

Provider Matters – October 2015

Monthly updates about claim processing, policy and resources for Oregon Medicaid providers

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Medicaid Electronic Health Records (EHR) Incentive Program

Medicaid attestation timelines and CEHRT requirements

Program Year 2015 attestations are being accepted now for all eligible [hospitals](#) and [professionals](#).

- Please report using 2014 Edition certified electronic health record technology (CEHRT).

CMS and ONC Release NPRMs on Stage 3 Requirements and 2015 Edition Certification Criteria

- The Centers for Medicare and Medicaid Services (CMS) has released a notice of proposed rulemaking (NPRM) for [Stage 3](#), the next step in the implementation of the [Medicare and Medicaid Electronic Health Record \(EHR\) Incentive Programs](#).
- Concurrently, the Office of the National Coordinator for Health Information Technology (ONC) also announced the proposed [2015 Edition certification criteria for health IT products](#).

Both proposed rules focus on the interoperability of data across systems, and make the EHR Incentive Programs simpler and more flexible.

What is the Medicaid EHR Incentive Program?

The program provides federal incentives, up to \$63,750 paid over six years to certain eligible providers who adopt, implement, upgrade or achieve meaningful use of CEHRT.

- [Eligible professionals](#) must choose to participate in either the Medicare or Medicaid EHR Incentive Program.
- Most but not all of the [eligible hospitals](#) in Oregon meet the federal requirements to participate in both the Medicare and Medicaid EHR Incentive Programs.
 - Hospitals that receive payments under both programs must first attest to Medicare and then attest for a payment through Medicaid.
 - Once payments begin in Medicare, hospitals must attest to demonstrating meaningful use every year to receive an incentive and avoid a payment adjustment.

For more information

- **About the program:** Please visit the [Medicaid EHR Incentive Program website](#) or contact the Medicaid EHR Incentive Program team at 503-945-5898 (Salem).
- **About EHR Incentive Programs resources:** Please visit the [CMS EHR website](#).
- **About certified EHRs:** Please visit the Office of the National Coordinator's [Certified Health Product Listing website](#).

Oregon Health Authority ICD-10 resources

We have updated the ICD-10 Web page with the following resources:

- [ICD-10 Frequently Asked Questions](#) (FAQ). If you have questions not answered in our FAQ, send them to Medicaid.Provider-Training@state.or.us.
- [ICD-10 Provider Resources](#)
- OHA's [temporary process for adding ICD-10 codes to existing PA approvals](#). This process is available until October 31, 2015.

Join our ICD-10 Q and A webinars

You can still join the following Q and A webinars, where OHA staff will be available to answer questions you have about ICD-10. You can bring questions to the webinar, or email them to Medicaid.Provider-Training@state.or.us.

- Thursday, November 12, 2-3 p.m. – [Link to register](#)
- Thursday, December 10, 2-3 p.m. – [Link to register](#)

From CMS: Use ICD-10 now – Here's how

On October 1 the United States health care community transitioned to ICD-10. CMS wants providers to be successful in using ICD-10 and remains committed to working with industry on the transition.

To give providers a quick reference, they have posted a [Use ICD-10 Now](#) infographic.

Coding claims: When to use ICD-10 versus ICD-9

Use of ICD-10 versus ICD-9 on claims is based on dates of service—not on dates that claims are submitted.

- For dates of service before October 1, 2015, use ICD-9 codes.
- For dates of service on or after October 1, 2015, use ICD-10 codes.

For example, if you submit a claim for services provided on September 30, 2015, use ICD-9, even if you are submitting the claim in October 2015 or beyond.

For hospital inpatient claims, use date of discharge rather than date of service to determine whether to code in ICD-10 or ICD-9.

Important note about physician's orders

For orders written with ICD-9 codes before October 1, CMS is **not** requiring the ordering provider to rewrite the original order with the appropriate ICD-10 code for lab, radiology services, or any other services. For more see the new [Physician's Orders FAQ 12625](#).

