

Michigan Department of Health & Human Services **Provider Relations Department** ICD-10 Awareness & Training Team

September 23, 2015

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Introduction

With less than *7 days until ICD-10 implementation*, Michigan Department of Health and Human Services (MDHHS) wants to ensure that providers are prepared for the transition on **October 1st**, **2015**. Please see below list of provider resources to assist your organization in a successful transition. Although we are close to the implementation date and you may have completed most of your ICD-10 tasks within your organization, please use the below helpful resources, which can also be found on our website, to identify gaps or risks in your systems and processes:

MDHHS ICD-10 Resource Documents

- Where Do I Start
- What Everyone Should Know About ICD-10
- MDHHS ICD-10 Provider Preparation
- ICD-10 Provider Readiness Development Course

MDHHS ICD-10 Resource Webcasts

- ICD-10 Implementation: "Get Ready" General **Overview Webcast**
- ICD-10 Provider Readiness Webcast
- ICD-10 Provider Impacts Webcast
- ICD-10 Clinical Documentation Webcast

Has your Organization tested with MDHHS?



MDHHS Testing for ICD-10 Is Critical for Success!

It is strongly encouraged to participate in **B2B Testing** with MDHHS to ensure claims will adjudicate properly. It is the only way to recognize deficiencies in your system and correct any issues prior to the deadline. *The B2B Testing environment will be available after implementation.* Please visit our website www.michigan.gov/5010icd10, click the ICD-10 Button and click Testing within the MDCH Links for the following testing opportunities:

- a. B2B Testing
- b. Outpatient Scenario-Based Testing
- c. Inpatient APR-DRG Comparative Testing

MDHHS ICD-10 Virtual Webinars



- Post Implementation ICD-10 Webinar is forthcoming/ Date TBD
- Please check the Medicaid Providers Website regularly for upcoming dates and times: www.michigan.gov/medicaidproviders

What to Expect on & after October 1st, 2015

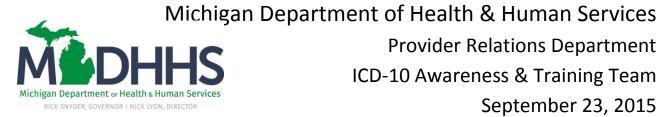
Top Reasons ICD-10 Codes May Get Rejected

- Claim does not have a Valid ICD-10 or ICD-10 Qualifier
- Dual Sets of Codes on One Claim
- Date of Service for ICD-10 Code is prior to Implementation
- ICD-09 Code is submitted for Date of Service on or after October 1st, 2015
- Your organization is ICD-10 compliant; however, your Billing Vendor is not prepared and cannot send your claims in the appropriate format.
- Your organization utilizes a 4010 HIPAA format and relies on a Billing Vendor to convert codes to the proper 5010 HIPAA format. However, your Vendor cannot convert the codes properly and is not prepared.

Post Implementation Activities

After ICD-10 implementation, it is important to monitor all processes to confirm their effectiveness and sustainability. These include:

- Clinical documentation changes
- Coding practices and processes
- Revenue cycle processes and changes
- Other organization adaptations made during the transition



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MDHHS Claims Processing and Policy Updates

- A valid ICD-10 Code is required for dates of services on or after Oct. 1, 2015
 - o 3-7 character ICD-10 Diagnosis Code for Professional Services
 - 7 character ICD-10 PCS Code for Inpatient Procedures

Submit only ONE CODE SET per Claim

- o For Professional, Dental and most Institutional Claims with dates spanning October 1, 2015, claims must be split
- Select the appropriate code set based on the FROM date of service

Inpatient Claims are based on Date of Discharge

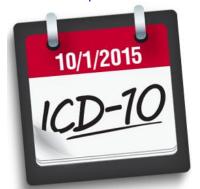
- Date of service driven
- Select the appropriate code set based on the THROUGH/dates that occur on or after October 1, 2015

CMS Guidance regarding Flexibilities of Submission of ICD-10 Codes

- o CMS is extending flexibilities in submission of ICD-10 codes for 12 months with regard to relaxing auditing and rejecting claims that are lacking specificity as long the ICD-10 codes submitted are in the correct "Family of Codes".
- o **HOWEVER**, the official Guidance (flexibilities) only applies to Medicare feefor-service claims from physician or other practitioner claims billed under the Medicare Fee-for-Service Part B physician fee schedule.
- This Guidance does not apply to claims submitted for beneficiaries with Medicaid coverage, either primary or secondary.
- **THEREFORE**, MDHHS **WILL NOT** follow the same flexibility guidelines as Medicare.
- o CMS ICD-10 Official Guidance https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf

MDHHS MSA ICD-10 Guidance:

- o MSA Bulletin 15-35
- o MSA Bulletin 13-33



MDHHS RESOURCES

- **1. Visit MDHHS ICD-10** Website @ www.michigan.gov/5010icd10 >> click ICD10. Check regularly for other ICD-10 Resources:
 - a. ICD-10 FAQs and Helpful ICD-10 Resource Documents
 - b. General Equivalence Maps (GEMs): GEM Viewer
 - c. Other Helpful Links
- 2. Join our <u>ListServ</u> in order to receive regular updates
 - a. www.michigan.gov/medicaidproviders
 - b. Click "Listserv Instructions" Button in "Hot Topics"
- 3. Visit Centers for Medicare and Medicaid Services' (CMS) Website for ICD-10 resources @ www.cms.gov/icd10
- 4. CMS Provider Resources:

https://www.cms.gov/Medicare/coding/ICD10/ProviderResources.html

- 5. Review CMS's Road to ICD-10: http://www.roadto10.org/
- 6. Review Coalition for ICD-10 Website: http://coalitionforicd10.org/
- 7. AHIMA Library of Resources for Clinical Documentation Improvement:
 - Coding Tip Sheet, ICD-10 Documentation: Asthma (ppt)
 - Coding Tip Sheet, ICD-10 Documentation: Coma (ppt)
 - Coding Tip Sheet, ICD-10 Documentation: Diabetes (ppt)
 - Coding Tip Sheet, ICD-10 Documentation: Gustilo Fracture (pptx)
 - Coding Tip Sheet, ICD-10 Documentation: Pathologic Fracture (ppt)
 - Coding Tip Sheet, ICD-10 Documentation: Pregnancy (doc) (ppt)
 - Coding Tip Sheet: ICD-10-PCS Documentation (ppt)

ICD-10 QUESTIONS OR NEED HELP?

Contact us by email: MDHHS ICD-10 Provider Outreach:

- ICD-10 Awareness and Training Team: MDCH-ICD-10@michigan.gov
- MDHHS Provider Testing: <u>MDCH-B2B-Testing@michigan.gov</u>