



ICD-10 Frequently Asked Questions

Is the NH MMIS Health Enterprise ready for ICD-10?

Yes. The system changes required to process fee-for-service claims with ICD-10 codes were implemented in June 2015.

When can my clearinghouse start testing?

Testing has already started and Xerox has contacted current NH MMIS Health Enterprise trading partners to explain testing procedures.

What date will the NH MMIS Health Enterprise start accepting ICD-10 codes?

October 1, 2015. As a reminder, ICD-9 codes must still be used for service dates or discharge dates of September 30, 2015 or earlier.

When will ICD-10 codes be required on Service Authorization forms?

Under the fee-for-service program, neither ICD-9 nor ICD-10 codes are required on paper service authorization forms (also known as prior authorization forms), just a description of the requested service. Please note that the MCOs may have different requirements; links to their ICD-10 information web pages are provided at the end of this document.

How will cross walking be accommodated for services that are ordered using ICD-9 codes but performed and billed using ICD-10?

Date of Service or Date of Discharge determines which code set to use on the claim, regardless of when the service was ordered. The NH MMIS Health Enterprise will process the code set submitted by the provider with no cross walking. This includes repetitive services such as PT, OT and speech therapy initially ordered in ICD-9 but for which services continue to be provided on or after October 1, 2015.

What is the expectation for diagnosis coding from Medicare crossovers billed submitted by hospitals and other institutional providers?

The NH MMIS Health Enterprise will comply with CMS Medicare Learning Network MLN Matters publication MM7492, which provides guidance based on the Type of Bill explaining when the discharge/through date must be used versus when a claim must be split and billed using the From Date for dates prior to October 1, 2015.

How do you plan to accommodate the ICD-10-CM code sets?

As part of the June 2015 implementation, the ICD-10 codes and associated attributes have already been loaded into the NH MMIS Health Enterprise with a 10/1/2015 start date. ICD-9 codes have been updated with an end date of 9/30/15.

How will ICD-10 case sensitive coding be handled?

If a lower case is entered, the NH MMIS Health Enterprise will store the character as an upper case.

Can the NH MMIS Health Enterprise test system accommodate both ICD-10-CM and ICD-9-CM claims so trading partners can test both scenarios?

Yes. The test environment used by trading partners will have a “simulated” ICD-10 cutover date prior to 10/1/2015 so both ICD-9 and ICD-10 claims can be tested. Trading partners have received an instruction guide for testing which contains the cutover date used for testing purposes.

How long will ICD-9 codes be maintained in the system?

ICD-9 codes have been end-dated 9/30/2015 but will be retained within the NH MMIS Health Enterprise indefinitely. DHHS does not currently purge diagnosis and procedure data.

How will processing be handled for claims submitted by payers who are exempt from HIPAA transaction requirements?

All claims must have a valid diagnosis and procedure code, including secondary claims for which the primary payer is exempt from HIPAA.

What training and resources are available for providers?

The NH MMIS Health Enterprise splash page includes an ICD-10 Resources link under the Quick Links pod:

<https://nhmmis.nh.gov/portals/wps/wcm/connect/e50c2f004618a411bf74ff96ef4c485f/ICD10+Resources.pdf?MOD=AJPERES>

A Computer Based Training (CBT) course has been posted there to explain how submit claims with ICD-10 codes to the NH MMIS Health Enterprise. A second CBT course specifically concerning billing professional ICD-10 claims using the NH MMIS Health Enterprise online claim submission capability has also been posted.

May I bill ICD-9 codes and ICD-10 codes on the same claim?

No. If an episode of care spans the October 1, 2015 ICD-10 compliance date, services dates through September 30, 2015 must be billed on one claim using ICD-9 codes and dates of October 1, 2015 and

later must be billed on a separate claim using ICD-10. Some claims, such as those for inpatient hospital services, may span the October 1, 2015 compliance date. The date of discharge determines whether ICD-9 or ICD-10 must be used.

May I submit ICD-9 and ICD-10 claims within the same electronic batch?

Yes, there is no requirement to split ICD-9 and ICD-10 claims into different electronic batches.

What are my options if I am unable to submit electronic claims with ICD-10 codes after the October 1, 2015 deadline?

You may submit claims directly to the NH MMIS Health Enterprise using the portal submission method. In addition, providers have the option to submit ICD-10 claims on paper. The CBT course that is available now explains the billing requirements for submission of ICD-10 claims via the portal or on paper.

Where can I direct my ICD-10 questions?

You may call the Xerox ICD-10 Help Desk at 1-844-262-7180 or email at NH-ICD10-Support@xerox.com.

Will either DHHS or Xerox tell me which ICD-10 code I need to put on my claim?

No. We can explain when ICD-10 codes are required and the specifics of submitting ICD-10 codes on the various media accepted by the NH MMIS Health Enterprise. But as a Medicaid provider, you are responsible for determining which ICD-10 codes accurately represent a patient's diagnosis.

What about the MCOs? Will they be ready for ICD-10 as well?

Yes. DHHS has been working closely with the MCOs to ensure that they will be ready to process and pay claims submitted with ICD-10 codes by the October 1, 2015 deadline. Below are links to each MCO's ICD-10 information page:

New Hampshire Healthy Families: <http://www.nhhealthyfamilies.com/for-providers/icd-10-overview/>

Wellsense Health Plan: <http://www.wellsense.org/providers/claims/icd-10-information>