Important Notice: Diagnosis change for ICD-10

Dear Valued Provider:

As we plan for the mandatory changes from ICD-9 to ICD-10, we want to prepare you for the change by providing you with information on how to replace the ICD-9 diagnosis codes currently used to bill LTSS claims.

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.

If you currently have an authorization with an ICD-9 diagnosis code that spans beyond the 10/1/15, continue to use the authorization. The claims with the ICD-10 diagnosis code will not be denied if the diagnosis mismatches the authorization referenced in the claim.

As long as the valid ICD-10 is submitted and claim follows CMS ICD-10 Guidelines, claims will be paid. Molina validation of authorized services is based on authorization number, service code/revenue code and date of service match to the prior authorization.

For example: If the date span for authorized services are 9/28/15-10/5/15; dates of service 10/1/2015 through 10/5/2014 will be submitted on a claim using ICD-10 diagnosis codes.

LTSS practice may use the CMS GEMS mapping or other ICD-10 provider resources noted on the CMS website to help prepare for coding claims and authorization appropriately.
https://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html

We hope that this will assist you and your staff in providing better care to your Molina Healthcare patients. For additional information related to ICD-10, please visit our website at www.molinahealthcare.com.

ICD-10 conversion visit: www.tmhp.com/Pages/CodeUpdates/ICD10_benefit%20updates.aspx

For any additional questions, please contact Provider Services at 1-855-322-4080 or MHTXproviderservices@molinahealthcare.com

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