



Date: February 3, 2014

All Lines of Business

Important Provider Notice: #156

Subject: HIPAA EDI - ICD-10 Conversion

Background

The Federal Department of Health and Human Services (DHHS) has mandated that all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) must all transition to a new set of codes for electronic health care transactions effective **October 1, 2014**.

Purpose

The purpose of document is to clearly communicate the approach that Partnership HealthPlan of California ("PHC") is taking to ensure compliance with the Federal Department of Health and Human Services (DHHS) and the Health Insurance Portability and Accountability Act (HIPAA) for the new ICD-10 set of codes for electronic health care transactions.

The differences between ICD-9 and ICD-10 are significant, including a sizeable increase in the number of new codes to address specificity. Physicians will need to move quickly to educate themselves and their staff about this major change so they can meet the October 1, 2014 compliance deadline.

Requirements

PHC requires test claims with ICD-10 codes for all Billing Providers whether they are submitting electronic claims directly to PHC or through a third party vendor.

In order to continue submitting electronic claims to PHC, all Billing Providers must go through ICD-10 testing and be approved by the effective date of October 1, 2014.

- If you are a Provider using a third party vendor, you must work with your vendor to get the test claims submitted to PHC
- If you are a third party vendor submitting claims for multiple providers, you must have the test claims submitted to PHC for each Billing Provider
- If you are a Provider submitting claims directly, you must have the test claims submitted to PHC

Any claims that are submitted with ICD-9 codes that have a date of service on or after October 1, 2014 will be rejected and reported via the 277CA response transactions. If you submit any claims with ICD-10 codes, but you have not completed ICD-10 testing with PHC, those claims will be rejected and reported via the 277CA response transactions.

Implementation

PHC encourages all the providers to get tested and approved for ICD-10 by 9/30/14 in order to begin sending production claims with ICD-10 codes for date of service effective 10/1/14.

To inquire about this letter, please call or email our EDI Department: 707-863-4527

E-Mail: EDI-Enrollment-Testing@partnershiphp.org

Frequently Asked Questions – ICD-10 Testing: EDI

1. Q: Who is required to test?

A: PHC requires test claims with ICD-10 codes for all Billing Providers whether they are submitting electronic claims directly to PHC or through a third party vendor.

2. Q: I am already submitting electronic claims directly to PHC; do I still need to go through ICD-10 Testing?

A: Yes, PHC requires test claims with ICD-10 codes for all Billing Providers whether they are submitting electronic claims directly to PHC or through a third party vendor.

3. Q: I am using a third party to submit electronic claims to PHC already; do I still need to go through ICD-10 Testing?

A: Yes, PHC requires test claims with ICD-10 codes for all Billing Providers whether they are submitting electronic claims directly to PHC or through a third party vendor. PHC wanted to make sure the billing provider uses appropriate ICD-10 code sets. Hence, we need a separate file for each billing NPI #.

4. Q: Will PHC accept claims with ICD-9 codes if the date of service is before October 1, 2014?

A: Yes.

5. Q: Will PHC accept claims with ICD-10 codes if I have not passed ICD-10 testing?

A: No, if you submit any claims with ICD-10 codes but you have not completed ICD-10 testing with PHC, those claims will be rejected and reported via the 277CA response transactions.

6. Q: Will PHC accept ICD-9 codes that have a date of service on or after October 1, 2014?

A: No, Any claims that are submitted with ICD-9 codes that have a date of service on or after October 1, 2014 will be rejected and reported via the 277CA response transactions.

7. Q: How do I submit the test file?

A: If you are submitting directly, as a Trading Partner, you would submit the file to our secure server either using the secure online option or through secure FTP option.

If you submit through a clearing house, you would submit your claims to your clearing house (as you normally submit claims), and coordinate with them so that they will submit your file to our secure server.

Frequently Asked Questions – ICD-10 Testing: EDI

- 8. Q: Can we send test files in for some NPI numbers and you can group the rest of our providers with those successful tests?**

A: No, we will need a test for each new billing NPI number.

- 9. Q: Can we send multiple NPIs in one test file?**

A: No, for testing purposes, they will need to be submitted separately for each new billing NPI number.

- 10. Q: How many claims do you want us to send in the test file for ICD-10 Testing?**

A: We recommend at least 10 claims (for each billing NPI number) but we are able to accept less if you don't have enough samples for each service that you provide.

- 11. Q: What type of claims do you want in the test file?**

A: The claims you would normally bill. However, the claims must have ICD-10 codes not ICD-9 codes.

- 12. Q: What members should I use?**

A: You can use any Medi-Cal members as long as you are using ICD-10 codes.

- 13. Q: Who do I notify after submitting my test?**

A: Please send an email notification with the name of the test file to the following email addresses:

EDI-Enrollment-Testing@partnershiphp.org

Example:

File name prefix here _ICD-10_NPI#_submission date

If you are submitting through a clearing house please coordinate your test files with them, and have your clearing house send the email notification.

Please ensure that you or your clearinghouse informs PHC that the test file is for ICD-10 Testing.

Frequently Asked Questions – ICD-10 Testing: EDI

14. Q: Who is the Trading Partner?

A: The entity (on behalf of the provider) who will be sending the claims files to PHC.

15. Q: What format should I use?

A: We accept electronic files in the HIPAA compliant 837 Professional or Institutional file format (5010 version).

16. Q: What software should I use?

A: We don't have any recommendation. However, if you want to bill PHC directly, your software should be able to produce HIPAA compliant 837 files (5010 version).

If you are using a 3rd party, please contact them to find out if your software can work with their systems to produce HIPAA compliant 837 files to send to PHC.

17. Q: What are the next steps after submitting the test?

A: The test will go through a few stages. The first stage is the EDI compliance check. At this stage, we check to confirm your file(s) are 837 HIPAA compliant. The second stage is our claims check. Our Claims Department will run your claims through adjudication, as test, to ensure that the claims are processed correctly. After testing is complete, you will be notified via email about when you have completed ICD-10 testing.

18. Q: How long does the test file take to be approved?

A: It can take a minimum of 1 week and a maximum of 2-3 weeks.

Please contact the EDI Team if you have any questions or concerns regarding testing:

707-863-4527 or EDI-Enrollment-Testing@partnershiphp.org

Please contact the Claims Customer Service Department for any questions regarding coding:

707-863-4130