Part B Insider (Multispecialty) Coding Alert

Part B Mythbuster: Start Prepping for ICD-10 Now With 3 Mythbusters

You'll need to implement the new 5010 claim form first to be ready for ICD-10.

While the fall of 2013 seems ages away when you're focused on day-to-day coding, you should start thinking about ICD-10 now. Start by learning the truth about three key areas so that your practice is ready when the implementation deadline rolls around.

Don't Stall Prep Because You Expect a Delay

Myth #1: Before the 2013 implementation date, there will be several delays so we'll have more time to prepare than we think. Reality: "The transition date for ICD-10 codes is Oct1, 2013," stressed CMS's **Stewart Streimer** during a CMSsponsored Open Door Forum earlier this year. "That's really the drop-dead date for those of you that have familiarized yourselves with the Final Rule regarding ICD-10 ... but there are a lot of things that must happen before then, and I expect many of the payers may even require ICD-10 codes before then so a sufficient amount of testing can take place," he said.

"There will be no delays on this implementation period, and no grace period," said Pat Brooks, RHIA, with CMS's Hospital and Ambulatory Policy Group, during a June 15 CMS Open Door Forum. "A number of you have contacted us about rumors you've heard about postponement of that date or changes to that date, but I can assure you that that is a firm implementation date," she stressed.

No exceptions: No matter where you work (hospital, ambulatory surgical center, physician practice, clinic, etc.), the ICD-10 deadline applies to you. Oct. 1, 2013 will be the date that everyone will begin to use ICD-10. 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 still-unannounced period of time. Today isn't too soon to start thinking about ICD-10, says **Helen Avery, CPC-I, CHC,** manager of revenue cycle services at Los Angeles-based Sinaiko Healthcare Consulting Inc. The more familiar you are with the changes, the easier the transition will be. 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. "Obtain education and understanding early on so that you will be well equipped," Avery says.

Get Your Doctors Ready Now

Myth #2: One of the major worries regarding ICD-10 is the increased number of codes making ICD-10 impossible to use.

Reality: That should not be the case, however. While your general surgeon's documentation will need to be detailed and clear, the diagnosis code set will not be more difficult to use.

Currently, CMS publishes about 14,000 ICD-9 codes, but there will be over 69,000 ICD-10 codes. The additional codes will allow you to provide greater detail in describing diagnoses and procedures, Brooks said. Because ICD-10 codes will often be more detailed and specific than the ICD-9 codes you and your surgeon are used to, you may need to encourage your doctor to start being more detailed in his documentation. While ICD-10 will require some improvement in physician documentation, the higher the quality of your documentation now, the easier it will be to avoid unspecified codes, and the faster you will find the accurate ICD-10 code. "Start by speaking with your physicians now about improving their clinical documentation detail which will be the most important aspect for them and should be started prior to the change," Avery says. "With the increased granularity of ICD-10 code descriptions, payers may use this opportunity to develop increased pay for performance incentives and more specific medical necessity requirements that were never before possible.

In light of this, accurate and specific code selections will be necessary but only possible if physicians have improved their ability to paint a clear and more detailed picture of the patient's clinical conditions."

Good news: The rules for assigning ICD-10 codes, as they currently stand, are very similar to the rules for ICD-9. This means that although the codes themselves will change dramatically, you will still follow the same process to determine what conditions to code. "Having been trained in ICD-10 CM, I find that determining a diagnosis code to be almost exactly the same as ICD-9 CM with the xception of a few proposed changes to the ICD-9 CM coding guidelines," Avery explains.

Communicate With Vendors to Ensure Readiness

Myth #3: You should leave the preparations to your doctors and vendors. Coders don't need to be involved.

Reality: You, as the coder, should be involved when practices communicate with "information system vendors (for EMR, claims processing, etc.) about their plans for the new code set implementation," advises Avery. "Changes in IT systems and processes generally require a lot of work, testing, training, and cooperation from the physician's staff. If conversations are started early, budgets are determined, and communication is open, then the entire process will be easier to tackle." You'll need to work with your software vendors ahead of time to confirm that no issues will exist with claims submissions using ICD-10. You should check first that your vendors are ready for the transition to the new 5010 form, which is making way for the ICD-10 code set. **The details:** The HIPAA 5010 form will increase the field size for diagnosis codes from 5 bytes to 7 bytes, allowing for ease of use when the ICD-10 transition occurs. In addition, it increases the number of diagnosis codes allowed on a claim.

The 5010 form will allow ICD-9 and/or ICD-10 code values -- it won't solely accept ICD-10 codes.

CMS recommends that you contact your system vendors "right away," to get assurance that your licensing agreement includes regulatory updates. Having these updates will allow implementation to the new form much easier. Ask if the upgrade will include the 5010 versions of the new transactions, and if so, inquire as to when the vendor plans to upgrade your system before the deadline of Jan. 1, 2012.