

## **Part B Insider (Multispecialty) Coding Alert**

### **Reader Question: Hold Off on Reporting ICD-10 Codes**

Question: I'm writing to find out whether many of your subscribers have started billing with ICD-10 codes, and if so, are claims successfully processing or are you receiving denials?

Answer: You should not be billing with ICD-10 yet. MACs will not begin accepting ICD-10 codes until Oct. 1, 2013.

To prepare for ICD-10, you can "shadow code" your current claims to determine whether the documentation is sufficient to code for ICD-10 and test your ability to do the coding. This means that you'll be randomly selecting claims and internally applying ICD-10 codes for your own edification--but do not submit those codes. Instead, you'll just do the shadow coding so you'll know whether your physician is documenting thoroughly enough that you'll be able to select ICD-10 codes when the time comes. If the doctors aren't documenting well enough, this would give you over a year to train your physicians to document better before the time comes.

But the standard for diagnostic coding for services now through Sept. 30, 2013 is ICD-9. No other codes will be accepted. Then, like a switch is thrown, on Oct. 1, 2013, the standard will be ICD-10.

Once Oct. 1, 2013 hits, if you are submitting a claim for a service that took place in September of 2013, you will have to use ICD-9. If the service is for October 1 or thereafter, you have to use ICD-10. For a short period, you will have to keep both code sets active.