

AHCA/NCAL Frequently Asked ICD-10 Questions (10-27-15)

1. **Question:** If one of our nurses codes a valid ICD-10 diagnosis, but the diagnosis is not proper for our provider type, will our claim be denied right away? An example would be using a code for a newborn at a SNF.
 - a) **Answer:** "First - Per a direct response from CMS to AHCA, the ICD-10 coding flexibility offered to ""physicians and other practitioners"" has not been extended to other provider types, including SNF
(http://www.ahcancal.org/Email%20Templates/docs/Final%20CMS%20ICD10%20Response4.pdf?j=81592964&e=dciolek@ahca.org&l=1216785_HTML&u=2237898136&mid=10422954&jb=1). SNF will be required to code ICD-10 to the correct level of specificity. Second - If a 'valid' ICD-10 code is submitted but does not qualify as 'billable' through national or local coverage policy, it would not be payable and system edits may deny the services (<https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>)

2. **Question:** If the claim does get paid, will this trigger a review of the claim?
 - a) **Answer:** If a 'valid' ICD-10 code is submitted but does not qualify as 'billable' through national or local coverage policy, but is initially paid due to lack of system edits, the services could be subsequently selected for post-payment review under traditional processes, and could be denied.

3. **Question:** Are invalid diagnosis codes the only types of diagnosis codes that will cause a claim to deny?
 - a) **Answer:** No, Existing coverage policy has not changed. If a 'valid' ICD-10 code is submitted but does not qualify as 'billable' through national or local coverage policy, the services could be denied.
(<https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>)

4. **Question:** What type of diagnosis codes would trigger a review of a SNF claim?
 - a) **Answer:** There has been no change in Medicare program integrity policy. Claims will be selected for medical review under traditional processes that refer to national and local coverage policy.

5. **Question:** How long is the grace period that will allow the submission of "less specific" ICD-10 codes without causing denials of claims?
 - a) **Answer:** Per a direct response from CMS to AHCA, the ICD-10 coding flexibility offered to "physicians and other practitioners" has not been extended to other provider types, including SNF
(<http://www.ahcancal.org/Email%20Templates/docs/Final%20CMS%20ICD10%20Response->

4.pdf?j=81592964&e=dciolek@ahca.org&l=1216785_HTML&u=2237898136&mid=10422954&jb=1). SNF will be required to code ICD-10 to the correct level of specificity.

6. **Question:** Are SNFs required to do the POA reporting that will transfer over to the billing information? All the information I can find seem to reference hospitals but do not specifically address SNFs.
 - a) **Answer:** POA reporting applies only to hospitals; not SNFs. On its website, the Centers for Medicare and Medicaid Services (CMS) has posted an MLN Publication, discussing the Deficit Reduction Act of 2005 (DRA) requirement that all hospitals report patient secondary diagnoses that are POA, effective for discharges on or after Oct. 1, 2007. SNFs are not included in the DRA mandate.

7. **Question:** She mentioned that for Medicare part A residents where they span Sept to Oct the facility is to use all ICD-10-CM codes. In the Medlearn letters they mention that facilities may have to do a split bill with I9 codes for the period up thru 9-30 and then use I10 codes for the period beginning 10-1 and later. Do you know anything about a different clarification from CMS?
 - a) **Answer:** CMS guidance regarding facility split claims for services spanning Sept-Oct dates is at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf>. Basically the CMS guidance is to split CLAIMS so that claims with Sept dates of service only have ICD-9, and claims with Oct dates of service have only ICD-10. The new clarification we announced yesterday was related to MDS assessments. Providers cannot split an MDS assessment so the CMS guidance for assessments with dates of service that span Sept-Oct use the Assessment Reference Date as the cut off. MDS with ARD Sept 30 or earlier use ICD-9 in Section I, MDS with ARD 10/1/15 or later use ICD-10 in Section I.