

Optometry Coding & Billing Alert

ICD-10; Get the Real Story on ICD-10 With These Expert Answers

Hint: You will be able to find hard copy ICD-10 books -- and dozens of new cataract codes -- CMS and AHIMA reps confirm.

The ICD-10 implementation date (Oct. 1, 2013) may sound far away, but in terms of the prep work your optometry practice should be doing to get ready, it's right around the corner.

That's the word from CMS reps during a recent Open Door Forum explaining ICD-10.

No rolling implementations: No matter where you work (hospital, ASC, physician practice, clinic, etc.), the ICD-10 deadline applies to you.

"I must stress quite strongly that Oct. 1, 2013 will be the date that everyone will begin to use ICD-10," said **Pat Brooks, RHIA**, senior technical advisor with CMS, during the call. "There will be no grace period," Brooks said. "In other words, we will not be slipping the date beyond Oct. 1, 2013, for ICD-10 codes, and this will be a compulsory implementation of this system."

CMS will not accept ICD-9 codes for any dates of service on or after Oct. 1, 2013, but will continue to process claims for services prior to that date "for a period of time," Brooks said. **Sue Bowman, RHIA, CCS**, director of coding policy and compliance with the American Health Information Management Association (AHIMA), aimed to dispel several ICD-10 myths during the call.

Books will exist: "One myth is that there won't be any hard copy ICD-10 code books," Bowman said, "but that's not true. ICD-10-CM code books are actually already available from some publishers, and are of a normal, manageable size," she said.

Documentation won't be overhauled: Another misconception is that insurers will require unnecessarily detailed medical record documentation. But, Bowman noted, "much of the detail contained in ICD-10-CM is already in the medical record documentation, but it's just not being utilized because it's not needed for ICD-9 coding."

ICD-10 Won't Be User-Unfriendly

One of the bigger rumors about ICD-10 is that the increased number of codes will make ICD-10 impossible to use. Not so, Bowman said.

"Just as the size of a dictionary doesn't make the dictionary more difficult to use, a higher number of codes doesn't necessarily increase the complexity of the coding," Bowman said. In fact, she noted, greater specificity and clinical accuracy should actually make ICD-10 easier to use.

Example: In the United States, there is only one code for senile incipient cataract: 366.12 (Incipient cataract). ICD-9 provides no more detailed diagnosis coding beyond that point.

ICD-10, however, provides the following diagnoses under "age-related incipient cataract" (H25.0):

H25.01 -- Cortical age-related cataract

H25.011-- Cortical age-related cataract, right eye

H25.012 -- Cortical age-related cataract, left eye

H25.013 -- Cortical age-related cataract, bilateral

H25.019-- Cortical age-related cataract, unspecified eye

H25.03 -- Anterior subcapsular polar age-related cataract

H25.031 -- Anterior subcapsular polar age-related cataract, right eye

H25.032 -- Anterior subcapsular polar age-related cataract, left eye

H25.033 -- Anterior subcapsular polar age-related cataract, bilateral

H25.039 -- Anterior subcapsular polar age-related cataract, unspecified eye

H25.04 -- Posterior subcapsular polar age-related cataract

H25.041 -- Posterior subcapsular polar age-related cataract, right eye

H25.042 -- Posterior subcapsular polar age-related cataract, left eye

H25.043 -- Posterior subcapsular polar age-related cataract, bilateral

H25.049 -- Posterior subcapsular polar age-related cataract, unspecified eye

H25.09 -- Other age-related incipient cataract.

Prepare now: Although you shouldn't start your intensive, in-depth ICD-10 training until six to nine months before implementation, you can prepare in other ways now, Bowman said.

To get ready for ICD-10, you should start identifying medical record documentation improvement opportunities, Bowman advised. ICD-10 won't require you to improve your documentation, but the higher quality your documentation is, the easier it will be to avoid using unspecified codes and the faster you'll find the accurate ICD-10 code.

In addition, you can start learning the basic structure, organization, and unique features of ICD-10, and refresh your knowledge of biomedical concepts so you won't be tripped up by more enhanced code definitions and descriptions.

One caller asked whether she can start testing and using ICD-10 codes prior to Oct. 1, 2013 if her practice is ready. "You certainly could do some internal testing of ICD-10 and also of your 5010 system," Brooks said. "What you can't do is to submit ICD-10 codes to any payers for services performed prior to Oct. 1, 2013." She also recommended working with software vendors ahead of time to confirm that no issues will exist with claims submissions using ICD-10.

Another caller asked whether CMS will revise the CMS-1500 form to accommodate ICD-10's longer codes. "Beginning on or after Jan. 1, 2011, CMS (and I'm sure other payers) will be prepared to accept claims using the 5010 format, which has a lot of improvements, one of which is it will accept more characters for your codes," Brooks said. She noted that the 5010 will, at that point, be "the new universal claim format."

Brooks alerted callers to a new ICD-10-CM Quick Reference Information sheet, which can help you prepare for the change. The guide is available at www.cms.hhs.gov/icd10, and then click "CMS sponsored calls" on the left, followed by the "2010 ICD-10 Conference Calls" download.