

# Welcome

Alabama Medicaid ICD-10 Testing Teleconference Session



# Agenda

- Introduction
- Purpose
- Teleconference Expectations
- ICD-10 Overview
- Alabama Medicaid Specific Changes
- Testing ICD-10 with Alabama Medicaid
- Contingency Planning
- Contact Information
- Questions
- Summary



# Introduction

Welcome to the Alabama Medicaid ICD-10 teleconference. We are glad you could join us today and hope this teleconference will provide useful information to you regarding ICD-10 testing.

If you are a Pharmacy or Dental provider these changes do not apply to you so feel free to drop or stay if you are curious and want to know more about ICD-10.



# Purpose

- To understand the changes being made by Alabama Medicaid for ICD-10 and how they affect you and the transactions you submit.
- To learn what types of testing should be completed prior to the CMS ICD-10 implementation date arriving.



# Teleconference Expectations

## PHONE

- Do not put phones on hold
- Do not hold conversations or take other calls
- The leader will mute all lines until the Q/A sections – to remove your phone from mute please press \*6 and to re-mute your line after asking your questions please press \*6

## VIRTUAL ROOM

- Presentation is available in the Virtual Room for participants attending training.

## QUESTIONS

- Please submit questions through the virtual room Questions or Hands Up Button features
- Please hold all verbal questions until the Q/A section of the presentation
- Questions submitted during the session that were not reviewed and answered during the session will be added to the ICD-10 FAQ page of the Alabama Medicaid website 2 -4 business days.
- If questions should arise after the session please email these to [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com)



# ICD-10 Overview



# ICD-10 Overview

## CMS Implementation Date

On October 1, 2015 the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.

The transition to using the ICD-10 code sets is required for everyone covered by HIPAA.



# ICD-10 Overview

ICD-9 code sets used to report medical diagnosis and surgical procedure codes will be replaced by ICD-10 code sets.

- Diagnosis codes under ICD-10 uses 3 to 7 digits instead of 3 to 5 under ICD-9. Coding format is similar between the two versions.

| ICD-9  | ICD-10   |
|--|--|
| <b>64234</b> Transient hypertension of pregnancy, postpartum condition or complication | <b>O131</b> Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester<br><b>O132</b> Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester<br><b>O133</b> Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester |
| <b>V276</b> Outcome of delivery, other multiple birth, some liveborn                   | <b>Z3760</b> Multiple births, unspecified, some liveborn<br><b>Z3761</b> Triplets, some liveborn<br><b>Z3762</b> Quadruplets, some liveborn<br><b>Z3763</b> Quintuplets, some liv born<br><b>Z3764</b> Sextuplets, some liveborn<br><b>Z3769</b> Other multiple births, some liveborn  |
| <b>90000</b> Injury to carotid artery, unspecified                                     | <b>S15009A</b> Unspecified injury of unspecified carotid artery, initial encounter<br><b>S15019A</b> Minor laceration of unspecified carotid artery, initial encounter<br><b>S15029A</b> Major laceration of unspecified carotid artery, initial encounter   |



# ICD-10 Overview

- Surgical procedure codes under ICD-10 uses 7 alphanumeric digits instead of the 3 to 4 numeric digits under ICD-9. Surgical procedure codes under ICD-10 are much more specific and substantially different from ICD-9 codes.

| ICD-9   | ICD-10  |
|---|---|
| 6632 Other bilateral ligation and division of fallopian tubes | OUL70ZZ Occlusion of Bilateral Fallopian Tubes, Open Approach<br>OUL73ZZ Occlusion of Bilateral Fallopian Tubes, Percutaneous Approach<br>OUL77ZZ Occlusion of Bilateral Fallopian Tubes, Via Natural or Artificial Opening |



# ICD-10 Overview

Per CMS, “The transition to ICD-10 is occurring because ICD-9 produces limited data about patients’ medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.”

CMS ICD-10 page which provides ICD-10 information and links to many valuable resources:

[www.cms.gov/icd10/](http://www.cms.gov/icd10/)



# Alabama Medicaid Specific Changes



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10

- ICD-10 diagnosis and surgical procedure codes will be added to the Alabama Medicaid Information System. A document which would specify what ICD-10 code should be submitted in place of the ICD-9 code will not be published. However CMS has published a document called a GEM (General Equivalency Mapping) which assists with the conversion of ICD-9 to ICD-10.

