

ICD-10 Frequently Asked Questions

General Questions

1. Does this change apply to all provider types?

This applies to every provider that submits prior authorizations and/ or claims with an ICD diagnosis or ICD procedure codes.

2. Are decimals required in submitting claims?

Decimals are not allowed when billing ICD-9 or ICD-10 codes via Electronic Data Interchange or on the Provider Web Portal, and decimals are not required when billing on paper.

3. Does OHP have a one-year grace period for claims submission of codes that are not to the highest specificity?

No. CMS and the American Medical Association (AMA) released a joint statement regarding the level of ICD-10 specificity that **Medicare review contractors** will require starting 10/1/2015. The Oregon Health Authority (OHA) requires Oregon Medicaid (OHP) claims to be coded to the highest level of specificity.

4. Are the procedure codes changing also?

Inpatient ICD procedure codes are included in the ICD-10 transition. CPT and HCPCS procedure codes are not.

5. After 10/1/2015, can we continue to use CPT codes, rather than ICD-10 procedure codes for code pairing and prior authorizations?

Yes, except on inpatient hospital claims that require an ICD procedure.

6. Are DSM-5 codes currently being used for behavioral health?

There are many providers and programs using DSM-5 codes for behavioral health. The Oregon State Hospital has transitioned to DSM-5. There are also providers throughout the state who have not yet made the transition.

7. Will OHP require both DSM-5 and ICD-10 codes?

We encourage providers to transition to DSM-5 for clinical notations. ICD-10 diagnosis codes are required for prior authorization and billing.

Prioritized List

1. How has the Prioritized List changed as of October 1, 2015?

The Health Evidence Review Commission (HERC) reviews and publishes the Prioritized List, with necessary changes, on October 1 of each year. The October 1, 2015 Prioritized List reflects changes from this review process in addition to ICD-10 coding changes. For Prioritized List questions, contact the Benefit RN Hotline: 1-800-393-9855.

Prior Authorization (PA)

1. Should ICD-9 or ICD-10 codes be included on prior authorizations whose dates of service span the implementation date?

Prior authorizations whose dates of service span the compliance date must have both an ICD-9 and ICD-10 diagnosis code. To learn more, [read our announcement about updating prior authorizations for ICD-10](#).

2. Is the referring provider or the rendering provider responsible for updating a prior authorization with overlapping dates on it?

The provider who submitted the prior authorization, whether referring or rendering, is responsible for updating the prior authorization.

3. May providers submit prior authorizations on the Provider Web Portal with ICD-10 codes?

Yes. You can now search for both ICD-9 and ICD-10 codes on the Provider Web Portal. Prior authorizations that require a diagnosis code for dates of service on or after 10/01/2015 must include an ICD-10 code.

4. For authorization for services prior to 10/1/2015 due to retroactive coverage, will OHA accept ICD-9 codes after the conversion date?

Yes. ICD-10 compliance is date-of-service driven. For outpatient services, dates of service through 09/30/2015 can be authorized and billed using ICD-9. Dates of service from 10/1/2015 forward need to be authorized and billed using ICD-10.

5. How can providers update already-approved prior authorizations (PAs) with an ICD-10 diagnosis code?

For non-pharmacy claims, if a diagnosis code is required on the PA, you can submit updates three ways:

- Submit a new PA form (3971), referencing the existing PA, along with supporting documentation and orders containing the ICD-10 code. To learn more, [read our announcement about updating prior authorizations for ICD-10](#).
- Submit OHA's [ICD-10 PA Update form](#) by secure email to ICD10.PAupdate@state.or.us. List all PA approvals that continue beyond 10/1/2015. For each approval, list the ICD-10 code(s) that most closely match the ICD-9 code(s) on the existing approval.
- Call the RN Hotline at 1-800-393-9855 to request individual updates.

If the new code pairs and is above the funding line on the Prioritized List, OHA staff will add the ICD-10 codes to the PA.

The email and phone options for updating PA approvals for ICD-10 are only available through October 31, 2015. To learn more, [read our announcement about this temporary process](#).

- 6. Is there an anticipated time frame for receiving a new ICD-10 re-authorization (for those services that already have an ICD-9 prior authorization) if large numbers of requests are received in addition to regular prior authorization requests?**

Currently, the turnaround time is around five days. OHA does not anticipate that this timeframe will change.

- 7. In the Benefits and HSC Inquiry, it used to let you know if the procedure needed prior authorization. Where can this now be found?**

The prior authorization response is still available on the Provider Web Portal Benefits and HSC Inquiry. If you would like to see the prior authorization response, you need to check the Client Inquiry box and enter a Client ID, Provider ID and Claim Type prior to clicking search.

