



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 24, No. 12

September 2014

TO: All Providers, Except Providers of Pharmaceutical Services, and Health Maintenance Organizations – **For Action**

SUBJECT: **ICD-10-CM/PCS (International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System) Testing Opportunities Offered by the NJ FamilyCare (NJFC)/New Jersey Hospital Care Payment Assistance Program (Charity Care) Programs**

TESTING PERIOD: Prior to CMS Mandatory Compliance Date 10/1/15

PURPOSE: To notify all providers and health maintenance organizations, other than providers of pharmaceutical services, of opportunities being offered by the New Jersey Division of Medical Assistance and Health Services to test ICD-10 CM/PCS compliant non-pharmacy fee-for-service (FFS)/Charity Care/HMO encounter claims that would be submitted to the State's fiscal agent on or after October 1, 2015 for healthcare services provided to NJFC FFS/Charity Care beneficiaries/HMO members.

BACKGROUND: ICD-10-CM is for use in all U.S. health care settings. ICD-10-CM diagnosis coding uses 3 to 7 digits instead of the 3 to 5 digits used with the ICD-9-CM. The formats for both code sets are similar. ICD-10-PCS is used in U.S. inpatient hospital settings only. ICD-10-PCS uses 7 alphanumeric digits instead of the 3-4 numeric digits used under ICD-9-CM procedure code set. Coding under ICD-10-PCS is much more specific and substantially different from ICD-9-CM procedure coding.

Testing is currently available utilizing the Molina Medicaid Solutions (Molina) EDI Proof System. The Molina EDI Proof System is a self-serve testing environment that enables all providers and submitters to test their ICD-10 coded claims on their own schedule and enable them to consult the Molina EDI department to rectify any problems encountered.

Based on the Centers for Medicare and Medicaid Services (CMS) guidelines and a final decision by CMS that postponed the ICD-10 compliance deadline, the NJFC/Charity Care Programs shall deny all claims not reporting the new ICD-10-CM/PCS diagnosis/procedure code(s) for service dates on or after October 1, 2015. Please note that October 1, 2015 is the ICD-10 "compliance deadline" for the NJFC/Charity Care programs. The "compliance deadline" for inpatient hospital claims shall be based upon the "date of discharge." All claims with service dates prior to the ICD-10 compliance deadline, October 1, 2015, must continue to report the appropriate ICD-9-CM/PCS diagnosis/procedure code(s) on healthcare claims.

All providers are encouraged to re-visit the NJFC Newsletter Volume 23, No. 10, dated June 2013, for additional information regarding the anticipated ICD-10-CM/PCS code set changes. Submitters of HIPAA transactions may also reference the EDI Submitter Letter, dated December 20, 2013, sent by Molina Medicaid Solutions for ICD-10-CM/PCS testing guidance.

ACTION: To submit FFS/Charity Care/HMO Encounter ICD-10-CM/PCS test claims, please adhere to the following instructions.

1. Create a test file reporting the appropriate ICD-10-CM diagnosis codes or the appropriate ICD-10-PCS procedure codes for the healthcare services provided.
 - In the header specification, change the ISA 15 field value to a “T” to represent your file as a “test” file.
 - Limit the number of claims submitted in the test file to **no more than 100** FFS/Charity Care claims or **less than 1000** HMO encounter claims.
 - Use Version 5010 HIPAA standards, which have been required since January 1, 2012 and accommodate ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes.
 - **DO NOT** report both ICD-9 and ICD-10 codes **within the same claim**. The same test file may contain a combination of claims reporting only ICD-9 codes or only ICD-10 codes.
 - ICD-10 coding must be at the most granular level possible or the code will not be deemed valid. The ICD-10 codes shall be edited accordingly by the NJMMIS logic in the EDI Proof System and Error Code 0296 shall post to claims reporting invalid codes.
2. Login to the NJFC MMIS website @ www.njmmis.com; select HIPAA claims; sign in using you UserName and Password; submit your created test file.
3. Submitted test files will be processed the following morning. At approximately 9:00 AM on the day after your submission, proceed to the download page to retrieve detail and summary reports, as well as a HIPAA 835 Remittance File for all submitted test claims.

IMPORTANT NOTE: EDI Proof System testing will verify the use of a valid ICD code set based on the ICD qualifier and the service date reported on the test claim. No future dating is required.

- ✓ **If the ICD qualifier value identifies an ICD-10 diagnosis code and the claim service date is prior to October 1, 2015, Error Code 0253, *Rev/Proc Not Valid on DOS*, and Error Code 0296, *Diagnosis Not on File*, shall post indicating that the revenue or procedure code in not valid on the reported**

service date. Error Codes 0253 and 0296 are posted for information only. Based on the design of the EDI Proof System, these TEST claims shall not be denied but, please note that *live production claims submitted to Molina with these posted Error Codes shall be denied payment. In some situations, certain claims may be pended to permit provider correction(s) to be made.*

- ✓ If the ICD qualifier identifies an ICD-10 diagnosis code and the claim service date is on or after October 1, 2015, Error Codes 0253 and 0296 shall not post to these claims since the reporting of an ICD-10 diagnosis code is appropriate for this time period.

All EDI claims and testing submission questions must be addressed to the EDI Department at Molina Medicaid Solutions. The EDI Department may be reached at (609) 588-6051.

If you have any ICD-10 questions not directly related to claims processing or testing submissions, please contact Robert Brookwell at Robert.Brookwell@dhs.state.nj.us. Please share this information with any individuals in your organization involved with the ICD-10 transition process.

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