

Provider Update

ICD-10 News and Reminders

Helping You Prepare For ICD-10 Compliance

On October 1, 2015, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. This transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA).

The change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

Now is the time to talk to your payer partners, practice management systems vendors and clinical information systems vendors about this implementation. Doing so will help to ensure a smooth transition to the new code sets and minimize business interruption to your practice.

The implementation plan for your practice's transition to ICD-10 is a long-term effort where periodic checkups can help to keep you on target for the October 1, 2015, compliance deadline.

Ask yourself these questions as you and your staff prepare:

- *How will the update affect processes/workflows?* Once you answer that question, you can devise a plan to address the changes that need to occur to incorporate ICD-10.
- *What systems changes are needed?* You should have a comprehensive list of all necessary system changes, upgrades and/or other adjustments, the cost of these changes, the amount of time it will take to complete these changes and the timeline for implementation.
- *How do your external partners plan to handle the implementation? How will their plans affect your practice?*
- *What are the new documentation requirements?* With the new level of specificity of each code, having the right documentation available for your medical coders will lessen the potential for decreased productivity associated with using the new code set.
- *Who needs training and what type of training do they need?* You should have a comprehensive list of the education and training needs, including type and timeline for your staff members.

Are the practice management software vendors you work with ready? If you haven't started preparing for these changes, CMS says now is the time to confirm system and software changes and updates with your vendors. Make sure these are completed, received and internally tested.

You can also begin external testing of transactions and claims with your business partners. This includes clearinghouses and any other entity with which you exchange impacted transactions like eligibility, authorization requests and, of course, claims.



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If you're not yet that far along, don't panic. CMS has helpful implementation guides, timelines and other information available at www.cms.gov. Need help with electronic transactions with Amerigroup? Call our EDI hotline at 1-800-590-5745.

ICD-10 Made Easy **Memorization not required**

There is no need to memorize **ALL** of the new ICD-10 diagnosis and inpatient procedure codes. If you are not an inpatient facility, you only need to be concerned with the most common ICD-10 PCS diagnosis codes your practice uses today. For example:

- If you are a cardiologist and only treat cardiac patients, focus only on those diagnoses related to your specialty during the course of your ICD-10 remediation work.
- If you practice general or pediatric medicine and therefore treat patients with a wide range of medical conditions, use the 80/20 rule to determine which ICD-10 codes are most pertinent.
- If you rarely see a particular ailment, there's no need to memorize it or convert it to the ICD-10 equivalent diagnosis code on your paper super bill or problem list in your electronic medical record.

You just need to have enough clinical detail in your clinical documentation to determine the code in your ICD-10 coding tool, whether it is a book or online. This all means you don't have to take on the daunting task of climbing Mt. Everest and memorizing over 68,000 ICD-10 diagnosis codes.

For more information, visit our ICD-10 web page at providers.amerigroup.com.

ICD-10 Coded Prior Authorizations

The transition from ICD-9 to ICD 10 goes into effect on October 1, 2015. Amerigroup* will begin accepting ICD-10 coded authorizations beginning June 1, 2015. These will only be for those authorization requests where the dates of service are October 1, 2015 or later. Authorization requests for dates of service prior to October 1, 2015 will continue to be coded using ICD-9. To help ensure you are ready, here are some additional things to remember:

- Make sure your practice management system and/or billing system is ICD-10 ready. Talk with your vendor about the support and services you might need to be compliant for ICD-10.



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- There is no need to memorize all of the new ICD-10 diagnosis codes. If you are not an inpatient facility, you only need to be concerned with the most common medical conditions your practice sees today and understand how ICD-10 impacts them.
- If you rarely see a particular ailment, there's no need to memorize it or convert it to the ICD-10 equivalent diagnosis code on your paper super bill or problem list in your electronic medical record.
- If your practice treats a wide range of medical conditions use the 80/20 rule to determine which ICD-10 diagnosis codes are most pertinent. This would include family practice, pediatric medicine, or internal medicine.

The Centers for Medicaid and Medicare Services (CMS) offers the "Road to ICD-10" – a comprehensive tool where you can explore common codes, primers for clinical documentation, clinical scenarios, and additional resources associated by specialty. Visit www.roadto10.org to find information for:

- Family Practice
- Pediatrics
- OB/GYN
- Cardiology
- Orthopedics
- Internal Medicine
- Other Specialties

Did you know you also have the opportunity to earn continuing medical education (CME) credits while preparing for ICD-10? CMS, through Medscape Education, has released two ICD-10 video lectures and an expert article providing practical guidance for the ICD-10 transition. The video lectures are specifically for physicians, while the article covers more general topics for all health care providers. CME credits are available to physicians who complete the modules, and anyone who completes them can receive a certificate of completion. The modules are free and can be found on their [website](#).

*In Louisiana, Amerigroup Louisiana, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

