![ValueOptions® Maryland logo]

PROVIDER ALERT

ICD-10 CHANGE OVER

SEPTEMBER 10, 2015

As of October 1, 2015 all services need to be billed with an approved ICD-10 diagnosis code. Attached are is the list of approved ICD-10 codes for the Maryland Public Behavioral Health System. ValueOptions will be denying any claims received for date of service 10-1-15 or after that does not have the proper ICD-10 coding.

Here are some commonly asked questions and answers, please review:

Q: Will ICD-10 codes be required for authorization of services that span the ICD-10 compliance date?
A. Authorizations that span the October 1, 2015 transition date will not be impacted. Providers will **not** be required to supply both ICD-9 and ICD-10 on the authorization request or split requests. Providers do **not** need to resubmit authorization requests that are in effect that span October 1, 2015.

Submissions for claims payment will need to utilize the correct ICD coding dependent on the date of service. ICD-10 codes will be required for authorization of services that occur after the ICD-10 compliance date.

Q: Should dates of service prior to October 1, 2015 be billed separately from dates of service which occur on or after October 1, 2015?
A. Yes. Claim lines cannot span the ICD-10 effective date of October 1, 2015.
In addition, all claims with dates of service prior to October 1, 2015 should be billed as separate claims with ICD-9 codes. Subsequently, all claims with dates of service on or after October 1, 2015 should be billed as separate claims with using valid ICD-10 codes covered by the member's benefit and appropriate for the service being rendered.

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Q: I could use some clarification. So if our facility has a patient admitted on September 28th who is not discharged until October 5th, how should I bill?
A. You would submit two separate claims – one for the dates in September using ICD-9 codes and one for the dates in October using ICD-10 codes.

Q: If I bill a claim using the date span, could it deny?
A. Yes. If a claim line spans October 1, 2015, the claim will deny or reject if part of batch compliance. If you bill ICD-9 and ICD-10 on separate lines of the same claim, there could be delays in claims processing.

You must submit two separate claims – one for the dates in September using ICD-9 codes and one for the dates in October using valid ICD-10 codes covered by the member's benefit and appropriate for the service being rendered.

Q: If providers have questions about the testing plan, who can they contact?
A. For questions related to ICD-10 testing, providers can call the EDI Help Desk at 888.247.9311 or via email to e-supportservices@valueoptions.com.

ICD-10 coding will be required for all services 10-1-15 and after, <u>including those grant funded providers,</u> for which ValueOptions is administering claims/payment.

If you have any questions, please feel free to contact Customer Service at 800-888-1965 or email marylandproviderrelations@valueoptions.com .