

## FAQs: Transitioning to ICD-10 with CareOregon - Prior Authorizations and Referrals



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### SECTION A. Pre-Authorizations

**Q: Does CareOregon outsource any part of the pre-authorization process? If yes, should providers contact that organization about their readiness or just work through you? If providers need to contact them – who are they?**

A: CareOregon outsources pre-authorization of claims work to Greater Oregon Behavioral Health (GOBHI) for Columbia Pacific Coordinated Care Organization (CPCCO) only. This applies to Mental Health claims only. CPCCO serves the following counties in Oregon: Clatsop, Tillamook and Columbia.

Providers should contact GOBHI directly. More information of this organization can be found here: <http://www.gobhi.org/index.html>

**Q: Is CareOregon's pre-authorization policy AND/OR guidelines for requesting pre-authorizations now set for the implementation of ICD-10?**

A: CareOregon's pre-authorization policies and guidelines are based around CPT codes. They will not be impacted by the upcoming transition to ICD-10.

**Q: When does CareOregon intend to update and release its pre-authorization lists to include ICD-10 codes/descriptions?**

A: Since CareOregon's pre-authorization guidelines are driven by CPT codes and not by ICD-9 codes, these lists will not be updated as it will be an unnecessary exercise.

**Q: When does CareOregon intend to update and release its medical necessity lists/guidelines to include ICD-10 & related codes/descriptions?**

A: CareOregon is a Medicaid and Medicare plan. We follow the guidelines laid down by the Oregon Health Plan (OHP) for our Medicaid line of business and by CMS for our Medicare line of business. We therefore do not have revisions to medical lists/guidelines/policies that are triggered by the transition to ICD-10.

**Q: Will CareOregon honor pre authorizations that were submitted and approved with ICD-9 codes after 10/01/2015?**

A: After 10/01/2015, CareOregon will honor pre authorizations that were already submitted and approved with ICD9 codes. There is no need to submit a new request until the existing request expires.

**Q: If pre-authorization is currently required for a service associated with an ICD-9 diagnosis and that diagnosis crosswalks to multiple ICD-10 diagnoses will all services with all of these ICD-10 diagnoses require pre-authorization after 10/1/2015? For example, when ICD-9 diagnosis XZY maps to ICD-10 diagnoses AB&R and HY8T, will all services with diagnoses AB&R and HY8T require pre-authorization?**

A: It is very likely that this scenario will occur in production environment. However, we will look to the Prioritized List and CMS guidelines for services related to specific ICD-10 diagnoses codes. Our pre-authorization list is dependent on CPT codes. Furthermore, CPT codes and Diagnosis codes need to be paired and be above the line in the Prioritized List in order for them to be approved.

**Q: When will CareOregon update its online tool to be compliant with ICD-10? When will it update its fax form? Will your updated fax form replace the current form (being a combined ICD-9 & 10 form) or will it be an additional form?**

A: CareOregon uses HealthTrio's Connect portal to accept pre-authorization and referral requests from providers. We are in the process of testing to ensure that our internal systems work with these provider requests as they come in through the Connect portal with ICD-10 codes, wherever applicable.

We will update our fax form and will have just one form for ICD-10 codes after 10/01/2015.

**Q: How will authorizations for inpatient stays that cross the 10/1/2015 implementation date be addressed? For example if a patient is scheduled to be admitted on Sept 30 with an expected length of stay of 5 days, how many pre-authorizations will be required and will ICD-9 or ICD-10 information need to be submitted with the pre-authorization?**

A: As a Medicare and Medicaid plan, we require pre-authorization for scheduled or elective inpatient stays. We do not require pre-authorizations for urgent and emergent services. For scheduled or elective inpatient stays that cross the 10/01/2015 date, we will process pre-authorization requests in either ICD-9 or ICD-10 codes.

**Q: What is the earliest date that CareOregon will accept pre-authorization requests with ICD-10 codes/descriptions?**

A: We are currently accepting pre-authorization requests for dates of service 10/1/2015 going forward.

**Q: How will CareOregon handle the situation when there is a conflict between the ICD-10 code/description version that was authorized and the ICD code/description version that was used for the actual date of service?**

A: These scenarios are handled by CareOregon all the time. All ICD-9 codes are assigned to a service group during claims adjudication process. These service groups are assigned based on 'Above the Line' and 'Below the Line' section of the Prioritized List provided to us by OHA.

If ICD-9 codes used in claims differ from the actual codes but if both these sets of codes belong to the same service group, then such claims are processed and paid.

If ICD-9 codes used in claims differ from the actual codes and both these sets of codes belong to different service groups, then such claims are rejected / denied.

These scenarios will stay in place after the transition to ICD-10.

## **SECTION B. Referrals**

**Q: Will CareOregon's policy AND/OR guidelines for referrals (and any requirements for the pre-authorization of those referrals) change with the implementation of ICD-10?**

A: Similar to pre-authorization requests, our policies and guidelines for referrals are based on CPT codes and so they will not change with the implementation of ICD-10.

CareOregon does not need a referral for any medical service from providers. It requires referrals only for Dental services.

**Q: For referrals that cover multiple dates of service, some of which are prior to 10/1/2015 and some after, will CareOregon require multiple referrals?**

A: CareOregon will need only a single referral with ICD-9 codes for Dental services.

**Q: Will CareOregon require a new referral after 10/1/2015 for services to be extended from a previous referral submitted prior to 10/1/2015?**

A: CareOregon will not require a new referral to be extended from a previous one for Dental services.