

# ICD-10 Stakeholder Council

**WELCOME**

**November 12, 2015**



# ICD-10 Stakeholder Council

## Opening Remarks

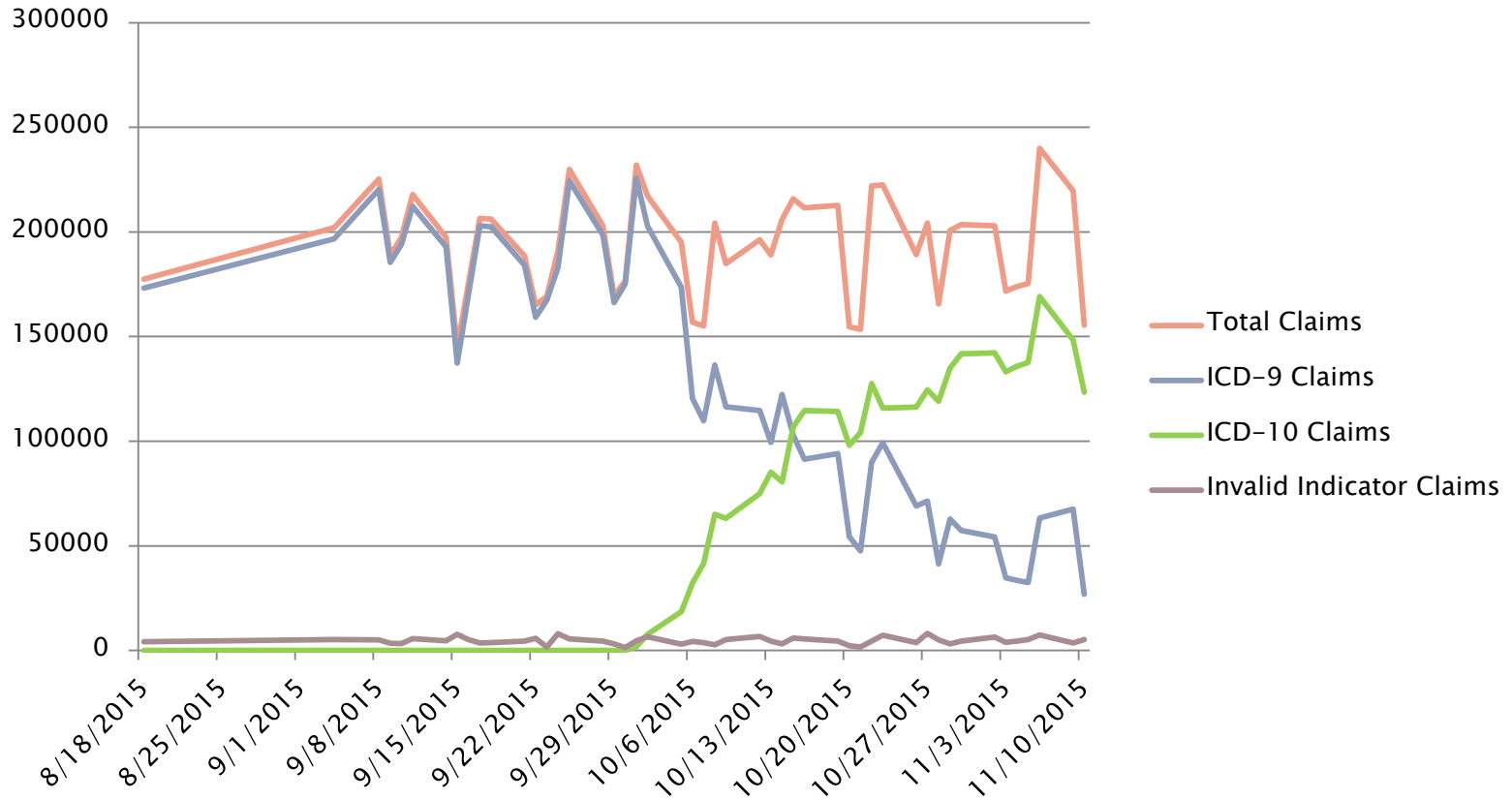


# ICD-10 Stakeholder Council

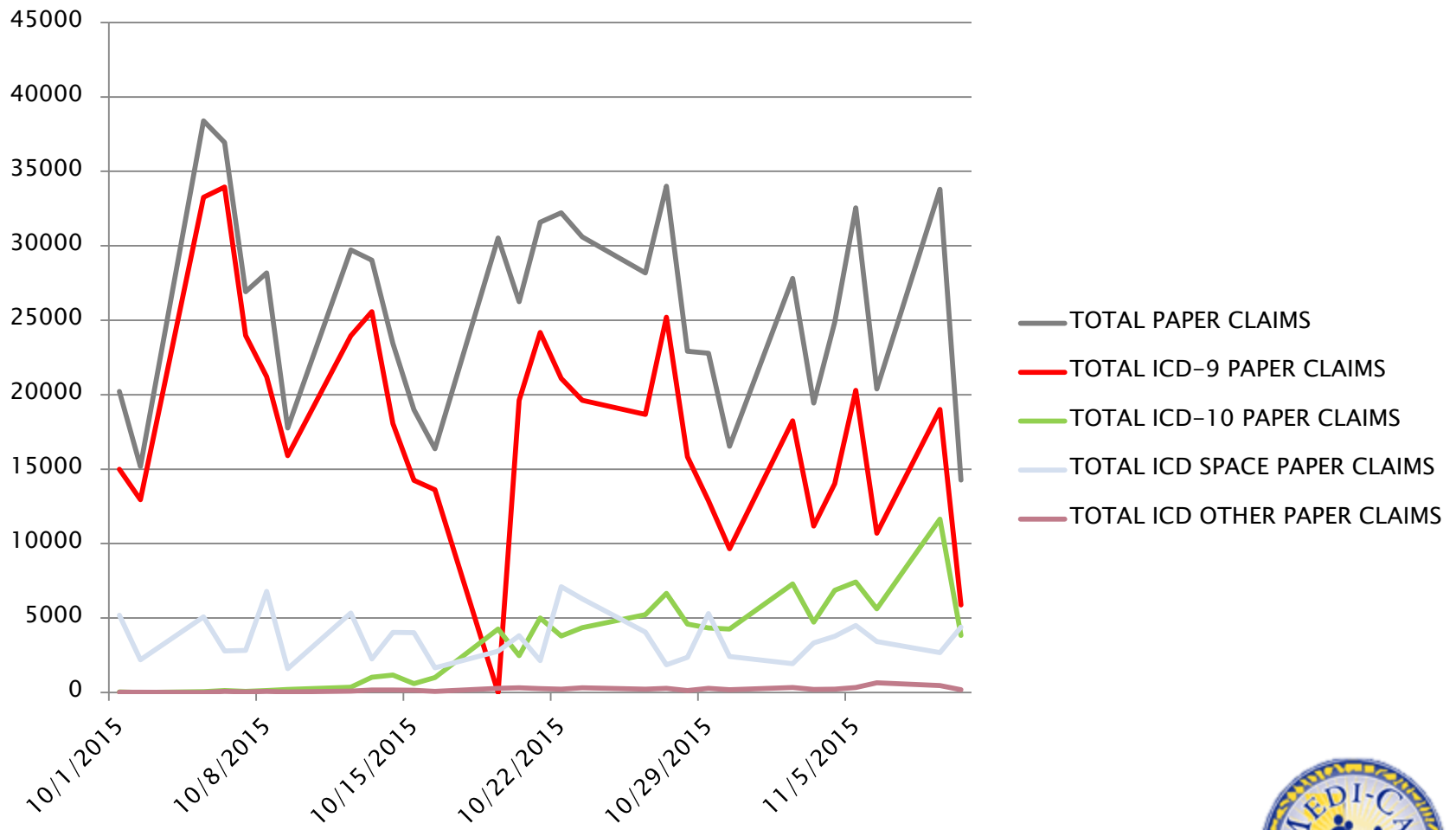
