ABSOLUTE TOTAL CARE TOTAL Healthy Connections

ICD-10 Frequently Asked Questions: Clearinghouses

I. General ICD-10

a. What codes will be required on October 1, 2015?

ICD-10 CM diagnosis and ICD-10 PCS procedure codes will be required on all inpatient claims with discharge dates on or after October 1, 2015. ICD-10 CM diagnosis codes will replace ICD-9 CM diagnosis codes, and will be required on all professional and outpatient claims with dates of service on or after October 1, 2015. Service dates or discharge dates prior to October 1, 2015 will require ICD-9 codes. Other codes (CPTs, HCPCS, revenue codes, etc.) will not be impacted by this change.

b. Will any state or federally funded health insurance programs have to make changes, or are they exempt?

ICD-10 compliance is an industry wide requirement and is applicable to services paid by Medicare, Medicaid, and Marketplace.

II. Readiness

a. Will Centene health plans be ICD-10 compliant by October 1, 2015?

Yes. Centene health plans will be able to use ICD-10 codes in all areas of operations in compliance with the CMS mandate.

b. What is the health plan doing to prepare for the ICD-10 conversion?

A detailed implementation plan is in place. Centene and its health plans completed an ICD-10 assessment in Q4 2011. Centene and its health plans are actively remediating impacted systems and processes to meet business requirements and will be testing through 2015 *(see III. Testing section for details).*

III. Testing

a. Have you developed your external testing strategy and timeframes? How do we get involved with testing with you?

Transactional-level testing is available today to any provider interesting in participating and will continue to be available through the ICD-10 compliance date. As part of this testing effort, providers who register in Ramp Manager (application used for all testing efforts) and submit 837 X12 test claims will receive TA1, 999, 277CA, and 271 eligibility responses.

Providers or clearinghouses who are interested in transactional-level testing can contact the EDI service desk at 1-800-225-2573, ext. 25525 or EDIBA@centene.com for further instructions. Providers or clearinghouses who are interested in testing must be direct electronic claim submitters (837 X12 claims).

End-to-end testing will broaden the focus of transactional-level testing and will encompass the return of remittance advices (RAs) / explanation of payments (EOPs). Providers who conduct end-to-end testing will receive the outputs from transactional-level testing in addition to an 835 X12 Remittance Advice file.

Providers or clearinghouses who are interested in conducting end-to-end testing should reach out to the health plan for further details. If contacts within the health plan are unavailable, interested providers can contact ICD10ProviderTesting@Centene.com.

End-to-end testing will only be conducted with a limited number of providers and will occur in Q1-Q2 2015. Providers and clearinghouses who are confirmed as test partners will be permitted to submit up to 50 ICD-10 coded test claims in an electronic 837 X12 format. The Ramp Manager application (application used for all testing efforts) will be used as a mechanism for receiving electronic test claims and distributing electronic remittance advices. Providers who normally submit claims via clearinghouses will be asked to work with their clearinghouse on test claim submissions.