



Frequently Asked Questions on ICD-10 and the Iowa Medicaid Enterprise (IME)

Q1. How will ICD-10 impact providers who currently submit claims to IME?

Like other payer organizations, the IME is mandated by the Centers for Medicare and Medicaid Services (CMS) to process claims in ICD-10 format on or after October 1, 2015. Providers will be required to submit professional claims using ICD-10 coding for diagnosis codes and institutional claims using ICD-10 diagnosis and procedure codes for all services on or after October 1, 2015.

Q2. What do providers need to do to prepare for the IME implementation of ICD-10?

The IME and EDISS have enhanced and tested their claims submission and adjudication procedures to process ICD-10 coding for diagnosis codes on professional claims and diagnosis and procedure codes on institutional claims. Providers need to test claim submission in ICD-10 format with the IME to ensure their claims are processed as expected after the ICD-10 effective date, October 1, 2015.

Q3. How do providers test ICD-10 coded claim submission to the IME?

Direct submitters of claims to EDISS who are ready to test now, can test claim submission to Medicaid using the EDISS Connect system. Instructions for initiating the ICD-10 claim submission test process can be found at <http://www.edissweb.com> and informational letter 1379.

ICD-10 test claims can be sent through your EDISS Connect account. If you need help regarding your Connect account, please call the EDI Help Desk at 1-800-967-7909 between 8 am and 5 pm, Monday-Friday.

- If you are a current TOB user, EDISS will be utilizing the email address tied to your TOB account for EDISS Connect password distribution.
- The user ID that was used to log into the TOB will be the same user ID used for EDISS Connect password distribution.

Review your 999 and 277 CA reports in EDISS Connect. If your 277 CA report is good, the test file will be forwarded to the claim adjudication system for processing. The 835 transaction generated from the end-to-end testing will be delivered to your Production Mailbox with a "T" indicator in the ISA15 element of the file. If you are not registered for the 835 transaction with EDISS, you will not receive a test 835. You can register for the 835 transaction through EDISS

Connect account. Instructions for testing and transaction registrations through EDISS Connect can be found in the EDISS Connect user guide on [EDI Support Services](#) or the Help page on EDISS Connect.

Providers who submit claims via a vendor are encouraged to communicate with the vendor to ensure ICD-10 Medicaid claim submission testing is done on their behalf. Sometimes the vendor is willing to utilize a select group of providers to do end to end testing with. Providers that contract with a billing entity for claims and billing purposes should create open lines of communication to ensure that end to end testing has been completed and that the billing entity is ready to implement ICD-10.

Q4. *What claims should providers test?*

IME encourages providers to recode some of their existing ICD-9 claims from production so they may compare ICD-9 to ICD-10 processing outcomes. Claims that are submitted to the test environment with a date of service or discharge date on or after October 1, 2013 will be expected to be coded as ICD-10 claims.

IME is also encouraging providers to submit test claims that are high dollar or high volume claims for their practice. IME can assist providers in identifying these claims from their previous submissions. Contact IME with a request for such assistance via email at: ICD-10project@dhs.state.ia.us

Q5. *What is end-to-end testing of claims submission?*

End to end testing of ICD-10 coded claim submissions is a test of the entire process used by providers to submit claims to the IME and receive results. IME will directly support EDISS as well as the IME processing component of this process. Providers who do not directly submit claims via EDISS to IME must engage their billing vendor or clearinghouse to initiate this test process.

The IME encourages all providers to test the submission of typical claims with ICD-10 coding to Iowa Medicaid prior to the 10/1/2015 go-live.

Q6. *When can providers initiate end-to-end testing of ICD-10 coded claims to the IME?*

IME is ready to test provider ICD-10 claim submissions NOW. The deadline for beginning the testing process with IME will be 8/1/2015.

Q7. *Does the IME have a specific ICD-10 contact or project lead to whom I should direct my ICD-10 testing questions?*

Please send your questions to the email address: ICD-10project@dhs.state.ia.us. Please specify the best way to contact you.

Q8. Will the IME be ready to accept and process live ICD-10 claims on 10/01/15?

Yes, the IME systems and EDISS claim submission process will be ready to process ICD-10 claims on October 1, 2015 for all claims with date of service (DOS) or discharge date on or after October 1, 2015.

