ICD 10 Webinar Presentation
Questions & Answers

Q. Will this ICD-10 presentation be available to be printed?
A. Yes, a copy of a printable version of this webinar is posted on Lamedicaid.com under the ICD-10 link at the top of the home page.

Q. Will Molina be providing a list of ICD-10 codes to replace the ICD-9s now being billed?
A. No, Molina will not be providing a crosswalk of ICD-9 to ICD-10 codes.

Q. Will the proprietary denial codes and reason codes listed in this presentation only be for Molina?
A. Yes these are only for claims submitted to Molina. Providers should contact each Bayou Health plan for specific denials and reason codes related to ICD-10.

Q. Are the Bayou Health plans going to follow Legacy (Molina) Medicaid procedures related to ICD-10 for prior authorizations?
A. The procedures for authorizations presented in the ICD-10 Implementation Webinar are only for Legacy Medicaid. Please contact each individual Bayou Health plan for their policies and procedures for prior authorizations related to ICD-10.

Q. If a provider's software vendor is unwilling to test with Legacy Medicaid can the provider test with Molina without going through the software vendor?
A. No, if the software vendor creates your claims and/or submits them to Molina on your behalf, testing must be done by the vendor.

Q. Can a provider submit claims with ICD-9 and ICD-10 diagnoses in the same electronic batch?
A. Yes

Q. Will my electronic billing software be updated for ICD-10 implementation on 10/1/15?
A. You must contact your software vendor to see if your billing software/system will be ICD-10 compliant.

Q. Will new ICD-10 coding books be coming out soon?
A. ICD-10 CM diagnosis coding books for professional and hospitals as well as ICD-10 PCS procedure code books are currently available through publishers.

Q. Will modifiers change with ICD-10's implementation?
A. No, modifiers are not affected. Only ICD-10 diagnoses for all providers and ICD-10 surgical procedure codes for hospital inpatient claims are affected.

Q. Will there be changes to CPT codes with this implementation?
A. No, there will be no changes for CPT codes. However, hospital providers will be required to submit ICD-10 surgical procedure codes for dates of service 10/1/15 and after.

Q. I am a professional services provider. Where do we go to get procedure codes relating to ICD-10 for providers that use CPT codes for billing (i.e. physicians, Early Steps, etc.)?
A. CPT Procedure codes are not changing. Only ICD diagnosis and ICD procedure codes are changing. For your billing, only diagnosis codes are changing and your billing will require the ICD-10 diagnoses for dates of service on or after 10/1/15.

Q. Are ICD 10 vision related diagnoses easy to find on the CMS link in the presentation?
A. All diagnosis codes are in one file but most vision codes are in a 'set' of codes that start with the same letter. The following chart may help with locating codes more easily:

- A00-B99 Certain infectious and parasitic diseases
- C00-D49 Neoplasms
- D50-D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
- E00-E89 Endocrine, nutritional and metabolic diseases
- F01-F99 Mental, Behavioral and Neurodevelopmental disorders
- G00-G99 Diseases of the nervous system
- H00-H59 Diseases of the eye and adnexa
- H60-H95 Diseases of the ear and mastoid process
- I00-I99 Diseases of the circulatory system
- J00-J99 Diseases of the respiratory system
- K00-K95 Diseases of the digestive system
- L00-L99 Diseases of the skin and subcutaneous tissue
- M00-M99 Diseases of the musculoskeletal system and connective tissue
- N00-N99 Diseases of the genitourinary system
- O00-O9A Pregnancy, childbirth and the puerperium
- P00-P96 Certain conditions originating in the perinatal period
- Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities
- R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- S00-T88 Injury, poisoning and certain other consequences of external causes
- V00-Y99 External causes of morbidity
- Z00-Z99 Factors influencing health status and contact with health services

Q. Do we have to change procedure codes for ICD-10 in addition to diagnosis codes on 10/1/15?
A. Only if you are a hospital submitting inpatient claims that include ICD procedure codes. For dates of service on and after 10/1/15, you must use ICD-10 diagnosis codes and ICD-10 procedure codes where applicable.

Q. For hospitals that must split bill claims due to the hospital fiscal year ending 9/30/15, when does the hospital start billing ICD-10 codes?
A. ICD-9 codes must be used on the portion of the claim ending 9/30/15. ICD-10 codes will be required on the portion of the claim with date of service 10/1/15 and after.

Q. If a hospital inpatient stay spans the effective date of 10/1/15 do we have to split bill the claim?
A. No, not unless Medicaid policy requires split billing (Ex: Split billing for hospital Fiscal Year End). If split billing is not required; the hospital does not choose to split bill; and the claim discharge date is 10/1/15 or after, ICD-10 codes (diagnosis and procedure) are required on the claim.

Q. Do we need to split bill our hospital outpatient claims for ambulatory surgeries and observations?
A. No, for these two Revenue codes (HR490 and HR762) Molina will be editing with the "from" date of the claim. Ex: If the "from date" is 9/30/15 and the "through date" is 10/1/15 or after you may bill these particular hospital revenue codes with ICD-9 diagnosis codes as the "from date" is prior to 10/1/15. This only applies to HR490 and HR762.

Q. I am a billing agent that uses the SRI Last System. Is LAST automatically going to use ICD-10 codes?
A. It is our understanding that SRI is going to convert as many ICD-9 to ICD-10 diagnosis codes as possible (about 80%) and these will be loaded into LAST. The other 20% will be researched by case managers. The case managers will be responsible for researching and returning to SRI through the CMIS software the appropriate ICD-10 code for the ICD-9 diagnosis code in question. SRI will load the applicable ICD-10 code into LAST for the providers. If you have further questions, please contact SRI.

Q. If I obtained an approved prior authorization before 10/1/15 and it contains an ICD-9 diagnosis code, do I have to do anything with it?
A. No action is required of providers on these authorizations for Legacy Medicaid. Authorizations approved prior to 10/1/15 stand as approved with ICD-9 codes. HOWEVER, associated claims billed with these authorizations must be billed correctly. Claims for dates of service prior to 10/1/15 must be billed with the appropriate ICD-9 diagnosis and claims with date of service 10/1/15 and after must be billed with the appropriate ICD-10 diagnosis.

Q. Will Waiver providers have to manually load the ICD-10 diagnosis codes for claims submissions when prior authorized by SRI?
A. As indicated in the prior question, SRI is converting the codes in the LAST system, but providers must contact their billing vendor to determine how this will interface with their system for billing claims.

Q. I am a billing agent that bills behavioral health claims on a UB04. We are allowed to bill inpatient and outpatient services on the same claim. How are we supposed to split these?
A. Legacy Medicaid does not allow inpatient and outpatient services to be billed on the same UB-04. If you are billing behavioral health claims to Magellan in this manner you should contact Magellan for their procedures for ICD-10 implementation.

Q. Is this going to affect Behavioral Health claims?
A. Yes, this is a Federal requirement. All providers who currently submit claims with ICD-9 diagnosis codes will be required to submit claims for dates of service 10/1/15 and after with the appropriate ICD-10 diagnosis or they will be denied.