and ICD-10 codes.

What claim formats will be affected?

Claims submitted through the web, paper, and electronic forms are all subject to the same ICD-10 related rules.

How should claims that span the transition date be billed to IlliniCare Health?

IlliniCare Health is following CMS claim submission guidance for claims which span the ICD-10 transition date. IlliniCare Health follows the guidance provided by two primary documents: SE1325 and SE1408 (re-issue of MM7492). CMS guidance sets forth the following general principles:

- Inpatient claims which span the transition date should have exclusively ICD-10 codes.

- Outpatient and professional claims which span the transition date should be split into two claims. The first claim would have a service end date of 9/30/15 and the second claim would have a service start date of 10/1/15.

CMS claim submission guidance is enforced through the bill type of the claim. CMS did not address all bill types in their guidance document and IlliniCare Health is offering guidance for those bill types below.

"THROUGH" Rule Bill Types (No need to split claims which span the transition date): 11X, 18X, 21X, 32X, 41X, 43X, 51X, 53X, 55X, 57X, 65X, 66X, 73X, 78X, 79X, 83X, 84X, 86X, 89X, ALL OTHERS NOT LISTED

"FROM" Rule Bill Types (Split claim into an ICD-9 claim and an ICD-10 claim): 12X, 13X, 14X, 22X, 23X, 34X, 71X, 72X, 74X, 75X, 76X, 77X, 81X, 82X, 85X, and all Professional claims.

*This is not a complete set of rules. Please consult CMS guidance for further details.

What should I do to fully prepare for the ICD-10 transition?

IlliniCare Health's recommendations are in-line with CMS' recommendation on ICD-10 preparation for providers:

Providers should plan to test their ICD-10 systems early, to help ensure compliance. Beginning steps in the testing phase include:

- Internal testing of ICD-10 systems
- Coordination with payers to assess readiness
- Project plan launch by data management and IT teams

For providers who have not yet started to transition to ICD-10, below are actions to take now:

- Develop an implementation plan, communicate the new system changes to your organization, develop your business plan, and ensure that leadership and staff understand the extent of the effort the ICD-10 transition requires.

- Secure a budget that accounts for software upgrades/software license costs, hardware procurement, staff training costs, work flow changes during and after implementation, and contingency planning.

- Talk with your payers, billing and IT staff, and vendors to confirm their readiness status.

- Coordinate your ICD-10 transition plans among your partners and evaluate contracts with payers and vendors for policy revisions, testing timelines, and costs related to the ICD-10 transition.

- Create and maintain a timeline that identifies tasks to be completed, crucial milestones, relationships, task owners, resources needed, and estimated start and end dates.

Is there a case in which IlliniCare Health will accept ICD-9 claims after 9/30/15?

IlliniCare Health will not accept claims with dates of service after 9/30/15 which contain ICD-9 codes. IlliniCare Health would require explicit direction from a regulatory entity if ICD-9 coded claims with dates of service after 9/30/15 were to be accepted.

How will ICD-10 claims affect timely remittance and payment?

If claims are submitted correctly in ICD-10, IlliniCare Health is not anticipating any delay to payment or remittance. Provider requests for early payment will not be approved unless extenuating circumstances exist. IlliniCare Health will work with providers on claims submissions/remittance issues on a case-by-case basis.

What if I contract with another Health Plan?

Health Plans are required to comply with the ICD-10 changes. However, each Health Plan may have specific requirements for billing; therefore, providers are encouraged to contact the Health Plan with whom they contract for specific ICD-10 billing information. IlliniCare Health's billing guidance is outlined in this document.