## Claims Processing Statistics



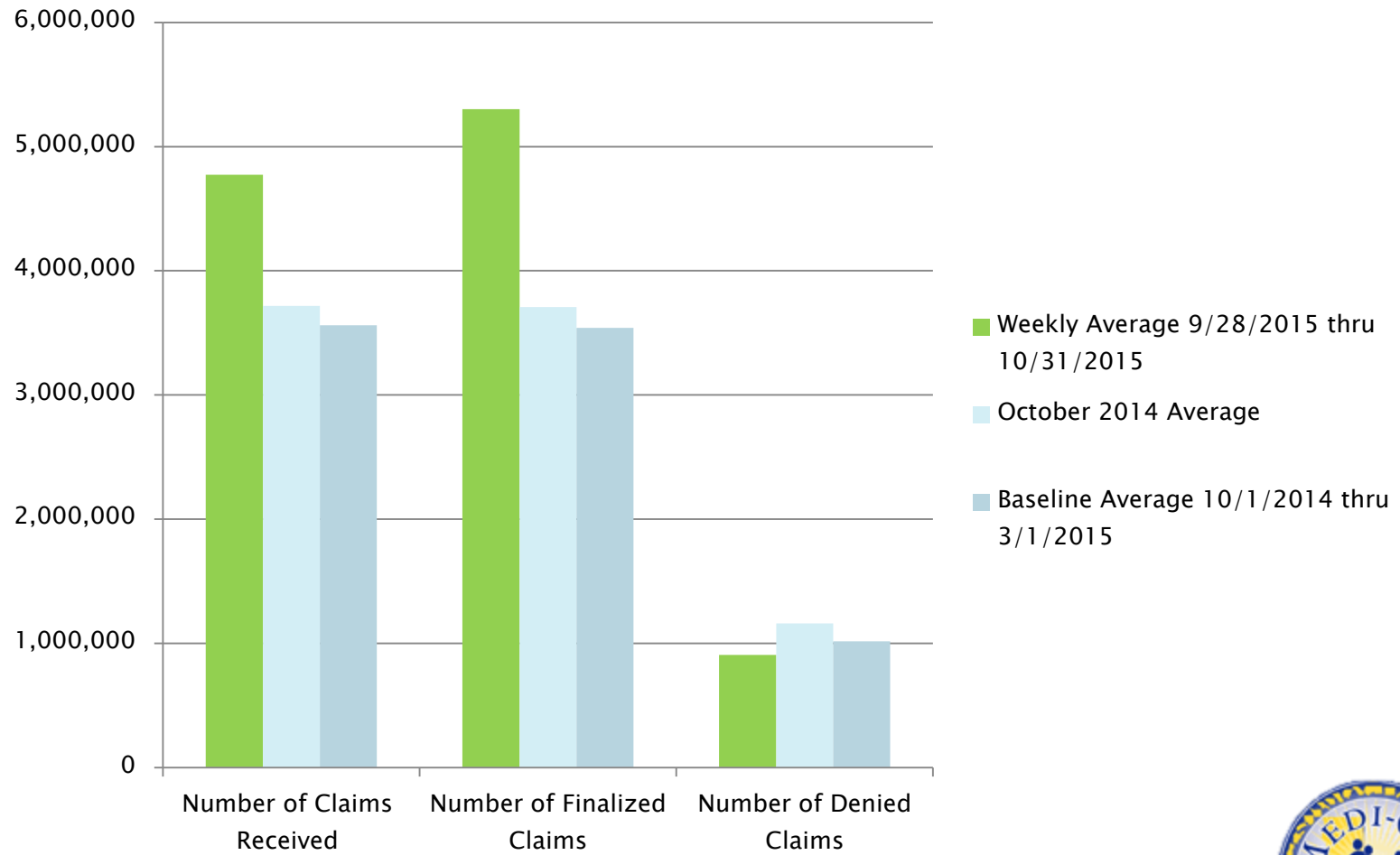
# ICD-10 Production Statistics - Electronic Submitted Claims



