



## Department of Medicaid

John R. Kasich, Governor

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# Ohio Medicaid ICD-10 Implementation

## Frequently Asked Questions

August 2013 (*Updated September 2014*)

Effective October 1, 2015, Ohio Medicaid will require International Classification of Diseases, 10<sup>th</sup> Edition (ICD-10) diagnosis and inpatient procedure codes to be included on most provider claim submissions. Claims with dates of service (outpatient and professional) or date of discharge (inpatient) on or after the effective date will be required to be compliant with this federal mandate. Medicaid cannot pay for any health care service that does not include the new code sets starting October 1, 2015. The ICD-9 code sets will continue to be used with claims for dates of service (outpatient and professional) or date of discharge (inpatient) through September 30, 2015.

The transition to ICD-10 is required for everyone covered by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). Please note the change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

1. **Q: Why is the conversion to ICD-10 different from the other annual code changes?**

**A:** ICD-10 codes have a completely different structure than the ICD-9 codes. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and have 3 to 7 characters. ICD-10 is more robust and descriptive than ICD-9. For example, there are approximately 14,000 ICD-9 diagnosis codes but there are close to 70,000 ICD-10 diagnosis codes. There are approximately 4,000 ICD-10 inpatient procedure codes but close to 72,000 ICD-10 inpatient procedure codes. The reason for the large increase in codes is because ICD-10 does a better job than ICD-9 in its diagnoses to describe comorbidities, manifestations, and detailed anatomical location, to name just a few. For the inpatient procedure codes, ICD-10 has a specific naming convention based on the position among the 3-7 digits to account for body system, root operation, body part, and approach for example.

2. **Q: Will Ohio Medicaid meet the October 1, 2015 deadline?**

**A:** Yes

3. **Q: Do state Medicaid programs need to transition to ICD-10?**

**A:** Yes, like everyone else covered by HIPAA, state Medicaid programs must be compliant with this mandate by October 1, 2015.

4. **Q: What happens if I don't switch to ICD-10?**

**A:** Claims that do not use the ICD-10 diagnosis and inpatient procedure codes for dates of service on or after October 1, 2015 cannot be processed. It is important to note, however, that claims for services and provided before October 1, 2015, must use the ICD-9 codes.

5. **Q: Will Ohio Medicaid support dual intake of diagnosis codes after the compliance date?**

**A:** No. After the compliance date, claims submitted with ICD-9 codes will only be processed for dates of service (outpatient and professional) or dates of discharge (inpatient) prior to October 1, 2015. Claims with dates of service or dates of discharge on or after October 1, 2015 must be submitted with ICD-10 codes.

6. **Q: What happens if I transition to ICD-10 early will Ohio Medicaid be able to process my claims?**

**A:** Providers must do the following in order for their claims to process:

- Claims submitted prior to October 1, 2015; Providers use ICD-9 diagnosis on all applicable claim types and inpatient procedure codes on applicable claims;
- Claims submitted on or after October 1, 2015 but represent services prior to October 1, 2015: providers use ICD-9 diagnosis on applicable claim types and inpatient procedure codes on applicable claims; and
- Claims submitted on or after October 1, 2015 that represent services on or after October 1, 2015: Providers use ICD-10 diagnosis on all applicable claims and inpatient procedure codes on applicable claims.

7. **Q: What is the cutoff for inpatient hospital discharges?**

**A:** For inpatient hospital discharges, the cutoff on whether or not to use the ICD-9 or ICD-10 codes is dependent on the discharge date, not the admission date. That means that claims with date of discharge on or after October 1, 2015 should be submitted with ICD-10 codes. Claims for dates of discharge prior to October 1, 2015 should be submitted with ICD-9 codes. For non-inpatient services, the cutoff is driven by the date of service on the claim. That means that claims with dates of service on or after October 1, 2015 should be submitted using ICD-10. Claims with dates of service prior to October 1, 2015 should be submitted using the ICD-9 codes.

