

Certificate of Medical Necessity Requests Spanning the October 1st, 2015 ICD-10 Implementation Date


On June 20th, 2015, Alaska Medical Assistance implemented the ICD-10 system updates to the Alaska Medicaid Management Information System (MMIS). Effective immediately, all service authorization requests, to include Certificate of Medical Necessity (CMN) and Certificate of Medical Necessity for Incontinence Supplies requests, with a service date range spanning the October 1st, 2015 ICD-10 implementation date must incorporate an ICD-10 diagnosis code. Additionally, all CMN requests that span the October 1st, 2015 ICD-10 effective date will require split requested service/item lines.

ICD-9 codes should be used for dates of service up to and including September 30th, 2015 and ICD-10 codes should be used for dates of service on or after October 1st, 2015. Please remember that claims may not contain both ICD-9 and ICD-10 codes.

Certificate of Medical Necessity Requests Submitted via Paper or Fax

All CMN and CMN for Incontinence Supplies requests submitted by mail or fax containing ICD-9 codes for dates of service on or after October 1st, 2015 will be suspended for those specific dates. Requesting providers will receive written notification to submit the applicable ICD-10 code(s) for the dates of service on or after October 1st, 2015.

Below is an example of a CMN for Incontinence Supplies that spans the October 1st, 2015 implementation date: August 1st, 2015 through July 31st, 2016. The dates of service on or prior to September 30th, 2015 will require an appropriate ICD-9 diagnosis code. The dates of service on or after October 1st, 2015 will require an appropriate ICD-10 diagnosis code.


Certificate of Medical Necessity for Incontinence Supplies, Page 1 of 2

MEMBER INFORMATION		PROVIDER INFORMATION
Member Name: <u>Doe, John, J.</u> <small>(Last, First, MI)</small>		Ordering Provider's Name: <u>Ordering A. Provider</u>
Alaska Medicaid Member ID: <u>XXXXXXXXXX</u>		Provider Medicaid ID or NPI: <u>XXXXXXX</u>
Date of Birth (MM/DD/YY): <u>01/01/55</u> Age: <u>60</u> Sex: <u>M</u>	Phone Number: <u>(907) 123-4567</u> Ext. <u>1234</u>	
*Height: <u>68</u> (inches) *Weight: <u>162</u> (pounds)	Prescription Start Date: <u>08/01/15</u>	
Date of last visit: <u>04/23/15</u>	Retrospective Review? <input type="radio"/> Yes <input checked="" type="radio"/> No	
SECTION A - CLINICAL INFORMATION <small>(This section MUST be completed by the attending physician, physician assistant, or nurse practitioner.)</small>		
	Diagnosis Code	Diagnosis Description
ICD-9	788.30	Urinary Incontinence, Unspecified
<small>Enter the corresponding ICD-10 diagnosis code and description if requested services/items extend beyond September 30th, 2015.</small>		
ICD-10	R32	Unspecified Urinary Incontinence
Estimated Length of Need (# of Months): <u>12</u> (99 = Lifetime)		

In this example, both fields, ICD-9 and ICD-10, would need to be completed to accommodate a date range of August 1st, 2015 through July 31st, 2016. The first diagnosis code is an ICD-9 code of 788.30, *Urinary Incontinence, Unspecified*. The second diagnosis code is the corresponding ICD-10 code of R32, *Unspecified Urinary Incontinence*.



Additionally, service lines need to be separated by their corresponding timeframe. In this example, the procedure code T4521, *Adult Size Brief/Diaper SM*, will remain the same after the implementation. However, because ICD-9 and ICD-10 diagnosis codes may not be submitted on a single claim, any corresponding services or items must also be separated on the CMN request.

	Procedure Code	Mod	Description	Qty	Charges	Authorized		Approved Quantity	Approved Amount
						Yes	No		
<i>For services/items to be provided on or prior to 9/30/2015 only</i>									
1	T4521		Adult Size Brief/Diaper SM	720					
2									
3									
4									
5									
6									
7									
<i>For services/items to be provided on or after 10/1/2015 only</i>									
1	T4521		Adult Size Brief/Diaper SM	2160					
2									
3									

In this example, the quantity needed to fulfill the request for August 1st, 2015 through September 30th, 2015 is annotated in the section *For services/items to be provided on or prior to 9/30/2015 only*. The quantity needed to fulfill this request for October 1st, 2015 through July 31st, 2016 is annotated in the section *For services/items to be provided on or after 10/1/2015 only*. Ensure that the requested quantity is accurate for each timeframe requested.

The CMN form reflects the same changes to accommodate ICD-10 as the CMN for Incontinence Supplies form shown above. Additionally, form instructions explaining each field's specific completion requirements have been added to both types of CMN forms to further assist providers.

Certificate of Medical Necessity Requests Submitted Prior to the Alaska MMIS ICD-10 Updates

Any CMN requests that were submitted prior to the ICD-10 updates in the Alaska MMIS that span the October 1st, 2015 implementation date will be handled through a one-time conversion process. This process consists of converting all existing approved CMN requests from ICD-9 to ICD-10 codes for all dates of service on or after October 1st, 2015. All providers affected by the one-time conversion process will be notified.

If the requesting provider has already provided a corresponding ICD-10 diagnosis code on the applicable signed CMN request form, no further action is required. The provided ICD-10 diagnosis code will be manually entered into the MMIS.

If the requesting provider has not provided an ICD-10 diagnosis code for services or items requested on or after October 1st, 2015, the provider will be required to provide an appropriate corresponding ICD-10 code to fully process the CMN request.

Future communications will be provided on the specific ICD-10 conversion procedures for all CMNs affected. If you have any questions, contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).