JANUARY–FEBRUARY 2020

BCN Provider *News*

Clinical editing billing tips

Applying ICD-10 codes

The ICD-10-CM codes were designed to report a condition to the highest level of specificity. Occasionally, two related conditions can be combined, and the condition and manifestation coded together into a combination code (or one code). In our focus on correct coding, BCN will be applying edits related to the application of ICD-10 codes in relation to a reported modifier and in the standards of the ICD-10-CM guidelines.

Here are some things to know when applying an ICD-10 code.

- Code to the highest level of specificity. Codes sometimes require up to seven characters.
- Be aware of these requirements:
  - Primary and secondary diagnosis
  - Excludes 1 note (used when two conditions can't occur together)
  - Laterality of diagnosis to modifier or procedure
  - Etiology and manifestation convention
- Be aware of the following terms used in code descriptions:
  - And
  - With
  - Code also
  - See also

In addition:

- Signs and symptoms routinely associated with a condition shouldn't be reported with the condition.
- Sign and symptoms not routinely associated with a condition should be coded with the condition when present.
- Acute versus chronic conditions should be specified when selecting some conditions.

Clinical editing appeals reminders

Many changes have occurred in our editing appeals over the last few years. However, the clinical edits continue to focus on correct coding. Our edits are based on national coding standards, including American Medical Association CPT and Centers for Medicare & Medicaid Services guidelines, as well as our health plan medical policies. We continuously review code changes and updates to coding guidelines.

The clinical editing appeal process has had some minor changes over the past few years. Please review the items below. Many of these are related to common questions we receive, reasons we return appeals without review or issues that cause delays in our clinical editing process.

- Submit appeals within 180 days of the original clinical editing denial.
- Submit all related documentation (not just the service being appealed) supporting the codes on the claim. This may include office records, radiology notes or other records depending on the service being appealed.
- Make sure we can read all documents. If they're illegible, we won't review them.
- Complete all required fields on the form.
  - Contact information, phone number and addresses are frequently omitted. We'll contact providers if we have questions or need additional information. We may not be able to contact you if you omit pertinent information.

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Clinical editing billing tips *Cont.*

- You must fax each appeal separately. We apologize for this inconvenience, but it's necessary due to automated intake of the appeals. When you send appeals together, you may see a delay in processing.
- Don't send a duplicate appeal. If you aren't sure the appeal has been received, contact provider inquiry.

For additional information on clinical editing and the complete appeals process, log in to Provider Secured Services.

- Go to *BCN Provider Publications and Resources*
- Go to *Billing/Claims* under Popular links.

From the Billing/Claims page you can access:

- The Claims chapter, which contains a section on Clinical Editing
- The links to Clinical Editing Resources, which include information on:
  - Modifier usage
  - EX codes
  - An appeal quick guide
  - Links to previous clinical editing articles

Procedures with pay percent reductions

We follow CMS guidelines when applying pay percent recommendations for multiple surgical reductions, cardiology, procedures with modifier 51, radiology reductions and some endoscopy services. Keep in mind that although an EX code is on the remittance advice notice, pay percent recommendations aren't eligible for a clinical edit appeal. These follow CMS guidelines. If you have a question about the reason for the reduction, refer to the billing and payment section of the provider manual or contact provider inquiry.