

ICD-10 Web Tool Changes and Conversion Instructions

Overview of Web Tool Changes

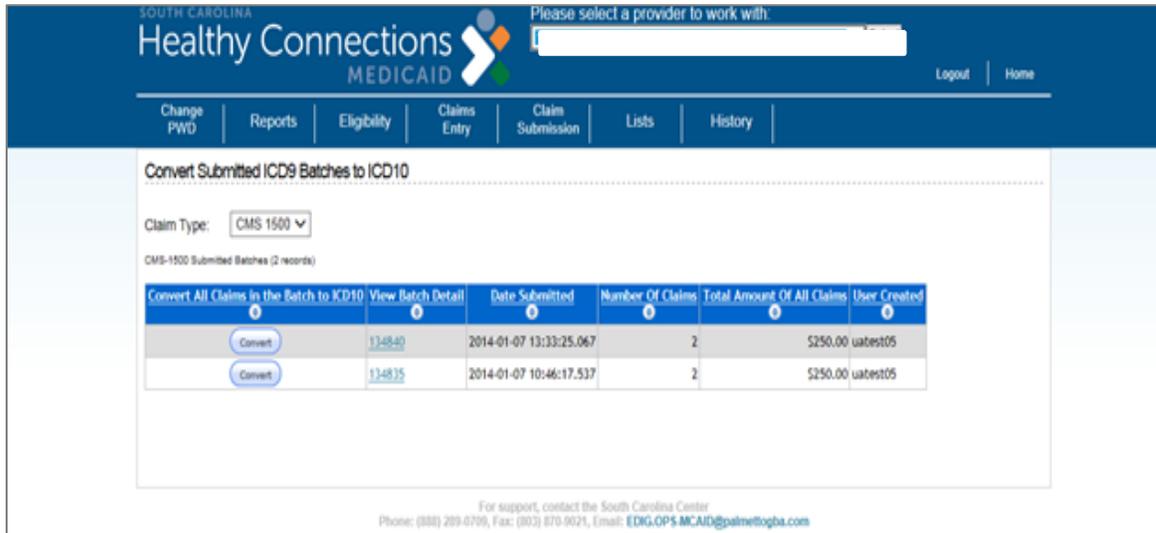
- For both CMS-1500 (Professional) and UB-04 (Hospital) claims, a new dropdown box has been added to the 'Pending Claim' listing in the 'Claims Entry' tab that allows the provider to select either pending ICD-9 coded claims or ICD-10 coded claims; they cannot select both. The web tool app validates incoming claim lines to ensure they are the same type as selected.
- An entered claim may only contain ICD-9 **or** ICD-10 codes; they **cannot** contain both.
- Eleven (11) additional E-Codes (External Cause of Injury Codes) fields have been added so the provider can now enter a total of twelve (12) codes.
- To accommodate the new ICD-10 diagnosis codes, the system now allows for the entry of seven (7) **alphanumeric** characters in the Diagnosis Code text boxes.
- The future date at which time the SCDHHS via the Web Tool will no longer accept and pay claims with ICD-9 codes is yet to be determined.

Overview of the ICD-9 to ICD-10 Conversion Process

Providers will access the new conversion functionality using the new menu option, Convert ICD9 Claim(s) to ICD10, found under the 'History' menu. (See below screenshot)

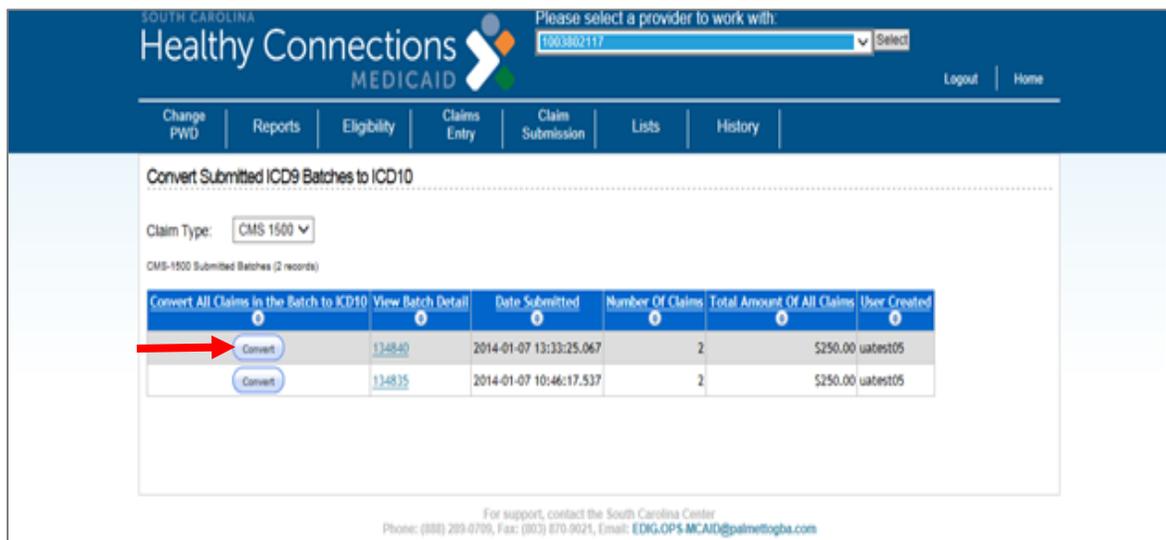
The screenshot displays the South Carolina Medicaid Web Portal interface. At the top, there is a navigation bar with the 'Healthy Connections MEDICAID' logo and a dropdown menu for selecting a provider. The main navigation menu includes 'Change PWD', 'Reports', 'Eligibility', 'Claims Entry', 'Claim Submission', 'Lists', and 'History'. A red arrow points to the 'History' menu item. A dropdown menu is open under 'History', showing options: 'Search Submitted Claims', 'CMS-1500 Submitted Batches', 'UB-04 Submitted Batches', and 'Convert ICD9 Claim(s) to ICD10'. A second red arrow points to the 'Convert ICD9 Claim(s) to ICD10' option. Below the navigation, the page content includes an announcement titled 'WEB TOOL TESTING REQUIREMENTS FOR ICD-10' with detailed instructions and a link to additional testing instructions. There is also an 'ATTENTION: NEW ELIGIBILITY INFORMATION IS AVAILABLE' section with a pink background, and a 'Welcome to the South Carolina Medicaid Web Portal' section with a list of helpful links.

