

# Will you be ready?

Visit the ICD-10 page in the Standards and Requirements section of our Provider website at bcbsnm.com/provider for information on critical steps, such as testing with BCBSNM. You'll also find answers to frequently asked questions and other tools and related resources.

# Learn more!

For additional help with your office transition to ICD-10, go to AAPC.com/ICD-10/



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## **Physicians**

• Documentation:

The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.

Code Training:
Codes increase from 17,000 to 140,000. Physicians must be trained.

#### Nurses

• Forms:

Every order must be revised or recreated.

• Documentation:

Must use increased specificity.

Prior Authorizations:

Policies may change, requiring training and updates.

#### Lab

Documentation:

Must use increased specificity.

• Reporting:

Health plans will have new requirements for the ordering and reporting of services.

#### **Clinical Area**

• Patient Coverage:

Health plan policies, coverage limitations, and new ABN¹ forms are likely.

Superbills:

Revisions required and paper superbills may be impossible.

• ABNs:

Health plans will revise all policies linked to LCD<sup>2</sup>s or NCD<sup>3</sup>s, etc., ABN forms must be reformatted and patients will require education.

#### **Managers**

New Policies and Procedures:

Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI<sup>4</sup> must be revised.

Vendor and Payer Contracts: All contracts must be evaluated and updated.

Budgets:

Changes to software, training, new contracts, new paperwork will have to be paid for.

• Training Plan:

Everyone in the practice will need training on the changes.

#### Front Desk

• HIPAA:

Privacy policies must be revised and patients will need to sign the new forms.

• Systems:

Updates to systems are likely required and may impact patient encounters.

## **Billing**

• Policies and Procedures:

All payer reimbursement policies may be revised.

• Training:

Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

# Coding

Code Set:

Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.

Clinical Knowledge:

More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.

Concurrent Use:

Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.

- Advance Beneficiary Notice of Non-coverage
- 2. Local Coverage Determination
- 3. National Coverage Determination
- Physician Quality Reporting Initiative

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