**To assist health care providers and payers prepare for ICD-10, Jai Medical Systems MCO, Inc. has prepared the following answers to frequently asked questions.**

**GENERAL**

What is the ICD-10 implementation Deadline?

The Centers for Medicare & Medicaid Services (CMS) has stated that covered entities (health plans, health care clearinghouses, and certain health providers) that bill for services must begin using ICD-10 code set on October 1, 2015.

Will there be a grace period for submitting ICD-9 claims after the deadline?

CMS has stated that it will not accept claims using ICD-9 for discharges on or after October 1, 2015. From that date forward, only claims encoded using ICD-10 will be accepted. In keeping with federal guidelines, Jai Medical Systems will not offer a grace period.

Are you planning on accepting ICD-10 prior to October 1, 2015?

No, Jai Medical Systems is planning on accepting ICD-10 codes beginning on October 1, 2015.

When will you begin accepting ICD-10?

Jai Medical Systems is planning on accepting claims with ICD-10 claims information beginning October 1, 2015.

When do you plan to stop accepting ICD-9 codes and will you be able to accommodate dual processing of ICD-9 and ICD-10 Codes?

ICD-9 codes will remain in the system for several years. Our system will accommodate dual processing of ICD-9 and ICD-10 diagnosis codes based on the date of service.

Will you be upgrading your system to accommodate ICD-10 or will you be converting ICD-10 back to ICD-9 to process claims?

Our system is designed to be natively compliant.

**MEDICAL AND BILLING POLICIES**

How will you handle re-billed claims for dates of service prior to October 1, 2015, billed after October 1, 2015?

Jai Medical Systems’ claims code logic is date of service driven. A claim resubmitted for dates of service prior to October 1, 2015, will be processed using ICD-9 methodology. Jai Medical Systems requests that all providers timely file within six months of date of service.

Will you have an appeal process to support disagreements connected to ICD-10 selection that are used for reimbursement?

ICD-10 related claims issues will follow our normal claims appeals process.

How do you plan to handle inpatient claims that span the implementation date i.e. admitted prior to implementation date and discharged after implementation date? How do you plan to handle in house inpatient cases as of October 1, 2015? Will they need to be interim billed to handle the ICD-9 cutoff? Will the cutover period be based on billing date or Date of Service?

Pursuant to CMS guidelines, admissions prior to October 1, 2015, and discharges on or after October 1, 2015, will be processed using the discharge date to determine whether to apply ICD-10 or ICD-9 claims adjudication logic.

Will you be updating your Emergency Room auto-payment list prior to the ICD-10 Implementation? If so, when will the new list be available?

Yes. We will be updating our ER Auto-pay list prior to the implementation. We will advise you as soon as the new list is available.

**PRE-AUTHORIZATION AND REFFERALS**

How will you handle Referral/Authorization transactions done prior to October 1, 2015, for dates of service after ICD-10 implementation date?

Referral/Authorization transactions should not be affected with the conversion to ICD-10.

If you currently required pre-authorization for services associated with ICD-9 diagnoses, will services performed on or after October 1, 2015 require re-authorization with an ICD 10 code or will ICD-9 preauthorization provided prior to the conversion carry over for those services?

No. Prior-authorization of specific services is not diagnosis-driven.

**CONTIGENCY PLANS**

Do you anticipate any delays in claims adjudication as of the compliance date, and if so, for how long?

No delays are anticipated.

If you have a delay in payment, will you pay interest in keeping with Maryland law?

Clean Claims that are not paid within thirty days will be paid with interest.

What are your plans to communicate any ICD-10 related information prior to go live and post go-live?

All communications related to ICD-10 will occur through our normal communication channels including website, email, newsletters, and direct mail correspondence.

What kind of support will you provide? Will you have a special help line for ICD-10 related issues or will your provider service line assume this type of support?

We will be launching an ICD-10 resource page on our new website before the end of June 2015. It is our plan to update this resource on a monthly basis prior -to the planned go-live date and foreseeable future after the go-live date. We will be advising all interested parties to utilize this resource prior to sending specific requests related to ICD-10.

**TESTING**

When do you expect to complete internal testing?

Internal testing of our claims processing software system has already been completed in a test environment. Post-deployment testing of software upgrades will occur throughout the summer.

Do you plan on doing adjudication testing with providers?

Yes, end to end testing is planned. Please reach out to us if you would like to perform testing.

Who is the contact for end to end testing?

Mr. Devon Bowers

Chief Information Officer

Phone: 410-433-2200

Email: [devon.bowers@jaimedical.com](mailto:devon.bowers@jaimedical.com)

When do you plan to begin external ICD-10 testing?

Testing is scheduled for June through August of 2015.

What criteria are you going to be using for testing (e.g. ICD-10 impact, relationship, facility type, etc.?)

Our criteria for identifying providers with which we wish to engage in the testing process will be based on claims volume and claims error rates.