Splitting claims

Many health plans require claims with dates of service spanning October 1 to be split into two claims, one with ICD-9 and the other with ICD-10 codes.

A Medicare fee-for-service (FFS) claim cannot contain both ICD-9 codes and ICD-10 codes. Medicare will not pay claims containing both ICD-9 and ICD-10 codes. CMS has issued [guidance](#) for providers dealing with claims spanning the compliance date.

Accessing codes

See the [ICD-10 Coding Resources](#) fact sheet to find out about accessing ICD-10 codes, ICD-9/ICD-10 mappings, and clinical documentation tips.

From CMS: ICD-10 Ombudsman and ICD-10 Coordination Center here to support your transition needs

It's important that you know help's available if you have problems with ICD-10:

- The [ICD-10 Ombudsman](#), Dr. Bill Rogers, can be your impartial advocate
- You can contact the [ICD-10 Coordination Center](#)

ICD-10 Ombudsman

Dr. Rogers, a practicing emergency room physician, is known to many of you already. Since 2002, he has been the Director of the Agency's Physicians Regulatory Issues Team, assisting physicians, other practitioners, and medical societies in identifying and simplifying Medicare policies and regulations. His role as ombudsman will be to be a one-stop shop for you with questions and concerns and to be your internal advocate inside CMS.

ICD-10 Coordination Center

The Coordination Center is a dedicated group of Medicare, Medicaid, and information technology systems experts drawn from across CMS. They have the full support of the entire CMS staff to address any issues quickly and completely.

First-line ICD-10 information and support

1. For general ICD-10 information, we have many resources on our [CMS ICD-10 website](#) and [Road to 10](#) webpage.
2. [Contact the MAC for Medicare claims questions](#). Your MAC is your first line for Medicare claims help. MACs

- cannot respond to questions about Medicaid or Commercial health plans.
3. [If you have a Medicaid claim question contact your State Medicaid Agency.](#)
 4. If you have a commercial or private health plan claim question, please contact your health plan directly.

From CMS: Coding around the compliance date

Remember that if the date of service was before October 1, 2015, you must submit the claim with the appropriate ICD-9 diagnosis code—even if you submit the claim on or after the ICD-10 compliance date.

For hospital inpatient reporting, “date of service” is defined as date of discharge.

The requirements outlined here apply to Medicare Fee-For-Service. More information is available on the [ICD-10-CM/PCS Frequently Asked Questions](#) Web page. For questions about commercial and other government insurance plans, please check with the specific plan.

Should I use ICD-9, ICD-10, or both?

A claim cannot contain both ICD-9 codes and ICD-10 codes. Medicare will not pay claims containing both ICD-9 and ICD-10 codes.

- For dates of service prior to October 1, 2015, submit claims with the appropriate ICD-9 codes.
- For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 codes.

Further guidance about coding with ICD-10 around the deadline is available in [Medicare Learning Network Article SE1408](#).

What about claims spanning the compliance date?

CMS has [guidance](#) for providers dealing with claims spanning the compliance date:

- [MLN Matters SE1325](#) - Institutional services split claims billing instructions for Medicare Fee-For-Service (FFS) claims that span the compliance date
- [MLN Matters SE1408](#) - Medicare FFS claims processing guidance for implementing ICD-10
- [MLN Matters SE1410](#) - Special instructions for ICD-10-CM coding on home health episodes that span the compliance date

Will CMS allow for dual processing?

CMS will not allow for dual processing of ICD-9 and ICD-10 codes after ICD-10 implementation on October 1, 2015. Many providers and payers, including Medicare, have already coded their systems to allow only ICD-10 codes beginning October 1, 2015. The scope of systems changes and testing needed to allow for dual processing would require significant resources and could not be accomplished by the October 1, 2015, implementation date. For more information, see [CMS FAQ 12430](#).

Keep up to date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare; and sign up for [CMS ICD-10 Industry Email Updates](#). You can also [view all past CMS ICD-10 Industry Email Updates](#) and other resources on [OHA's ICD-10 Web page](#) (updated October 2015).