A link to the General Equivalency Mappings may be found by following this path:  
[www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) >> Provider s >> ICD-10 >> ICD-10 Provider Resources

- ICD version indicator will be added for each diagnosis and surgical procedure code.  
For those who process EDI Transactions this means using the appropriate diagnosis code type such as BK = ICD-9 or ABK = ICD-10 for the HI diagnosis segments submitted.  
For those who submit paper claim forms this means entering either '9' for ICD-9 or '0' for ICD-10 in the ICD Version field.  
For PES submitted claims this means selecting the correct ICD Version for the codes entered on the claim form.
- The number of diagnosis code fields accepted for adjudicating a claim will increase from four to twelve entries for Professional/HCFA claims (837P).



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10

- Patient reason for visit codes accepted for processing will increase from one entry to three on the Institutional/UB claims (837I) . Each value entered will be edited to ensure the codes entered are valid for the ICD Version submitted.
- ICD-9 and ICD-10 codes cannot be billed on the same claim record.

|         |  |             |
|---------|--|-------------|
| Claim 1 | Diagnosis 1 ICD Version and code submitted = ICD-10<br>Diagnosis 2 ICD Version and code submitted = ICD-10 | Allowed     |
| Claim 2 | Diagnosis 1 ICD Version and code submitted = ICD-9<br>Diagnosis 2 ICD Version and code submitted = ICD-9   | Allowed     |
| Claim 3 | Diagnosis 1 ICD Version and code submitted = ICD-10<br>Diagnosis 2 ICD Version and code submitted = ICD-9  | Not Allowed |

- ICD-9 and ICD-10 claims may be billed within the same claims file/batch.

|         |  |         |
|---------|--|---------|
| Batch 1 | Claim 1 contains all ICD-10 diagnosis codes<br>Claim 2 contains all ICD-10 diagnosis codes | Allowed |
| Batch 2 | Claim 1 contains all ICD-9 diagnosis codes<br>Claim 2 contains all ICD-9 diagnosis codes   | Allowed |
| Batch 3 | Claim 1 contains all ICD-9 diagnosis codes<br>Claim 2 contains all ICD-10 diagnosis codes  | Allowed |



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10

- ICD-9 codes cannot be billed for services performed after the CMS mandate date (some exceptions exist).
- ICD-10 codes cannot be billed for services performed before the CMS mandate date (some exceptions exist).

|         |  |   |
|---------|--|---|
| Claim 1 | Claim contains ICD-9 diagnosis codes<br>Date of service is after the CMS mandate date to discontinue the submission of ICD-9 codes | Not Allowed   |
| Claim 2 | Claim contains ICD-10 diagnosis codes<br>Date of service is before the CMS mandate date to allow ICD-10 codes                      | Not Allowed   |
| Claim 3 | Spans the CMS mandate date   | Consult the “MLN Matters” article for guidance on how to submit these types of claims.<br>*see next slide |



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10 – Span Date Processing

CMS has published a “MLN Matters” (CMS newsletter/publication) article concerning span dating the ICD-10 cutover date and a video for ICD-10 coding basics.

Alabama Medicaid will follow the CMS guidelines for span dated claims, so we expect providers and vendors to follow the same guidelines when billing claims to Alabama Medicaid.

Links to the “MLN Matters” article and video can be found under the ICD-10 Provider Resources page which is accessible by navigating to:

[www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) >> Providers >> ICD-10 >> ICD-10 Provider Resources

Per the “MLN Matters” article, “the Centers for Medicare & Medicaid Services (CMS) clarifies the policy for processing split claims for certain institutional encounters that span the ICD-10 implementation date (that is, when ICD-9 codes are effective for that portion of the services rendered on September 30, 2015, and earlier, and when ICD-10 codes are effective for that portion of the services rendered on October 1, 2015, and later).”



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10

Diagnosis codes are to be used and reported at their highest number of characters available.

| Diagnosis code submitted | ICD Version | Comments  |
|--------------------------|-------------|---|
| S15009                   | ICD-10      | Diagnosis code not billed with the highest number of characters available and will not be used for claims processing. |
| S15009A                  | ICD-10      | Diagnosis code is billed with the highest number of characters available and will be used for claims processing.      |
| S15029A                  | ICD-10      | Diagnosis code is billed with the highest number of characters available and will be used for claims processing.      |



# Alabama Medicaid Specific ICD-10 Changes

## General Change Information related to ICD-10 – Prior Authorization

PA's already submitted will require no action on the provider's part. Claims will continue to adjudicate against the current approved ICD-9 PAs.

