



ICD-10-CM¹ Mitigations Pre- and Post-Implementation

Behavioral Health

Executive Summary

In preparation for the implementation and ongoing support of ICD-10-CM on October 1, 2015 Optum developed a comprehensive preparation and mitigation plan to provide extensive communications, training sessions and education for providers during this critical transition. In partnership with our parent organization, UnitedHealth Group, Optum executed an implementation plan for ICD-10 in New Mexico that has resulted in no provider complaints or calls. We continue to monitor the network for issues and will proactively address any concerns should they arise.

Optum Pre-Implementation Plan

To ensure system readiness in New Mexico, Optum conducted significant impact analysis and completed necessary system testing, staff training and provider education prior to 10/1/15. A key concern throughout the pre-implementation plan continued to be on the provider network and ensuring their readiness. In response to this, several training sessions, one-to-one outreach and communications were put in place. This included:

- Provider Webinars including targeted forums for FQHCs
- Recorded ICD-10 Transition Webinar
- Direct Outreach Calls
- Provider Alerts
- OptumHealth New Mexico continues to have dedicated staff for researching and providing claims feedback to providers, as well as reworking claims as appropriate within 90 days of timely filing when needed

It is important to note that for behavioral health providers, use of the Diagnostic and Statistical Manual, Fifth Edition (DSM-5) mitigates risk because the DSM-5 contains mapping to both ICD-9-CM and ICD-10-CM coding used for billing both before and after October 1, 2015. In addition, the DSM is a familiar tool for behavioral health providers and contains guidance supporting proper documentation of clinical findings – a necessary component of billing for services. Communications primarily driven by the DSM-5 implementation included ICD-10 content and communications primarily driven by the ICD-10

¹ Note: Optum relies on Revenue (Rev) Codes rather than ICD-PCS codes for inpatient behavioral health services. Provider communications therefore included reminders for facilities to continue to bill using Rev Codes for services rendered in reliance on their Agreement with us. Facilities have been advised to work with other payers to understand what changes to billing may be required with those payers. This document, then, focuses on the work completed for ICD-10-CM readiness.

implementation included DSM-5 content. The breadth of these communications are currently posted to Provider Express may be viewed on Provider Express (providerexpress.com) > Admin Resources > [DSM-5 and ICD-10 Resources](#).

Optum Post-implementation Plan:

We continue to work proactively with providers to ensure that their needs are being met and they adaptation to the system does not prevent a delay in payments. Activities to help mitigate these concerns include:

- Careful monitoring of claims: volume of submissions, volume of rejections or denials and auto-adjudication rates to assess for and, if needed, intervene on problems quickly
- Daily meetings of cross-functional teams across the enterprise to report out on ICD-10 and, if needed, to execute a timely and well-coordinated response to any issues or concerns
- Maintaining established communication channels with customers, providers and members.

Optum recognizes that there are many stakeholders affected by this industry change. We remain committed to an effective implementation of the new code set.

Appendix

Timeline for Provider Communications (February 2011-July 2015):

February 2011

HIPAA 5010/ICD-10 Readiness: Released provider notification regarding the HIPAA-required upgrade from the 4010 to the 5010 format for electronic transactions. Header included "ICD-10 Readiness" and noted change from ICD-9-CM to ICD-10-CM (with the original 10/1/2013 effective date).

November 2011-June 2012

HIPAA 5010/ICD-10 (continued)

- Internal network team education to support consistent responses to provider inquiries
- Urgency notice on HIPAA 5010 and ICD-10 posted to Provider Express
- Delay in 5010 Compliance Date (we followed CMS grace period on 5010 through June 2012)
- Deadline/Non-payment Notice targeted to providers submitting on 4010 format only
- Network Manual – ICD-10 terminology is introduced as replacement to ICD-9

April 2013 – June 2015 (dates overlap with ICD-10 driven communications)

DSM-5 – various notices distributed (email, fax, mail) and posted to Provider Express. In general, postings to Provider Express have been continuous (that is, the original has been maintained or relevant documents have been updated) but there are a few items that were posted and eventually removed when no longer relevant. Bullets represent categories of information provided.

