



# ICD-10 Update

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# ICD-10 Update

- DHCS' implementation of the International Classification of Diseases 10th Edition (ICD-10) standard has been successful
  - Completed end-to-end testing. No concerns raised from our testers. Shared results with all of the testers last week.
  - Completed all claim scenarios for Phase II testing.
  - Over four weeks of claims processed using ICD-10 indicator with no significant issues reported
  - Rejection rate for claims less than 1%
    - Claims are rejected if they do not have the proper ICD code for the associated Date of Service (DOS)/Date of Discharge.
    - Xerox making daily calls to the submitters and has primarily received responses that the biller forgot to check.
  - Daily project team, operational and performance metrics calls as well as daily calls with CMS to report activities and status
  - Increased touchpoints with stakeholders in October and November
  - Technical and Operations teams on alert should issues arise

# ICD-10 Update

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## ■ Provider Outreach

- Added an additional member to the team tasked with calls to providers who the team identifies that are having difficulties
  - Examples – submitting with “10” indicator; submitting the correct indicator but code from the wrong code set; submitting “no DX” as the diagnosis code.

## ■ Post-Implementation Monitoring & Support

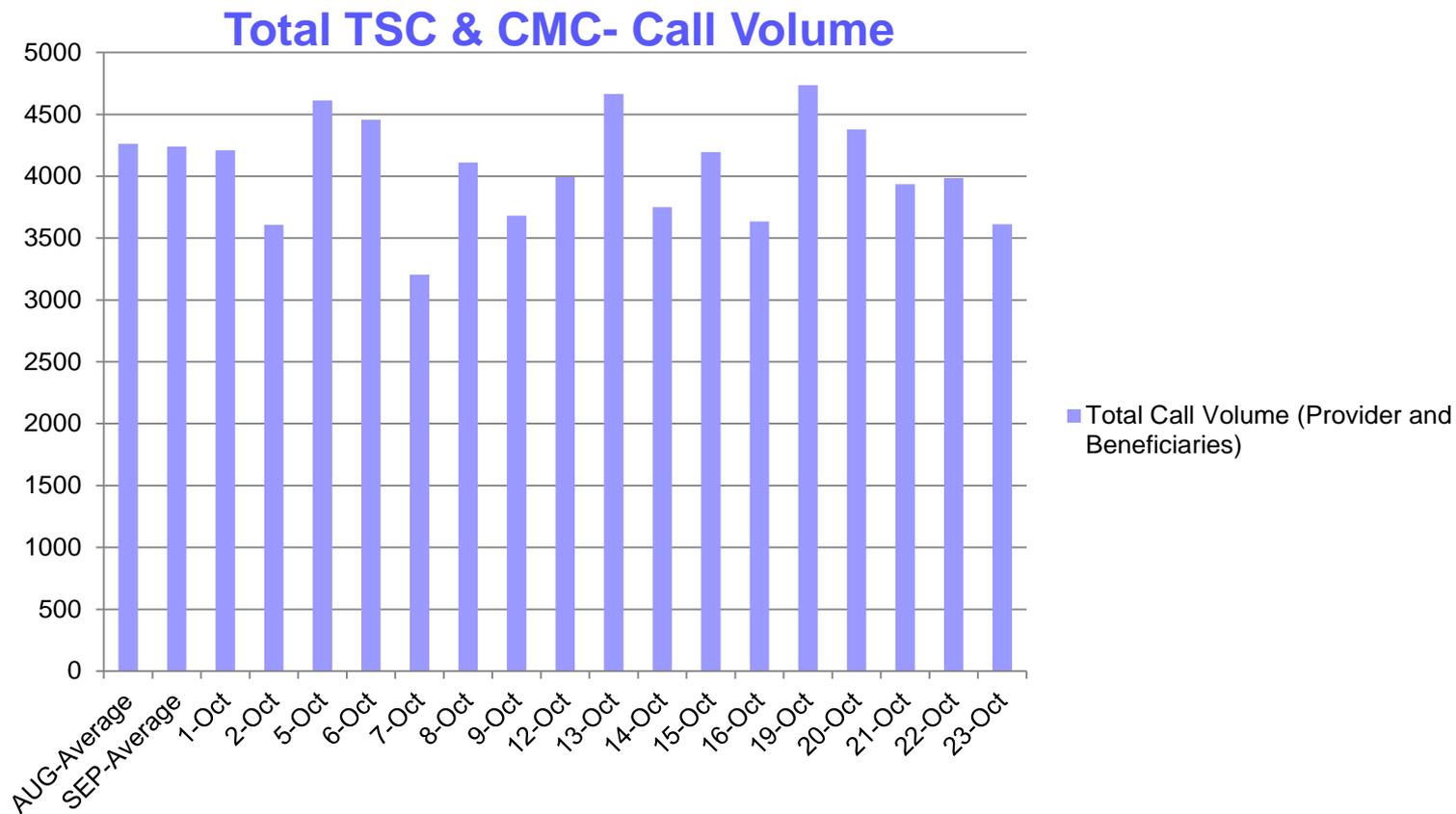
- Monitoring for spikes or abnormalities throughout the system including incoming claim volume, suspense levels, denied claims & dollars paid.
- Monitoring TSC call volume and the ICD-10 email mailbox for early detection of potential issues.

