

## What is ICD-10?

Starting on October 1, 2014, the Centers for Medicare and Medicaid Services (CMS) is requiring all ICD-9 codes be replaced with ICD-10 codes. This is required of all HIPAA-covered entities. The new ICD-10 code set uses updated terminology and allows for greater specificity and more clinical detail. The number of diagnosis/procedure codes will expand from about 17,000 to over 150,000. The expansion of codes supports the collection of useful clinical data to measure and monitor healthcare services and population health.

## Does the one year delay affect your planning?

No. Meridian Health Plan is moving forward as planned for ICD-10 conversion. Meridian will be able to process ICD-10 claims by the CMS' compliance date of October 1, 2014. Meridian will continue to follow CMS guidance to ensure all regulatory requirements are met.

## What Is Meridian Health Plan going to prepare for the ICD-10 conversion?

Subject Matter Experts are performing impact analysis of our business processes, in-house systems and external systems to ensure a smooth transition to ICD-10 codes. Our plan incorporates system design and development, change management of business policies and procedures, communication to providers and training to affected internal staff members.

## What should providers do prepare for the conversion to ICD-10?

The transition from approximately 17,000 ICD-9 codes to more than 150,000 ICD-10 codes requires immediate attention to ensure clinical and business processes and systems are prepared to meet the CMS compliance date of October 1, 2014. Areas that are most likely to be impacted are coding, billing and clinical documentation.

For additional information regarding ICD-10 Implementation, please visit <http://www.cms.gov/Medicare/Coding/ICD10>.

## What will Meridian do to ensure complete testing of claims processing?

Meridian will be performing internal testing of systems during 2013. CMS is advising providers, payers and vendors to begin testing with each other on October 1, 2013. External testing with providers, vendors and clearing houses will be performed after internal testing is completed and will continue until the CMS compliance date of October 1, 2014.

## Will ICD-10 conversion have an effect on provider reimbursement and contracting?

Meridian will continue to reimburse contracted and non-contracted providers with fee schedules set by CMS and/or State regulations.

## What is Meridian using to determine the clinical equivalence of mapping ICD-9 codes to ICD 10 codes?

CMS has released Generic Equivalence Mappings (GEMs) to identify the code mapping from ICD-9 codes to ICD-10 codes. Meridian is following CMS guidance and using the CMS GEMs to transition our systems and business processes from ICD-9 codes to ICD-10 codes.

## Will Meridian apply a crosswalk for claims processing?

No. Claims submitted with the date of service on or after the compliance date of October 1, 2014 must submit them using ICD-10 CM and PCS coding. Claims that are submitted with the date of service on or after October 1, 2014 using ICD-9 CM or PCS coding will be rejected for invalid coding.

Meridian will accept ICD-9 coding on or after October 1, 2014 only if the date of service or date of discharge is prior to October 1, 2014. Meridian will continue to follow our procedure of accepting claims up to one year after our date of service.

More information about Meridian's transition to ICD-10 Meridian's ICD-10 testing will be shared as it is available and will also be posted on our website [www.mhplan.com](http://www.mhplan.com).