

Alabama Medicaid ICD-10 Frequently Asked Questions

Category: General

Q: Will Alabama Medicaid be changing their denial codes?

A: No. The denial codes will not be changing as they relate to ICD-10.

Q: Has Alabama Medicaid changed requirements for the way claims are coded?

A: No. No changes have been made. However you will have to use a valid ICD-10 code taken out to the furthest subdivision.

Q: Has Alabama Medicaid seen a spike in denials since the ICD-10 implementation?

A: No. There has been no spike in denials.

Q: Is it true that if I use a specified diagnosis code my claim will deny?

A: Providers should be taking diagnosis codes out to the furthest subdivision. Alabama Medicaid cannot advise providers how to code. If you have questions about a particular diagnosis code, please call Provider Services.

Q: If a claim is submitted after the CMS federal mandate date, but the date of service (DOS) is before the federal mandate date, which diagnosis should be used on the claim?

A: Claims submitted before the federal mandate date should contain ICD-9 codes. Claims submitted on/after the federal mandate date should contain ICD-10 codes.

Q: If I have a PA already approved prior to the ICD-10 federal mandate date, will I have to submit a diagnosis correction form?

A: No. PAs already approved require no further action by the provider.

Q: Will you accept ICD-10 diagnosis codes before the federal mandate date?

A: No. Claims submitted with ICD-10 diagnosis codes will be denied.

Q: Will a new referral be required with the new ICD-10 diagnosis code listed if a referral is given with only an ICD-9 code listed?

A: A new referral will **not** be required containing the ICD-10 diagnosis code. However, the provider **will** need to bill the correct diagnosis code on the claim.

Q: Are all types of Providers that bill to Alabama Medicaid affected by the ICD-10 changes?

A: No. Dental and Pharmacy providers are not affected by ICD-10. All other Providers that bill either diagnosis codes or surgical procedure codes will be affected.

Q: Will an ICD-9 to ICD-10 crosswalk be published?

A: No. We are not planning to provide a lookup table for ICD-10 codes. A file and many other

resources can be obtained from the CMS website. If you have additional questions, please call Provider Services.

- CMS Website
<http://www.cms.gov/Medicare/coding/ICD10>.

Q: Will Alabama Medicaid pay claims differently based on if ICD-9 or ICD-10 codes are submitted?

A: No. Alabama Medicaid does not reimburse based on diagnosis code.

Q: Will Alabama Medicaid allow claims to be billed with both ICD-9 and ICD-10 diagnosis codes?

A: No. A single claim may not be billed with both ICD-9 and ICD-10 diagnosis codes, these claims will need to be split billed if necessary.

Q: Will Alabama Medicaid allow claims to be billed in the same file that have ICD-9 and ICD-10 diagnosis codes?

A: Yes, Alabama Medicaid will not require claim files to be split based on ICD version. Claims within a single file submission may have claims with ICD-9 or ICD-10.

Q: My PA was submitted and approved before the ICD-10 implementation, but the service was performed after the ICD-10 implementation date. What diagnosis code should be used when the claim is filed?

A: The claim should be filed using the appropriate ICD-10 diagnosis code. Do not use the ICD-9 diagnosis code.

Q: Can you clarify the default of the ICD version on the Portal and Provider Electronic Solutions?

A: The Portal currently defaults based on the ICD code entered. In Provider Electronic Solutions for now, the default version is ICD-9. When a date is mandated by CMS a new version of the software will be released close to that date so that a user will need to select ICD-9 or ICD-10.

Q: Do I need to attend the testing class if I am a dental or pharmaceutical provider?

A: No you do not need to attend the class unless you want to attend for your own information.