- 8. How do you add the DSM-5, ICD-10 to an existing Trillium authorization on the portal?** For questions regarding Trillium's ICD-10 implementation and portal, you will need to contact Trillium.

Claims and Date of Service/ Discharge

- 1. For physician billing, if a patient delivers by C-section on 09/30/2015 and is discharged on 10/1/2015, does the physician submitting claim only for 09/30/2015 use ICD-10 code or ICD-9 code?**

The professional claim from the physician should be billed for date of service 09/30/2015 with an ICD-9 code, while the inpatient hospital claim should be billed with an ICD-10 code because the date of discharge is 10/1/2015.

- 2. Will outpatient observations be based on date of discharge or date of service?**

Outpatient claims are paid based on the date of service. Only inpatient hospital claims are paid based on the date of discharge.

Provider Web Portal/ MMIS

- 1. Do providers who submit claims on the Provider Web Portal need to test?**

Provider Web Portal testing took place internally at OHA, and the MMIS is ready to receive prior authorizations and claims for dates of service on or after 10/1/2015 that contain ICD-10 codes. There is no need for providers to test using the Provider Web Portal.

- 2. What is the estimated turnaround time from claims submitted to MMIS and claim payment?**

The MMIS claims payment cycle runs every weekend (Saturday and Sunday). All claims entered into MMIS by Friday evening are processed over the weekend, and payment for paid claims is sent the following week (EFT usually takes place on Tuesday, and paper checks are usually received by Wednesday).

3. When will the Provider Web Portal be updated for a Prioritized List inquiry to verify ICD-10 codes for dates of service 10/1/2015 or after?

The Provider Web Portal has been updated with ICD-10 codes. The Prioritized List function will give an ICD-10 diagnosis response for inquiries with dates of service on or after 10/1/2015 when an ICD-10 diagnosis code was included in the search. In the event that the response states the diagnosis code is not on the list, please refer to the pdf Prioritized List and placement files on the OHP website:

<http://www.oregon.gov/oha/healthplan/Pages/priorlist.aspx>.

Electronic Data Interchange (EDI)

1. Regarding the Electronic Data Interchange (EDI) Trading Partner Agreement (TPA), is this a new form specific for ICD-10 or does our current TPA cover for testing and claim submission?

This is not a new form. If all information on the current TPA is up-to-date, it is still valid. Please review your TPA and EDI registration forms to make sure your technical contact and EDI submitter information is current. If your EDI submitter (e.g., clearinghouse), authorized signer or technical contacts have changed, you will need to update this information with OHA so that OHA can allow your current submitter to begin testing and claims submission on your behalf. To learn more, [read our announcement about EDI testing](#).

2. If a provider uses a clearinghouse for claims submission, the clearinghouse should contact OHA for Electronic Data Interchange (EDI) testing?

OHA is testing with all currently registered clearinghouses. Clearinghouses can contact OHA on your behalf to initiate testing only if you have authorized them to do so in your current EDI Authorization ([DMAP 2081](#)). Providers may reach out to their clearinghouse with questions and concerns regarding ICD-10 readiness.

3. What are the results of Electronic Data Interchange (EDI) testing to date?

Testing has been going very well with the few trading partners that have tested. No serious issues have been identified. The EDI team is working on outreach to ensure all trading partners know they need to test.

Provider/ Partner Resources

1. Where is the ICD-10 project page? The ICD-10 project page is located on the Oregon Health Plan website. This is a direct link to the ICD-10 project page:

<http://www.oregon.gov/oha/healthplan/Pages/icd10.aspx>.

2. Is the ICD-10 project page where you will post the frequently asked questions? Yes. Frequently asked questions will be posted on the ICD-10 project page:

<http://www.oregon.gov/oha/healthplan/Pages/icd10.aspx>.

3. **Who should be contacted to inquire about or change a current Trading Partner Agreement (TPA)?** Contact EDI Support Services for questions about TPAs:
DHS.EDIsupport@state.or.us.
4. **Who should a provider contact for assistance/ questions about the Prioritized List?** Providers should contact the Benefit RN Hotline for Prioritized List questions: 1-800-393-9855.

Please also make sure to review the following ICD-10 updates:

- [ICD-10 Oregon Administrative Rule updates](#)
- [ICD-10, FFS prior authorizations and prior-authorized claims](#)
- [ICD-10 provider resource updates](#)
- [ICD-10 fee-for-service EDI testing](#)