ICD-10 Frequently Asked Questions
Aetna Medicaid Providers

Q.	**Who should I contact if I have additional questions?**	**A.**	Please contact your provider relations representative.
Q.	**What is your testing strategy?**	**A.**	We are planning to conduct large scale internal testing – which started during the first half of 2013. This will be followed by targeted external testing in the latter part of 2013 and continue into 2014. We may complete an additional cycle of external testing in 2015. As part of our external testing, we plan to include Institutional and Professional claims and will be contacting those entities we plan to test with directly. We strongly encourage providers to approach clearinghouses and other business partners to initiate testing as well.
Q.	**When will you complete the Assessment/Gap Analysis phase to determine the impact of ICD-10 on your business processes, systems, and trading partner relationships?**	**A.**	This is 100% complete.
Q.	**When will you complete your Requirements phase for impacted business processes, systems, and trading partner relationships?**	**A.**	This is 100% complete.
Q.	**When will you complete your process design and development for impacted business processes, systems, and trading partner relationships?**	**A.**	This is 100% complete
Q.	**What phase of the ICD-10 project are you in? (Planning, Design/Remediation, User Acceptance, Partner Testing)?**	**A.**	There many modules to our project at various stages of completion, though overall we have remediated the majority of our processes, performed both user and partner testing, and implemented ICD-10 into production with 10/01/2015 effective date.
Q.	**What is your estimated date to start internal testing ICD-10 processing?**	**A.**	We have a staggered scheduled for the configuring and testing of Health Plans. Our first Plan began testing in 1Q2013, with subsequent activity throughout 2013 and 1Q2014. All Plans that were active when the new ICD-10 date was established have been tested and validated.
Q.	**What is your estimated date to start external testing of ICD-10 processing?**	**A.**	Provider Collaboration testing started in April 2013 with targeted providers and the clearinghouses. Testing with these targeted providers completed 4Q2014.

Q.	**Can we test ICD-10 claims with you?**	**A.**	Due to limited resources we are not testing with all providers, but we are testing with trading partners. We suggest that providers test with their electronic claim trading partner(s) to validate their claim generation/submission process. Aetna Medicaid will work directly with clearinghouses on submission testing. If you require assistance in testing your submission processes, please contact your clearinghouse for direction.
Q.	**What approach do you intend to take to adjudicate claims with ICD-10 codes as of 10/01/15?**	**A.**	ICD Diagnosis and Procedure codes for Dates of Service and Dates of Discharge on or after the implementation date must be submitted as ICD-10.
Q.	**Will you accept ICD-9 codes on or after 10/01/15?**	**A.**	ICD-9 codes must be retroactively submitted for those Dates of Service and Dates of Discharge prior to implementation.
Q.	**When do you expect to be processing ICD-10 claims in the production environment?**	**A.**	10/01/2015
Q.	**Do you anticipate any delays in claim adjudication as of 10/01/15?**	**A.**	We do not anticipate adjudication delays on appropriately submitted claims.
Q.	**How will Aetna Medicaid address scenarios where an initial claim is approved using ICD-9 format, and a corresponding final claim is submitted after go-live with ICD-10?**	**A.**	Claim acceptance and adjudication is based on the Date of Service/Discharge of the claim. Post go-live, we will continue to require ICD-9 codes for claims with DOS/DOD prior to 10/01/15.
Q.	**Does Aetna Medicaid process Worker's Compensation claims?**	**A.**	No
Q.	**Do you anticipate any changes in policies or delays in payments to result from the switch to ICD-10?**	**A.**	No
Q.	**Does Aetna Medicaid have a plan in place for addressing situations where testing demonstrates a substantial variance in payment when processing iCD-10 coded claims compared with ICD-9 coded claims today?**	**A.**	Any discrepancies identified in testing will be analyzed for root cause and addressed accordingly prior to go-live.
Q.	**Does Aetna Medicaid have any special requirements for providers for the ICD-10 transition?**	**A.**	Appropriate Submission of claims based on Dates of Service/Discharge, and confirming individual claims do not contain a mix of ICD-9 and ICD-10 codes, will ensure proper and timely handling.
Q.	**Will Aetna Medicaid use a separate test database with test data or will you be using your production database for testing?**	**A.**	We are using a test environment that mirrors our production environment. Claims are coded for actual members, but the PHI will be masked.
Q.	**Are you planning any additional pilot testing programs with your other Payers, Providers or Hospitals?**	**A.**	We have initiated a collaborative end to end testing process with a targeted group of providers.

