MARYLAND DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

OHS ICD-10 Crosswalk

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MARYLAND DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Shared Code Definitions

- Based on similar or approximate diagnosis descriptions
- Varies depending on forwards (9-to-10) or backwards (10-to-9)
- Multiple gaps because of incomplete or no matching definitions

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Illustration - Shared Code Definitions

ICD-9   ICD-10

Example – ICD-10

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A provider sees a patient in a [subsequent encounter] for a [non-union] of an [open] [fracture] of the [right] [distal] [radius] with [intra-articular extension] and a [minimal opening] with [minimal tissue damage].

ICD-10 Code	Description
S52571M	Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with nonunion

Example – ICD-9

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A provider sees a patient in a subsequent encounter for a non-union of an [open] [fracture] of the right [distal] [radius] with intra-articular extension and a minimal opening with minimal tissue damage.
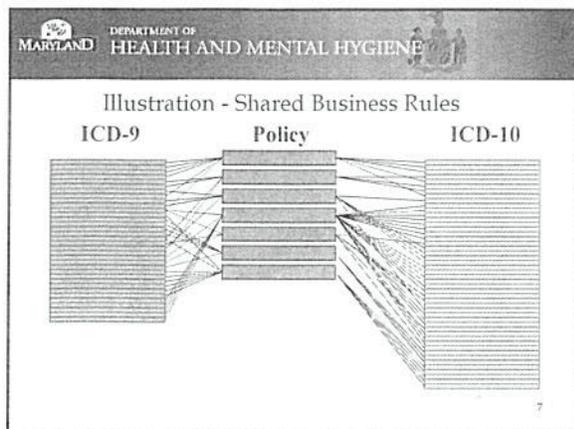
ICD-9 Code	Description
81352	Open Other Fracture of Distal End of Radius (Alone)

Shared Business Rules

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- Based on identical policy, system performance, and clinical determination
- Version agnostic – policy must be expressed in both 9 and 10
- No gaps – every code must either meet or not meet policy

Illustration - Shared Business Rules

| ICD-9 | Policy | ICD-10 |

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ICD-9 Code	Description
81352	Open Other Fracture of Distal End of Radius (Alone)

Min Age	Max Age	Behavioral Health
000	999	N

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ICD-10 Code	Description
S52571M	Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with nonunion

Min Age	Max Age	Behavioral Health
?	?	?

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ICD-10 Code	Description
S52571M	Other intra-articular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with nonunion

Min Age	Max Age	Behavioral Health
000	999	N

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Min Age	Max Age	Behavioral Health
000	999	N

ICD-10
S52571M

ICD-9
81352

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ICD-10 Implementation Date
October 1, 2015

DHMH   ICD-10   Email
dhmh.icd10@maryland.gov

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UB-04
HOSPITAL BILLING INSTRUCTION CHANGES FOR
IMPLEMENTATION OF ICD-10 CM CODING

The International Classification of Diseases, Tenth Revision (ICD-10) implementation is moving forward. Medicaid will begin accepting ICD-10 diagnosis and surgical procedure codes on October 1, 2015.

The following changes apply to UB-04 Hospital billing for Inpatient Admissions and Outpatient Services:

For Inpatient admissions ICD-10 CM diagnosis and surgical procedure codes will be required for discharges on or after October 1, 2015.

For Outpatient services ICD-10 CM diagnosis and surgical procedure codes will be required for Dates of Service on or after October 1, 2015.

INPATIENT ADMISSIONS:

1) If the inpatient admission and discharge to the hospital occur prior to October 1, 2015 than ICD-9 CM diagnosis and surgical procedure codes are required for billing.

2) If the inpatient admission occurs prior to October 1, 2015 and the discharge is on or after October 1, 2015 than ICD-10 CM diagnosis and surgical procedure codes are required for billing.

NOTE: Inpatient admissions requiring a 3808 the same procedures apply when coding the 3808.

OUTPATIENT VISITS:

1) Outpatient visits require a separate invoice for each Date of Service.

2) Dates of Service prior to October 1, 2015 will require ICD-9 CM diagnosis and surgical procedure codes.

3) Dates of Service on or after October 1, 2015 will require ICD-10 CM diagnosis and surgical procedure codes.

