

# PROVIDER BULLETIN

No. 14-27

June 23, 2014

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

FROM: Ruth T. Vineyard, Deputy Director *RTV*  
Division of Medicaid & Long-Term Care

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RE: Medicaid ICD-10 Implementation Project  
June 2014 Update – Revised Test Plan

## **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, 10<sup>th</sup> Revision (ICD-10) codes beginning October 1, 2015. This bulletin provides information regarding the Nebraska Medicaid ICD-10 Implementation Project.

### **Implementation Update**

With the implementation delay of ICD-10 from October 1, 2014, to October 1, 2015, Nebraska Medicaid has revised all implementation efforts to align with the October 1, 2015, implementation date. Work toward implementation is continuing, including:

- Medicaid is continuing to work with vendors and business associates to implement changes to interfaces, reports, etc.
- Medicaid will continue to test with Trading Partners to ensure readiness for the October 1, 2015 implementation.
- Some changes are necessary in the test plan with Trading Partners. The changes are outlined below.

## Revised ICD-10 Testing Plan – Highlighted Changes

The following are revisions to the ICD-10 Test Plan outlined in Provider Bulletin No. 14-20. The entire Test Plan is repeated here incorporating the revisions (in BOLD font) due to the delayed implementation date.

ICD-10 end-to-end testing of electronic claims began April 1, 2014.

- Contact your clearinghouse/trading partner to assess their testing readiness.
- To be approved for testing, please contact the Nebraska Medicaid EDI Help Desk at 866-498-4357 or 402-471-9467 (Lincoln) or [DHHS.MedicaidEDI@nebraska.gov](mailto:DHHS.MedicaidEDI@nebraska.gov).
- In the Nebraska TEST PLAN:
  - **04/01/2014** will be used as the test ICD-10 implementation date. This backdate will allow for testing of claims with pre- and post-implementation dates of service.
  - One test file for each 837 claim type (I, P, D) will be accepted per day, i.e., one file for 837P (professional) claims and one file of 837I (institutional) claims may be submitted the same day.
  - Test Files will be limited to a maximum of 50 claims.
  - Both ICD-9 and ICD-10 codes should be submitted during testing following these testing rules:
    - ICD-9 will be accepted only with dates of service prior to **04-01-2014**.
    - ICD-10 will be accepted only with “to” or “discharge” dates of service on or after **04-01-2014**.
    - ICD-9 and ICD-10 will not be accepted on the same claim.
    - Practitioner claims with dates of service that span the implementation date should be split into two claims, so that ICD-9 codes and dates of service prior **04-01-2014** are on one claim, and ICD-10 codes with dates of service **04-01-2014** or later on the other.
    - ICD-10 codes should be submitted without the decimal, just as ICD-9 is submitted today.
  - Be sure claims are correct and complete. This will allow testing to be of ICD-10 diagnosis codes and procedures and not of normal claim submission requirements.
  - For claim outcome comparison, real claim data that was previously paid in production should be re-submitted in test files with ICD-9 diagnosis and surgical procedure codes modified to **ICD-10 codes and dates of service**, as needed.
  - Outcome results will be provided.

- Testing is not required, but is highly recommended.
- Please subscribe to the ICD-10 webpage at <http://dhhs.ne.gov/medicaid/Pages/ICD-10.aspx> to receive updates as further information is available.

ICD-10 end-to-end testing of PAPER claims is scheduled to begin in April **2015**. Details will be communicated in future provider bulletins.

### **To prepare for testing:**

- Providers should begin creating/coding test claims. Examples of ways to begin might be to dual code a few claims in both ICD-9 and ICD-10 every day or to devote ½ hour every day to coding ICD-10.
  - This will help build a diverse grouping of claims to be used for comparison in testing.
  - This will help evaluate the completeness of clinical documentation to ensure that a specific ICD-10 code can be identified and supported by the documentation.
  - Coders will gain practice and insight into ICD-10 coding and discover any training needs.
  - Coders/billers will gain knowledge of the most commonly used ICD-10 codes for the services provided.
- Production claims that have successfully been processed by Nebraska Medicaid would be good claims to re-code with ICD-10 for testing as resulting errors are more likely to relate to ICD code testing. This will also allow for comparison of payment information.
- Please work with your billing staff, office management software vendor, IT staff and clearinghouse, as appropriate, to ensure readiness for testing.

### **Resources**

Nebraska Medicaid ICD-10 website at: <http://dhhs.ne.gov/medicaid/Pages/ICD-10.aspx>

Visit the Nebraska ICD-10 Collaborative website at: <http://www.nebraskaicd10.org/> for information about training opportunities and other resources.

Check out the Nebraska Health Information Management Association website at: <http://www.nhima.org> for some training opportunities in Nebraska.

The Centers for Medicare & Medicaid Services (CMS) has resources to help prepare for a smooth transition. Visit [www.cms.gov/ICD10](http://www.cms.gov/ICD10) to find out more.

## Questions?

Please submit questions about this bulletin or about ICD-10 to [DHHS.ICD-10Implementation@nebraska.gov](mailto:DHHS.ICD-10Implementation@nebraska.gov).

The Nebraska Medicaid ICD-10 Project website also has a number of Frequently Asked Questions at <http://dhhs.ne.gov/medicaid/Pages/ICD-10.aspx> .

The Centers for Medicare & Medicaid Services (CMS) website has published a list of Frequently Asked Questions at:  
<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs2013.pdf> .