- The ICD version for the diagnosis code submitted on a Prior Authorization (PA) must be consistent with the effective date of each PA detail.
- **ICD-9 PA** diagnosis code version must be equal to ICD-9 when the requested effective date on *each* PA detail line item is *less than or equal* to the CMS ICD-9 end date.
- **ICD-10 PA** diagnosis code version must be equal to ICD-10 when the requested effective date on *each* PA detail line item is *greater than or equal* to the CMS ICD-10 start date.
- It is permissible for a PA detail line item requested effective date to occur before the CMS mandate date and the requested end date to occur after the end date for ICD-9 (i.e. “span” the CMS mandate date).

|      |   |  |
|------|---|--|
| PA 1 | Line 1 Effective Date < CMS Mandate Date for ICD-9 end  | ICD Version and diagnosis code submitted must = ICD-9  |
| PA 2 | Line 1 Effective Date > CMS Mandate Date for ICD-10 begin   | ICD Version and diagnosis code submitted must = ICD-10   |
| PA 3 | Line 1 Effective Date < CMS Mandate Date for ICD-9 end<br>Line 2 Effective Date > CMS Mandate Date for ICD-10 begin         | Not Allowed – PA will need to be split   |
| PA 4 | Line 1 Requested Effective Date < CMS Mandate Date for ICD-9 end and Requested End Date > CMS Mandate Date for ICD-10 begin | Allowed in some cases – refer to the “MLN Matters” article on span dating claims for guidance. |



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10 – Remittance Advice

### Remittance Advice (RA) and 835 Electronic remittance advice

- No specific changes were made but new Explanation of Benefit (EOB) codes and corresponding Claim Adjustment Reason Code (CARC)/Remittance Advice Remark Codes (RARC) will be returned related to ICD-10.



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10 – Remittance Advice

| NEW EOB CODE | EOB DESCRIPTION                                | SCENARIO  | NOTES/COMMENTS   |
|--------------|--|---|--|
| EOB 306      | BOTH ICD-9 AND ICD-10 CODES NOT ALLOWED        | Diagnosis ICD version and code submitted = ICD-9<br>Surgical Procedure ICD version and code submitted = ICD-10              | ICD versions submitted on the claim must be the same for all diagnosis and/or surgical procedure codes submitted.  |
| EOB 307      | BOTH ICD-9 AND ICD-10 PROC CODES NOT ALLOWED   | Surgical Procedure 1 ICD version and code submitted = ICD-10<br>Surgical Procedure 2 ICD version and code submitted = ICD-9 | ICD versions submitted on the claim must be the same for all surgical procedure codes submitted.   |
| EOB 308      | BOTH ICD-9 AND ICD-10 DIAG CODES NOT ALLOWED   | Diagnosis 1 ICD version and code submitted = ICD-10<br>Diagnosis 2 ICD version and code submitted = ICD-9                   | ICD versions submitted on the claim must be the same for all diagnosis codes submitted.  |
| EOB 4038     | PATIENT REASON FOR VISIT DIAGNOSIS NOT ON FILE | Patient Reason for visit code = V030 and ICD version = ICD-10   | The combination of the patient reason for visit submitted and the ICD version must be valid. This particular code is valid but the version should = ICD-9. |
| 4400-4487    | 4400 BPA-RP-PROC - ADMITTING DIAGNOSIS - GROUP | Pregnancy related claim submitted without a pregnancy diagnosis code and the recipient is part of the SOBRA program.        | The required admitting diagnosis code for the recipient plan for the procedure code submitted is not found on the claim.                                   |
| 840          | ICD-10 CLAIM SPANS ICD-10 START DATE           | Diagnosis ICD version and code submitted = ICD-10<br>Date of service < CMS Mandate ICD-10 start date                        | Claim would need to be resubmitted and split billed as two claims with the correct ICD version/code.   |
| 841          | ICD-9 CLAIM SPANS ICD-9 END DATE               | Diagnosis ICD version and code submitted = ICD-9<br>Date of service > CMS Mandate ICD-9 end date                            | Claim would need to be resubmitted and split billed as two claims with the correct ICD version/code.   |



