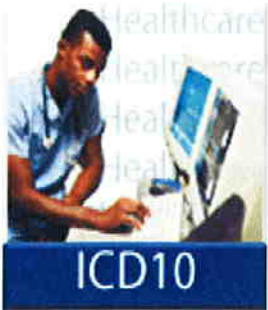


## PROVIDER NEWS FLASH

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### ICD-10 IMPLEMENTATION



On October 1, 2013, medical coding in the U.S. health care settings will change from ICD-9 to ICD-10. The transaction will require business and systems changes throughout the health care industry. Everyone who is covered by the Health Insurance Portability and Accountability Act (HIPAA) must make the transition. ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of services, and inpatient claims with dates of discharge on and after October 1, 2013. If you do not use ICD-10 codes, your claims and other transactions may be rejected. This could result in delays and may impact your reimbursements, so it is important to start now to prepare for the changeover to ICD-10 codes.

The following quick checklist will assist you with preliminary planning steps:

- \* Identify your current systems and work processes that use ICD-9 codes. This could include clinical documentation, encounter forms/superbills, practice management system, electronic health record system, contracts, and public health and quality reporting protocols.
- \* Talk with your practice management system vendor about accommodations for both Version 5010 and ICD-10 codes. Contact your vendor and ask what updates they are planning for your practice management system for both Version 5010 and ICD-10, and when they expect to have it ready to install.
- \* Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition. Contact your payers, clearinghouse, billing service with whom you conduct business, ask about their plans for the Version 5010 and ICD-10 compliance, and when they will be ready to test their systems for both transitions.
- \* Access staff training needs. Identify the staff in your office who code, or have a need to know the new codes. Coding professionals recommend that training takes place approximately 6 months prior to the October 1, 2013 compliance date.
- \* Identify potential changes to work flow and business processes.
- \* Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials, and training.



### **\*\*PROVIDER ALERT\*\***



Florida Medicaid is changing coverage for CPT Code 90670—Pneumococcal conjugate vaccine (PCV13). The covered age for this code will be changed from 0-4 to 0-5 with automatic payment for that age group. Children 6 through 18 years of age with certain high risk medical conditions may receive a single dose of PCV13. The claims for children 6-18 will be subject to medical review to determine medical necessity for reimbursement. This change will be retroactive to March 18, 2010.

For additional information, please contact the SFCCN Subnetwork which you are contracted:

MHS 954-276-3131 Broward Health 954-767-5600 PHT 877-838-7526

## PROVIDER REENROLLMENT

AHCA and HP Enterprise Services, LLC, the current Medicaid fiscal agent, worked diligently to simplify the provider reenrollment process by making it a more streamlined, efficient process. One of the biggest changes to the process is the ability to reenroll multiple service locations with only one submission. Providers no longer have to reenroll every single service location separately. You will receive one reenrollment packet for each Medicaid base provider number you hold and this one packet may be used to reenroll all active service locations enrolled under that base number. Please note, if you hold multiple Medicaid base numbers, you must reenroll each separately.



You will have **ninety days** to complete the reenrollment process. You must complete the reenrollment process by the deadline specified in the reenrollment packet. After that deadline, the system will automatically suspend your claims for review until you complete the process. To avoid disruption of your claims processing and payments, submit your reenrollment packet immediately after you receive it.

### CHANGE IN COVERAGE



Effective July 1, 2010, the CPT code 59200 will be suspended for review to determine medical necessity. Therefore, after that date, appropriate documentation to support medical necessity must be submitted with the claims in order to receive Medicaid reimbursement.

### MEDICAID EMR INCENTIVE PROGRAM

Non-hospital based physicians, dentists, nurse-midwives and nurse practitioners are eligible professionals for this incentive program. In order to be eligible for the incentive payments, these professionals must meet certain Medicaid patient volume thresholds and can receive up to \$63,750 over six years for adopting and meaningfully using electronic medical record (EMR) technology. Eligible professionals may receive an incentive payment from either Medicaid or Medicare, but not both.

### WE NEED YOUR ASSISTANCE



Please note when you record the patient's **height** and **weight** at each visit, remember to calculate the BMI and record the result in the MEDICAL RECORD. BMI is a new performance measure that AHCA is monitoring on all the health plans. You could also use the following code to indicate BMI on your claim:

**ICD-9 Code:** V85.0—V85.5

**CPT Code:** G8417—G8420



### SFCCN PROVIDER SATISFACTION SURVEY

The 2009-2010 SFCCN Provider Satisfaction Survey had been distributed to all the high volume PCPs. If you have not completed the survey, please take a moment to fill it out and fax it back to us.

**WE WANT TO HEAR FROM YOU!**

### PROVIDER REMINDER

#### Referral to Specialists

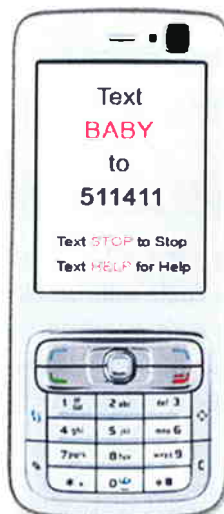
Once a PCP refers a patient to an in-network specialist, the patient can continue to see the same specialists for **ONE YEAR** without renewing the paper referral/script as long as it's for the same diagnosis. The member must have active eligibility at the time of service.

#### STAY CONNECTED!

If your practice currently is not enrolled with **Florida SHOT**, get registered today online at [www.flshots.com](http://www.flshots.com) or call 1-877-88-SHOT.



### TEXT4BABY



Text4baby is a **FREE** mobile information service designed to promote maternal and child health. It is an educational program of the National Healthy Mothers, Health Babies Coalition (HMHB). It provides pregnant women and new moms with information they need to take care of their health and give their babies the best possible start in life. Women who sign up for the service will receive free SMS text messages each week. The text messages are not personalized, but the information in each message is relevant to their pregnancy timeline or the age of their child. Please inform any of your patients who may benefit from this free service. For more information, please visit [www.text4baby.org](http://www.text4baby.org).