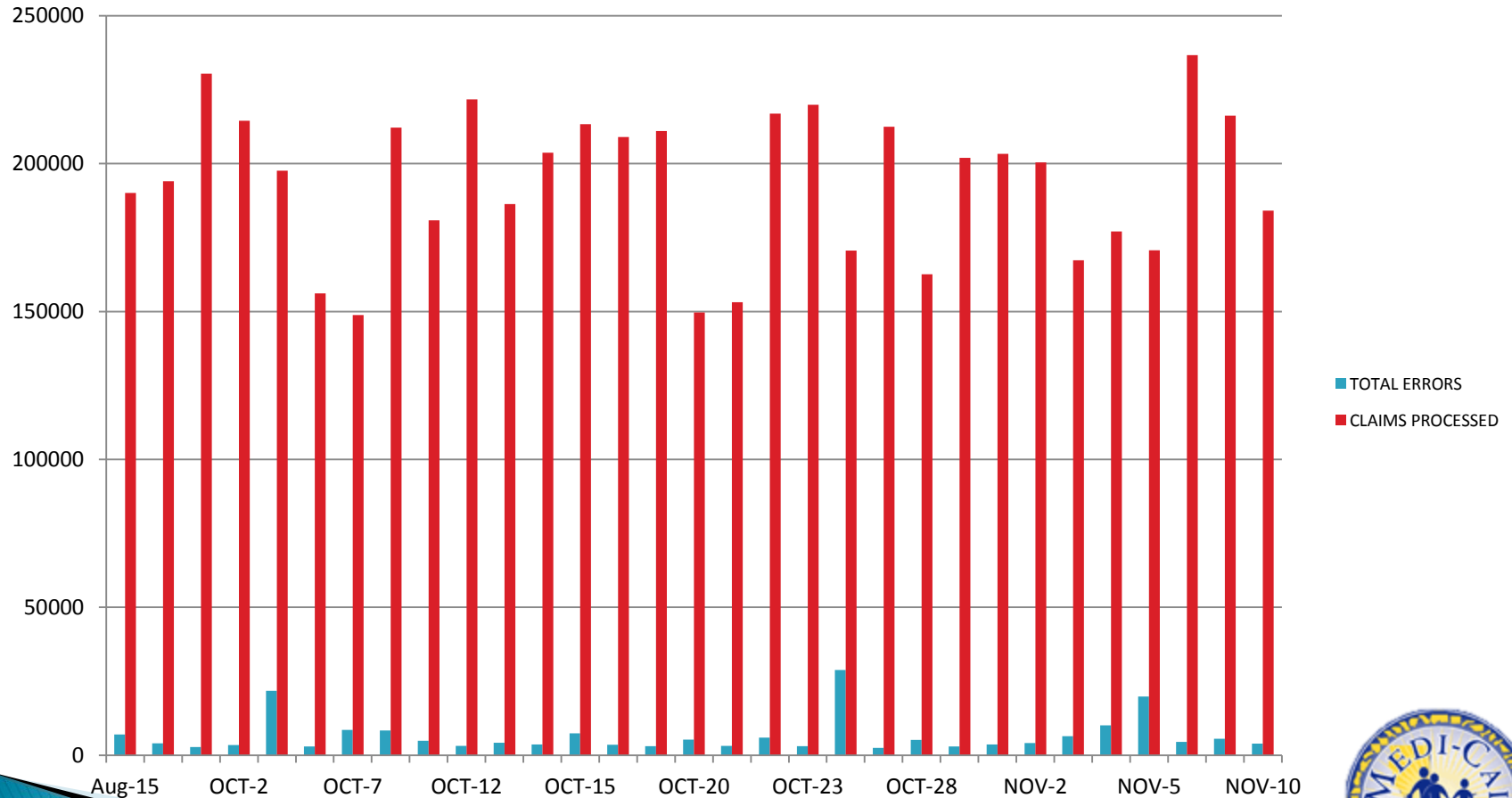
# ICD-10 Production Statistics - Paper Submitted Claims



