

Provider Notification

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Date	10/01/2015
To:	CHOC Health Alliance In-Network Primary Care Providers & Specialists
Subject	ICD-10 Implementation for Prior Authorization & Claims Process
Effective:	10/01/2015

Dear CHOC Health Alliance Providers,

ICD-10 is now in effect. Coding diagnoses at the highest specificity is critical for accurate authorization processing, claims payments and quality (HEDIS) scores. In order to ensure a smooth transition to this new coding set, here are some important things you should know:

- Prior Authorization requests submitted to CHOC Health Alliance on or after today 10/01/2015 must have the appropriate ICD-10 diagnosis code.
- **Requests for Prior Authorization without ICD-10 codes will be cancelled and re-submission will be required.**
- Claims must include the ICD indicator in box 21 of the claim form:
 - Dates of service prior to 10/01/2015 must have an ICD-9 diagnosis code and an indicator of 9;
 - Dates of service on or after 10/01/2015 must have an ICD-10 diagnosis code and an indicator of 0.
- Claims that crossover between September 2015 and October 2015 must be split when billed and must have the appropriate diagnosis code set.
- **Claims must be billed with the highest specificity ICD-10 code(s) or may be rejected or denied.**

We look forward to working collaboratively with you and your office staff and appreciate the quality care you provide to our Members.

For any questions or inquiries about this provider notification, please call CHOC Health Alliance's Provider Services Department Monday – Friday between 8:30 a.m. and 5:00 p.m. at 1 (800) 387-1103. You can also email your inquiry to ProviderRelations@CHOHealthAlliance.Com.

Thank you.