# Weekly Adjudications of Claims

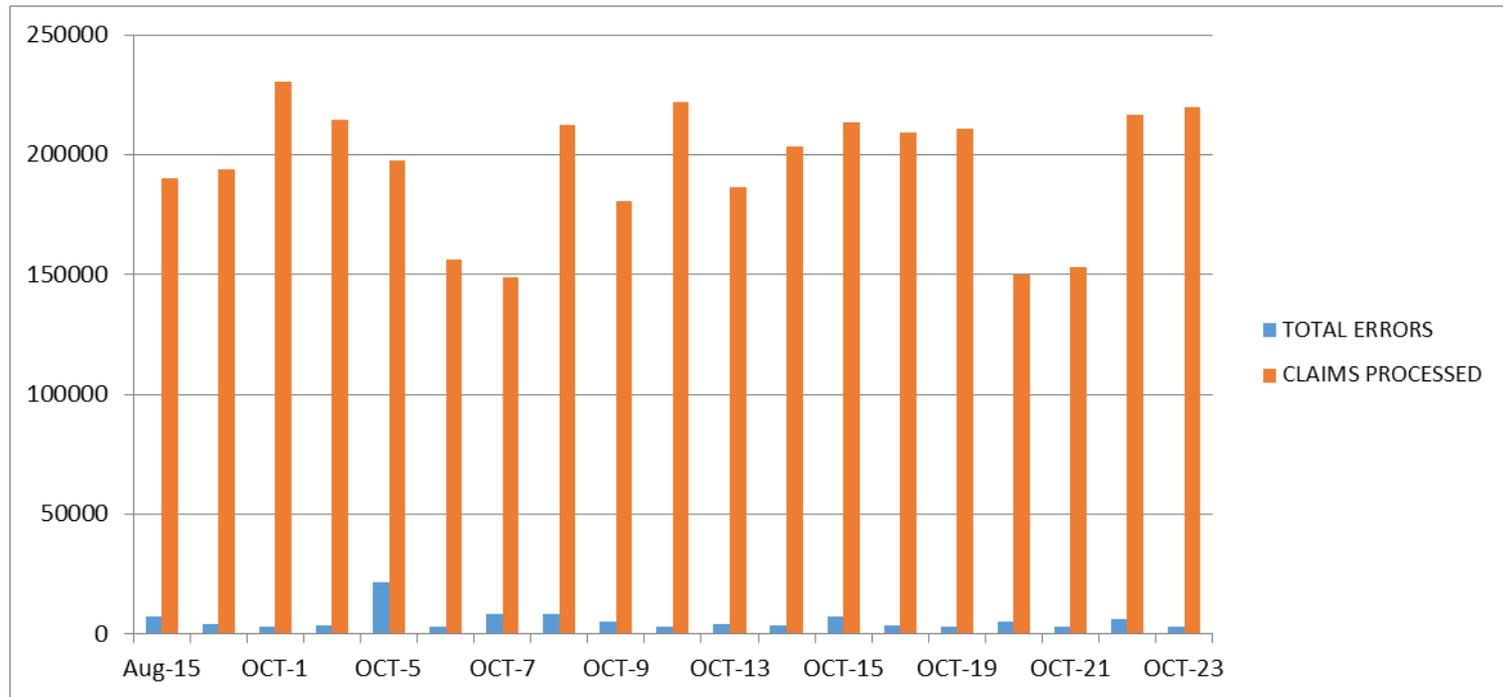
Normal ranges for weekly and financial adjudication. As expected, there is an increase in the number of ICD-10 claims processed to the checkwrite.

