

Submitting Claims and Submitting Appeals Guidelines

ICD-10 Compliance Update:

- October 1, 2015 is the compliance deadline for ICD-10.
- Molina Healthcare will require all claims to be coded to ICD-10 once the deadline arrives.
- Claims submitted with ICD-9 codes for dates of service October 1, 2015 and forward will be rejected and returned to submitter.

Q&A's:

Is Molina Healthcare ready for the transition to ICD-10?

Yes, Molina Healthcare is on track for the October 1, 2015 implementation date. All core systems, as well as our processes and policies have been updated and tested. Molina Healthcare has done everything possible to ensure that the transition to ICD-10 is seamless to providers.

Will Molina Healthcare follow CMS ICD-10 processing guidelines once ICD-10 has been implemented?

Yes, Molina Healthcare will follow CMS ICD-10 processing guidelines once the compliance deadline is effective.

Will claims submitted with ICD-9 codes for services on or after the ICD-10 compliance deadline be accepted for processing?

No, claims will be rejected for dates of service on or after the ICD-10 compliance deadline, if submitted with ICD-9 codes. Rejections will be relayed by remittance advice/explanation of payment communications.

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

Molina Healthcare will continue to accept ICD-9 coded claims with dates of service or discharge dates prior to the compliance deadline date. Molina Healthcare will only accept ICD-10 coded claims for any dates of service on or after the ICD-10 effective date.

What can providers do to ensure we are ICD-10 compliant by October 1, 2015?

Test! Molina Healthcare encourages providers to test ICD-10 functionality with their vendors and clearinghouses. It is important that providers are prepared to submit claims using ICD-10 codes by the compliance deadline.

Q&A's Continued:

How will Molina Healthcare handle claims reconsiderations during the transition from ICD-9 to ICD-10 codes?

Molina Healthcare will follow the date of the service of the claim; if the claim 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 claims reconsideration process with ICD-9 coding.

What is the earliest date (prior to the mandated transition date) that Molina Healthcare will accept pre-authorization requests with ICD-10 codes?

Molina Healthcare will begin to accept pre-authorization requests coded to ICD-10 August 5, 2015 regardless of the anticipated date of service. As of October 1, 2015 all authorization requests must be submitted with ICD-10 coding only.

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

At this time, we do not believe so. The authorization process will be thoroughly tested in advance of the ICD-10 compliance deadline.

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

Yes, Molina Healthcare's claims system will require ICD 10 codes.

Where can I find more information on ICD-10?

Please refer to CMS for additional information regarding ICD-10 planning and preparation.

- <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
- http://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html