

Part B Insider (Multispecialty) Coding Alert

ICD-10: Practices Report Mostly Smooth Sailing Through ICD-10 Transition

Some potential issues, however, may remain to be seen.

If you asked medical practices a few years ago about their vision of how ICD-10 implementation would go, many of them would have said they foresaw a post-Oct. 1 future that involved stacks of claim denials. Fortunately for those offices, that doesn't seem to have come to fruition—at least so far.

A Forbes article last week underscored how smoothly the transition has gone, noting that both Humana and UnitedHealth Group have reported very few errors due to the new diagnosis coding system. Many naysayers pointed to the article as evidence of the fact that insurers have the easy side of the deal, whereas medical coders and billers are toiling in the stress of the adjustment. To that end, the Insider polled several practice management professionals to get the full story on how the transition has gone since ICD-10 implementation took place on Oct. 1. Read on for the results.

Most Find Smooth Sailing—With A Few Glitches

Robert Perez of Kingsbrook Jewish Medical Center in Brooklyn, NY, reported an easy transition to ICD-10, and also discovered that his payer had implemented some diagnosis coding edits. "The insurance company already denied the ICD-9 codes for a claim with an Oct. 1, 2015 date of service," he said. "I have been successful in finding diagnosis codes so far using two helpful programs from Codify and the AAPC website." He also considers it a good sign that he hasn't gotten an influx of calls to help other hospital departments with their diagnosis codes, although the admitting and surgery departments have requested help with authorizations.

Vinod Gidwani, founder of Currence Physician Solutions in Skokie, Ill., notes that the transition has gone quite smoothly. "Frankly, the ICD-10 so far, as far as submitting claims and getting the claims accepted the experience, has been great!" he reports. "We are still in the process of analyzing payments. This whole ICD-10 reminds me of Y2K transition, all the hoopla but really 'much ado about nothing!'"

Delinda M. Casey, billing coordinator at Specialty Care Institute and The Vision Institute, echoes that statement, noting that she says she hasn't seen anything out of the ordinary yet. "So far so good, knock on wood," she told the Insider.

The experience of **Sharon Cohen, MSM, RHIA** of Partners Healthcare, shows that the ease of the ICD-10 transition might be dependent on the practice's specialty. "I am struggling with the ICD-10 coding on the front end, although we have a computer coding system," she says. "It's too soon to really say how it is going with ICD-10, although it certainly is much more time consuming. I do radiology coding so our diagnoses are much more diverse than those of a particular specialty, and we are dealing with limited information from the referring practitioner and the fact that the radiologists are not as familiar with all the required information needed to do specific coding."

Donelle Holle, RN, a healthcare, coding and reimbursement consultant, says she is getting payments, but has also seen some denials. Some of those may have been due to her carrier "really not being I-10 friendly yet," but she adds that most carriers were more prepared than practices had expected, and payments have been appropriate thus far. "I did just today hear one managed care group denied a Z23 (Encounter for immunization) on a vaccine. I have advised to just refile it to see if they were just not ready. We'll see."

Payments May Not Be Speedy

In response to provider questions about the timing of Medicare payments under the ICD-10 system, CMS created a resource document last week advising practices about the payment timelines.

"Generally speaking, Medicare claims take several days to be processed and must also [] by law [] wait two weeks before payment is issued," CMS said in the statement. "The truth is very few health care providers file claims on the same day a medical service is given. Most providers batch their claims and submit them every few days. If you want to check on the status of your claim before that time, you can access your Medicare Administrator Contractor's interactive voice response or portal as you do today to check on the status of your claim. Medicaid claims can take up to 30 days by law to be submitted and processed by states. However, most states process claims before that time."

Resource: You can access the CMS listing of contact numbers for each state by visiting www.cms.gov/Medicare/Coding/ICD10/ICD-10-Provider-Contact-Table.pdf.