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10 – Remittance Advice

| MODIFIED EOB CODE          | EOB DESCRIPTION   | SCENARIO  | NOTES/COMMENTS   |
|----------------------------|---|---|--|
| EOB 309                    | ICD PROCEDURE VERSION INVALID FOR COMPLIANCE DATES                                    | Claim surgical procedure ICD version and code = ICD-10 and the through/to date of service is < CMS mandate ICD-10 start date.   | Claim would need to be rebilled with the correct ICD version and code.   |
| EOB 310                    | ICD DIAGNOSIS VERSION INVALID FOR COMPLIANCE DATES                                    | Claim diagnosis ICD version and code = ICD-9 and the through/to date of service is > CMS mandate ICD-9 end date.  | Claim would need to be rebilled with the correct ICD version and code.   |
| EOB 4040-4043<br>4047-4252 | 4040 PRIMARY DIAGNOSIS CODE NOT ON FILE<br><br>4041 SECOND DIAGNOSIS CODE NOT ON FILE | Diagnosis 1 code on claim V030 with ICD version = 10<br>Diagnosis 2 code on claim Q#030 with ICD version = 10   | Diagnosis 1 will return 4040 - is invalid as the combination of the code and the ICD version is incorrect. The diagnosis code is a valid code but the correct ICD version is 9.<br>Diagnosis 2 will return 4041 - is invalid as the value as a whole is incorrect and contains an invalid character. |
| 4027                       | DIAGNOSIS CODE NOT COVERED FOR DATE OF SERVICE  | Claim 1<br>TOB 11X<br>Diagnosis 1 ICD version and code submitted = ICD-9<br>Through date of service > CMS mandate date for ICD-10 start<br><br>Claim 2<br>TOB 11X<br>Diagnosis 1 ICD version and code submitted = ICD-10<br>Through date of service > CMS mandate date for ICD-10 start | CMS direction for processing span dated claims:<br>If the hospital claim has a discharge and/or through date on or after CMS Mandate ICD-10 start date, then the entire claim is billed using ICD-10.<br><br>Claim 1 returns EOB 4027<br>Claim 2 bypasses EOB 4027                                   |



# Alabama Medicaid Specific Changes

## General Change Information related to ICD-10 – Unaffected Transactions

- 270/271 (Eligibility Request/Response)
- 276/277 (Claim Status Request/Response)
- 837D (Dental claims)
- 999 (Acknowledgement document)
- NCPDP Versions D.0 and 1.2 (Pharmacy claims)
- Batch Response File (BRF)



# Testing ICD-10 with Alabama Medicaid



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – What is UAT?

### What is UAT?

Alabama Medicaid does not provide test data or allow test submissions into production but instead provides a user acceptance test (UAT) environment which is a copy of the production environment. This separate UAT environment will allow a tester to logon and submit test transactions such as claims to ensure processing works as expected prior to submitting transactions into the production environment.

- A full copy of production data is completed twice per year to better help ensure the test data available is kept current.
- Recipient, Provider, Managed Care, Patient 1<sup>st</sup> assignments and Third Party Liability Policy information is refreshed monthly from production.
- Remittance Advices (RA) will be created each Wednesday and Friday, available for pickup after 3:00 pm CT.
- Remember data in the UAT environment is strictly for testing.

**UAT website:** <https://www.alabama-uat.com/ALPortal/>



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – UAT Enrollment Data

Recipients could have overlapping enrollments for the Long Term Care (LTC) program and the Patient 1<sup>st</sup> program during the first month after UAT is updated with a full copy of production data. Last full copy was completed as of April 24<sup>th</sup>.

To avoid claims processing issues related to this overlap for the LTC program it is suggested that claims be submitted into UAT in the following manner:

- Submit new LTC recipient applications into production **AND** UAT if this is a recipient that will be used for testing.
- If a claim denies for LTC coverage, submit an LTC application into UAT as you would in production today.
- LTC application software is available in UAT and may be used to submit applications for recipients.
- If you require assistance with LTC or Patient 1<sup>st</sup> contact the Alabama ICD-10 testing team at: [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com)



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – UAT Testing Information

### What you need to know:

- Review and understand the changes being made by Alabama Medicaid and how they affect you and the transactions you submit by:
  - Reviewing the Alabama Medicaid Website ICD-10 page for updates and details concerning Alabama Medicaid specific directions regarding the ICD-10 transition.
  - Attending teleconferences and reviewing/understanding the materials presented.
  - Be on the lookout for communications from Alabama Medicaid which could be through website updates, remittance advice banner messages, broadcast emails or “Provider Insider” articles.
  - Review CMS website at [www.cms.gov/icd10/](http://www.cms.gov/icd10/) for details published by CMS concerning the ICD-10 transition.



