



To: AmeriHealth Caritas Louisiana Providers

Date: March 4, 2016

Subject: ICD-10- Policy and Claims Payment System Updates

Summary: Beginning **March 26th, 2016**, AmeriHealth Caritas Louisiana will update policies and claims payment systems to be aligned with correct-coding initiatives, Centers for Medicare & Medicaid Services (CMS) guidelines and national benchmarks and industry standards.

EYE ON **ICD-10**

This update is part of AmeriHealth Caritas Louisiana's continued effort to process claims accurately without having to request additional documentation from our providers. Periodically AmeriHealth Caritas Louisiana updates policies and claims payment systems to be aligned with correct-coding initiatives, Centers for Medicare & Medicaid Services (CMS) guidelines, national benchmarks and industry standards, such as the American Medical Association (AMA) Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS) and International Classification of Diseases, 10th Edition/Revision (ICD-10) code sets regarding physician/health care provider and facility claims.

Based on the ICD-10 coding guidelines, there are several new diagnosis coding guidelines that AmeriHealth Caritas Louisiana will implement:

- ICD-10-CM Laterality policy for Diagnosis-to-Modifier comparison. One of the unique attributes to the ICD-10-CM code set is that laterality has been built into code descriptions. Some ICD-10-CM codes specify whether the condition occurs on the left or right, or is bilateral. If no bilateral code is provided and the condition is bilateral, then codes for both left and right should be assigned. If the side is not identified in the medical record, then the unspecified code should be assigned. **EOB code H09 -DX code not coded to highest level of specificity**
- ICD-10-CM Laterality policy for Diagnosis-to-Diagnosis comparison. . **EOB H09 -DX code not coded to highest level of specificity**
- ICD-10-CM injury sequela policy will deny any procedure or service received with an ICD-10-CM injury sequela (7th character "S") code billed as the only diagnosis on the claim. **EOB H66 –Missing/Incomplete/Invalid principal diagnosis.**

- Excludes 1 notes **will not be implemented**. Excludes 1 Note indicates that the excluded code identified in the note should never be used at the same time as the code or code range listed above the Excludes 1 Note.

Note: The American Health Information Management Association (AHIMA) reported on 10/23/2015:

The National Center for Health Statistics (NCHS), the federal agency responsible for use of the ICD-10 in the United States, posted interim advice on their website on October 16, that addresses circumstances where some conditions included in Excludes 1 notes should be allowed to both be coded, and thus might be more appropriate for an Excludes 2 note. Due to a partial code freeze, changes to Excludes notes or revisions to the official coding guidelines cannot be made until next October. The new guidance concerning Excludes 1 notes is intended to allow conditions to be reported together when appropriate even though they may currently be subject to an Excludes 1 note.

Please contact your local Provider Network Management Account Executive or the Provider Services department at 1-888-922-0007 with any questions.