Q.	**Will you be updating your medical policies?**	**A.**	We do not anticipate any policy changes due to the ICD-10 transition. We are remediating our processes with financial and clinical neutrality as a goal to attain expected payment turnaround. Medicaid benefits and coverage are not expected to change unless established by the state.
Q.	**Do you have a deadline for updating the medical policies?**	**A.**	August, 2015
Q.	**Will your systems be ready to group DRG/APC/CMG?**	**A.**	A DRG upgrade will be managed as a separate project. Testing for that upgrade project will incorporate ICD-10.
Q.	**What processes are you using to update your claim edits?**	**A.**	While we cannot share details of our internal program work, we are ensuring all of our systems are ready for ICD-10 coding.
Q.	**What type of reimbursement changes do you think will result from the ICD-10 conversion?**	**A.**	The ICD-10 conversion was not intended to transform payment or reimbursement. However, it may result in reimbursement methodologies that more accurately reflect patient status and care.
Q.	**Do you plan to relax timely filing periods and appeal periods?**	**A.**	We have no such plans at this time. Appropriate Submission of claims based on Dates of Service/Discharge, and confirming individual claims do not contain a mix of ICD-9 and ICD-10 codes, will ensure proper and timely handling. Normal timely filing rules still apply.
Q.	**How do you anticipate ICD-10 changes to affect your quality program reimbursement?**	**A.**	We are evaluating this as part of our overall program planning.
Q.	**How is your self insured business handled? If the Self Insured business uses a Payor that is someone other than your operations how are you assuring providers that the Payor and/or Third Party Administrators will be compliant with the electronic acceptance of ICD 10, the operational issues and the timely payments?**	**A.**	Our self-insured business is handled by Aetna.
Q.	**What are your lessons learned from the General Equivalence Mappings (GEMs) and reimbursement crosswalks?**	**A.**	We have completed a full analysis of ICD-10 codes and we are using this information to update our systems, processes, and policies as needed.
Q.	**What new claim status or rejection error codes are you implementing?**	**A.**	We do not anticipate any difference in our claim receipt and adjudication process.
Q.	**Assuming your prior authorizations drive the claim payment, how do you anticipate this to work when the authorization is obtained prior to 10/1/15 but the services are not performed until after 10/1/15?**	**A.**	ICD-9 codes should be used for prior authorizations submitted prior to compliance date (10/01/2015) and ICD-10 for prior authorizations submitted post compliance date. Authorizations will be carried over and

			matched to the claims.
Q.	**Does your entity expect to be ready to accept the new 1500 form on 04/01/2014?**	**A.**	We will be ready to accept the revised CMS-1500 form in January 2014.
Q.	**Does your entity expect to have new Payer Edits related to ICD-10 and if so, when will they be available?**	**A.**	The only new edits will be the acceptance/rejection of claims submitted with incorrect ICD code based on Dates of Service/Discharge. Claims will be rejected if they contain: • Both ICD-9 and ICD-10 codes • ICD-9 codes for Dates of Service/Discharge on or after 10/01/15 • ICD-10 codes for Dates of Service/Discharge of 09/30/15 or earlier
Q.	**What is your plan for communication to update status, issues/concerns, testing plans and policy changes related to ICD-10 transition?**	**A.**	Use the current channel of communication.
Q.	**When do you plan to distribute updated policies or handbooks to providers?**	**A.**	Any additional requirements for billing will be inserted in the provider manual as needed.
Q.	**Will the payment that you issue be determined in any way by the ICD-10 code that was submited to you?**	**A.**	An ICD-10 code will only determine payment after 10/01/2015 where an ICD-9 code determines payment today.