



ICD-10 Frequently Asked Questions: Clearinghouses

I. General ICD-10

a. What codes will be required on October 1, 2015?

ICD-10 CM diagnosis and ICD-10 PCS procedure codes will be required on all inpatient claims with discharge dates on or after October 1, 2015. ICD-10 CM diagnosis codes will replace ICD-9 CM diagnosis codes, and will be required on all professional and outpatient claims with dates of service on or after October 1, 2015. Service dates or discharge dates prior to October 1, 2015 will require ICD-9 codes. Other codes (CPTs, HCPCS, revenue codes, etc.) will not be impacted by this change.

b. Does the State Medicaid Agency have to make changes for its programs or is it exempt?

ICD-10 compliance is an industry wide requirement and is applicable to services paid by Medicare, Medicaid, and Marketplace.

II. Readiness

a. Will Centene health plans be ICD-10 compliant by October 1, 2015?

Yes. Centene health plans will be able to use ICD-10 codes in all areas of operations in compliance with the CMS mandate.

b. What is the health plan doing to prepare for the ICD-10 conversion?

A detailed implementation plan is in place. Centene and its health plans completed an ICD-10 assessment in 4Q 2011. Centene and its health plans are actively remediating impacted systems and processes to meet business requirements and will be testing through 2015 (*see III. Testing section for details*).

III. Testing

a. Have you developed your internal/external testing strategy and timeframes? How do we get involved with testing with you?

Our internal and external testing strategy is finalized and we will be ready to test with select providers starting 1Q 2015.

RAMP testing for HIPAA file format is available today.

Internal integration and external provider end-to-end testing will test the claim submission process from the origination point (Paper, Web, Direct 837) through Centene’s core systems to all outputs with ICD codes (EOPs and Encounter files).

Please see the “2014/2015 Testing Detail” table for an overview of the testing types.

2014/2015 Testing Detail		
Testing Type	Scope	Duration
Internal Integration Testing	<ul style="list-style-type: none">Prepares systems for external provider testing by testing select systems using sample ICD-10 claim data.	7/1/14 – 11/28/14 (5 months)
External Provider End-to-End Testing	<ul style="list-style-type: none">Tests the internal integration systems by having Providers natively re-code claims with ICD-10 codes.	3/2/15 – 3/27/15 (1 month) Test claims will be submitted for all health plans during the March submission window (3/2/15 – 3/27/15). Internal processing of claims will occur on a rolling basis throughout March and April. Provider inquiries and follow-up are expected to continue to the end of May

Providers that submit claims via EDI or are interested in submitting claims via EDI can test with the health plan. Direct submitters can test by going go [here](#) and follow [these directions](#). Providers that submit claims through a clearinghouse can communicate this request to the EDI service desk at 1-800-225-2573, ext. 25525 or EDIBA@centene.com. Contact the EDI service desk for any questions or requests.

For further information on testing, please visit the health plan ICD-10 Overview page.