



**ICD-10 IMPLEMENTATION**  
**LOUISIANA MEDICAID FACTS SHEET**  
**June 4, 2015**  
**Revised: July 2, 2015**

The compliance date for implementation of ICD-10-CM/PCS is October 1, 2015, for all Health Insurance Portability and Accountability Act (HIPAA)-covered entities. ICD-10-CM, including the “ICD-10-CM Official Guidelines for Coding and Reporting,” will replace International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) Diagnosis Codes. This transition is required in all health care settings for diagnosis reporting with dates of service (or dates of discharge for inpatient claims) that occur on or after October 1, 2015. ICD-10-PCS, including the “ICD-10-PCS Official Guidelines for Coding and Reporting,” will replace ICD-9-CM Procedure Codes.

The following are impacted areas for the implementation of ICD-10:

**EDI and Paper Claim submission**

All claims requiring a diagnosis with dates of service or dates of discharge for Inpatient claims of October 1, 2015 or after will need to be coded with the appropriate ICD-10 codes. Claims with dates of service October 1, 2015 and after will be denied with new ICD-10 denial codes if an ICD-9 code is present on the claim. ICD-9 codes will still be accepted for dates of service prior to October 1, 2015.

In instances where inpatient claims “From-Through” dates span October 1, 2015 (i.e. the discharge date is October 1, 2015 or after) the claims do not have to be split billed but they must be coded with the appropriate ICD-10 code(s) in order to pay correctly.

All other claims must be split billed if the dates of service span across the October 1, 2015 effective date of ICD-10.

For billing paper claims, please view the billing instructions for paper claims present on the Louisiana Medicaid website, [www.lamedicaid.com](http://www.lamedicaid.com), directory link – Billing Instructions. For billing EDI (electronic) claims, the EDI Companion Guides have been revised and are also found on the website, directory link – HIPAA Information Center.

**Prior Authorizations**

Existing approved PAs containing ICD-9 codes that extend beyond October 1, 2015 will remain authorized, and no further action is needed by providers. Providers submitting PA requests between now and September 30, 2015, with a begin service date prior to October 1, 2015, should continue to

follow current practices of using ICD-9 codes. Authorization requests received with begin dates of October 1, 2015 and after, must contain ICD-10 codes or they will automatically deny. Providers must utilize ICD-10 codes in their requests to be considered for approval.

### **ICD-10 Testing and Other ICD-10 Inquiries**

Providers are encouraged to test claims submission prior to the effective date of October 1, 2015. To test or for more information on testing, contact Donna Rehagen ([Donna.Rehagen@molinahealthcare.com](mailto:Donna.Rehagen@molinahealthcare.com)) or Ron Gerstner ([Ron.Gerstner@molinahealthcare.com](mailto:Ron.Gerstner@molinahealthcare.com)) .

If you have any other questions related to the LA Medicaid ICD-10 implementation, please email those questions to [lamedicaidICD10@molinahealthcare.com](mailto:lamedicaidICD10@molinahealthcare.com). Your questions will be addressed in further updates of this facts sheet.

### **Provider Training**

Molina will hold provider webinars to discuss the implementation of ICD-10. These webinars will be held in July and August. The dates and times of the webinars will be announced on the web site ([www.lamedicaid.com](http://www.lamedicaid.com)) and will include a link for registration for each session. Please watch the web site for the announcement and plan to attend one of these sessions. All sessions will be identical so you should register for only one session.

### **Frequently Asked Questions:**

Q: Are dental providers required to do anything for ICD-10?

A: If the claims you submit now do not contain diagnosis or surgical procedure codes then you will have no changes to your claims for the ICD-10 start of 10/1/2015.

Q: Is Molina currently ready to accept test files for 837P and if so what are the testing requirements?

A: Yes, we are currently testing 837 transactions with all interested providers. Please email the contact provided in the above facts sheet and more information on testing will be sent to you.

Q: When will claim testing be available for pharmacy providers?

A: Testing is currently available, files can be submitted at any time. Use Dates of service be 6/1/2014 and after for ICD-10 testing.

Q: **For Pharmacy claims**, will your system support the implied decimal, where the ICD-10 code submitted on the claim will not contain the decimal point. Per the ICD code set owner the implied decimal is always in the 4<sup>th</sup> position from the left.

A: The implied decimal is supported.

Q: **For Pharmacy claims**, if the ICD-9 diagnosis code was submitted and accepted on the original fill, will the ICD-10 diagnosis code be required on subsequent refills?

A: Yes.

Q: **For Pharmacy claims**, if the ICD-9 diagnosis code was submitted and accepted on the original fill, and the ICD-10 code is submitted on subsequent refills will it be accepted, or will there be a limited set of ICD-10 codes accepted based on GEMS logic?

A: Our coding changes are based on the GEMS but we will accept all valid ICD-10 codes, the claim may deny if the ICD-10 code is not appropriate for the claim billing.

Q: **For Pharmacy claims**, if there are drug to diagnosis code validation rules in place, will the 2015 GEMS be used to identify all potential ICD-10 matches?

A: DHH will provide a chart of medications requiring diagnosis codes at Point of Sale with the acceptable ICD-10 codes.

Q: **For Pharmacy claims**, should we expect any new coverage rules, where the diagnosis code will now be required as of 10/01/2015?

A: Yes, we are making a comprehensive chart of the medications and corresponding ICD-10's that would be acceptable.

Q: Will the ICD-10 diagnosis code be required as of the claim date of service of 10/01/2015 or later, versus the claim transmission date?

A: Yes it is based off of date of service, not transmission date.

Q: Will the Medicaid portal which currently may support prior authorization processes for DME products be updated to support ICD-10 as of 10/01/2015?

A: Yes.

Q: Does DHH have every intention of complying with the ICD-10 transition mandate as set forth by CMS and are DHH remediation efforts on track?

A: Yes we are ready for the CMS mandate of October 1, 2015 and we are on track.

Q: Is DHH considering any exceptions (grace period, provider exceptions, etc.) to the CMS mandate?

A: No exceptions