



ICD-10 Implementation and Testing Frequently Asked Questions (FAQs)

The transition to ICD-10 is necessary due to the data limitations ICD-9 produces related to patients' conditions and hospital inpatient procedures. ICD-9 is outdated, inconsistent with current medical practice and limits the creation of new codes. ICD-10 provides an expanded set of diagnosis (ICD-10-CM) and procedure (ICD-10-PCS) codes to keep pace with medical and technological advances. In preparation for the full implementation of ICD-10 code sets on October 1, 2015, the Iowa Medicaid Enterprise (IME) encourages all providers to test ICD-10 claim submissions.

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General Questions:

Q1. ICD-10 implementation has been postponed several times. Will it be postponed again?

CMS has set October 1, 2015, as the implementation deadline. The IME will make every effort to post any CMS changes to this date on the [DHS ICD-10 Website](#).

Q2. Will the IME be ready to accept and process ICD-10 claims on October 1, 2015?

Yes, the IME will be ready to accept and process live ICD-10 claims on October 1, 2015. The IME system and Electronic Data Interchange Support Services ([EDISS](#)) claim submission process will process all ICD-10 claims that reflect a date of service (DOS) or discharge date on or after October 1, 2015.

Q3. What is the best way for providers to receive updates on the IME's ICD-10 implementation?

The best way to keep apprised of ICD-10 implementation activities, testing, and any policy change at the IME is by subscribing to receive IME Informational Letters. Providers can [subscribe to the IME Informational Letters](#) using the Iowa Medicaid Portal Access (IMPA) system. Additional information can also be found on the DHS [ICD-10 webpage](#).

Q4. Will the IME process ICD-10 codes in advance of the October 1, 2015, deadline?

No, prior to October 1, 2015, the IME will only accept ICD-10 for testing purposes.

Q5. Will the IME support both ICD-9 and ICD-10 in production post mandate date of October 1, 2015?

The IME will **only** accept ICD-9 codes on claims for dates of service or discharge dates prior to October 1, 2015.

Q6. 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.

Q7. Will the IME accept 837 batches with both ICD-9 and ICD-10 claims spanning the conversion deadlines?

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 the IME.

Q8. Will the IME be using one integrated system to process ICD-9 and ICD-10 claims?

Yes. The IME claims production systems will be able to process both ICD-9 and ICD-10 coded claims with rules enforced to look for ICD-10 coding. The system will look for ICD-10 coding on claims with dates of service or discharge date on or after October 1, 2015. The system will look for ICD-9 coding on claims with dates of service prior to October 1, 2015.

Q9. Will the IME allow unspecified ICD-10 codes on claims?

Unspecified ICD-10 codes will be flagged by the IME with an informational edit.

Q10. What is the IME policy regarding unspecified ICD-10 codes?

Providers will not be immediately penalized for using these codes, but the informational edit will be utilized as a provider educational tool.

Q11. What diagnosis code does a Waiver provider use to submit claims electronically?

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

Q12. Will the IME follow CMS Local Coverage Determinations (LCD) and National Coverage Determination (NCD) policies for medical necessity?

The IME utilizes CMS' NCD's and LCD's as basis for many of its policies. Some IME policies have been enhanced for the transition to ICD-10. The IME ICD-10 policy changes are posted to the DHS [ICD-10 webpage](#).

Q13. How should claims that span across the implementation date be billed?

Professional (CMS 1500) DME claims with a "From" date on or after October 1, 2015, may be billed with a date span and must include the appropriate ICD-10 code(s). Professional DME (CMS 1500) claims with a "From" date prior to October 1, 2015, must include the appropriate ICD-9 code(s).

Professional (CMS 1500) claims for services other than DME may **NOT** be submitted with a date span across the October 1, 2015, implementation period. These claims must be split and submitted with the appropriate ICD code set version- ICD-9 prior to date of service October 1, 2015, and ICD-10 on or after date of service October 1, 2015.

Institutional claims with a discharge date on or after October 1, 2015, must be billed using the appropriate ICD-10 code(s).

Testing Questions:

Q14. When is the IME ending external testing?

The IME is ending external testing on October 7, 2015. All Test Partners must be registered by October 5, 2015. Test claims must be submitted by October 7, 2015.

Ways to contact the IME regarding ICD-10:

Toll Free: 1-800-338-7909 option 1, option 7

Locally in Des Moines, call 515-256-4609 option 1, option 7

Email at ICD-10project@dhs.state.ia.us

IME Contingency Plan Questions:

Q15. Does the IME have a contingency plan if my system is not ready for ICD-10?

Yes. The IME has two options available.

Option 1: Free claims submission software from EDISS, PC-ACE Pro32. This software is available from the website <http://dhs.iowa.gov/> or

By calling the EDISS Call Center at 1-800-967-7902. The hours of operation are:

- Monday, Tuesday, Thursday and Friday 8 - 5 CST
- Wednesday 10 – 5 CST.

Option 2: Providers excluding Residential Care Facilities (RCF), Nursing Facilities (NF) and Intermediate Care Facilities for Persons with Intellectual Disability (ICF/ID) may submit paper claims on the appropriate claim forms to:

Medicaid Claims
PO Box 150001
Des Moines, Iowa 50315