Molina Healthcare Post ICD 10 FAQ

On March 31, 2014, the Senate voted to approve a bill to delay the implementation of ICD-10-CM/ PCS by at least one year. President Obama signed the bill into law on April 1, 2014, officially shifting the deadline for ICD-10 compliance from October 1, 2014 to no earlier than October 1, 2015.

Will Molina Healthcare meet the compliance date and be capable of accepting transactions containing ICD-10-CM/ICD-10-PCS codes and/or ICD-10 based Diagnosis Related Groups (DRGs)?

Yes, as of the transition date, Molina Healthcare is accepting transactions containing ICD-10 CM and PCS codes, as well as ICD-10 based DRGs.

Does Molina Healthcare conduct testing with providers?

Molina Healthcare has now concluded testing with providers.

What is Molina Healthcare's approach to ICD-10 code conversion?

Molina Healthcare used GEMs (General Equivalency Mappings), as well as other coding methodologies, as a guide to assist in understanding and translating ICD-9 codes to ICD-10. Molina Healthcare has remediated all core systems impacted by ICD-10 natively (coding to documented business requirements) and does not intend to crosswalk ICD-9 codes to ICD-10 codes.

Will Molina be offering the same accommodations as CMS for physicians and other providers?

Molina Healthcare will not have an Ombudsman program for ICD-10 or use advance payments as a mechanism to support providers who are not ICD-10 compliant.

Does Molina Healthcare support dual processing of ICD-9 and ICD-10 codes?

Molina Healthcare will process claims in accordance with CMS guidelines. Claims with incorrect ICD coding will be rejected back to the submitter with a remittance advice.

For dates of service prior to October 1, 2015, submit claims with the appropriate ICD-9 diagnosis code. For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 diagnosis code. For outpatient services that span the implementation date, the claim must be split and date-appropriate coding used. In general, inpatient claims should use the appropriate code set based on the date of discharge. For more detailed information, including rules for SNF, Hospice and other services, please review this CMS article:

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE1408.pdf

Can you provide a list of claim edits submitted to your clearinghouse that relate to ICD-10?
Molina Healthcare has made arrangements with our clearinghouse, Emdeon, to not apply any ICD-10 edits. We will make the ultimate determinations and communicate edits via the remittance advice.

Will Molina Healthcare require claims to be coded to ICD-10 even if a supplier is not covered under the HIPAA mandate?

Yes. Molina Healthcare's core processing systems will require ICD-10 codes for dates of service on or after the implementation date.

What level of ICD-10 code specificity is required for LTSS claims to pay?

Molina Healthcare requires all claims to be submitted with valid (sometimes referred to as "billable") diagnosis codes. Providers should always bill the level of specificity appropriate for the services rendered.

ICD-10-CM is composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth, fifth, sixth or seventh characters to provide greater specificity. A three-character code is to be used only if it is not further subdivided. To be valid, a code must be coded to the full number of characters required for that code, including the 7th character, if applicable. For example, E10 (Type 1 diabetes mellitus), is a category title that includes a number of specific ICD-10-CM codes for type 1 diabetes. Examples of valid codes within category E10 include E10.21 (Type 1 diabetes mellitus with diabetic nephropathy) which contains five characters and code E10.9 (Type 1 diabetes mellitus without complications) which contains four characters.

A complete list of the 2016 ICD-10-CM valid codes and code titles is posted on the CMS website at http://www.cms.gov/Medicare/Coding/ICD-10/2016-ICD-10-CM-and-GEMs.html . The codes are listed in tabular order (the order found in the ICD-10-CM code book). This list should assist providers who are unsure as to whether additional characters are needed, such as the addition of a 7th character, in order to arrive at a valid code.

Will non-specified codes be allowed for claims starting 10/1?

Molina Healthcare's system will accept any valid ICD-10 code for dates of service/discharge on or after 10/1/15. Claims must be billed using the appropriate code set based on the date of service. Providers should always bill using the most specific code possible. Molina Healthcare will not deny claims based on code specificity, but providers may be required to perform additional follow up during downstream processes, such as HEDIS medical record review and reporting.

