

Part B Insider (Multispecialty) Coding Alert

ICD-10 Readiness: Start Small When Prepping for ICD-10 Conversion, CMS Says

Acquaint yourself with the top 30 diagnoses that your practice sees and you'll get a head start toward compliance.

If you've taken a look at the ICD-10 book, you know that it would be virtually impossible to memorize all of the codes that it contains. But preparing for ICD-10 won't require you to even try to know the codes by heart, CMS reps indicated during the August 3 CMS call, "ICD-10 Implementation Strategies for Physicians."

Take heart: Switching to ICD-10 will not require practitioners to learn new codesets--"in fact, most practitioners probably don't know many ICD-9 codes by heart, so they won't be expected to memorize ICD-10 codes either, said **Daniel Duvall, MD**, medical officer with CMS's Hospital and Ambulatory Policy Group, during the call.

What do physicians need to do for the conversion? To prepare for ICD-10, doctors will need to look at the codes they use most frequently in their offices and create new job aids or superbills for those procedures, Duvall added. "You may need to look at those codes that you see most commonly in your practice," he said. He advises physicians to pick the top 30 diagnoses that they see and concentrate on knowing how to code those appropriately.

Strategy: Use your list of the top diagnoses that your practice sees to find the corresponding ICD-10 codes, and "you've got your cheat sheet," Duvall said. Then, ensure that your coders are trained, that your claims are form 5010 compliant, and that your claim submission system supplier is ICD-10-ready. In addition, if you have an electronic medical record or you plan to get one, make sure it can handle ICD-10. "If you're starting to bring in an EMR, you want to convert to ICD-10 first, not bring one in under ICD-9 and then convert," Duvall added.

Physicians should tighten up documentation: As is the case under ICD-9, coders will not be able to glean ICD-10 codes from a physician's documentation if it isn't thorough, so physicians should take the opportunity to improve their documentation skills. "Coders cannot code what's not in the medical record," Duvall said. "As there are more opportunities for coders to pick from a list, they're going to be coming back to physicians early on to say 'Wait, I need more definition to help me pick A or B.'"

Non-Medicare Payers Are Also Prepping for Conversion

CMS has no intention of delaying the implementation of ICD-10 beyond the Oct. 1, 2013 date, said CMS's **Kyle Miller** during the call. However, not all entities are prepared for the conversion, he noted.

As of July, 11 state Medicaid programs are at high risk for meeting the ICD-10 implementation date, while 21 states are at moderate risk, 15 are at low risk, and four states have not let CMS know where they are in the process. "It's important to note there are still two years to go," Miller added, and CMS is working with the highrisk states to ensure that they get ready on time.

Interestingly, many non-required entities such as workers compensation programs and property and casualty insurers are also working toward ICD-10 readiness, Miller said, and are researching how to convert to the new system.

CMS Will Soon Issue Claims Processing Advice

CMS is "very, very close" to determining how to process claims that span the ICD-10 implementation date, said CMS's **Sarah Shirey-Losso** during the call. For instance, suppose a procedure begins at 10 pm on Sept. 30, 2013 and ends at 2 am on Oct. 1, 2013. "Some claims will continue to use the 'from' date, some claims will continue to use the 'discharge'

and/or 'through' date, and some claims will be required to be split over the October first date," she said. CMS plans to issue a change request that addresses this issue within the next month, Shirey-Losso said.