FAQs from Providers Regarding the Transition to ICD-10

Q. Will MBHP issue a crosswalk between the current ICD-9 codes that are covered to the new ICD-10 codes?

A. Since only around 5 percent of ICD-9 codes directly crosswalk to a new ICD-10 code, MBHP will not issue a crosswalk.

Q. Will MBHP issue a list of what ICD-10 codes are covered?

A. The MBHP ICD-10 Benefit Service Grid, which is available to in-network providers through the MBHP website, lists the range of ICD-10-CM codes that are covered by MBHP in the tab titled “ICD-10 Ranges Covered.” There are also two additional tabs labeled “Diag Codes for Claims” and “Diag Codes for IVR Registration.” The “Diag Codes for Claims” lists all of the ICD-10 codes that are covered by MBHP. If a provider still has a question about a diagnosis code after referring to these resources, he or she is encouraged to call the 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.

Q. Why does MBHP have two different lists of ICD-10 codes on the ICD-10 Benefit Service Grid, one called “Diag Codes for Claims” and one called “Diag Codes for IVR Registration”? 

A. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), published by the American Psychiatric Association, is the authoritative guide to the diagnosis of mental disorders. MBHP uses DSM-5 diagnostic criteria in the IVR Registration and authorization request process. So only ICD-10 codes that directly correspond to a DSM-5 diagnosis as indicated in the manual can be used when registering services on the IVR or requesting an authorization. The ICD-10/DSM-5 codes that can be used to register a service on the IVR or request an authorization are found in the “Diag Codes for IVR Registration” tab on the ICD-10 Benefit Service Grid.

Due to HIPAA requirements, the list of ICD-10 codes that are acceptable to submit on a claim is more extensive. The ICD-10 codes that can be submitted on a claim are found in the “Diag Codes for Claims” tab on the ICD-10 Benefit Service Grid.

The code used to register a service on the IVR needs to be in the same family of codes that are submitted on claims for the service. Providers are encouraged to use specific and detailed coding when submitting claims.

Q. Will MBHP reimburse for services when a diagnosis of “…unspecified” is utilized?

A. Yes, MBHP reimburses for many mental health and substance use disorder diagnoses that are “unspecified.” Please see the ICD-10 Benefit Service Grid for details.
Q. For services where there is no immediate diagnosis, such as Psychological Testing, Intensive Care Coordination for Children’s Behavioral Health Initiative (CBHI) services, and others, what ICD-10 codes are acceptable?
A. Providers may enter a provisional diagnosis code (for example, a code reflective of the reason for testing in the case of Psychological Testing), or may consider using F99 – Mental disorder, not otherwise specified.

Q. How does this affect the IVR Registration and authorization process?
A. The ICD coding used in the IVR Registration and authorization process is dependent upon the start date of the request. For start dates before October 1, 2015, ICD-9 coding (or DSM-IV) must be utilized; for start dates on or after October 1, 2015, ICD-10 coding (or DSM-5) must be utilized. Please see Provider Alert #162 titled Transition to ICD-10 Effective October 1, 2015, which was released on August 28, 2015 for details.

Q. How does this affect the claims billing process?
A. The ICD coding used when submitting billing claims is dependent upon the date-of-service listed on the claim. For dates-of-service before October 1, 2015, ICD-9 coding must be utilized; for dates-of-service on or after October 1, 2015, ICD-10 coding must be utilized. Both DSM and ICD codes are used for diagnosis, but per HIPAA, ICD must be used for billing purposes. Please see Provider Alert #162 titled Transition to ICD-10 Effective October 1, 2015, which was released on August 28, 2015 for details.

Q. What about date-range billing through the October 1 transition date?
A. 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 transition date. Separate claims will need to be billed. Please see Provider Alert #162 titled Transition to ICD-10 Effective October 1, 2015, which was released on August 28, 2015 for details.

Q. What if a provider’s billing and other systems are not ready for ICD-10 by October 1, 2015? Are there any options?
A. The ICD-10 implementation is directed by the Centers of Medicare & Medicaid Services (CMS). MBHP must follow the ICD-10 mandate issued by CMS, which has established that the compliance date for ICD-10 implementation is October 1, 2015. If a provider’s billing and other systems are not going to be ICD-10 compliant on October 1, 2015, MBHP highly recommends that the provider develop a plan to be compliant as soon as possible. The provider should consider submitting claims on paper until any systems issues are resolved, since the regular 90-day timely filing limit still applies.

Q. Will the transition to ICD-10 have any impact on provider rates?
A. MBHP contracted provider rates are built on service billing codes, not diagnosis codes. Existing provider rates will not be impacted by the transition to ICD-10.
Q. Will there be any changes in MBHP’s payment practices due to ICD-10?

A. Per provider contracts and agreements, MBHP has 30 days to process a clean claim from the date of submission. However, MBHP processes and pays the majority of our claims within 10 days. MBHP does not anticipate any changes in payment practices due to ICD-10 and plans to continue to pay claims at such a quick rate with no interruption.