- DSM-5/ICD-10 FAQs (April 2013 to present, various versions)
- Legal Notice
- Implementation Notices (with email, fax, mail support)
- DSM-5/ICD-10 Webinars (December 2013-February 2014); included invitation notices (email, fax)
- DSM-5 Transition Materials > Topics include Basics/Reminders; Autism; Claim Submission; Quick Reference on the most frequently asked questions; ReviewOnline
- DSM/ICD Billing connection
- Coordination with various professional associations through quarterly and/or ad hoc meetings
- Internal team education was ongoing – email, Town Hall, talking points, ULearn courses, staff training, competitions to support learning
- DSM-IV to DSM-5 – targeted message to providers who billed DSM-IV based conditions after our implementation in 2014 (June 2015)

December 2013 – September 2015 (dates overlap with DSM-5 driven communications)

ICD-10 Focus

- Pre-Survey (Dec 2013); Survey #1 (Feb 2014); Survey #2 (April 2015); Survey #3 (July 2015)
- Provider Express content –April 2015 to present > Quick Reference: Claims and Authorization Highlights; FAQs; ICD-10 Claim Testing; Provider Express Claim Entry Guided Tour; Readiness Checklist, Knowledge Briefs
- Webinar – six live presentations and then recorded presentation posted to Provider Express; Recorded presentation had over 11,400 views before October 1
- Various notices sent by email, fax and mail to the network pointing to ICD-10 resources
- Links to information Electronic Payments and Statements (EPS) & Electronic claim submission
- Quarterly updates involving professional associations
- Internal team education – ongoing, email, Town Hall, team meeting presentations, distribution of provider-facing materials to provider-facing teams

May – July 2015

Electronic Payments and Statements (EPS) enrollment campaign (email, fax): pre-mitigation, shortening of revenue cycle. Message repeated in webinars.

Provider Interventions: Post-Implementation Plans/Resources

Providers unable to submit EDI/837 claims for outpatient services because their practice management software does not support ICD-10 or because they do not have the current version of the 1500 (v 02/12), or UB-04, claim form required to support ICD-10:

- **Provider Express** (professional claim submissions only)
 - May submit MHSA or EAP claims
 - Guided Tour for ICD-10 Claim Entry feature is already posted to Provider Express
 - Claim entry feature is intuitive and mirrors the familiar 1500 form
 - Registered Users are “ready to go”
 - First-time Users will need to complete the fast, easy online registrations
- Some memberships have an alternative web-based claim entry (unitedhealthcareonline.com, for example)
- **Paper Claims** (available for both professional and institutional claim submissions)
 - Requires current version of the 1500 and UB-04 forms (to include ICD-10 indicator)
 - Forms are widely available for purchase online. Current versions have been out and in use for some time now.
 - Key required elements for claim submission are posted to Provider Express
 - Date of Service, not date of submission, determines which ICD code set to apply
 - Can only use one code set on a given claim, must note which one in ICD indicator field
 - Must include a valid ICD code (with notation that behavioral health providers will find valid ICD codes mapped to the DSM-5 conditions)

UnitedHealth Group. Due to the scope and critical nature of ICD-10, UnitedHealth Group allocated significant resources to ensure a smooth and successful transition to ICD-10 on 10/1/15. A dedicated team has focused efforts the past few years to ensure full compliance with ICD-10 requirements.

Program quick facts:

- 1100 matrix staff
- 284 technical systems
- 26 segments/markets
- 17M codes mapped and reviewed
- 233,456 scenarios were tested internally
- 9,200 external/Business Partner Testing (BPT) claims or transactions
- 92,000 providers engaged in training sessions

Potential risks associated with ICD-10 have been analyzed and detailed playbooks developed to minimize the impact ICD-10 will have on the enterprise as well as our business partners.