

Eli's Rehab Report

ICD-10: Get a Big-Picture Rundown of ICD-10 Prep

Important: Not all payers will be ready at the same time.

What was once an Oct. 1, 2014, start date for ICD-10 is now Oct. 1, 2015 □ letting most healthcare practitioners heave a huge sigh of relief. While you should already be deep into learning the coding system itself, you also need to prepare for the impact on your systems at large.

The facts: You're looking at an upgrade of roughly 14,000 diagnosis codes to 68,000.

"That [in itself] increases implementation costs and possibilities for errors," says **Yuval Lirov**, PhD, CEO of **Vericle**, a cloud-based software leveraged in best PT and several other practice management systems. You're looking at office workflow changes, adding to implementation costs and even taking away time from patient care, and reducing cash flow, he says.

Not to mention, you've got to take care of the basic tasks, such as updating your office superbill and getting on the same page as your software vendors, billing services, and clearinghouses.

The good news: "About 80 percent of the codes specific to outpatient rehabilitation have a one-to-one mapping from ICD-9 to ICD-10," says **Keddrick Stuart**, VP of customer experience for Clinicient, a rehab practice management software company in Portland, OR. The conditions that relate to extremities will map to three or four code choices, and gait analysis codes will expand to 11 or 12, but the vast majority of the codes used are a pretty clean translation, he says.

Beware the Hidden Trap of Payer Readiness

The Oct. 1, 2015, deadline is for Medicare only, so you can't give ICD-9 a clean break.

"Your local Medicaid, Worker's Comp, and other payers are under no such compulsion to adopt ICD-10 on the date Medicare does," Stuart says. "You have to be prepared to know which payers have already adopted ICD-10 and which payers are on ICD-9."

It's an "unfair payer advantage," Lirov says. "You have flexible deadlines for payers and a hard deadline for providers, and the providers must be able to handle both ICD-9 and ICD-10 simultaneously."

Experts hope that with the deadline extended to 2015 most payers will be ready by that point, but providers should be prepared to juggle both code sets for a while just in case.

What You Can Do Now

Having software with ICD-10 codes built in is a ticket to a much smoother transition, some say. If you have software, though, that doesn't mean you're in the clear. Be sure to put the following four items on your checklist, according to Lirov:

1. Use an updated system, so your workflow doesn't change.
2. Make sure all 68,000 ICD-10 draft codes are loaded.
3. Make sure you have a loaded crosswalk of ICD-9 to ICD-10.
4. Enable payer discrimination between ICD-9 and ICD-10. That should include:
 - o Customized superbill that supports both versions simultaneously



- o The ability to automatically select ICD-9 or ICD-10 based on payer
- o Ensuring the system prompts you to submit the correct version
- o Ensuring the system updates as payers announce their readiness.