Ohio Department of Medicaid

ICD-10 TIPS

ICD-10 Transition Information for Providers & Staff

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> Subject
ICD-10 TIPS for Nursing Facilities

> Providers Types Impacted
Nursing Facilities

> Description
Starting October 1, 2015, nursing facilities will be required to enter an ICD-10 diagnosis code in the principal diagnosis field on the UB-04 (Universal Billing Form, version 5010) electronic claim.

In nursing facilities, ICD-10 diagnosis codes are assigned on admission and subsequently as diagnoses arise throughout a stay, often when the minimum data set (MDS) is updated. Codes can be assigned at different intervals, such as a resident's discharge, transfer, or expiration. All diagnoses (i.e., additional diseases or conditions) that affect the resident's care need to be coded. The principal diagnosis is located in fields 67A and 69 on the UB-04 claim form. There is no strict hierarchy inherent in the ICD-10 diagnosis guidelines regarding the sequencing of secondary diagnosis codes. The sequencing of diagnoses, however, should paint a picture of the need for nursing facility level of care.

Prior to submission of the UB-04 electronic claim, nursing facilities must validate that the ICD-10 diagnoses reported on the claim are consistent with the health record documentation and MDS information. The code must be a valid ICD-10 diagnosis code, and be submitted to Ohio Medicaid without decimals.

The ICD-10 compliance date for all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) is October 1, 2015. For nursing facility providers, the compliance date is based on the dates of service.

If there is any question about which ICD-10 codes are to be used in lieu of the previously used ICD-9 codes, please check the resident's medical record. If the medical record has not yet been updated, then please work with a certified coder in order to update the medical record and to ascertain which ICD-10 codes are to be used when submitting a claim.

The compliance date is based on when a service is provided and **not the date a claim is submitted**. The Ohio Department of Medicaid (ODM) systems cannot convert between ICD-9 and ICD-10 code-sets. In other words, this means that:

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

Claims submitted with the incorrect code-set for the dates of service will deny.

It is a common practice for nursing facility providers to copy a previously submitted claim, make changes on the copied claim, and then submit as a new claim for different dates of service. When copying a claim where the dates of service were for a month prior to October, 2015, to be used on a claim submission for dates of service for a month on or after October, 2015, please be sure to update the diagnosis codes so that only ICD-10 diagnosis codes appear on the claim submitted.

> Managed Care Considerations

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