	Cycle on 10/3	Cycle on 10/10	Cycle on 10/17	Cycle on 10/24
<b>Total Claims on the Checkwrite</b>	5,872,688	5,800,094	5,233,840	4,805,391
<b>DOS or Date of Discharge &lt; 10/1</b>	5,870,981	5,472,144	4,088,677	3,212,052
<b>DOS or Date of Discharge =&gt; 10/1</b>	1,707	327,950	1,145,163	1,593,339

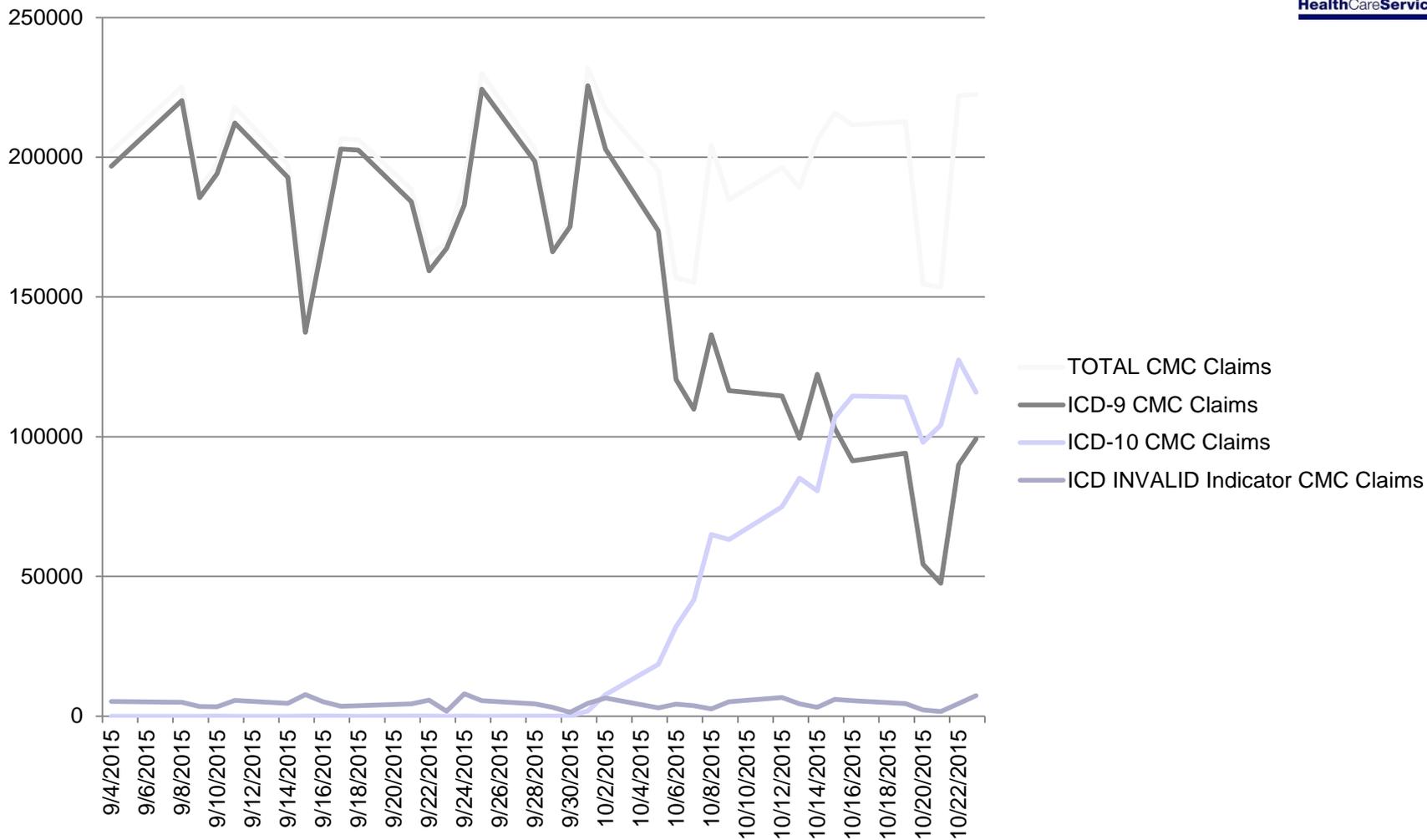
# Examples of Performance Metrics Data



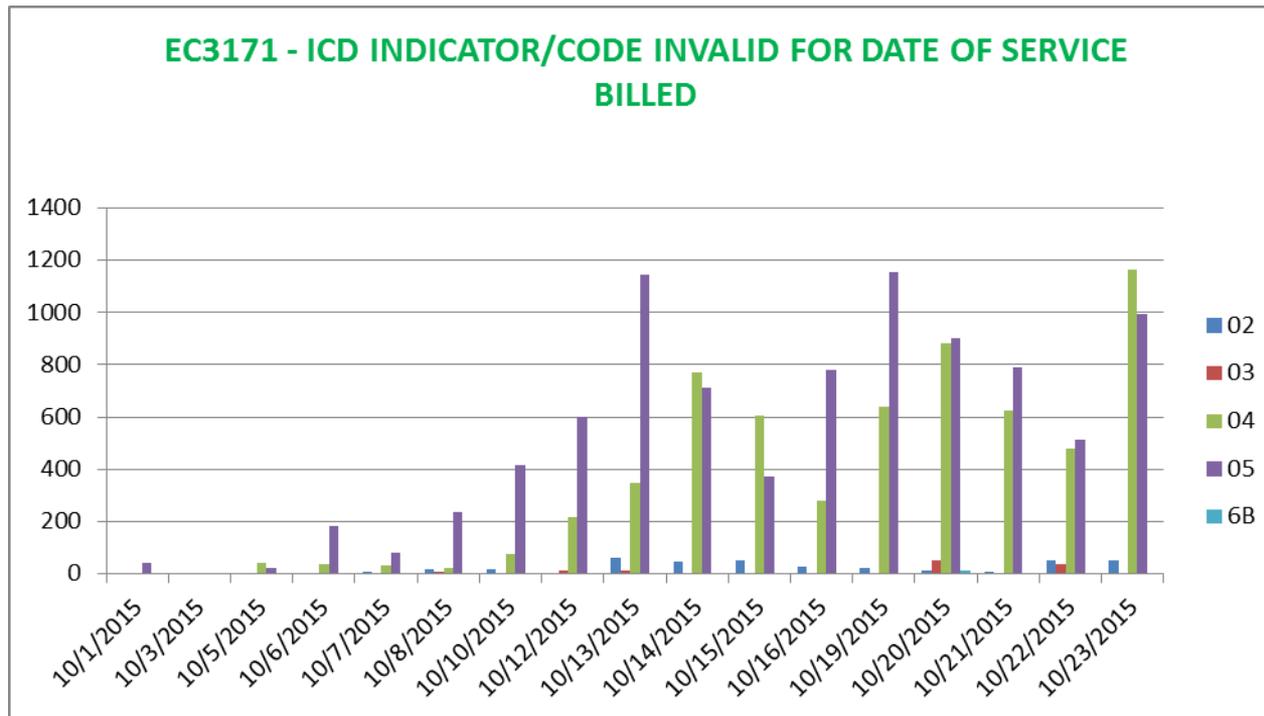
# Electronic claims processed vs. total errors



# Total CMC claims submitted



# Error Code 3171



# Concerns

- Medi-Cal continues to receive paper claims that are misaligned with the claim form when printed. This results in increased processing times, RTDs, and denials of claims. Particular impact related to the Present on Admission (POA) indicator which on the UB-04 claim is immediately next to the diagnosis field.
- Provider errors for the ICD indicator on both paper and CMS where the indicator is submitted as an incorrect value such as an alpha character or “10” for the ICD-10 indicator instead of “0”.
- FPACT denials related to Diagnosis Code Z30.9 which required a a fix. Medi-Cal will reprocess the denied claims.

# Information Resources

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- Medi-Cal strongly encourages providers to check the website regularly for any *NewsFlash* updates: new FAQs, Provider Manual updates, etc.
  - <http://www.medi-cal.ca.gov>
  - [http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa\\_icd10\\_home.asp](http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_icd10_home.asp)
- Medi-Cal Subscription Service (MCSS)
  - <http://www.medi-cal.ca.gov/mcss>
- Report any issues to the Telephone Service Center (TSC)
  - 1-800-541-5555
- Medi-Cal ICD-10 mailbox
  - [ICD-10Medi-Cal@Xerox.com](mailto:ICD-10Medi-Cal@Xerox.com)
  - Do not send PHI/PII
- CMC Developers, Vendors and Billing Services Directory
- Centers for Medicare & Medicaid Services Website
  - <http://www.cms.gov/icd10>

Questions?