8. **Q: During the transition period, can both codes appear on the same claim?**

**A:** CMS has stated that there cannot be both ICD-9 and ICD-10 codes on the same claim. Deciding which code set to use is driven by the date of service/date of discharge. If the incorrect code set is reported on a claim, the claim will be denied.

9. **Q: What is Ohio Medicaid's current status?**

**A:** ICD-10 implementation has four phases: Impact Assessment, Remediation, Systems Testing, and Program Implementation. Ohio is currently in the Testing Phase.

10. **Q: Is there a crosswalk between ICD-9 and ICD-10?**

**A:** There is, although Ohio Medicaid and those in the industry who have been examining this crosswalk stress that it should be used as guidance and not absolute. CMS published what they call "General Equivalency Mappings", or GEMs. The GEMs provide details on how an ICD-9 code today could be translated into an ICD-10 code. The issue is that for many ICD-9 codes, because they are more general in nature could translate into multiple ICD-10 codes. Some codes have a 1-to-1 mapping while many codes do not. Also, some ICD-9 codes actually map from one ICD-9 code to many ICD-10 codes in combination. Details on the GEMs mapping files are located on the CMS website at <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>.

11. **Q: What transactions will Ohio Medicaid want to test for ICD-10?**

**A:** Ohio Medicaid is testing EDI 835 remits and EDI 837 claims. In some instances, we are also testing model pricing for those that are able to submit parallel coding. This latter type of testing is often referred to as "end-to-end" testing.

12. **Q: How can contractors, business partners and vendors who are interested in becoming an Ohio test site notify Ohio Medicaid?**

**A:** Please contact Ohio Medicaid's ICD-10 testing team at: [IMITS\\_CGTESTING@medicaid.ohio.gov](mailto:IMITS_CGTESTING@medicaid.ohio.gov).

13. **Q: What should I be doing to get ready for ICD-10?**

**A:** CMS has developed implementation guides for providers and payers on its website at <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>. There are separate guides for small and medium practices, large practices and small hospitals. Providers should be considering what system upgrades may be required for intake, billing or EHR, what the status is on the readiness of their vendors, what type of training is required for coders and clinicians, and how many resources will be required both to get ready for ICD-10 and also when it starts in October 1, 2015. CMS is advising that experience from other countries showed that there were productivity reductions upon initial implementation of ICD-10 due to the learning curve required and the increased level of pended and denied claims.

14. **Q: How may I work with Ohio Medicaid for a successful transition to ICD-10?**

**A:** Be responsive to communications and surveys, and visit Ohio Medicaid's ICD-10 webpage at <http://jfs.ohio.gov/OHP/ICD10/Index.stm> for updates. Also, consider enrolling as a testing provider/vendor.

**15. Q: Will there be any changes to your reports (277CA or proprietary) that will change with your system changes to accommodate ICD-10?**

**A:** Yes. All reports that include ICD-10 diagnosis and inpatient procedure codes will change to display/accommodate the ICD-10 codes.

**16. Q: Where can I find the ICD-10 codes?**

**A:** The ICD-10-CM, ICD-10-PCS code sets and the ICD-10-CM official guidelines are available free of charge on the “2014 ICD-10-CM and GEMs” and “2014 ICD-10-PCS and GEMs” pages of the CMS ICD-10 website at <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>.

**17. Q: What resources are available to assist my organization with the ICD-10 transition?**

**A:** You may visit <http://cms.gov/ICD10> to find out more information. Also, see the response to question 13. Ohio Medicaid has also posted a list of resources on our ICD-10 webpage.

**18. Q: How will Ohio Medicaid communicate transition updates?**

**A:** Some of the ways Ohio Medicaid has been communicating transition information include: ICD-10 webpage, MITS web portal, e-mails to provider associations and trading partners, remittance advice messages, Sister Agency newsletters, and presentations.

Please submit general ICD-10 inquiries to the [ICD10questions@medicaid.ohio.gov](mailto:ICD10questions@medicaid.ohio.gov) mailbox.

Please submit ICD-10 testing inquiries to the [MITS\\_CGTESTING@medicaid.ohio.gov](mailto:MITS_CGTESTING@medicaid.ohio.gov) mailbox.