

SPECIAL BULLETIN

FOR HEALTH OPTIONS PROVIDERS

JULY 24, 2015

ICD-10 COMPLIANCE DATE QUICKLY APPROACHING!

Oct. 1, 2015 - compliance date for implementation of ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)

- ICD-9-CM codes will not be accepted for services provided on or after **Oct. 1, 2015**.
- ICD-10 codes will not be accepted for services prior to **Oct. 1, 2015**.

Begin using the ICD-10-CM codes to report diagnoses for all ambulatory and physician services on **all paper and electronic claims** with dates of service on/after Oct. 1, 2015, and for all diagnoses on **all paper and electronic claims** for inpatient settings with dates of discharge that occur on/after Oct. 1, 2015.

Additionally, hospitals must begin using the ICD-10-PCS (procedure codes) for all hospital claims for inpatient procedures on **paper and electronic claims** with dates of discharge that occur on or after Oct. 1, 2015. Check with your clearinghouses to confirm you are ready for ICD-10.

The implementation of ICD-10 will:

- accommodate new procedures and diagnoses unaccounted for in the ICD-9 code set;
- allow for greater specificity of diagnosis-related groups and preventive services, and
- allow for improved accuracy in reimbursement, fraud detection, historical claims and diagnoses analysis for the health care system.

As you prepare for ICD-10 implementation, we wanted to share some facts that CMS gathered to address common questions and concerns heard about the transition:

You don't have to use 68,000 codes.

Your practice does not use all 13,000 diagnosis codes available in ICD-9. Nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.

You will use a similar process to look up ICD-10 codes that you use with ICD-9.

Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.

Outpatient and office procedure codes aren't changing.

The transition to ICD-10 for diagnosis coding and inpatient procedure coding does not affect the use of CPT for outpatient and office coding. Your practice will continue to use CPT.

Refer to the Emdeon ICD-10 Submitter-Provider Quick Start Guide included with this Special Bulletin. In addition, information regarding the ICD-10 transition is available on the Department of Human Services (DHS) website at www.dhss.delaware.gov/dhss/dmma/icd10compliance.html. You will also find a helpful ICD-10 Library and Tool Kit on Highmark Delaware's Provider Resource Center at www.highmarkbcbsde.com.



Emdeon ICD-10 Submitter-Provider Quick Start Guide

Overview

This Quick Start Guide outlines the process instructions for submitters/providers to send ICD-10 test claim files.

1 Preliminary Preparation

Before submitting your ICD-10 test claims to Emdeon:

- Providers should confirm their internal training and readiness to create appropriately coded ICD-10 claims
- Providers utilizing a software vendor to submit test claims to Emdeon should ensure their vendor is ready and able to submit their claims
- Collaborate directly with payers to discuss; test data criteria, ICD-10 codes and scenarios of interest, and a shared approach for reviewing payer test payment feedback where this feedback is supported by the payer.

To initiate ICD-10 testing activities, Emdeon encourages providers to collaborate directly with payers upon determining the payer's participation availability and testing criteria. Testing criteria might include supported membership data, specific claim types and dates of service. Providers should also collaborate with payers to discuss the specific ICD-10 codes and scenarios they want to test and analyze together.

Upon determining the payer's participation availability and testing criteria, submitters / providers can send Emdeon their ICD-10 coded test claims using one of the following methods:

2 Submitting using a TSO ID

Providers/Submitters can use their production connection to send ICD-10 test claims. If they use this approach, they must apply the 'T' indicator to the test file in the ISA-15 header. Emdeon will intercept claim files with 'T' indicators, and route them to our test environment. These files (and associated claims) will not be included with production claims.

```
ISA*00*          *00*          *ZZ*123456789    *ZZ*133052274
*130611*1703*U*00501*000002760*0*T*
```

OR

Providers/Submitters can name their file using the test environment (CTT) naming convention. Emdeon will route files with a naming convention of CTT to our test environment. An example:

Where TSOXXXX is your assigned TSO ID

ENVCFTP.MCD**CTT**.TSOXXXX.JOB##### (Medical Test)

ENVCFTP.HCD**CTT**.TSOXXXX.JOB##### (Hospital Test)

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Providers/Submitters using the CTT naming convention do not need to utilize the 'T' indicator in the claim file. CTT test files (and associated claims) will not be included with production claims

Clearinghouse Reporting Feedback

During ICD-10 testing providers/submitters will receive standard clearinghouse reporting based on existing reporting preferences (Clearinghouse 277, Human Readable RPT-05, Machine Readable RPT-05). Report formats will vary slightly based on the specific communication protocol used, however it's very similar to how you receive production today. For most providers/submitters using TSO, the report format is as follows:

TSOXXXX.MCD**CTT**.REPORT (Medical Test Report)

TSOXXXX.HCD**CTT**.REPORT (Hospital Test Report)

3 Submitting using Internet FTP

Providers/Submitters can use their production connection to send ICD-10 test claims. If they use this approach, they must apply the 'T' indicator to the test file in the ISA-15 header. Emdeon will intercept claim files with 'T' indicators, and route them to our test environment. These files (and associated claims) will not be included with production claims.

```
ISA*00*          *00*          *ZZ*123456789      *ZZ*133052274
*130611*1703*U*00501*000002760*0*T*
```

OR

Providers/Submitters, who utilize an FTP internet connection with Emdeon to submit claims, can utilize their **testmcds** or **testhcds** folders to submit ICD-10 test claim files to Emdeon. FTP connect providers/submitters sending to test folders do not need to utilize the 'T' indicator in a claim file. Emdeon will route these test claim files to its ICD-10 testing environment. Files (and associated claims) submitted to test folders will not be included with production claims.

Clearinghouse Reporting Feedback

During ICD-10 testing, providers/submitters will receive standard clearinghouse reporting based on existing reporting preferences (Clearinghouse 277, Human Readable RPT-05, Machine Readable RPT-05). Internet FTP Users will receive files in the mail folder. If you utilize an encryption key, the mail will end in.asc. The format utilizes a Julian Date (CCYYJJJ), a 4 character alpha-numeric followed by mcdstst or hcdstst.

2013154A123mcd**test**.asc (Medical Test Report)

2013154A123hcd**test**.asc (Hospital Test Report)