As a provider who submits claims, if I am unable to electronically submit ICD10 coded claims, do you have an alternative submission method?

Yes, WebConnect is a free on-line claims submission program through our clearinghouse, Emdeon. Features include; secure, personalized web portal for submitting providers; automated electronic batch claim submission and real-time patient eligibility, benefit verification and claim inquiry.

Fast implementation with real-time provider enrollment offers immediate electronic capability and flexible programming. To enroll, visit https://office.emdeon.com/vendorfiles/molina.html

Can I re-submit a claim with corrected coding? How will timely filing rules apply?

Providers can re-submit claims to correct ICD coding errors following the usual Molina Healthcare resubmission process. Your remittance advice from the initial submission is usable as proof of timely filing.

What will the reconsideration process be for ICD-9-based claims during the transition period?

Molina Healthcare will follow the date of service of the claim; if it was originally filed with ICD-9 coding and the date of service was prior to the ICD-10 compliance deadline, we will continue to accept that claim through the appeal process with ICD-9 coding. Providers should follow the usual Molina Healthcare process to request reconsideration; the request process has not changed.

In anticipation that some health plans may not be ICD-10 ready by Oct 1, 2015, the processing of crossover/secondary claims will be problematic. For each of the scenarios outlined below, will you adjudicate the claim, will you deny that claim, or will take some other action?

Scenario 1: Molina Healthcare receives a crossover or secondary claim from a health plan that is not ICD-10 ready (it is coded in ICD9). How will you process it?
To remain HIPAA compliant, Molina Healthcare cannot accept ICD9 codes with dates of service after 9/30/15. Claims billed with the inappropriate code set will be rejected as invalid.

Scenario 2: Molina Healthcare will send a crossover claim to a health plan that is not ICD-10 ready. In what ICD version will you send it? To remain HIPAA compliant, Molina Healthcare cannot accept ICD9 codes with dates of service after 9/30/15. Claims billed with the inappropriate code set will be denied as invalid. Molina Healthcare does not alter data in the claims received. Molina Healthcare must remain HIPAA compliant and will only accept and process the appropriate code set based on the date of service/discharge.

How will MMP claims be handled?

For MMP claims, Molina Healthcare requires a single claim since we process both the Medicare and the Medicaid benefit. The submission guidelines still apply as far as billing with the appropriate ICD code based on the date of service/discharge.

Will DRG groupers continue to be based on ICD-9 codes after the adoption of ICD-10 or will the grouper determine the DRG based upon ICD-10 codes?

Molina Healthcare will adhere to the applicable State regulatory agency's DRG grouper and adjudicate claims accordingly based on date of service.

For claims submitted with codes from Chapter 19 of ICD-10-CM, "Injury, Poisoning and Certain Other Consequences of External Causes Diagnosis Codes", will you require a new and/or an increased level of specificity when reporting External Cause of Injury?

Our requirements for E-codes will not change with ICD-10 implementation. Currently we require hospitals to use E-codes to clarify circumstances for emergency room visits and also to enter up to three E-codes if an injury, poisoning or adverse effect is the cause for seeking medical treatment or occurred during the medical treatment. We do not require E-code use for professional claims

Will Molina Healthcare renegotiate provider contracts to replace ICD-9 codes with ICD-10 codes? If so, when will the renegotiation process occur?

Molina Healthcare has reviewed each contract individually and implemented a strategy that meets the specific needs of each contractual relationship. Providers with contracts containing specific ICD-9 codes or other impacted language have been contacted for renegotiation. If you have questions about your provider contract, please contact your Molina Provider Contracting representative.

All provider contracts have also been amended to add verbiage regarding compliance with the CMS mandate and standard HIPAA file format transactions. Where applicable, those changes are now housed in the Molina Healthcare Provider Manual and, as such, become incorporated into your contractual agreement with Molina Healthcare.

