



Ohio Department of Medicaid

ICD-10 TIPS

ICD-10 Transition Information for Providers & Staff

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> Subject

Claims Compliance Date

> Providers Types Impacted

All Providers

> Description

The transition to ICD-10 has significant impacts to how providers will bill for services. The Ohio Department of Medicaid (ODM) has developed billing guidance documents, entitled *ICD-10 TIPS*, to provide clarification regarding the compliance date.

The ICD-10 compliance date is October 1, 2015 (10/1/15). For outpatient and non-institutional service providers, the compliance date is based on the date of service. For institutional/inpatient service providers, the compliance date is based on the date of discharge.

It is important to note that the compliance date is based on when a service is provided and **not the date a claim is submitted**. Because of timely filing rules, ICD-9 coded claims will continue to be accepted after the compliance date, but **ONLY** for claims with service(s) rendered or dates of discharge prior to the compliance date.

ODM systems will not convert between ICD-9 and ICD-10 code-sets. In other words, this means that:

- a claim submitted with a date of service/date of discharge prior to 10/1/15 will adjudicate as an ICD-9 coded claim; and
- a claim submitted with a date of service/date of discharge on or after 10/1/15 will adjudicate as an ICD-10 coded claim.

Claims submitted with the incorrect code-set for the date of service/date of discharge will deny.

When adjusting a claim, the code set originally used to submit the claim will be the code set used when adjusting the claim. For example, if the claim was submitted using the ICD-9 code set and date of service/date of discharge was prior to 10/1/15, the ICD-9 code set will be used for adjusting the claim. If the claim was submitted using the ICD-10 code set and date of service/date of discharge was on or after 10/1/15, the ICD-10 code set will be used for adjusting the claim.

Claims may not contain a combination of ICD-9 and ICD-10 codes; individual claims may only contain one code-set. If ICD-9 and ICD-10 codes are submitted on the same claim the claim will deny.

> Managed Care Considerations

This *ICD-10 TIPS* applies to both fee-for-service and managed care billing.