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – UAT Access

### What you need to do:

- Your production provider web logon or trading partner web logon will not work in UAT. You must contact the EMC Help Desk and request access.
  - Provider logon allows a user to directly enter data into online forms that may be submitted and an immediate processing response be returned.
- Production trading partner ID which starts with a '3' will not work in the UAT environment. You must contact the EMC Help desk and request a testing ID.
  - Production example ID: 300000085
  - UAT example ID: 200000085
  - Trading Partner ID allows a user to upload a batch of HIPAA transactions and download responses.

| EMC Hours of Operation                   | EMC Contact Information   |
|--|---|
| Monday – Friday 7:00 a.m. – 8:00 p.m. CT | Telephone: (800) 456 – 1242   |
| Saturday 9:00 a.m. – 5:00 p.m. CT        | Email: <a href="mailto:AlabamaSystemsEMC@hp.com">AlabamaSystemsEMC@hp.com</a> |
|  | Fax: (334) 215 – 4272   |



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – UAT Testing

### What you need to do:

- ICD-10 changes must be made to your system first. If you work with a software vendor or clearinghouse, work with that vendor or clearinghouse to understand when the ICD-10 software upgrade will be available.
- In order to test full end-to-end (claims submission, adjudication and a financial cycle returning a remittance advice), you must submit a list of provider ID's to [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com) to be used in testing as a remittance link to your test trading partner ID.
  - Submit Trading Partner ID, NPI, Medicaid ID, Testing Contact Name and Information



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – UAT Testing

### What you need to do:

- For services that require a Prior Authorization (PA):
  - Submit PA request using the PA online forms when logged in as a provider on the provider web portal or by submitting a HIPAA 278 prior authorization request.
  - PA requests will be auto-approved once daily (M-F), so claims may be submitted on the following business day.



# Testing ICD-10 with Alabama Medicaid

## What do you need to know prior to starting your testing – UAT Testing

### What you need to do:

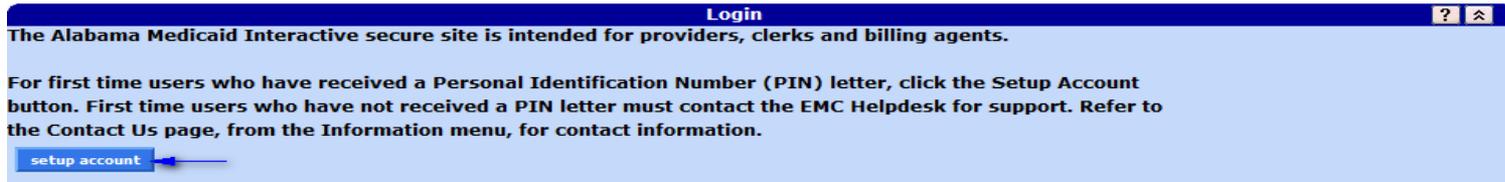
- Strategize Testing
  - Form your test cases and expected results. Try to use real life scenarios based on your daily needs.
  - Submit “real” data, if possible. Use production data and submit it on the testing site with ICD-10 codes and compare results.
  - Dates of service on the claims should be changed prior to submission based on ICD-9 end dates and ICD-10 effective dates. *\*covered in detail in a later slide\**
  - Try conditions that you feel will be paid and validate they are paid. If not, understand why.
  - Try conditions that you feel will deny and validate that they do deny. If not, understand why.
- Submission Tracking
  - Keep track of the ICN's returned to better help research issues identified.
  - For issues concerning submission errors (TA1 or 999) note the tracking number to assist with research.



# Testing ICD-10 with Alabama Medicaid

## Logging onto the Secure Testing Web Portal

1. Access the Secure Site link at <https://www.alabama-uat.com/ALPortal/>
2. Select **Account / Account Setup** from main toolbar.

