



To: Prestige Health Choice Primary Care Providers

Date: May 26, 2016

Subject: **Prestige Looks to Ensure Accurate Encounter Data**

Summary: Prestige will ask you to assist in ensuring that all diagnosis codes that affect patient care, treatment or management are coded and reported via claim submission.

The Florida Agency for Health Care Administration (AHCA) uses medical encounter data supplied by Prestige Health Choice to evaluate disease severity and risk of increased medical expenditures. AHCA employs the Chronic Illness and Disability Payment System (CDPS+Rx), a diagnostic classification system, to support health-based capitation payments to Prestige. Accurate payments from AHCA help us ensure that providers are reimbursed appropriately for services provided to our members.

Although Prestige captures information through claims data, certain diagnosis information is commonly contained in medical records but not reported via claim submission. Per the ICD-10-CM Official Guidelines for Coding and Reporting (Oct. 1, 2015) and the ICD-9-CM Official Guidelines for Coding and Reporting (Oct. 1, 2014), providers must code all documented conditions present at the time of the encounter or visit that require or affect patient care, treatment or management.

In the near future, Prestige will ask you to assist us in ensuring that all diagnosis codes that affect patient care, treatment or management are coded and reported via claim submission. Look for more information in the coming weeks.

Remember, your assistance is important to ensuring that complete and accurate information is reported in medical encounter data. Thank you for your cooperation and the valuable services you provide to our Prestige members.

If you have any questions, please call Provider Services at **1-800-617-5727**.

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