

Psychiatry Coding & Reimbursement Alert

ICD-10: Smooth Out The Path From ICD-9-CM to ICD-10

Let these tips from NGS guide you.

Getting ready to submit your psychiatry claims using the new ICD-10 code set is bound to bring up questions. **National Government Services (NGS) Medicare** shared some insights during its Jan. 29 webinar, "Transitioning From ICD-9-CM to ICD-10-CM."

NGS, a Medicare administrative contractor (MAC) 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 MAC shared during the call and use them to help make your ICD-10 transition smoother 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 notice is so specific that it states, "Please list the names and 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 help 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 dates of service at 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 dates of service on or after Oct. 1, 2014.

10. An ICD-10 acknowledgment testing week was scheduled for March 3-7, 2014. Is there a chance that Medicare will offer additional testing date later this year?

Medicare will provide another opportunity for practices to test their submission of ICD-10 codes in May, according to Medicare Learning Network (MLN) Matters article SE1409. The same article also indicates that Medicare intends to offer end-to-end testing with ICD-10 in late July 2014 to a small sample group of providers. End-to-end testing tracks a claim from initial connectivity and claim submittal all the way through remittance advice, denials, and refund requests. CMS will select more than 500 volunteer submitters for the project, choosing a broad cross-section of providers, suppliers, and other submitters and claims types. CMS will provide information on volunteering later this month and disseminate additional details about the test in a separate MLN Matters article.