



Network Notification

Date: May 29, 2015

Number: 18

TO: All Well Sense Health Plan Providers

FROM: Well Sense Health Plan

SUBJECT: ICD-10 Submission Guidelines

PRODUCT: New Hampshire Medicaid New Hampshire Health Protection Program

Summary

As of October 1, 2015 Well Sense Health Plan will accept claims with ICD-10 coding. The following guidelines should be used for claims submissions:

ICD-10 General Claim Submission Information

- The following ICD-10 General Submission Guidelines align with the Center for Medicare & Medicaid Services (CMS)
- Providers must submit ICD-9 codes for Dates of Service (DOS) or discharge prior to October 1, 2015. Claims containing ICD-10 codes for services prior to October 1, 2015 will be denied**. Providers will be required to resubmit these claims with the appropriate ICD-9 code.

**** Exception: See section for specific billing guidelines on Inpatient Hospital and Other Bill Types Spanning Implementation Period**

- Providers must submit ICD-10 codes for DOS or discharge on or after October 1, 2015. Claims containing ICD-9 codes for DOS on or after October 1, 2015 will be denied. Providers will be required to resubmit these claims with the appropriate ICD-10 code.
- We will deny all claims that are billed with both ICD-9 and ICD-10 diagnosis codes on the same claim.
- We prefer ICD-10 codes comprising upper-case characters. Although we will accept ICD-10 codes comprising lower-case characters, we will deny any claim submitted with ICD-10 codes comprising a mix of both upper- and lower-case characters.

Claim Type & Reporting Guidelines

For Inpatient Hospital Admissions and Other Bill Types Spanning Implementation Period	
- Claim Spanning Implementation Date: If the hospital claim spans September 30 and October 1 and has ADMISSION and/or FROM dates prior to October 1, 2015, then the entire claim should be billed using ICD-10 codes .	
- Claim Does Not Span Implementation Date: If the hospital claim does not span both ICD-9 and ICD-10 billing period report as follows:	
<ul style="list-style-type: none"> > Claims where the FROM and THROUGH dates are prior to October 1 must be reported with ICD-9 code set. > Claims where the FROM and THROUGH dates are after October 1 must be reported with ICD-10 code set. 	
11X Inpatient Hospital	21X Skilled Nursing (Inpatient Part A)
18X Swing Beds	
For other Bill Types and Professional claims, providers must split the claim so all ICD-9 codes remain on one claim with DOS through September 30, 2015 and all ICD-10 codes are placed on the other claim with DOS beginning October 1, 2015 and later.	
12X Inpatient Hospital Part B	72X ESRD
13X Outpatient Hospital	74X OP Therapy
14X Non-patient Laboratory Services	75X Comprehensive Outpatient rehab facilities
22X Skilled Nursing Facilities (Inpatient Part B)	76X Community Mental Health Center
23X Skilled Nursing Facilities	77X FQHC (effective 4/4/2010)
32X Home Health (Inpatient Part B)	81X Hospice- hospital
32X Home Health – Request for Anticipated Payment (RAPs)	82X Hospice- non hospital
34X Home Health – (Outpatient)	85X Critical Access Hospital
71X Rural Health Clinics	Professional Claims
Other ICD-10 Billing Scenarios:	
Same day / 3-day Payment Window	
Since all outpatient services (with a few exceptions) are required to be bundled on the inpatient bill, if the inpatient hospital discharge is on or after October 1, 2015, the claim must be billed with ICD-10 codes.	
All Anesthesia Claims	
Anesthesia procedures that begin on September 30, 2015 but end on October 1, 2015 are to be billed with ICD-9 diagnosis codes; September 30, 2015 should be used as both the FROM and THROUGH dates.	
DMEPOS (DME, Prosthetics, Orthotics, Supplies)	
Billing for certain items or supplies may span the ICD-10 compliance date of October 1, 2015. In this scenario providers must split the claim so all ICD-9 codes remain on one claim with DOS through September 30, 2015 and all ICD-10 codes are placed on the other claim with DOS beginning October 1, 2015 and later.	

For ICD-10 guidelines, please reference our ICD-10 Submission Guidelines at wellsense.org/providers/claims/icd-10-information, and our reimbursement policy – General Billing and Coding Guidelines, policy number WS 4.17 – at wellsense.org/providers/claims/payment-policies.

Questions?

If you have any questions about this Network Notification, please contact Provider Relations at NHProviderinfo@wellsense.org, or call the provider line at 877-957-5300 (option 3), or you may call your Provider Relations Consultant. All Well Sense Health Plan Network Notifications are available online at WellSense.org.