

Dermatology Coding Alert

ICD-10 Prep: Don't Limit Your ICD-10 Focus to Coding

NGS answers practice questions about how to be ready come Oct. 1.

For years the threat of ICD-10 implementation has been looming in the distance and you have been preparing. That distance is quickly decreasing, and ICD-10 is really just around the corner. October 1 is going to be here before you know it, and your biggest question may still be whether you are covering every base.

Good news: Many payers are setting up provider calls to let you know where they are in their own preparations, and to tell you what you need to know to be sure you're on the same page. NGS Medicare did just that during its Jan. 29 webinar, "Transitioning From ICD-9-CM to ICD-10-CM." NGS, a Part B payer in 10 states, used CMS guidance to share tips and tricks about how to smoothly make the leap from ICD-9 to ICD-10 this fall.

Focus on the following areas that NGS highlighted to ease your last few months of preparation and ensure a smooth ICD-10 transition.

Check Your Privacy Notice

You may have wondered if you will need to change your notice of privacy practices. You'll only need to revise your statements if you have specific ICD-9 codes on them, said NGS's **Alicia Forbes, CPC**, on the call.

For instance, if your privacy practice notice is so specific that it states "Please list the names phone numbers of any family members with whom we can discuss your skin cancer (ICD-9 code 172.4, Malignant melanoma of skin of scalp and neck)," this would have to be changed to the appropriate ICD-10 code, such as C43.4 (Malignant melanoma of scalp and neck) or D03.4 (Melanoma in situ of scalp and neck).

Good practice: Keep privacy practice notices more general and don't include specific diagnosis or procedure code information that could date the forms when there are code additions, revisions, or deletions.

Don't Expect Reimbursement Rate Changes

You won't have to worry about ICD-10 directly affecting your reimbursement rates.

Here's why: The CPT® code on your claim determines your reimbursement rates under Part B Medicare. Just like ICD-9 codes, the diagnosis doesn't determine your reimbursement rate. Therefore, the appropriate ICD-10 codes will have to be linked to the CPT® codes on your claims, but the payments won't be based on the specific ICD-10 codes used, Forbes said.

You may have heard experts and payers say that ICD-10 will make reimbursement more accurate. But if reimbursement is based on CPT® codes, you may wonder how that is possible.

ICD-10 codes are more specific than ICD-9 codes have been, so Part B payers will be able to gather more information from the diagnosis codes up-front. This will lead to fewer chances of errors occurring during claims processing, and will preclude payers from having to halt the claims process for medical review personnel to review them line by line, said NGS's Arlene Dunphy, CPC, during the call.

Check Your Payers' Test Dates

You don't have to contact your payers this fall to see if they're ready to accept ICD-10 claims. As of Oct. 1, 2014, all Medicare payers will begin accepting these codes, so you don't need approval for them. When it comes to testing,

however, your payers will let you know when their individual testing dates are, Dunphy said.

Be prepared: ICD-10 testing week (March 3-7) is getting close and practices are lamenting that they still don't have details on the testing. Don't expect the testing date will be extended or changed, however. During the week of March 3 through March 7, your MAC will allow you to send in your test claims that include ICD-10 codes. If you have difficulty processing the claims, you'll be able to contact the help desk to figure out what went wrong. In addition, you will get electronic acknowledgement of your test claims that will tell you whether they were accepted or rejected.

"Unfortunately at this point that's the only information we have, and they are telling us to look out for future information so I don't believe that's going to change," Dunphy said. Therefore, stay on track to test your ICD-10 claims the week of March 3 and await additional information from your MAC on how the process will work.

To read more about the ICD-10 test dates, visit

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8465.pdf.

Get Ready For LCD And Manual Updates

There are no updates scheduled for the ICD-10 code set between Oct. 1, 2013 and Oct. 1, 2014, so you may think that it's safe to buy the book now since there won't be any new codes added to it this October. You might want to hold off, however.

There will be limited code updates for the Oct. 1, 2014 date, so there may be some changes to the newest book that apply to ICD-10 as of this coming October, Dunphy said. Therefore, if you only want to buy the book once this year, you may want to wait until the edition is released that includes any codes introduced this year.

LCDs coming soon: The local coverage decisions (LCDs) that will include ICD-10 codes will be posted by April 10, Dunphy said. Some MACs may have already started posting updates to LCDs, but they are supposed to have all LCDs updated by April 10 at the latest, according to MLN Matters article MM8348.

Get Everyone On Board

Everyone in your practice is going to be affected by the transition to ICD-10. Start now to make sure each employee knows her piece of the puzzle to ensure a smooth transition.

Example: Your biller has to have some knowledge of ICD-10, because if the physician or other practitioner has unclear handwriting, she'll still need to know enough about ICD-10 to look up codes in the book, Forbes said.

In addition, sometimes the coder will leave out the placeholder codes of "xxx" and the biller would have to know the ICD-10 coding conventions to be able to recognize when the placeholder x's aren't in place, Forbes added.

Make sure your physicians know the documentation requirements of ICD-10, that your coders know the new guidelines for ICD-10, and that your billers and claims processors know how to use the new codes on your CMS-1500 forms or electronic claims.

Pointer: For ICD-9 to ICD-10 mappings that aren't one to one, some coders believe it is always best practice to use the ICD-10 code that says "unspecified." Unless the clinical documentation is nonspecific, then you should select the most specific code based on the documentation rather than just randomly choosing the nonspecific code, Forbes said.

Update Paper Forms Starting April 1

If your office still uses paper claim forms, pay attention to the deadline for switching to the new form. The new CMS-1500 form (version 02/12) will be the only paper claim form accepted as of April 1, so you will be able to use ICD-9 codes on these forms from April through the end of September, Forbes said.

This form will accommodate ICD-10 codes effective Oct. 1, so you can use the same form then. However, don't try submitting ICD-10 codes before Oct. 1 □ systems won't be able to process ICD-10 codes until Oct. 1, 2014.

