

Virginia Medicaid Web Portal
ICD-10 Information and Frequently Asked Questions
Table of Contents

ICD-10 General Information
ICD-10 Information for Service Authorizations
ICD-10 Information for Claims Direct Data Entry (DDE)
ICD-10 Information for APR-DRG and EAPG
ICD-10 Training and Communications

ICD-10 General Information

Q: Is the Virginia Department of Medical Assistance Services (DMAS) ready to meet the ICD-10 compliance deadline of 10/01/2015?

A: Yes. On 10/01/2015 DMAS started accepting claims with ICD-10 diagnosis and procedure codes.

Q: Can ICD-9 and ICD-10 codes be billed on the same claim?

A: No. Claims must be coded with either ICD-9 or ICD-10 codes but not with both.

Q: What can I do if my system is not ready to submit ICD-10 codes to Virginia Medicaid?

A: Until your system is ready to submit ICD-10 codes, you can use the Claims Direct Data Entry system on the Virginia Medicaid Web Portal to enter your claims. ***Important Reminder:*** DMAS will not be issuing advance payments due to lack of provider readiness.

Q: How should services that span the ICD-10 compliance date be billed?

A: Some services that span the ICD-10 compliance date will need to be split billed as ICD-9 prior to the compliance date and ICD-10 on or after the compliance date.

DMAS ICD-10 edits that enforce correct coding related to services that span the compliance date are based on the CMS rules found in the Medicare Learning Network (MLN) article SE1408:

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1408.pdf

Q: If CMS ICD-10 split billing rules are not followed, will my claim hit an edit?

A: Yes, Edit 1700; "Service Dates Cannot Span ICD-10 Compliance Date" will be triggered if the claim spans the compliance date incorrectly.

Q: Are there any Virginia specific exceptions to the split billing rule?

A: Yes there is one exception. For Outpatient Claims with emergency room and observation services (Bill Type 0131) that span 9/30/15-10/01/15 dates of service, DMAS is requiring providers to keep those charges on one claim and bill with the ICD-9 diagnosis code(s) using 9/30/2015 to 9/30/2015 for the dates of service. These claims will suspend for review and be adjudicated by DMAS.

Q: Will DMAS accept Outpatient Bill Types 132 and 134?

A: No, DMAS will continue to accept only Bill Type 131 on Outpatient Claims.

Q: Will I need to change my procedure codes for ICD-10 billing?

A: That depends. If you bill:

- **CMS-1500** (Professional) the answer is no. You will continue to bill with your current CPT and/or HCPCS codes.
- **UB-04** (Institutional) for inpatient surgical procedures, the answer is yes. You must use the appropriate ICD-10 procedure codes for dates of discharge on or after 10/01/2015.
- **UB-04** (Institutional) for outpatient procedures, the answer is no. Continue to use the current CPT and/or HCPCS code for each revenue code line item.

Q: Who can I contact if I have a general or business question about the Virginia Medicaid ICD-10 project?

A: Contact the Virginia Medicaid Provider HelpLine at 800-552-8627. Please have your NPI or API number when you call the Provider Helpline.

Q: Where can I get more information about the ICD-10 changes?

A: CMS has published the **Road to 10** on the CMS website. We recommend this as a reliable and comprehensive resource for providers to get more information about ICD-10:
www.roadto10.org/quick-references/

ICD-10 Information for Service Authorizations

Q: We have approved authorizations prior to 10/01/2015 using ICD9. The authorizations are good for the delivery dates of 10/01/2015 and beyond. Will we need to request a new authorization using an ICD10 diagnosis?

A: Your service authorization will still be good with the original ICD-9 diagnosis code on it through the end date. For new authorizations with start dates on or after 10/01/2015, you will need to request it with an ICD-10 diagnosis code. For more information, please visit the DMAS KePro website:
<http://dmas.kepro.com/>

ICD-10 Information for Claims Direct Data Entry (DDE)

Q: I use Claims Direct Data Entry (DDE) on the Virginia Medicaid Web Portal to enter my claims. Will I need to do anything differently for ICD-10?

A: Yes, if you currently use templates to submit claims, you will need to update the diagnosis to a valid ICD-10 code before you use the template to submit claims for dates of service on or after 10/01/2015.

Q: What do I need to put in the diagnosis indicator field?

A: If you are entering an ICD-10 claim, enter a zero in the indicator field. If you are entering an ICD-9 claim, enter a 9 in the indicator field.

Q: How can I get more information about using the Claims Direct Data Entry screens for ICD-10?

A: Very few changes were made to the Direct Data Entry Screens for ICD-10 and the User Guide has been updated.

ICD-10 Information for APR-DRG and EAPG

Q: The 835 electronic remittance advice does not contain the Severity of Illness (SOI). How do I identify the SOI value for APR-DRG assigned to inpatient hospital claims?

A: Storing the SOI value on the 835 remittance is not HIPAA compliant. Providers must review the paper remittance to identify SOI.

Q: What version of the 3M APR-DRG grouper will be effective for discharges on or after 10/01/2015?

A: The APR-DRG version will remain version 31.0. The APR-DRG weights and rate parameters effective will be the same as the weights and rate parameters effective July 1, 2015. The weights and rate parameters are available on the DMAS website www.dmas.virginia.gov under Provider Services, Rate Setting Information, Hospital Rates.

Q: What version of the 3M EAPG software will be effective for dates of service on or after 10/01/2015?

A: The EAPG version, weights, and base rates will be the same as the version, weights and base rates effective July 1, 2015. The weights and rate parameters are available on the DMAS website www.dmas.virginia.gov under Provider Services, Rate Setting Information, Outpatient Facilities, Outpatient Hospital EAPG.

ICD-10 Training and Communications

Q: Will DMAS be providing ICD-10 training for providers?

A: DMAS has always conducted monthly workgroup calls with its provider community, typically occurring on the first Wednesday of each month. The provider workgroup call encompasses discussion of Medicaid Memos and other important changes. Recently, the focus of the provider workgroup call has been ICD-10. If you would like to participate, send a message to the ICD-10 mailbox at ICD10Project@dmas.virginia.gov asking to be included.

Q: How will DMAS keep providers informed about the Virginia Medicaid ICD-10 changes?

A: DMAS issued a Medicaid Memo to Fee for Service providers dated August 25, 2015 that can be used as a resource. DMAS will continue to post updates to the ICD-10 FAQs and will post important ICD-10 Web Announcements on the Virginia Medicaid Web Portal. Also, please continue to review your Remittance Advices for any ICD-10 messages that pertain directly to your provider class type.

Q: Will the provider billing manuals be updated for ICD-10 changes?

A: Yes. Updates to the provider billing manuals have already been published on the Virginia Medicaid Web Portal.