1. With regard to targeted case management, do any of these new codes relate to PCM?

No, targeted case management would actually be a procedure code, a CPT code, and those are not affected. When you submit any kind of claim for targeted case management or anything else to Medicaid or private payer, that claim form requires a diagnosis code. It is describing the condition of the client or the specific kinds of condition that you are addressing. While the procedure describing the actual procedure, that would not be affected, the claim form would have to have an ICD 10 diagnosis code in it starting October 1, 2014.

1. With regard to children with developmental delay, how does that play into the ICD-10 code?

If a child is clearly eligible with an established conditions, states usually have a list of conditions that have corresponding codes. For children who are eligible by virtue of developmental delay, and you are submitting any kind of claim for speech therapy, occupational therapy, PCM, etc. there has to be a diagnosis code. Some states use different approaches. There are different codes for different kinds of diagnosis codes for children even without an established condition.

1. Is there going to be a period when both codes will be present because of the time period for everyone to get their systems updated?
2. We send Medicaid claim file on the weekly basis. In each file, it will contain hundreds or thousands of claims. Assume that we need to submit a claim filed on 10/2/14. Assume that we need to submit a claim filed on 10/2/14. This file may contain claims with service date of 9/28/14 and claims with service date of 10/2/14. Should we use ICD-9 for services dated 9/28/14 and ICD-10 for services dated 10/2/14 in this single claim file?
3. These changes apply to the form? Not the 837 electronic file? The 837 would have to be able to support comingling of service dates.
4. Is anyone preparing their general assembly for reduced revenue?