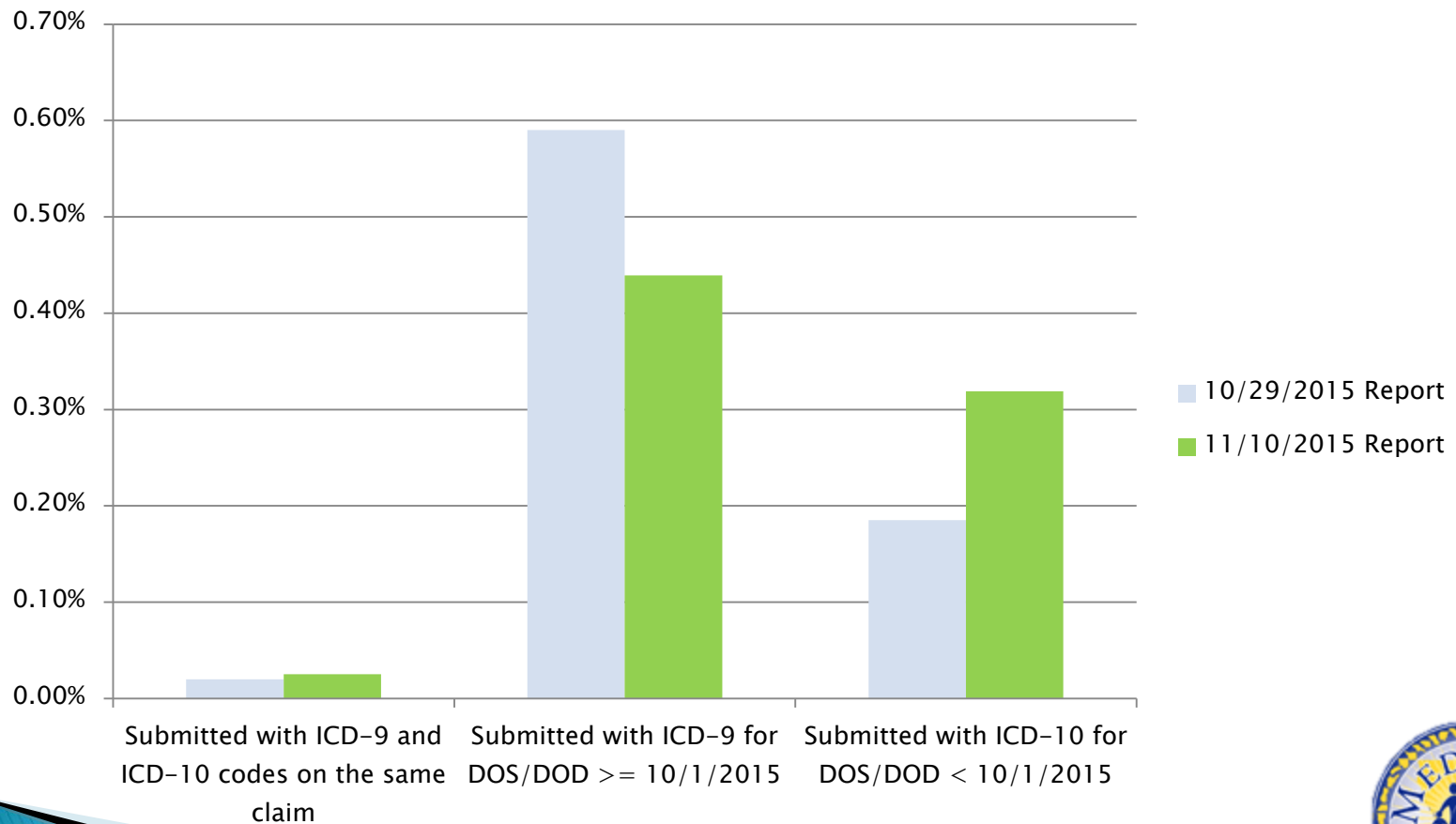
# ICD-10 Production Statistics - Received, Finalized, Denied



