

Provider Alert

MedStar Family Choice is in the process of making changes that will impact your practice or facility. Please see below for details.

ICD-10 Update

- MedStar is updating its claim processing system to comply with ICD-10 implementation, as established by The Centers of Medicare and Medicaid (CMS). Moving forward, we will more accurately be able to reflect current technology and treatment codes available. ICD-10-PCS will replace Volume III of ICD-9-CM.
- For Electronic Billing/Electronic Medical Record
 - Check with your practice management software vendor to verify billing software can handle the ICD-10-CM upgrade.
 - Check for incorrect ICD-9-CM codes in the EMR that can potentially carry over as an incorrect code in ICD-10-CM.
 - Check with your practice management vendor to verify that claims can allow for more than just four diagnoses.
- Claims will not be accepted with both ICD-9 and ICD-10 codes listed together on a single claim. Providers must bill using ICD-10 coding for dates of service on or after October 1st. ICD-9 will be accepted, until the end of the timely filing deadline for dates of service prior. Otherwise, only ICD-10 codes will be accepted.
- For more information on ICD-10, please check out the CMS website: www.cms.gov/ICD10/.
- **Effective Date:** There are a few effective dates, based on authorizations and claim submission processes.
 - **Authorizations:** Starting September 21st, providers may obtain authorizations based on ICD-10 codes.
 - **Hospital Inpatient** claims should be submitted using ICD-10 codes with dates of service with a discharge date on or after October 1st, 2015. ICD-9 codes should be billed for dates of service ending prior to October 1st until the timely filing deadline ends on March 31, 2016.
- **Hospital Outpatient** claims should be submitted with ICD-10 codes with dates of service on or after October 1st, 2015. ICD-9 codes should be billed for visits ending prior to October 1st until the timely filing deadline ends on March 31, 2016. For additional information regarding ER, outpatient surgery or observation, please see attached FAQs.
- **All Products:** Maryland HealthChoice, District of Columbia Healthy Families, District of Columbia Healthcare Alliance, Medicare Choice and MedStar Select plans.

ICD-10 PROVIDER FAQ

1. Will the Health Plan be ready to accept and process claims containing ICD-10s on October 1, 2015?

Yes.

2. On inpatient claims that span the October 1, 2015 ICD-10 conversion date, will the change to ICD-10 be applied via admit or discharge date?

“Discharge date”. The Health Plan will require that the entire claim be billed with a DRG, if the hospital is not located within the state of Maryland. For those with a discharge date on or after 10/01/15, those claims should have an ICD-10 code.

In situations where interim billing is utilized, the bill should be split as of September 30, 2015 and the September charges should be billed with the appropriate ICD-9 codes and the October charges should be billed with the appropriate ICD-10 codes.

3. On outpatient claims that span the October 1, 2015 ICD-10 conversion date, will the change to ICD-10 be based on Procedure Date, Bill From Date, or Bill Through Date?

The “Bill Through Date”. For all Outpatient Claims that span beyond 9/30/15, the Health Plan will require a single claim to be billed with ICD-10 codes. This includes claims with single episodes of care that result in dates of service which carry over from September 30th to October 1st; for example emergency room, observation and surgical cases.

4. If the Health Plan has issued prior authorizations, referrals, made medical necessity determinations or other administrative documentation using ICD-9s and the patient presents at or discharges from the facility after October 1, 2015, will the prior authorizations, referrals, medical necessity determinations or other administrative documentation using ICD-9s remain valid?

Yes, they will remain valid. Note that new authorizations will NOT need to be obtained for services after 10/1/15 if the initial authorization was issued with an ICD-9 diagnosis code.

5. When will the Health Plan begin issuing authorizations for services on or after October 1, 2015 using ICD-10 diagnosis codes?

Starting on 9/21/2015 (and potentially earlier), authorizations can be requested for services occurring 10/1/15 or after using ICD-10 codes.

6. Will the Health Plan accept ICD-10 authorizations prior to 10/1/15 for stays that start prior to 10/1/15 and discharge after 10/1/15?

Yes. Starting on 9/21/2015, authorizations can be requested for services occurring 10/1/15 or after using ICD-10 codes. Should a date prior to 9/21/15 become possible, the Health Plan will communicate that date to providers.

7. On inpatient claims that span the October 1, 2015 conversion date, what will be the process for submitting interim bills where the patient is admitted prior to October 1, 2015 and discharged after the conversion date?

There are no changes to the billing process.

8. Will the Health Plan accept both ICD-9 and ICD-10 codes on a single claim?

No.

9. Will the Health Plan continue to accept ICD-9 codes after 10/1/15 for dates of service prior to 10/1/15?

Yes. ICD-9 codes will continue to be accepted for dates of service prior to 10/1/15 up until the timely filing requirement has been met.

10. Have the Health Plan's medical and pay policies been updated with ICD-10 codes?

Yes. The Health Plan has been reviewing and updating all medical and pay policies throughout 2015 to include ICD-10 codes. While the ICD-10 codes are not in effect until October 1, 2015, providers can see how ICD-10 codes will appear in the Health Plan policies and how they differ from the ICD-9 codes.

11. When processing claims as the secondary payer, when the primary payer requires a different billing process (e.g. the primary requires a split bill and you do not), then how will that claim be handled?

When MedStar is secondary, Health plan will process the claim in accordance with COB standards. Health plan will accept the claim and process, even if the billing process is different from the Primary payer's process.

12. Who should I contact if I have questions?

Questions related to specific claims should be directed to our Provider Service Teams:

For Maryland HealthChoice, District of Columbia Healthy Families and District of Columbia Healthcare Alliance: call 1-800-261-3371.

For Medicare Choice and MedStar Select call: 1-855-222-1042.

In the event that you have an issue that cannot be resolved by Provider Service you can reach out to the Provider Relations Department via email at:

msfcproviderrelations2@medstar.net or via phone in Maryland at : 1-800-905-1722 or Washington DC at 1-855-210-6203.