

Part B Insider (Multispecialty) Coding Alert

ICD-10: This Part B Payer Answers 10 Pressing ICD-10 Questions

Should you buy your book now or wait? These answers may guide you.

As ICD-10 approaches with just eight months left before implementation, your practice probably has a few questions churning in anticipation of Oct. 1. The MACs are aware of this and want to share some insight about the program that can help you get ready to submit your claims using the new diagnosis codes.

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 ten states, used CMS guidance to share tips and tricks about how to smoothly make the leap from ICD-9 to ICD-10 this fall. Consider the following ten bits of advice that the insurer shared during the call and use them to help make your ICD-10 transition more smooth prior to the Oct. 1 deadline.

1. Will we have to change our notice of privacy practices?

Only 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 breast cancer (ICD-9 code 174.1, Malignant neoplasm of central portion of female breast)," this would have to be changed to the appropriate ICD-10 code, such as C50.111, Malignant neoplasm of central portion of right female breast.

2. Does the CPT® code determine the reimbursement rate, or does the ICD-9 code? And if it's the ICD-9 code, will reimbursement rates change under ICD-10?

The CPT® code on your claim determines your reimbursement rates under Part B Medicare. 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.

3. If reimbursement is based on CPT® codes, then how is ICD-10 going to make reimbursement more accurate, as Part B payers keep saying it will?

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.

4. Do we have to contact our payers this fall to see if they're ready to accept ICD-10 claims?

No. 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.

5. If there are no updates scheduled for the ICD-10 code set between Oct. 1, 2013 and Oct. 1, 2014, does that mean that it's safe to buy the book now since there won't be any new codes added to it this October?

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.

6. When will the updated LCDs be available?

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.

7. How much readiness is required of a biller whose coders and doctors do all the coding on their own?

A biller has to have some knowledge of ICD-10, because if the physician or other practitioner has unclear handwriting, you'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 you'd have to know the ICD-10 coding conventions to be able to recognize when the placeholder x's aren't in place, Forbes added.

8. For ICD-9 to ICD-10 mappings that aren't one to one, isn't it 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.

9. We're a small office using paper claims. Can we use ICD-9 codes on the new claim forms beginning April 1 through Sept. 30 this year?

Yes, 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.

10. ICD-10 testing week (March 3-7) is getting close and we still don't have details on the testing. Is there a chance the testing date will be extended or changed?

"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.