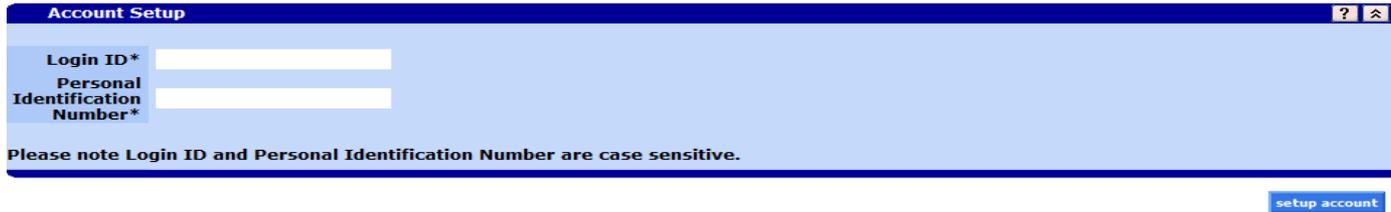


3. Enter the **Login ID** (Trading Partner ID) and **Personal Identification Number** (PIN).

# Testing ICD-10 with Alabama Medicaid

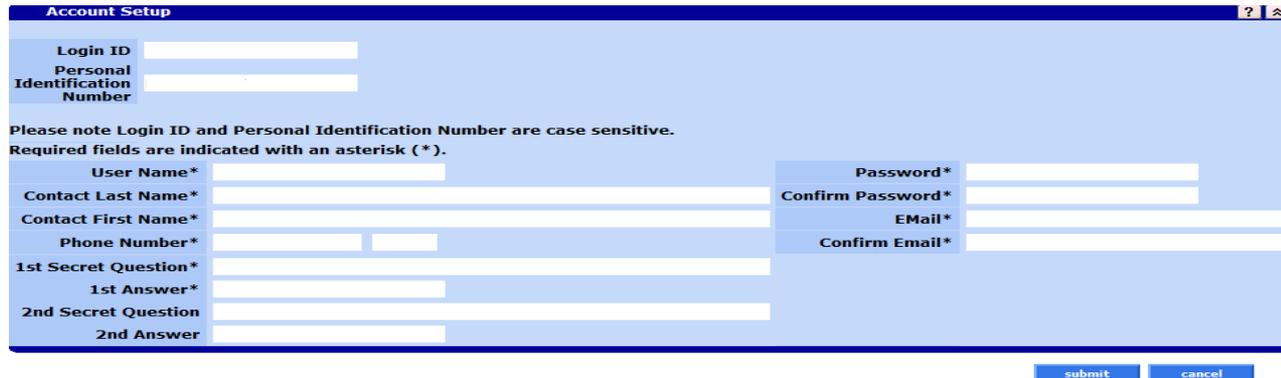
## Logging onto the Secure Testing Web Portal (continued)

4. Click “setup account” button



The screenshot shows a web browser window titled "Account Setup". The form contains two input fields: "Login ID\*" and "Personal Identification Number\*", both of which are currently empty. Below the fields, a note states: "Please note Login ID and Personal Identification Number are case sensitive." At the bottom right of the form, there is a blue button labeled "setup account".

5. Enter data in all required fields (\*) to setup the web account. Click “submit” button.



The screenshot shows the "Account Setup" form with all required fields filled out. The fields include: "Login ID", "Personal Identification Number", "User Name\*", "Contact Last Name\*", "Contact First Name\*", "Phone Number\*", "1st Secret Question\*", "1st Answer\*", "2nd Secret Question", "2nd Answer", "Password\*", "Confirm Password\*", "EMail\*", and "Confirm Email\*". The asterisk (\*) indicates required fields. At the bottom right, there are two buttons: "submit" and "cancel".

After successful submission - Alabama Medicaid Home Page displays.



# Testing ICD-10 with Alabama Medicaid

## ICD-10 Testing Dates

Although CMS has delayed the implementation for ICD-10 the Alabama Medicaid Agency has completed the implementation of changes necessary to accommodate ICD-10. *Alabama Medicaid will not require or accept the submission of ICD-10 codes prior to the CMS mandate date.*

- It is critical that providers and trading partners test with Alabama Medicaid prior to implementation.
- ICD-10 Testing is available *NOW*
- ICD-10 Testing will remain available beyond the CMS mandate date.
- ICD-10 Test system is available 24/7 with the exception of occasional maintenance downtimes which normally occur overnight.
- Testing will ensure readiness and will reduce the impact of this implementation for all parties.



# Testing ICD-10 with Alabama Medicaid

## ICD-9 and ICD-10 Testing Effective and End Dates

Understand that the CMS mandate date is the date in which ICD-10 codes are required on all submissions but since Alabama Medicaid does not accept claims with a future date of service a *testing* CMS mandate date will be setup. This is for testing purposes only and will help facilitate testing both the end of ICD-9 code submission and the beginning of ICD-10 code submission.