Questions about ICD-10?

Email us at OHAICD10.help@state.or.us.

Podiatrists will be able to bill for ankle surgery starting November 1, 2015

Effective November 1, 2015, podiatrists licensed by the Oregon Medical Board to perform ankle surgery will be able to bill for such services using codes 29891 through 29999.

Billing Oregon Medicaid for fee-for-service doula services

Doulas can work with Medicaid-enrolled practitioners to provide labor and delivery support to Oregon Health Plan members on a fee-for-service (FFS, or “open card”) basis. To do this, doulas must:

- Be a certified and registered Traditional Health Worker.
- Enroll with OHA as a FFS provider. Use the [DMAP 3113](#) form to enroll.
- Partner with a Medicaid-enrolled physician or advance practice nurse (e.g., Certified Nurse Midwife).

To learn more about what doulas need to do in order to serve OHP members, [read our updated fact sheet](#).

OHA will reimburse the physician/nurse \$75 for support the doula provides during labor and delivery. Doula support is

billed as an additional line on the claim for labor/delivery services.

- For services before November 1, 2015, this line should list the physician/nurse as the rendering provider.
- For services on or after November 1, this line should list the doula as the rendering provider.

To learn more about how to bill for doula support during labor and delivery, [read our updated doula billing tips](#).

Reminder: Monthly payment recovery for OHP newborn claims

Every month, OHA recovers a small number of payments made in the preceding month for services to newborns who are now enrolled in an OHP managed care organization (MCO) or CCO.

- Once the birth is reported, we enroll children born to MCO/CCO members in the mother's plan.
- However, depending on when the birth is reported to us, this process may take three or more weeks to complete.

To avoid future recoveries for newborn services:

- Please report births as soon as possible using the [Newborn Notification Form](#). Allow 2-3 weeks for processing.
- [Verify the newborn's MCO/CCO enrollment](#) using PWP, AVR or EDI.
- Once you have verified the newborn's MCO/CCO enrollment, bill the MCO/CCO.

What you will see on the paper remittance advice (RA), electronic remittance advice (ERA) or PWP:

- **On the paper RA:** Adjusted claims will have an ICN beginning with "52". The "Detail EOBs" for these ICNs will list Explanation of Benefits (EOB) code *EOB 0090 – Service is covered by a managed care plan. Claim must be billed to the appropriate managed care plan.*
- **On the ERA or PWP:** The ERA should list these adjustments as overpayment recoveries. PWP will show the adjustment ICN as a denied claim. In both ERA and PWP, the reason for recovery will be Adjustment Reason Code 24 - *Charges are covered under a capitation agreement/managed care plan.*

To learn more about recovery of overpayments or appeals, please see Oregon Administrative Rules 410-120-1397(7), 410-120-1560 and 410-120-1580 in the [General Rules](#) guidelines.

Need help?

Find more phone numbers, e-mail addresses and other resources in our [Provider Contacts List](#).

- **Claim resolution** - Contact [Provider Services](#) (800-336-6016).
- **Direct deposit questions** – Contact the DHS/OHA EFT Coordinator (503-945-6872).
- **Electronic Data Interchange (EDI), the EDI Trading Partner Agreement, EDI mailbox help, and the 835 ERA** - Contact [EDI Support Services](#) (888-690-9888).
- **ICD-10 transition questions** – OHAICD10.help@state.or.us
- **Pharmacy and prescriber questions (for technical help and fee-for-service prescription PAs)** - Contact the Oregon Pharmacy Call Center at 888-202-2126. You can also fax PA requests to 888-346-0178.
- **Prior authorization status** – Call the PA Line at 800-642-8635 or 503-945-6821 (outside Oregon).
- **Provider enrollment updates** - Contact [Provider Enrollment](#) (800-422-5047).
- **Provider training videos and past Provider Collaborative webinars** – [Visit the OHA YouTube channel](#).
- **Provider Web Portal help** - [Visit our Provider Web Portal page](#). If you need a password reset, contact [Provider Services](#) (800-336-6016).