As a provider, what can I do if I experience an unexpected change in claims reimbursement as of the implementation date?

If you are experiencing reimbursement issues, contact your Provider Services Representative for assistance.

Have Molina Healthcare's policies and guidelines for requesting pre-authorizations changed with the implementation of ICD-10?

No, and we do not anticipate changing our pre-authorization policies. We will continue to use third-party systems to validate that services are necessary and appropriate for a given diagnosis.

Will you require ICD-10 PCS codes on authorization requests for Outpatient claims (outpatient surgery)?

No. Molina Healthcare uses CPT and HCPCS codes to identify and authorize services, procedures or medical supplies requested. PCS codes are never required.

Will providers have to request new authorizations coded to ICD-10 where the service dates of the current authorization cross the mandated compliance deadline?

Providers will not have to request new authorizations coded to ICD-10 where the service dates of the current authorization cross the mandated compliance deadline. Authorizations are evaluated based on submission date. Molina Healthcare began allowing ICD-10 codes on authorization requests submitted between 8/5/2015 and 9/30/2015, inclusive. As of Oct 1, 2015 all new authorization requests must be submitted with ICD-10 coding.

What if the code on the authorization does not match the claim?

Molina Healthcare does not use the diagnosis code to match an authorization to a claim.

Will Molina Healthcare offer ICD-10 training to providers?

Molina Healthcare strives to make this transition as seamless as possible for our provider community. Although Molina Healthcare will not be providing training or training materials to external providers on ICD-10 specifically; we will keep you informed of any changes to our policies or processes via our website and provider manuals.

Molina Healthcare has and will continue to provide training to internal employees in order to continue providing the best quality experience for our members and provider partners before and after ICD-10 implementation.

How do you keep your providers informed of your ICD-10 changes? Do you have an ICD-10 communication forum that we can participate in?

Molina Healthcare provides information via existing communication vehicles such as provider manuals and newsletters, Molina Healthcare's website, as well as provider service representatives' on-site visits, and will communicate as frequently as necessary to keep open channels of communication. We will publish key updates on our website:

http://www.molinahealthcare.com/providers/common/medicaid/hipaa/Pages/codesets.aspx

During the transition period from ICD-9 to ICD-10, to what extent, if any, do you expect timeframes to change for provider hold times on the phone and/or for other follow-up processes with providers?

Molina Healthcare expects to maintain the same timeliness standards as we do today. We have evaluated all processes and impacts to our anticipated response times and have put the necessary steps in place to mitigate any impacts related to the ICD-10 transition.

Does Molina Healthcare expect delays in payment during the transition from ICD-9 to ICD-10?

Although Molina Healthcare strives for minimal disruption in operations, we acknowledge that with any change as broad as ICD-10 there is a potential for an increase in processing time and a higher volume of inquiries during the transition. Molina Healthcare will leverage proven techniques to effectively manage increased workload in any area requiring it.

What are your support plans over the transition period? Will there be a designated contact person?
Molina Healthcare's ICD-10 implementation team will meet daily pre- and post-implementation to review and triage any issues that arise. Providers should continue utilizing their current outreach mechanisms, including contacting their assigned Provider Services Representative, if they encounter any issues. **You can reach your Provider Services Representative at 1-855-322-4080 or by emailing MHTXproviderservices@molinahealthcare.com.** Molina Healthcare has developed a comprehensive contingency plan in the event there are unforeseen production issues. Molina Healthcare does not anticipate post-implementation issues, but is prepared to initiate contingencies as necessary.

Will support be available during extended hours?
Molina Healthcare is a national payer and already has extended call center hours to accommodate the various time zones.

Where can I find more information on ICD-10?

Please refer to these industry resources to help guide you with your ICD-10 planning and preparation:

- Centers for Medicare & Medicaid Services (CMS)
- Workgroup for Electronic Data Interchange (WEDI)
- National Center for Health Statistics (NCHS)

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