### CURRENT TEST DATES

**ICD-9 END DATE**            **09/30/2014**

**ICD-10 START DATE**    **10/01/2014**

- Submissions with dates of service before the testing CMS mandate date of 09/30/2014 should continue to use ICD-9.
- Submissions with dates of service after the testing CMS mandate date of 10/01/2014 should now use ICD-10.
- Submission with dates of service that crossover or span the testing CMS mandate date should either be split billed or follow the CMS span date guidelines.



# Testing ICD-10 with Alabama Medicaid

## ICD-9 and ICD-10 Testing Effective and End Dates

| From-Date-of-Service <sup>α</sup> | To-Date-of-Service <sup>α</sup> | ICD-Version <sup>α</sup>  | Results <sup>α</sup>  |
|-----------------------------------|---------------------------------|---|---|
| 09/30/2014 <sup>α</sup>           | 09/30/2014 <sup>α</sup>         | 1st-Diagnosis=-ICD-9<br>2nd-Diagnosis=-ICD-9 <sup>α</sup>                                     | Pass-edits-for-multiple-ICD-versions <sup>α</sup>                             |
| 10/01/2014 <sup>α</sup>           | 10/01/2014 <sup>α</sup>         | 1st-Diagnosis=-ICD-10<br>2nd-Diagnosis=-ICD-10 <sup>α</sup>                                   | Pass-edits-for-multiple-ICD-versions <sup>α</sup>                             |
| 09/30/2014 <sup>α</sup>           | 09/30/2014 <sup>α</sup>         | 1st-Diagnosis=-ICD-9<br>2nd-Diagnosis=-ICD-10 <sup>α</sup>                                    | Deny-for-having-multiple-ICD-versions-present-on-claim-(EOB-308) <sup>α</sup> |
| 10/01/2014 <sup>α</sup>           | 10/01/2014 <sup>α</sup>         | 1st-Diagnosis=-ICD-9 <sup>¶</sup><br>1st-Surgical-Procedure <sup>¶</sup> =ICD-10 <sup>α</sup> | Deny-for-having-multiple-ICD-versions-present-on-claim-(EOB-306) <sup>α</sup> |



# Testing ICD-10 with Alabama Medicaid

## ICD-9 Testing Effective and End Dates

When submitting a test claim with an ICD-9 code the date of service on the claim should be *prior to or equal to* 09/30/2014.

| From Date of Service <sup>α</sup> | To Date of Service <sup>α</sup> | ICD Version <sup>α</sup> | Results <sup>α</sup>   |
|-----------------------------------|---------------------------------|--------------------------|--|
| 09/25/2014 <sup>α</sup>           | 09/30/2014 <sup>α</sup>         | ICD-9 <sup>α</sup>       | Pass edits for date of service and ICD version submitted <sup>α</sup>                                  |
| 09/30/2014 <sup>α</sup>           | 09/30/2014 <sup>α</sup>         | ICD-9 <sup>α</sup>       | Pass edits for date of service and ICD version submitted <sup>α</sup>                                  |
| 10/01/2014 <sup>α</sup>           | 10/01/2014 <sup>α</sup>         | ICD-9 <sup>α</sup>       | Deny due to ICD-9 code billed after ICD-9 end date (EOB 310) <sup>α</sup>                              |
| 09/30/2014 <sup>α</sup>           | 10/01/2014 <sup>α</sup>         | ICD-9 <sup>α</sup>       | Deny due to span dating the ICD-9 end date – claim will need to be split billed (EOB 841) <sup>α</sup> |



# Testing ICD-10 with Alabama Medicaid

## ICD-10 Testing Effective and End Dates

When submitting a test claim with an ICD-10 code the date of service on the claim should be *equal to or after* 10/01/2014 (dates of service should not be future dates (DOS <= current date)).

| From Date of Service <sup>α</sup> | To Date of Service <sup>α</sup> | ICD Version <sup>α</sup> | Results <sup>α</sup>   |
|-----------------------------------|---------------------------------|--------------------------|--|
| 09/30/2014 <sup>α</sup>           | 09/30/2014 <sup>α</sup>         | ICD-10 <sup>α</sup>      | Deny due to ICD-10 code billed prior to the ICD-10 start date (EOB 310) <sup>α</sup>                       |
| 10/01/2014 <sup>α</sup>           | 10/01/2014 <sup>α</sup>         | ICD-10 <sup>α</sup>      | Pass edits for date of service and ICD version submitted <sup>α</sup>                                      |
| 10/02/2014 <sup>α</sup>           | 10/02/2014 <sup>α</sup>         | ICD-10 <sup>α</sup>      | Pass edits for date of service and ICD version submitted <sup>α</sup>                                      |
| 09/30/2014 <sup>α</sup>           | 10/01/2014 <sup>α</sup>         | ICD-10 <sup>α</sup>      | Deny due to span dating the ICD-10 start date -- claim will need to be split billed (EOB 840) <sup>α</sup> |



