

PROVIDER BULLETIN No. 15-25

Date: August 14, 2015

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

FROM: Calder A. Lynch, Director *ak*
Division of Medicaid & Long-Term Care

BY: Alissa Gunning
Medicaid IT Initiatives

RE: ICD Version Indicator

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

This bulletin provides information regarding the ICD Version Indicator on paper and electronic claims submitted to Nebraska Medicaid.

The United States Department of Health and Human Services requires all HIPAA covered entities use the International Classification of Diseases, 10th Revision, (ICD-10) codes beginning October 1, 2015. **Medicaid is preparing for this transition by implementing billing requirements regarding the ICD Version on September 1, 2015, one month prior to the change.**

The ICD Version Indicator is required and used to distinguish an ICD-9 from an ICD-10 Code.

PAPER CLAIMS: The ICD Version Indicator field must be populated, per the billing instructions.

- Paper claims without a populated ICD Version Indicator field will be deleted and not processed for payment effective with claims received on and after **9-1-2015**.

- Paper claims submitted with a missing or invalid ICD Version Indicator will:
 - Be deleted and not processed in the MMIS;
 - Appear on the provider's Deleted Medicaid Claims Report, MCP564; and
 - Require resubmission as a new claim with all required fields completed in order for the charges to be considered.

- The most common ICD Version Indicator formats on paper claims are shown below. Please refer to your billing instructions or the claim form for the location of the ICD Version Indicator for all other paper claim forms submitted to NE Medicaid.

On the Form CMS-1450 (UB-04), the ICD Version Indicator is required in Form Locator (FL) 66.

63 TREATMENT AUTHORIZATION CODES		64 DC	
66 DX	67 T	A J	B K
			C L
69 ADMIT DX	70 PATIENT REASON DX	a	b
74 PRINCIPAL PROCEDURE CODE DATE		a.	b.
		OTHER PROCEDURE CODE DATE	
a.	OTHER PROCEDURE CODE DATE	d.	OTHER PROCEDURE CODE DATE
80 REMARKS		8100	

On the Form CMS-1500, the ICD Indicator is required in the area titled "ICD Ind" in field 21.

The image shows a portion of the CMS-1500 form. Field 21, 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY', is highlighted with a red box around the 'ICD Ind' field. A red arrow points to this field from above. The form includes sub-fields A through L for diagnosis details and a table for service dates and procedures.

24 A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. SCHA
From	To			CPT/HCPCS	MODIFIER		
MM DD YY	MM DD YY						
1							
2							

ELECTRONIC CLAIMS: The appropriate ICD Code List Qualifier Code (qualifier) and location can be found in the ASC X12N Technical Report Type 3 (TR3). Electronic claims will continue to be rejected if the ICD qualifier is missing or invalid.

Providers should contact their billing and/or software vendor(s) to ensure their system is able to send the ICD-9 or ICD-10 Version Indicator or Qualifier, as appropriate.

Questions?

Please submit questions about this bulletin or ICD-10 to:

DHHS.ICD-10Implementation@nebraska.gov