The ICD-9 to ICD-10 claim conversion process is very similar to the “History” page functionality. As shown in the below screenshot, selecting the appropriate claim type will display, in a grid format, all previously submitted claims batches for the provider.



From the batch selection page, a provider can:

- Convert all ICD-9 claims in a claims batch by clicking the ‘Convert’ button on the left-hand side of the respective row



After selecting the ‘Convert’ button and then ‘OK’ to confirm the selection, a message will display showing how many claims were converted. *Please note that if the batch contains both ICD-9 & ICD-10 claims, the number of claims **not** converted due to already being coded for ICD10 will be displayed in the message.*

OR

- After selecting the desired batch number hyperlink, select the 'Convert' button next to the individual claim(s).

CMS-1500 Batch Details

Claim Type: CMS-1500 Batch ID: 134835 Submitted Date: 01/07/14 [Go Back](#)

Number of Claims: 2 Total Gross Charges: \$2.00 Submitted By: uatent05 [View All](#)

CMS-1500 information showing 2 ICD9 record(s) of 2 total record(s) in batch 134835 for Provider: xxxxxxxx

Convert	Claim	View Claim Detail	Recipient Last Name	Recipient First Name	Recipient Medicaid ID	Total Charge	Balance Due	User Name	Status
Convert	1197018		xxxxxxx	k	xxxxxx	\$100.00	\$100.00	uatent05	
Convert	1197019		xxxxxx	s	xxxxxxx	\$150.00	\$150.00	uatent05	

For support, contact the South Carolina Center
Phone: (803) 269-6700, Fax: (803) 870-9021, Email: EDG.OP1.MCAID@palmettohsa.com

There are a couple of points to note about converted claims:

1. Converted claims are copies of the original claims and are set to a "Draft" status. Converted claims that appear in the Pending Claim list page as "Draft (Incomplete) Claims" must be reviewed and any missing data completed before submitting the claim.

CMS-1500 Pending Claims

[ICD-9 Coded Claim](#) [Enter New Claim](#) [Copy Sel.](#) [Delete Sel.](#) [View Sel.](#) [Search Name](#)

Draft (Incomplete) Claims

Claims ID	ICD	Name	Account Number	Medicaid ID	Total Chrg	Last Changed	User Name
<input type="checkbox"/>	1198879	10	xxxxxx	xxxxxxx		2014-06-13	xxxxxxx
<input type="checkbox"/>	1198880	10	xxxxxx	xxxxxxx		2014-06-13	xxxxxxx

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Please note that the new claim is set up to accept only ICD-10 codes. The page displays a '10' in the "ICD" column when only ICD-10 diagnosis codes can be entered.

2. Converted claims only retain information not specific to ICD-9. The provider must enter the diagnosis codes, lines-of-service, and any other information specific to ICD-10.

The following two tables summarize what information is retained when an ICD-9 claim is converted to an ICD-10 claim.

CMS1500 – (tabs in claim entry)	
Will be copied to an ICD10 Draft	Will not be copied
<ul style="list-style-type: none"> • Beneficiary Info • Provider Info • Misc. Info • Other Coverage 	<ul style="list-style-type: none"> • Diagnosis Codes • Detail Lines

UB04 – (tabs in claim entry)	
Will be copied to an ICD10 Draft	Will not be copied
<ul style="list-style-type: none"> • Beneficiary Info • Provider Info • Addl. Info • Condition Codes • Value Codes • Occurrence Codes • Other Coverage 	<ul style="list-style-type: none"> • Diagnosis Codes • Surgical Codes • Detail Lines