Billing questions should be directed to Medical Assistance Problem Resolution (MAPR) unit on the Institutional Hotline number 410-767-5457 or the DHMH e-mail address at: DHMH.UB04MAPR@maryland.gov

CMS 1500

PROFESSIONAL BILLING INSTRUCTION CHANGES FOR IMPLEMENTATION OF ICD-10 CM CODING

The International Classification of Diseases, Tenth Revision (ICD-10) implementation is moving forward. Medicaid will begin accepting ICD-10 diagnosis and surgical procedure codes on October 1, 2015.

The following changes apply to CMS 1500 billing for professional services:

ICD-10-CM diagnosis procedure codes will be required for Dates of Service on or after October 1, 2015. Do not report ICD-10-CM codes for claims with dates of service prior to October 1, 2015. The program will accept either ICD-9 or ICD-10 codes depending on the dates of service on the revised form.

All rebilling of claims should use the revised CMS-1500 form (02-12) version

Providers cannot report both ICD-9-CM and ICD-10-CM codes on the same claim form.

If there are services you wish to report/bill that occurred on dates when ICD-9-CM codes were in effect (Prior to October 1, 2015) and others that occurred on dates when ICD-10-CM codes (After October 1, 2015). Providers must bill on separate claims, you can only report ICD-9-CM codes on a claim and only ICD-10-CM codes on a claim, they cannot be combined.

All ICD-10-CM diagnoses must be coded to the highest level of specificity. We will accept 3-digit ICD-10-CM diagnosis codes only if there is not a 4-digit or higher diagnosis code that shares the same first 3 digits.

In Block 21 of the CMS-1500 form (02-12) version: Enter the applicable ICD indicator to identify which version of ICD codes is being reported. Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.

- 9   ICD-9-CM
- 0   ICD-10-CM

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - *Boyd Rutherford, Lt. Governor* - *Van Mitchell, Secretary*

Office of Health Services
Medical Care Programs

DHMH ICD-10
FREQUENTLY ASKED QUESTIONS (FAQs)

What is ICD-10?

ICD-10 is a new diagnosis and surgical procedure codeset replacing ICD-9 diagnosis and surgical codes. ICD-10 codes include greater disease specificity that could not be previously captured in ICD-9 and aim to improve healthcare and disease prevention through more accurate coding.

What is ICD-10 compliance and why is it important?

ICD-10 compliance means using ICD-10 codes instead of ICD-9 beginning on October 1, 2015. On that date, if your claim does not comply with ICD-10 claim submission guidelines (see Maryland Medicaid UB-04 and 1500 Billing Instructions), it will be rejected/denied, and it will not be paid until a compliant claim is re-submitted.

Will Maryland Medicaid be ready for the ICD-10 transition?

Yes. We will be ready for ICD-10 by the October 1, 2015 transition deadline. We have completed our system changes to be able to accept and adjudicate claims with ICD-10 diagnoses, and are performing testing of these updates.

Will Maryland Medicaid accept ICD-10 claims prior to October 1, 2015?

No. Maryland Medicaid is complying with the Federal mandate that requires the continued use of ICD-9 through September 30, 2015. ICD-10 claims will be accepted beginning on October 1, 2015.

What rules will Maryland Medicaid have for the submission of ICD-10 claims versus ICD-9 claims?

Please refer to the Maryland Medicaid 1500 Billing Instructions and UB04 ICD-10 Changes for information on:

- whether to submit a claim using ICD-9 or ICD-10 codes
- whether to submit a single claim for services spanning the ICD-10 mandate, or split the services into two claims

The guidance in this document applies equally to all claims, regardless of paper or Electronic Data Interchange (EDI) submission channels. Any claim submitted by a provider that does not comply

with these guidelines will be rejected/denied. Providers will not be paid for these claims until a compliant claim is re-submitted.

What rules will DHMH have for the submission of ICD-10 authorization requests?

DHMH will not be able to accept any authorization request that includes both ICD-9 and ICD-10 codes. Each authorization request that comes in will use the ICD code set determined by the requested dates of service. Please refer to the DHMH 1500 Billing Instructions and UB04 ICD-10 Changes documents for specific information on:

- whether to submit an authorization request using ICD-9 or ICD-10 codes
- when DHMH will start accepting authorization requests with ICD-10 codes

DHMH will not accept any authorization request that does not comply with these guidelines. Providers will be required to submit a compliant request before the request will be processed.

Medicare's recent policy includes a one-year grace period for Part B claims, where claims will not be denied solely for diagnosis specificity as long as they are within the same broad family. Will DHMH be following this policy?