# Testing ICD-10 with Alabama Medicaid

## Test Results Feedback/Monitoring

To better understand the successes and challenges faced while testing we request that you complete and submit a testing feedback spreadsheet, containing the following information:

- Trading Partner ID/Submitter ID
- ICN
- Provider ID
- Testing Contact Name, Phone, Email
- Dates Test Submitted
- Type of Transactions Submitted
- Description of Expected Results
- Description of Actual Results (passed/failed compliance, denied/paid claims, etc.)
- Comments/Concerns



**Note: If simulating a production claim, provide the production ICN along with the testing ICN for research and review.**

# Testing ICD-10 with Alabama Medicaid

## Test Results Feedback/Monitoring

- Setup and account access issues contact the EMC help desk
- For all other test related issues submit the Test Results Feedback spreadsheet

Testing Results Spreadsheet is available at the following link:

[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.12\\_ICD-10/6.12.3.4\\_ICD-10\\_Secure\\_Testing\\_Web\\_Site.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12.3.4_ICD-10_Secure_Testing_Web_Site.aspx)

| A   | B                             | C                   | D                   | E  | F                               | G                             | H                 | I                    | J                     | K                     |
|---|-------------------------------|---------------------|---------------------|--|---------------------------------|-------------------------------|-------------------|----------------------|-----------------------|-----------------------|
| Trading Partner ID/Submitter ID<br>(example: 200000001) | Provider ID<br>(NPI/Medicaid) | ICN (if applicable) | Date Test Submitted | Type of Transaction Submitted<br>(837P, 837I, 837D, 278) | Description of Expected Results | Description of Actual Results | Comments/Concerns | Testing Contact Name | Testing Contact Phone | Testing Contact Email |
|   |                               |                     |                     |  |                                 |                               |                   |                      |                       |                       |

Email completed spreadsheet to [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com)



# Contingency Planning



# Contingency Planning

Do you have a contingency plan if you are not ready for the CMS mandated implementation date?



## Options Available:

- **Provider Electronic Solutions (PES) Software**

[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.10\\_Provider\\_Electronic\\_Solutions.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.10_Provider_Electronic_Solutions.aspx)

- **Provider Web Portal (Alabama Medicaid Interactive Secure Site)**

<https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/66/Default.aspx>

# Contact Information



# Contact Information



## Provider Representatives

For general ICD-10 related questions contact your Provider Representative for assistance at the following link:

<http://www.medicaid.alabama.gov/CONTENT/8.0>Contact/8.2.6.1 Provider Reps G1.aspx>

## Testing Support Group

Providers and Vendors are encouraged to submit ICD-10 testing questions to the ICD-10 testing support group at: [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com)

## EMC Help Desk

Contact the help desk to obtain a Trading Partner ID or if unable to logon to the secure testing website.

### EMC Help Desk Hours of Operation

Monday – Friday 7:00 a.m. – 8:00 p.m. CST

Saturday 9:00 a.m. – 5:00 p.m. CST

### Contact Information

Telephone: (800) 456-1242

Email: [AlabamaSystemsEMC@hp.com](mailto:AlabamaSystemsEMC@hp.com)

Fax: (334) 215 – 4272



# Questions



# Questions



## Use the Virtual Room “Hands Up” or “Questions” Feature

- Submit your questions now
- Questions submitted will be answered live or added to the ICD-10 FAQ page of the Alabama Medicaid website within 2-4 business days of this event
- If questions should arise after the session please email them to: [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com)

# Summary

In this presentation, we've discussed:

- ✓ Alabama Medicaid Specific Changes
- ✓ Testing ICD-10 with Alabama Medicaid
- ✓ Contingency Planning
- ✓ Contact Information



# Thank you for attending the ICD-10 Teleconference with Alabama Medicaid

- Please complete the Training Evaluation Form once you receive it. Your input is greatly appreciated.
- Questions not addressed during today's session will be posted to the FAQ section of the ICD-10 page of the Alabama Medicaid website within 2-4 business days.