# ICD-10 Production Statistics – Electronic Claims



# ICD-10 Production Statistics - ICD-10 Compliance Rejections (CMC claims) - % of Total





# ICD-10 Stakeholder Council

## ICD-10 Transition



# Communications

- ▶ The project team is reaching out to providers that appear to be having difficulties based on daily and weekly metrics.
- ▶ Calls to the TSC for ICD-10 have not increased (< 3 per day).
- ▶ Emails to the Medi-Cal ICD-10 mailbox have not increased in rate.



# NewsFlash / ICD-10 Article Updates

- ▶ We have posted the following updates to the Medi-Cal website

## Articles

- ⇒ ICD-10: FAQs Update
- ⇒ ICD-10-CM Diagnosis Code Updates for Every Woman Counts Program
- ⇒ Family PACT Claims with Diagnosis Code Z30.9 are Being Erroneously Denied



# NewsFlash / ICD-10 Article Updates

## ICD-10: FAQs Update

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November 3, 2015

The [ICD-10: FAQs](#) have been updated to clarify when and what type of ICD indicator providers should use when submitting claims. These updates are reflected on question 21.

The updated ICD-10 FAQs can be found on the [ICD-10](#) page of the Medi-Cal website.

**21. Medi-Cal is proceeding with system changes to prepare for ICD-10. As a submitter, what changes can I expect prior to October 1, 2015?**

Effective September 22, 2014, all claims submitted on the *CMS-1500*, *UB-04*, 25-1, 30-1, and 30-4 will require the entry of an ICD Code indicator on the claim form specifying the submission of ICD-9 or ICD-10 with the exception of the Confidential Screening/Billing Report (PM 160) claim form, which will not include an indicator. Submitters are expected to provide ICD-9 codes and use the ICD-9 indicator on claims until the transition to ICD-10 on October 1, 2015.

A "0" will indicate the claim was submitted with ICD-10 codes. A "9" will indicate ICD-9 codes.

Also effective September 22, 2014, all electronic TARs (eTAR) forms will require the inclusion of the ICD code indicator and ICD code. Paper TARs submitted on 18-1, 18-2, 18-3, 20-1, 50-1, 50-2, and 50-3 will require an ICD code on the submission. A diagnosis description in lieu of the diagnosis code will no longer be accepted on eTAR or paper TAR submissions.



# NewsFlash / ICD-10 Article Updates

## ICD-10-CM Diagnosis Code Updates for Every Woman Counts Program

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November 2, 2015

Effective for dates of service on or after October 1, 2015, ICD-10-CM diagnosis codes have been updated for Every Woman Counts (EWC) program. Providers must have an appropriate ICD-10-CM diagnosis code (s) specified as the first or second diagnosis code on the claim to be eligible for reimbursement.

The following ICD-10-CM diagnosis codes have been **added** for breast cancer diagnoses:

|         |                 |
|---------|-----------------|
| C50.019 | D05.02          |
| C50.111 | D05.10 – D05.12 |
| C50.112 | D05.80          |
| C50.119 | D05.81          |
| C50.211 | D18.01          |
| C50.212 |                 |

The following ICD-10-CM diagnosis codes have been **removed** for cervical and breast cancer screenings:

|         |        |        |
|---------|--------|--------|
| C43.59  | D03.59 | R68.89 |
| C44.509 | D22.9  | Z04.9  |
| C44.519 | D23.9  | Z08    |
| C44.529 | N92.6  | Z71.89 |
| C44.599 | P04.8  |        |

Updated provider manual pages will be released in a future *Medi-Cal Update*.



