

Eli's Rehab Report

Coding Corner: Kick Your ICD-10 Preparation Into High Gear in 5 Steps

Critical point: You're only 6 months out from a new diagnostic coding reality.

The switch from ICD-9 diagnosis codes to ICD-10 is staring you in the face, and it doesn't look like CMS will extend the deadline this time. The time to prepare your team for the big day is now.

Feeling overwhelmed? Narrow your to-do list down to these five critical target areas and tackle them over the next six months.

1) Get on the Same Page as Your EMR Vendor

If you use electronic medical records, your vendor should have already incorporated ICD-10 into its software, but you need to confirm this and find out your vendor's plan.

"Make sure everyone on your team is up to speed," says **Nancy Swigert, MA, CCC-SLP, BCS-S**, director of speech-language pathology & respiratory care at **Baptist Health Lexington** in Lexington, KY, listing the following checkpoints:

- Have you downloaded the latest software updates?
- Has your staff received all recommended software tutorials?
- Is everyone comfortable navigating and interacting with the latest interfaces?

"If not, get in touch with your vendor for assistance," Swigert says. In fact, she recommends checking with any vendors you deal with (e.g. billing services) to determine when they will have ICD-10 in place for testing.

Important: Ask your vendor if the upgrade to ICD-10 will affect any historical information, says **Francine Wheelock, PT, MPA**, manager of clinical systems for **Maine General Health** in Augusta, ME. "In other words, will the software overwrite anything that has already been billed when the transition happens on Oct. 1"?

Also ask if you will have the ability to add new codes to the system as they change, and "ensure the software isn't locked in to only being allowed to use certain codes," says Diana Echert, PT, therapy consultant for **Knees Software** in Monroe, WA.

Potential trap: Don't assume that your documentation system or the way you've always documented will justify your codes. "Now that ICD-10 codes are so specific, the documentation has to be even more specific, and [many] therapists aren't aware of that," Echert says.

2) Train Everyone Involved ASAP

Leave no stone unturned when it comes to training.

"Staff education should be occurring now," Swigert says. You should be providing education to any clinical or support staff who are involved in diagnostic coding to familiarize them with ICD-10, she adds.

Plus: Make sure the physicians you work with understand that the codes will be different, as well as the forms they're receiving from you, Wheelock says.

"Work with the physicians who typically make referrals so that they are familiar with common rehab-related codes," Swigert suggests.

Initially, acquaint yourself with ICD-10, and look at the specific codes you use as a therapist □ "what they're going to look like numerically and what they're going to look like as a definition," Echert says.

Resources: The following websites will help guide you through your transition.

- MLN Matters article from CMS overviewing ICD-10 highlights: <http://tinyurl.com/8ccn6j5>
- CMS FAQ's page: <http://tinyurl.com/k6v5zpr>
- Complete code list and general equivalency mappings to ICD-9s: <http://tinyurl.com/oe9kjjj>

For more information on the nature of ICD-10 coding, see Eli's Rehab Report Vol. 20, Nos. 4, 5.

3) Track Your 'Favorites' and Adjust Your Forms

The ICD-10 transition will be a lot easier if you list the diagnoses you treat the most frequently and then get familiar with the comparable options in ICD-10. Just be prepared to have many more options. The translation usually isn't one-to-one.

For example, "you might have four different ICD-10 codes that would apply to the same ICD-9," Echert says.

Try this: Swigert suggests developing a crosswalk from ICD-9 to ICD-10 for your most commonly used codes. "ASHA's website has a useful mapping tool that converts an ICD-9 code to an ICD-10," she points out.

If you are not using an EMR, review all of your report templates, billing forms, etc., and revise them to include ICD-10. "If you have any standard order forms the physicians currently use, those also will need to be revised," Swigert says.

4) Get Your Patients in the Loop

With all the hustle to get your own staff prepared, don't forget about patient impact. Denials are likely to happen after the transition, so you'll want to alert your patients ahead of time.

"Patients might experience a denial of a service that was previously covered if the insurance company hasn't accurately mapped all ICD-10 codes to those ICD-9 codes they previously covered □ that is why rehab managers should be working with insurance companies now to review the list of covered diagnostic codes," Swigert says.

She recommends instructing patients now to check their individual insurance policies to see what codes are included on the "covered" list.

5) Practice Makes Perfect □ Insist on Testing

No great show happens without a solid dress rehearsal. Once your clinicians and staff are trained in the basics, start generating mock diagnoses with ICD-10s. Even if you keep all your testing and practice in-house, at least you're getting familiar with the system.

Ideal: You "should begin testing the use of ICD-10 codes at least three months prior to the deadline," Swigert says. That means July 1.

CMS rounded up all of its payers for an ICD-10 testing period in early March. The agency has indicated it will likely have additional testing dates, so if you submit Medicare claims, get in touch with your Medicare Administrative Contractor to see if, when, and how you can participate.

"In many instances [during testing] the provider is actually allowed to report the dual codes, both the ICD-9 and the ICD-10, depending on the vendor," Wheelock says.

The downside: "Many people are not doing the testing because you have to do it within your own clinic or hospital, and not everyone has access to the testing directly via CMS, so they don't really know if they're doing it correctly," Echert notes.

In addition, CMS is still ironing out its interpretations, Echert observes. "Just from listening to webinars put on by different

departments within CMS, they aren't all saying the same thing. That is a concern, and it comes up in the Q&A at the end of the webinars."

Finally, while you're getting your feet wet in testing, have a chat with your private payers — even if they're not offering testing. "Check to determine if they will be generating a list of 'covered' codes, and collaborate with the insurers if there are codes that should be included, but are not," Swigert says. "Some of their contracts may need to be renegotiated."

Watch for more on ICD-10 coding prep in the next issue of Eli's Rehab Report.