Q9. What is the best way for providers to receive updates on your ICD-10 implementation and can we subscribe to any information?

Informational Letters will be published for providers describing ICD-10 testing and ICD-10 related policy changes. Providers can subscribe to the IME Informational Letters using IMPA, the provider portal, and will find additional information on the [ICD-10 webpage](#).

Q10. Will the IME support testing of both institutional and professional claims?

Yes, the IME will be supporting provider testing of both institutional and professional claims.

Q11. Will the IME support testing of both inpatient and outpatient claims?

Yes, the IME will be supporting provider testing of both inpatient and outpatient claims.

Q12. Will the IME support testing of claims submissions from clearinghouses?

Yes, the IME will be supporting testing of ICD-10 claims submitted by clearinghouses on behalf of providers. All claim submitters (direct submitter providers, clearinghouses and billing vendors) will follow the same process, submitting test claims via EDISS Connect.

Q13. Are there any enrollment/credentialing policies required for testing? If so, what are they?

The IME ICD-10 claim submission testing will require the use of the EDISS Connect. Providers or other claim submitters may need to contact EDISS to update their account password and/or security certificate to use their account for testing. There is not any other enrollment or credentialing requirements.

Q14. Are there a minimum or maximum number of claims providers can test?

No, the IME encourages providers to test as many claims as possible.

Q15. Will the IME have file size limitations on ICD-10 test claims submissions? (i.e. claims per file)

No, the IME will not impose file size limitations or limitations on the number of claims on ICD-10 test claims submissions.

Q16. Will the IME be using one integrated system to process ICD-9 and ICD-10 claims?

Yes. The IME claims test and production systems will be able to process both ICD-9 and ICD-10 coded claims with rules enforced to look for ICD-10 coding for claims with date of service or discharge date on or after the ICD-10 go-live date. For test purposes only the IME test claims processing environment will expect ICD-10 coding for claims with date of service or discharge date on or after October 1, 2013.

Q17. Will IME still accept ICD-9 codes after 10/01/15 for appropriate DOS?

IME will only accept ICD-9 codes on claims for dates of service or discharge dates prior to 10/1/15 (unless current CMS mandates change). Providers can test this by submitting ICD-9 coded claims in the test environment with dates of service before 10/1/13.

Q18. Will IME follow CMS LCD and NCD policies for medical necessity?

IME utilizes CMS' NCD's and LCD's as a basis for many of its policies. Some IME policies have been enhanced for the transition to ICD-10. IME will communicate ICD-10 policy changes via informational letters sent to providers and posted on the IME provider website.

Q19. Will the IME allow for the submission of ICD-9 and ICD-10 codes on a single claim?

No, the IME will not accept both ICD-9 and ICD-10 codes on a single claim.

Q20. Will the IME accept 837 batches with both ICD-9 and ICD-10 claims spanning the conversion deadline?

Batches spanning the implementation date may include both ICD-9 and ICD-10 codes as long as each claim in the batch contains only one code set- ICD-9 or ICD-10. A claim displaying both ICD-9 and ICD-10 codes will not be accepted by IME.

Q21. Will the IME process ICD-10 codes in advance of the 10/1/15 deadline?

No, prior to 10/1/2015 we will only accept ICD-10 for testing purposes. We will use a simulated ICD-10 go-live date of 10/1/2013 in our test environment.

Q22. Will the IME allow unspecified ICD-10 codes on claims? What is your policy for this?

Unspecified ICD-10 codes will be flagged by the IME with an informational edit. Providers will not be immediately penalized for using these codes but the informational edit will be utilized as a provider education tool.

Q23. Will the IME support both ICD-9 and ICD-10 in production post mandate date of 10/1/2015?

IME will support processing of ICD-9 claims for services prior to 10/1/2015. The end date for submission of ICD-9 coded claims for services prior to 10/1/2015 would be determined by Policy regarding delayed submission, not by ICD-10 related system limitations. The IME will not support submission of ICD-9 coded claims for services on or after 10/1/2015 without a change in CMS current mandates.

Q24. What diagnosis code does a Waiver provider use to submit claims electronically?

Waiver providers billing in ICD-9 format use V00.01 diagnosis code. In ICD-10 format the diagnosis code is Z76.89 (Persons encountering health services in other specified circumstances).