

ICD-10 The Time to Prepare is Now!

The implementation date for the transition to ICD-10 is October 1, 2013. The date seems to be a long way off, so why prepare now? The process of implementing ICD-10 is not only complex but it will affect every aspect of the medical practice. If you are under the assumption that all you need to do is purchase an updated coding book, think again.

The ICD-10 codes are seven digit alpha-numeric codes which are currently not supported by the current electronic transaction standard 4010. Therefore, the format by which your claims are currently sent will need to change to accommodate the new code set. The change from the current electronic transaction standard from 4010 to 5010 is scheduled to take place on January 1, 2012.

This change will not only allow for the reporting of the seven digit alpha-numeric ICD-10 codes, it will also include changes to accommodate a "patient on admission (POA)" indicator, require the reporting of minutes for anesthesia as opposed to units or minutes, will clarify subscriber and dependant relationships, and provide real time claim adjudication, to name a few.

Practices will want to start preparing for the change now to assure a smooth transition to the 5010 transaction standard to minimize delays in processing claims and claim payment.

Begin by starting a conversation with your software vendor. If they are not able to accommodate the change you may need to purchase a new software system. Talk to your clearinghouse or billing service to determine if they will be able to support the change, if so when will their upgrades be completed? And when can you begin testing transmissions?

Don't forget the insurance carriers (payers). You may be ready to transmit in the new format but will they be ready to receive them? Will you need to re-negotiate your provider contract or Electronic Data Interchange (EDI) agreement?

Aside from the 5010 electronic transition, the implementation of ICD-10 will impact every aspect of your medical practice and will have a significant effect on billing and reimbursement.

The ICD-10 codes provide a greater level of specificity and as such will require documentation to provide the same level of specificity. The new codes also include laterality and identification of the type of encounter (e.g. initial, subsequent). Let's look at a few examples:

J45.21 Mild intermittent asthma, with (acute) exacerbation

J45.42 Moderate persistent with status asthmaticus

M06.221 Rheumatoid bursitis, right shoulder

M06.212 Rheumatoid bursitis, left shoulder

S52.012A Torus fracture of upper end of left ulna initial encounter for closed fracture

S52.012D Torus fracture of upper end of left ulna subsequent encounter for closed fracture with routine healing

In each of the codes listed above we can see the level of specificity required in the documentation to assign a code. Now think about all the various departments of your practice affected by the code selection. Billing is the first to come to mind, without sufficient documentation you will be unable to select a code to enter on the claim form for reimbursement. What about the laboratory and radiology orders, authorizations, pre-certifications, and medication authorizations, to name a few. Will your physicians and staff members be familiar with the coding system to be able to document and select the correct code(s)?

Additionally one ICD-9-CM code can translate into multiple ICD-10 codes. The use of a superbill/encounter form or laboratory/radiology order sheet may no longer be cost effective or practical to print on a paper form. You may now require the use of coding software or an electronic medical record for code selection. For example: ICD-9-CM 381.00 Unspecified acute nonsuppurative otitis media translates into the following ICD-10 codes:

H65.191

Other acute nonsuppurative otitis media, right ear H65.192 Other acute nonsuppurative otitis media, left ear

H65.193

Other acute nonsuppurative otitis media, bilateral H65.194 Other acute nonsuppurative otitis media, recurrent, right ear H65.195

Other acute nonsuppurative otitis media, recurrent, left ear H65.196 Other acute H65.197

Other acute nonsuppurative otitis media recurrent, unspecified ear H65.199 Other acute nonsuppurative otitis media, unspecified ear

The costs involved with the transition will be a primary concern for practices; therefore the time to begin to preparing is now!

How Can You Prepare

Now Identify your current work processes

- Documentation - will require more detailed clinical documentation
- Practice Management / Software Systems - is your system able to support the seven digit alpha numeric ICD-10 codes?
- Encounter Forms/Superbills, Laboratory/ Radiology Order Forms - will need to be converted from ICD-9-CM codes to ICD-10 codes
- Electronic Health Records (EHR) will your EHR support the ICD-10 codes?
- Quality Reporting & Public Health Reporting - can your system generate the required reports with ICD-10 codes?
- Contracts - contracts with payers should be reviewed to determine the impact of moving to ICD-10

Talk to your practice management/software vendor and ask:

- Does my current system accommodate the ICD-10 code format?
- Will you be upgrading my current system and if so will there be a charge or is it included in my software support and upgrades?
- When will my system upgrade be completed?

Talk to your clearinghouse or billing service, and payers and ask:

- Will you be upgrading your systems to accommodate the ICD-10 code format?
- When will your upgrades be completed?
- When will you be ready to accept test transmissions?
- Will I need to re-negotiate my electronic data interchange (EDI) contract? (for payers only)

Develop an Education & Training Plan

- Different staff members require different levels of training (e.g. physicians, coders, medical assistants)
- What type of training works best? (e.g. classroom, web-based)
- Will there be downtime during the training?
- Will there be ongoing support training and resources?

Develop a Budget for Implementation Costs

- Practice Management/Software & Hardware upgrades
- Possible upgrade to Electronic Health Record
- Auditing documentation
- Staff Training
- Overtime Costs

Once you take a closer look at all that is involved with the change to the 5010 electronic transaction standard in January 1, 2012 and the implementation of ICD-10 on October 1, 2013, I am sure you will agree, there is much to do in very little time.

Learn More About It
5010 Transaction Standard

http://www.cms.hhs.gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp

ICD10 Implementation

http://www.cms.hhs.gov/ICD10/06_Announcements_and_Communications.asp

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