# Resolutions – FPACT with Z30.9

## Family PACT Claims with Diagnosis Code Z30.9 are Being Erroneously Denied

October 30, 2015

The Department of Health Care Services (DHCS) has identified an issue where Family Planning, Access, Care and Treatment (Family PACT) Program claims are being erroneously denied with the following procedure codes when billed with ICD-10-CM diagnosis code Z30.9 (encounter for contraceptive management, unspecified):

### CPT-4 Codes

99201 – 99203

99211 – 99214

99401 – 99403

### HCPCS Codes

A4267

A4269

S5199

S9445

S9446

These claims are being denied with Remittance Advice Details (RAD) code **0169: This service is not payable when billed with this diagnosis**. DHCS is correcting this issue and will alert providers when the issue is resolved.

Providers should continue to submit claims in a timely manner. Affected claims will be reprocessed via an Erroneous Payment Correction (EPC). Providers are encouraged to check the Medi-Cal website regularly for updates regarding this issue.



## Resolutions – FPACT with Z30.9

- ▶ October 28, 2015: System remediated with resolution
  - *Resolution achieved more rapidly than normal due to early identification, low impacted claim volume, and assignment of the ICD-10 team.*
- ▶ November 5, 2015: DHCS ran EPC to reprocess claims denied with Z30.9
  - 11,277 claims with Z30.9 submitted on or after October 1, 2015 have been reprocessed



## Resolutions – System

- ▶ Issue found with claims for CPT-4 87902: Genotype DNA/RNA HEP C
  - Claims with ICD-10-CM B17.10, B18.2, and B19.21 receive an error
  - Claims with ICD-9-CM 070.51, 070.54, and 070.10 receive an error
  - Resolved: 10-29-2015
- ▶ Issue found with claims for procedure 76805: OB US  $\geq$  14 WKS SNGL FETUS
  - Claims with Z36 receive an error
  - Resolved: 10-29-2015

*Note: We do not believe claims with these issues were denied. We are investigating to validate this is the case.*





## Upcoming Resolutions – System

- ▶ Issue found with claims for CPT-4 J7307 (non-FPACT)
  - Claims with ICD-10-CM Z30.018 receive error/denial
  - ETA: 11-30-2015
- ▶ Issue found with claims containing ICD-10-CM O09.522 and O09.523
  - Claims receive an error
  - ETA: 11-30-2015



# ICD-10 Stakeholder Council

## End-to-End Test Results



## DRG Result Exception – Correction

- ▶ Reported the following result
  - DRG claim exception
    - ICD-9 claim contained ICD-9-CM 276.7 Hyperpotassemia. There is no ICD-10 match for this diagnosis.
    - ICD-9 claim: DRG Code 444.3 / \$31,280.77
    - ICD-10 claim: DRG Code 444.2 / \$18,931.00
- ▶ Correction:
  - Hyperpotassemia (ICD-9: 276.7) is now Hyperkalemia (ICD-10: E87.5)
  - Test claim lacked the equivalent ICD-10, Hyperkalemia, resulting in the DRG code and payment variance.



# ICD-10 Stakeholder Council

## Provider Concerns/Barriers



# ICD-10 Stakeholder Council

## Upcoming Schedule



# Stakeholder Council Schedule

- ▶ Meetings

- December 3, 2015 (assess schedule frequency)



# ICD-10 Stakeholder Council

**Thank you  
for your participation!**

TSC phone number: 1-800-541-5555  
ICD-10 Mailbox: [ICD-10Medi-Cal@xerox.com](mailto:ICD-10Medi-Cal@xerox.com)

