TRANSITION TO ICD-10 EFFECTIVE
OCTOBER 1, 2015

The following information should be noted immediately by your chief executive officer, chief medical officer, chief operating officer, chief financial officer, program director, quality management director, compliance officer, billing director, and staff.

The Centers for Medicare and Medicaid Services (CMS) has determined that the compliance date for health care providers, health plans, and health care clearinghouses for transition to ICD-10 is October 1, 2015. The Massachusetts Behavioral Health Partnership (MBHP)/Health New England Be Healthy (HNE BH) plans to be in full compliance with CMS for coding requirements as of October 1, 2015.

ICD-10 diagnosis coding can be found in the DSM-5 manual or the ICD-10-CM codebook.

The MBHP/HNE BH Benefit Service Grid, which can be accessed on the MBHP website at http://www.masspartnership.com/HNE/HNEProvManual.aspx, will be updated to show covered ICD-10 codes (see the column labeled “Dx Cov’d”). The updated ICD-10 Benefit Service Grid will be posted in mid-September.

The transition to ICD-10 is date-specific, with the following requirements for the authorization/IVR registration process and the claims billing process.

IVR Registration Process
The ICD coding to be used when requesting IVR registration of services is determined by the start date of the request.

All authorizations with a requested start date before October 1, 2015, should be entered into the IVR or ProviderConnect with ICD-9 coding. This is true even if the authorization request spans the transition date. For example, when registering an outpatient authorization on the IVR with a start date of September 28, 2015, you would input ICD-9 coding. You do not have to put in a separate authorization registration starting October 1, 2015.

All authorizations with a requested start date on or after October 1, 2015 should be entered into the IVR or ProviderConnect with ICD-10 coding. Authorization requests entered with ICD-9 coding with start dates on or after October 1 will deny for a non-valid diagnosis.

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Claims Billing Process
The ICD coding to be used when billing claims is determined by the date-of-service on the claim. For dates-of-service before October 1, 2015, claims should be billed with ICD-9 coding. For dates-of-service on or after October 1, 2015, claims should be billed with ICD-10 coding.

Any claims with dates-of-service on or after October 1, 2015, billed with ICD-9 coding will deny for a non-valid diagnosis.

Claims Date-Range Billing Process
For all services where date-range billing is permitted as indicated on the Benefit Service Grid, date-range billing is not allowed to span across the October 1, 2015 transition date.

If submitting for a range of dates, claims will need to be separated between the ICD-10 transition date. For example, an inpatient claim with dates-of-service from September 25, 2015 through October 10, 2015, should be billed as two separate claims: one claim from September 25 – September 30 with ICD-9 coding; and one claim from October 1 – October 10 with ICD-10 coding.

Resources
Please check the MBHP/HNE BH website, www.masspartnership.com, for resources and updates on the transition to ICD-10. An ICD-10 Frequently Asked Questions (FAQ) document that addresses common questions will also be available on our website soon.

For providers who submit claims electronically via Electronic Data Interchange (EDI) and who would like to test an ICD-10 submission, please contact the EDI Help Desk by phone at 1-888-247-9311 or by email at e-supportservices@valueoptions.com.

MBHP/HNE BH is committed to helping our providers make the transition to ICD-10 in an effective manner and will work with providers to resolve any issues.

If you have questions regarding this Alert, please contact our Community Relations Department at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then 3 then 1 to skip prompts), Monday through Thursday, 8:00 a.m. to 5:00 p.m., and on Fridays from 9:30 a.m. to 5:00 p.m.