No. DHMH requires all ICD-10 codes at the highest level of specificity possible.

Will DHMH participate in end-to-end testing of ICD-10 claims with providers?

Yes. We are performing end-to-end testing with our clearinghouses and all providers on a voluntary basis. Details of the testing process have been communicated directly to providers involved in testing. If you would like to test, please review our ICD-10 Testing FAQs and reach out to us at dhmh.icd10@maryland.gov.

Will DHMH train providers on ICD-10 coding?

No. DHMH cannot tell providers how to code a claim, so we will not provide training to providers on ICD-10 coding. There are independent resources available to provide training on ICD-10 to physicians and medical coders, including:

- American Association of Professional Coders (http://www.aapc.com/icd-10/)
- American Health Information Management Association
  (http://www.ahima.org/icd10/training.aspx)
- CMS Road to 10: The Small Physician Practice's Route to ICD-10
  (http://www.roadto10.org/)
- CDC International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) (http://www.cdc.gov/nchs/icd/icd10cm.htm)

Please note that providers are expected to train internal staff as needed on ICD-10 coding standards by the transition deadline. Any claim submitted by a provider that does not comply with the ICD-10

claim submission guidelines (see Maryland Medicaid 1500 Billing Instructions and UB04 ICD-10 Changes), will be rejected/denied. Providers will be required to re-submit these claims after complying with these guidelines.

Are you implementing ICD-10 natively or using a crosswalk?

DHMH is using a crosswalk from ICD-10 back to ICD-9 for the purposes of claims processing only. Native implementation is not currently supported because of the limitations of our claims system's architecture.

How were ICD-10 codes mapped back to ICD-9 in the crosswalk?

DHMH mapped all ICD-10 codes based on shared policy, business rules, and system performance with specific ICD-9 codes. DHMH completed a thorough review of all policy, business rules, and system edits that use ICD codes, then worked closely with both clinical and program staff to define each policy's implementation in ICD-10 terms. This process ensured that every ICD-10 code had business rules and policy behind it as if the implementation were native.

Will the crosswalk affect payment rates or cause a delay in payment?

No. The crosswalk does not impact payment rates. DHMH does not anticipate any delays in payment due to the crosswalk.

Have you been working with clearinghouses and Managed Care Organizations (MCOs) as part of your ICD-10 implementation?

Yes. DHMH has been partnering with our preferred clearinghouses to coordinate ICD-10 transition readiness and provider testing. DHMH has also tested with all MCOs in the Maryland.

Are medical policies changing due to new ICD-10 diagnosis codes?

No. DHMH medical policies are not changing as a result of the ICD-10 transition.

Will your fee schedules, capitation rates, or other payment models, and/or claims processing timelines be changing as a result of ICD-10?

No. Fee schedules, capitation rates, and payment models will not change as a result of ICD-10.

Search this site...

ICD-10 Transition

Maryland Medicaid will accept ICD-10 codes on October 1, 2015.

About ICD-10

ICD is the International Classification of Disease, providing code description for every possible diagnosis, symptom, or cause of death.

Developed by the World Health Organization (WHO), ICD codes are monitored in the United States by the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS).

ICD codes encompass both diagnostic and procedural codes. Changes to both the alpha-numeric composition of codes and procedural terminology associated with codes will occur wth ICD-10 conversion.

Adopting ICD-10 will allow for better support for analysis, reporting, risk, and severity assessment.

End-to-end testing with the Department

Provider end-to-end testing started on March 23, 2015 and is in progress. Providers interested in conducting end-to-end testing with the Department must email dhmh.icd10@maryland.gov. Providers should also consult the FAQs for end-to-end testing, posted below.

ICD-10 FAQ

DHMH developed an ICD-10 FAQ to address provider questions about Maryland Medicaid's ICD-10 implementation strategy and policies. View the DHMH ICD-10 FAQ here   .

Resources and more information

Revised CMS-1500 billing instructions

End-to-end Testing FAQs
AAPC ICD-10 Chapter Map
CMS ICD-10 Website
CMS Video: ICD-10 Coding Basics
CMS ICD-10 Industry Email Update Registration
New York Times ICD-10 Feature
CMS eHealth University
Maryland Medicaid eNews Update February_2014.pdf

Please send any questions regarding the ICD-10 transition in Maryland to: dhmh.icd10@maryland.gov