ICD-10: SIMPLE STEPS TO IMPROVE CLINICAL DOCUMENTATION

On October 1, 2015, your practice and clearinghouses, payers, and billing companies will need to use ICD-10 codes. One way to help your practice prepare for ICD-10 is to work on improving how your practice documents clinical services. This will help your staff become more accustomed to the specific, detailed clinical documentation needed to assign ICD-10 codes.

Take a look at the documentation for the most often used codes in your practice, and work with your coding staff to determine if the documentation would be specific and detailed enough to select the best ICD-10 codes. For example, laterality is expanded in ICD-10-CM. Therefore, clinical documentation for diagnoses should include information on which side of the body is affected (i.e., right, left, or bilateral).

Remember, ICD-10 will not affect the way you provide patient care. It will just be important to make your documentation as detailed as possible since ICD-10 gives more specific choices for coding diagnoses. This information is likely already being shared by the patient during your visit—it’s just a matter of recording it for your coding staff. Good documentation will also help reduce the need to follow-up on submitted claims—saving you time and money.

For more information and tips and tools on your ICD-10 preparation, please visit http://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html

NEW RBM TRANSITION

Effective June 1, 2015, ordering providers will be required to obtain prior-authorization from Care to Care for the following outpatient diagnostic imaging studies, i.e., not provided in an emergency room or inpatient setting:

- MRI, MRA
- CT, CTA
- PET
- PET/CT
- Nuclear Cardiology

To request a prior-authorization, providers must contact Care to Care before rendering any of the services noted above to a CenCal Health member.

Care to Care will accept prior-authorization request submissions by web, phone, or fax, and Care to Care’s call center is open M-F 5:00 AM – 5:00 PM PST:

- Web: https://cencal.careportal.com
- Phone: 1-888-318-0276
- Fax: 1-888-717-9660

(Please note the phone and fax numbers have not changed)

Any authorizations approved prior to June 1st will be valid until their expiration date.

Authorizations will not be required for members who have other health coverage, Medicare as their primary insurance, or when the services are rendered in an inpatient or emergency room setting. Members with CCS eligibility will require prior authorization from Care to Care if the local CCS program will not authorize the services.

For questions, please contact your Provider Services Representative at 805.562.1676 or via email at psrgroup@cencalhealth.org
CAMP WHEEZ

Camp Wheez, a day camp in Santa Barbara for children with asthma, will be held this year on August 10-14, 2015. The camp is for children ages 6-12 and provides kids with fun camp activities while they learn about asthma. The program is sponsored by Sansum Clinic and is free of charge. Let your young asthma patients and their parents know about this great opportunity.

For more information, including brochures and registration forms in English and Spanish, visit the following website http://www.sansumclinic.org/camp-wheez.

CLAIMS CORNER

ICD-10 TRANSITION DATE REMINDER

After some question that there might be another delay, the ICD-10 implementation date will not be postponed and will occur on October 1, 2015. Below are some key dates to note:

- For dates of service through midnight September 30, 2015 claims must be submitted with ICD-9 diagnosis codes and ICD-9 procedure codes.
  - Do not submit ICD-10 codes until dates of service on and after October 1, 2015.
- For dates of service on and after October 1, 2015 claims must be submitted with ICD-10 diagnosis codes and ICD-10 procedure codes.
- Claims cannot be submitted with both ICD-9 and ICD-10 codes. Outpatient services that span September-October will need to be billed with September dates of service and ICD-9 codes on one claim, and October dates of service with ICD-10 codes on another claim.
- For inpatient hospital stays that span September-October where the patient is discharged on or after October 1, the claim must be submitted with ICD-10 diagnosis and procedure codes.

IMPORTANT NOTICE: DELETION OF MODIFIER “ZS”

As part of the continuing effort to comply with the federally mandated Health Insurance Portability and Accountability Act (HIPAA), the Department of Health Care Services (DHCS) will discontinue use of local modifier -ZS as of August 1, 2015.

Please note that for claims with dates of service on and after August 1, 2015 CenCal Health will no longer allow payment under modifier –ZS. It is recommended that Providers immediately discontinue the use of modifier -ZS. Services formerly billed with modifier –ZS should be submitted with no modifier, unless one is needed for identifying or NCCI purposes.

There is no change to the use of modifiers -26 and –TC. Providers should continue to use these modifiers appropriately when submitting claims for professional services only or technical services only.

YOUR HEALTH MEMBER NEWSLETTER

The Summer issue of our Your Health/Su Salud member newsletter was mailed to 66,804 households in mid-May. Articles in this issue include information about:

- Summer safety
- Medications during pregnancy
- Cholesterol
- Measles
- Advanced healthcare directives
- Member rights & responsibilities

The newsletter is written in both English and Spanish, and is available for viewing on our website at www.cencalhealth.org under For Members/Health Education/Member Newsletters.

CALENDAR OF EVENTS

- June 16th: National Nursing Assistants’ Day honors Nursing Assistants - Celebrate this day by showing your appreciation for the skills and caring provided by Nursing Assistants.
- June 28th: Insurance Awareness Day - When members have a health plan, they will be more likely to get routine checkups and preventive care which helps them stay healthy!

The Provider Bulletin is produced as a timely supplemental information service for provider office staff and is published monthly by the Provider Services Department. Questions and/or suggestions for articles may be made to psrgroup@cencalhealth.org or by calling 805.562.1676. Sign up for the electronic Provider Bulletin at http://www.cencalhealth.org/for_providers/bulletins/index.html.