

# MassHealth

## ICD-10 Key Concepts

MassHealth implemented ICD-10 on October 1, 2015. Transactions that contain ICD codes submitted to MassHealth with dates of service or dates of discharge on or after October 1, 2015, must contain ICD-10 codes. The key concepts below, which have been updated post ICD-10 implementation, outline some of the important modifications MassHealth has made to meet the federal standard. This is not an all-inclusive list of changes. Please refer to the MassHealth ICD-10 Implementation web page at [www.mass.gov/masshealth/ICD-10](http://www.mass.gov/masshealth/ICD-10) for more information about the ICD-10 implementation.

All claims submitted with dates of service or dates of discharge on or after October 1, 2015, must include ICD-10 codes. All ICD-10 codes included on a claim must be valid and contain the appropriate number of characters required. Claims received with codes that are not valid or do not contain the required number of characters will be denied.

Category	Transaction/ Functionality	Key Concepts
Global Modifications	General modifications applied across relevant systems and documentation	<ul style="list-style-type: none"> <li>• MassHealth phased in key web-panel infrastructure to support the ICD-10 functionality. On April 1, 2014, minor panel modifications (such as radio buttons to select ICD-9 codes vs. ICD-10, drop-down menus, and minor shifts in the location of affected data elements) were made.</li> <li>• MassHealth expanded the field lengths within the Medicaid Management Information System (MMIS) to accommodate ICD-10 codes.</li> <li>• MassHealth incorporated a qualifier into the MMIS to identify the version of ICD codes (9 vs. 10) on all claim submissions (batch, paper, direct data entry, and Healthcare Transaction Service (HTS)).</li> <li>• MassHealth updated MMIS configuration to adopt the CMS compatibility groups.</li> <li>• All ICD-10 diagnosis and PCS codes submitted on transactions after October 1, 2015 must be valid and contain the required number of characters . Claims received with codes that are invalid or do not contain the required number of characters will be denied.</li> <li>• MassHealth updated billing guides, forms, and other MassHealth documentation affected by ICD-10.</li> </ul>

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HIPAA Batch Transactions	837 Professional 837 Institutional Transactions	MassHealth updated its system to support the implementation guide (IG) changes outlined in the ICD-10 Impact to HIPAA Transactions issue brief published by the Workgroup for Electronic Data Interchange and the Strategic National Implementation Process (WEDI SNIP). The issue brief can be found at <a href="http://www.wedi.org/docs/publications/transactions-impacted-by-icd-10.pdf?sfvrsn=0">www.wedi.org/docs/publications/transactions-impacted-by-icd-10.pdf?sfvrsn=0</a> .
Paper Claims	CMS-1500	MassHealth implemented the new CMS-1500 claim form on April 1, 2014. Billing instructions can be found on the MassHealth ICD-10 Implementation web page at <a href="http://www.mass.gov/masshealth/icd-10">www.mass.gov/masshealth/icd-10</a> .
	UB-04	MassHealth implemented the revised UB-04 claim form on October 1, 2015. Billing instructions can be found on the MassHealth ICD-10 Implementation web page at <a href="http://www.mass.gov/masshealth/icd-10">www.mass.gov/masshealth/icd-10</a> .
Direct Data Entry (DDE)	Professional & Institutional Claims	<ul style="list-style-type: none"> <li>MassHealth adopted all required field changes outlined by the National Uniform Claim Committee (NUCC) and the National Uniform Billing Committee (NUBC). Please view the updated MassHealth billing guides at <a href="http://www.mass.gov/masshealth/icd-10">www.mass.gov/masshealth/icd-10</a>.</li> <li>Effective October 1, 2015, claims submitted for durable medical equipment (DME) repairs that do not require prior authorization must include a separate attachment detailing the repair information. Please refer to the MassHealth CMS-1500 billing instructions for additional information.</li> <li>Inpatient stays with discharge dates on or after October 1, 2015, must contain ICD-10 codes. Providers must select the "ICD-9" code set when resubmitting or replacing claims for dates of service or dates of discharge before October 1, 2015.</li> </ul>
	Prior Authorization	<ul style="list-style-type: none"> <li>All prior authorizations (PA) submitted on or after October 1, 2015, must include the ICD-10 code set.</li> <li>Prior authorization requests submitted before October 1, 2015, with ICD-9 codes will remain active until the PA is exhausted. Any modifications made to the PA after the implementation date must be adjusted using the ICD-9 code set only.</li> </ul>
	Pre-Admission Screening (PAS)	All preadmission screening requests submitted on or after October 1, 2015, should include ICD-10 diagnosis and procedure codes. If an ICD-10 procedure code cannot be defined upon submission of the request, the Current Procedural Terminology (CPT) code set will continue to be accepted.
	Referrals	Referrals submitted on or after October 1, 2015, must use the ICD-10 code set.

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DDE (cont.)	MMQ	<p>Effective October 1, 2015, MassHealth will no longer support the proprietary Management Minutes Questionnaire (MMQ) software currently available to providers on <a href="http://mass.gov/masshealth">mass.gov/masshealth</a>. As of September 30, 2015, all providers using this software should have transitioned to an alternative method of submitting MMQs. Such methods include using the POSC DDE MMQ functionality, submitting MMQ batch files in accordance with MassHealth MMQ file specifications, or engaging a vendor to generate MMQ batch files.</p> <p>To facilitate this transition, MassHealth removed the proprietary MMQ software from <a href="http://www.mass.gov/masshealth">www.mass.gov/masshealth</a>. Support for the proprietary software ended on September 30, 2015. All providers should now be using an alternative submission method.</p> <p>POSC users may refer to the MMQ Job Aid available at <a href="http://www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/sco-pace-submit-mmq.pdf">www.mass.gov/eohhs/docs/masshealth/provlibrary/pocs-job-aids/sco-pace-submit-mmq.pdf</a>. Batch submitters may view the MassHealth MMQ file specifications available at <a href="http://www.mass.gov/eohhs/docs/masshealth/provlibrary/draft-nf-d-icd-10.pdf">www.mass.gov/eohhs/docs/masshealth/provlibrary/draft-nf-d-icd-10.pdf</a>. Both of these documents have been modified for ICD-10.</p> <p>MMQs submitted with an effective date on or after October 1, 2015, must include ICD-10 codes. Those submitted with an effective date through September 30, 2015, must be submitted using ICD-9 codes.</p>
Stand Alone Application	Minimum Data Set-Home Care (MDS-HC)	Effective October 1, 2015, all MDS submissions must include ICD-10 codes. The MDS-HC application has been updated to support the submission of the new code set.