Ohio Department of Medicaid

ICD-10 TIPS

ICD-10 Transition Information for Providers & Staff

> **>Date**

April 20, 2015

> **>Document ID**

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> **> Subject**

Inpatient Prior Authorization/Precertification

> **> Providers Types Impacted**

Institutional Providers (Hospitals)

> **> Description**

Billing ICD-10 for inpatient hospital claims has unique qualities because the compliance date of October 1, 2015 (10/1/15) is based upon date of discharge. To help clarify the requirements for inpatient hospital prior authorizations/precertification (PA) ODM has created this *ICD-10 TIPS*.

When requesting prior authorization, please take the following guidelines into consideration:

1) If the anticipated date of discharge for the claim with the procedure requiring PA is PRIOR to 10/1/15, the PA request should be submitted with ICD-9 codes.
2) If the anticipated date of discharge for the claim with the procedure requiring PA is ON or AFTER 10/1/15, the PA request should be submitted with ICD-10 codes.

Inpatient PA requests will accept with ICD-10 codes prior to 10/1/15 for services that will be provided on or after 10/1/15.

While ODM is requesting institutional providers use their best judgment and above guidelines for determining when to request PA with ICD-9 or ICD-10 codes, we understand that an anticipated date of discharge is not always the actual date of discharge. However, since the claims system links the procedure codes billed on the claim to the specific procedure codes approved on the PA request ODM has made the following determinations:

1) If a PA request is approved with ICD-9 codes, but the patient does not discharge until 10/1/15 or after the provider must cancel their ICD-9 approved PA and resubmit a PA request with ICD-10 codes (you may reference the ICD-9 approved PA number in the comments of the new PA request).
2) If a PA request is approved with ICD-10 codes, but the patient discharges prior to 10/1/15 the provider must cancel their ICD-10 approved PA and resubmit a PA request with ICD-9 codes (you may reference the ICD-10 approved PA number in the comments of the new PA request).

Our systems cannot convert between ICD-9 and ICD-10 code-sets; each code-set is independently programed within our systems' logic. Claims submitted with a date of discharge prior to 10/1/15 will adjudicate as ICD-9 coded claims. Claims with a date of discharge on or after 10/1/15 will adjudicate as ICD-10 coded claims. Claims submitted with the incorrect code-set based upon date of discharge will be denied.

> **> Managed Care Considerations**

This *ICD-10 TIPS* applies **ONLY to fee-for-service billing.** If you are enrolled with a managed care plan, please contact the plan directly for their billing requirements.