

Identify your current systems and work processes that use ICD-9 codes. This could include your clinical documentation, encounter forms/superbills, practice management system, electronic health record system, contracts, and public health and quality reporting protocols. It is likely that wherever ICD-9 codes now appear, ICD-10 codes will take their place.

Talk with your practice management system vendor about accommodations for ICD-10 codes.

1. Confirm with your vendor that your system has been upgraded to Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes.
 2. Contact your vendor and ask what updates they are planning to make to your practice management system for ICD-10, and when they expect to have it ready to install.
 3. Check your contract to see if upgrades are included as part of your agreement.
- Will support for my current products be discontinued after the October 1, 2015, ICD-10 deadline?
 - When will you update my current products and applications for ICD-10?
 - Will you provide periodic updates for new products? Will there be a charge for these updates?
 - Will I need new hardware to accommodate ICD-10-related software changes?
 - What are the costs associated with maintaining new products?
 - Will you offer product support? If so, how long will the vendor support the application?
 - How do I report issues and how quickly will you respond?
 - Will you provide training on your software?
 - Will you offer support during and after internal ICD-10 testing?
 - Will you help me test my system with payers and other trading partners?
 - Will your product allow for coding in both ICD-9 and ICD-10 to accommodate transac-

tions with dates of service before October 1, 2015, and transactions with dates of service after October 1, 2015?

Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition. Be proactive, don't wait. Contact organizations you conduct business with such as your payers, clearinghouse, or billing service. Ask about their plans for ICD-10 compliance and when they will be ready to test their systems for the transition.

Practices preparing for the October 1, 2014, ICD-10 deadline are looking for resources and organizations that can help them make a smooth transition. It is important to know that while clearinghouses can help, they cannot provide the same level of support for the ICD-10 transition as they did for the Version 5010 upgrade. ICD-10 describes a medical diagnosis or hospital inpatient procedure and must be selected by the provider or a resource designated by the provider as their coder, and is based on clinical documentation.

During the change from Version 4010 to Version 5010, clearinghouses provided support to many providers by converting claims from Version 4010 to Version 5010 format. For ICD-10, clearinghouses can help by:

- Identifying problems that lead to claims being rejected
- Providing guidance about how to fix a rejected claim (e.g., the provider needs to include more or different data)

Clearinghouses cannot, however, help you identify which ICD-10 codes to use unless they offer coding services. Because ICD-10 codes are more specific, and one ICD-9 code may have several corresponding ICD-10 codes, selecting the appropriate ICD-10 code requires medical knowledge and while some clearinghouses may offer third-party billing/coding services, many do not. And even third-party billers cannot translate ICD-9 to ICD-10 codes unless they also have the detailed clinical documentation required to select the correct ICD-10 code.

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problems with your test ICD-10 claims.

Talk with your payers about how ICD-10 implementation might affect your contracts. Because ICD-10 codes are much more specific than ICD-9 codes, payers may modify terms of contracts, payment schedules, or reimbursement.

Payers must plan to be ready to process claims with ICD-10 codes for medical diagnoses and inpatient procedures. The following are steps to take now to prepare for the ICD-10 transition:



- 1. Review payment policies.** The transition to ICD-10 will involve new coding rules.
- 2. Investigate General Equivalence Mappings (GEMs) and reimbursement crosswalks.** This will help you assess the impact on your organization.
- 3. Check with your software vendors, billing services, clearinghouses, and providers.** Ask the software vendors, billing services, and clearinghouses, as well as the providers you work with, what they are doing to prepare and what their timelines are for testing and implementation.
- 4. Communicate with your colleagues about the ICD-10 transition.** Meet with your professional and support staff. Discuss the new codes and where they are used to help you assess the impact on your organization. Assign roles and responsibilities for addressing the transition.
- 5. Identify needs and resources.** Consider the changes that will be required. Develop a budget, timeline, and an implementation plan that take into account specific workflow needs, vendor readiness, and staff knowledge, and that factor in associated training needs.
- 6. Plan strategies** that will minimize any provider reimbursement and operational interruptions.

As you prepare for the October 1, 2014, ICD-10 deadline, clearinghouses are a good resource for testing that your ICD-10 claims can be processed—and for identifying and helping to remedy any **Identify potential changes to work flow and business processes.** Consider changes to existing processes including clinical documentation, encounter forms, and quality and public health reporting.

Assess staff training needs. Identify the staff in your office who code, or have a need to know the new codes. There are a wide variety of training opportunities and materials available through professional associations, online courses, webinars, and onsite training. If you have a small practice, think about teaming up with other local providers. For example, you might be able to provide training for a staff person from one practice, who can in turn train staff members in other practices. Coding professionals recommend that training take place approximately six months prior to the ICD-10 compliance deadline.

Budget for time and costs related to ICD-10 implementation, including expenses for system changes, resource materials, and training. Assess the costs of any necessary software updates, reprinting of superbills, trainings, and related expenses.

Conduct test transactions using ICD-10 codes with your payers and clearinghouses. Testing is critical. You will need to test claims containing ICD-10 codes to make sure they are being successfully transmitted and received by your payers and billing service or clearinghouse. Check to see when they will begin testing, and the test days they have scheduled.

Five More Facts about ICD-10

Last week, the Centers for Medicare & Medicaid Services (CMS) shared five facts dispelling misperceptions about the transition to ICD-10. Here are five more facts addressing common questions and concerns CMS has heard about ICD-10:

- **If you cannot submit ICD-10 claims electronically, Medicare offers several options.** CMS encourages you to prepare for the transition and be ready to submit ICD-10 claims electronically for all services provided on or after October 1, 2015. But if you are not ready, Medicare has several options for providers who are unable to submit claims with ICD-10 diagnosis codes due to problems with the provider’s system.
- Practices that do not prepare for ICD-10 will not be able to submit claims for services performed on or after October 1, 2015. Unless your practice is able to submit ICD-10 claims, whether using the alternate methods described above or electronically, your claims will not be accepted.
- Reimbursement for outpatient and physician office procedures will not be determined by ICD-10 codes. Outpatient and physician office claims are not paid based on ICD-10 diagnosis codes but on CPT and HCPCS procedure codes, which are not changing.
- Costs could be substantially lower than projected earlier. Many EHR vendors are including ICD-10 in their systems or upgrades—at little or no cost to their customers.
- It’s time to transition to ICD-10. ICD-10 is foundational to modernizing health care and improving quality.



*Who dares to teach must never cease to learn.
~John Cotton Dana*