

PROVIDER BULLETIN No. 13-18

March 8, 2013

TO: All Providers Participating in the NE Medicaid Program
All Medicaid EDI Trading Partners

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Sarah Briggs, Administrator
Medicaid IT Initiatives

RE: **Medicaid ICD-10 Implementation Project
March 2013 Update**

Please share this information with Clinical, Coding, Billing, and IT Staff

The United States Department of Health and Human Services requires that all HIPAA covered entities use the International Classification of Diseases, 10th Revision (ICD-10) codes beginning October 1, 2014. This bulletin provides information regarding the Nebraska Medicaid ICD-10 Implementation Project.

Nebraska Medicaid is currently in the process of remediating the Medicaid Management Information System (MMIS) to accept and process with ICD-10 codes beginning October 1, 2014, for dates of service on or after October 1, 2014.

Highlights of how claims will be impacted when ICD-10 is implemented on October 1, 2014:

- Nebraska Medicaid will adopt dual processing on October 1, 2014
 - Dual (“native”) processing means codes are processed in the format submitted by providers
 - ICD-9 codes will not be translated, mapped, or cross-walked to ICD-10
 - ICD-10 codes will not be translated, mapped, or cross-walked to ICD-9
- Providers must use either ICD-9 or ICD-10 depending on the date(s) of service submitted
- Electronic and paper claims combining both ICD-9 and ICD-10 codes will be rejected, regardless of the date of service
- Nebraska Medicaid will not accept ICD-10 codes *prior* to the compliance date of October 1, 2014

Rules for claims with dates of service that span the ICD-10 compliance date:
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The following are the decisions that have been made for processing both electronic and paper claims with dates of service that span the October 1, 2014, compliance date. Nebraska Medicaid is making every effort to mirror the claim processing decisions made by Medicare. As additional rules and decisions are made, they will be published in subsequent Provider Bulletins.

Institutional Claims (e.g., UB-04 and 837I):

Inpatient Hospital Claims

Scenario: Inpatient hospital claims with discharge date and/or through date on or after October 1, 2014.

Solution: The entire claim should contain only ICD-10 codes.

Outpatient Hospital Claims and FQHC Claims

Scenario: Outpatient hospital and FQHC claims whose dates of service span the ICD-10 compliance date.

Solution: Providers must split claims so that ICD-9 codes remain on one claim for dates of service prior to October 1, 2014, and ICD-10 codes remain on a different claim for dates of service on or after October 1, 2014.

Skilled Nursing Facility (SNF)

Scenario: SNF claims with a discharge date and/or through date on or after October 1, 2014.

Solution: The entire claim should contain only ICD-10 codes.

Home Health and Hospice Claims

Scenario: Home health and hospice claims whose dates of service span the ICD-10 compliance date.

Solution: Providers must split claims so that ICD-9 codes remain on one claim for dates of service prior to October 1, 2014, and ICD-10 codes remain on a different claim for dates of service on or after October 1, 2014.

Practitioner, Dental and Others not listed above:

These claims will follow the general rules identified above in the “Highlights” section. As specific decisions are made for these claims with dates that span the compliance date, they will be documented and published in future Provider Bulletins.

What should providers do now?

- Develop an implementation strategy that includes an assessment of the impact on your organization, a detailed timeline, and budget.
- Check with your billing service, clearinghouse, or practice management software vendor about their compliance plans.
- Providers should plan for medical records/coding, clinical, IT, and finance staff to coordinate on ICD-10 transition efforts.
- Ensure there is a plan in place to enable claims to be submitted and processed after October 1, 2014, with either ICD-9 codes (for dates prior to October 1, 2014) or ICD-10 codes (for dates on or after October 1, 2014).
- Talk with your coders and clinical staff to plan for any changes to documentation that are necessary to allow for accurate ICD-10 coding.

Questions?

CMS has resources to help prepare for a smooth transition. Visit www.cms.gov/ICD10 to find out more.

Please access http://www.dhhs.ne.gov/medicaid/Pages/med_provhome.aspx for further notices regarding ICD-10 implementation. Additionally, watch for future Provider Bulletins that will address decisions made by Nebraska Medicaid regarding the implementation of ICD-10. For email notice of updates to this page, please be sure to click on [Subscribe to this page](#).

If you have questions regarding this bulletin, please submit them to:

DHHS.ICD-10Implementation@nebraska.gov.

Thank you.