

MDS Alert

Diagnosis Coding: Most Organizations 'Surprised' By How All-Encompassing ICD-10 Transition Is

Best bet: Establish your initial plan for conversion immediately so you can project your facility's timeline.

ICD-10 will take effect on Oct. 1, 2013, and organizations had better have their ICD-10 systems up and running before that date to ensure claims continue to flow smoothly. That's the word from a January 12 CMS-sponsored

ICD-10 National Provider Teleconference, where CMS' **Pat Brooks, RHIA**, reiterated that ICD-10 will be used by all providers in every healthcare setting for dates of service on or after Oct. 1, 2013, and ICD-9 codes will no longer be accepted.

No early implementation: Go-getters who want to get a jumpstart on using ICD-10 won't be able to submit those codes before Oct. 1, 2013. "You cannot decide to submit ICD-10 codes earlier than the implementation date," Brooks said.

Important: The transition to ICD-10 will have no impact on CPT or HCPCS code use, Brooks said. "Both of these coding systems will continue to be used as they are now."

Start Preparing Right Now

"A key takeaway message from today's session is the absolutely critical importance of not delaying in getting this implementation process started," said American Health Information Management Association's **Sue Bowman, RHIA, CCS**, during the call.

You need to institute a well-planned implementation process to be ready in 2013, rather than quickly scrambling your ICD-10 program together at the last minute.

Here's how: You should break your ICD-10 implementation planning program into four phases, Bowman advises, providing the following suggested timelines:

Phase 1: Implementation plan development and impact assessment: Suggested to span from the first quarter of 2009 through the second quarter of 2011

Phase 2: Implementation preparation: Suggested to take place between the first quarter of 2011 and the second quarter of 2013

Phase 3: "Go live" preparation: Should potentially take place between the first and second quarters of 2013

Phase 4: Post-implementation follow-up: Suggested to occur between the fourth quarter of 2013 and fourth quarter of 2014.

Ideally, your phase one work "should be nearing completion or at least be well underway," Bowman said. "For those of you who may not have gotten started yet or who have barely gotten started, I urge you to move forward with this as quickly as possible."

Here's why: You won't be able to schedule phases two through four until phase one is completed, and you need to be able to calculate the resources you'll need for those subsequent phases. "Until you know the scope of the impact of ICD-10 in your organization, you don't know how much time and resources are going to be needed to complete the preparation activities, so you don't want to wait too long before making that assessment," Bowman said.

Tip: During phase one, you should identify the reports and forms that will require modification once ICD-10 takes effect. Plus, you'll need to know which processes will need to be altered.

Vendor contact: Your business associates, including systems or billing vendors, should let you know what their ICD-10 readiness plans are, and whether any upgrades or replacements will be required for ICD-10 use.

Know your budget: During phase one, you'll also want to identify what it will cost your organization to transition to ICD-10, Bowman said. This will include an assessment of software modifications, education, hardware/software upgrades, staff time, temporary or contract staffing, consulting services, report redesigns, reprinting of paper forms, data conversion, and other potential resources, according to the presentation.

Resource: To view the entire presentation from the ICD-10 call, which outlines the four phases and what each phase includes, visit www.cms.gov/ICD10/Downloads/Jan122011_ICD10_Call.pdf.

ICD-10 No Slam Dunk for Nursing Facilities

The CMS call provided key general advice about rolling out the new diagnosis coding system. But each provider type has its own challenges in implementing ICD-10, and nursing facilities are no exception.

Perhaps one of the biggest concerns for a nursing facility related to ICD-10 conversion will be dealing with the other providers (hospitals, physician offices, and labs) that the facility interfaces with, observes **Peter Arbuthnot**, regulatory analyst for American HealthTech, a software developer and vendor in Jackson, Miss.

Also: "The codes are much more specific," adds Arbuthnot. "Thus, to the limited degree where diagnosis codes are required, facilities may have a more precise code to report on MDS 3.0 and claims." He notes that "it'd be nice if there were a one-to-one crosswalk from an ICD-9 code to an ICD-10 code or even vice versa." But, in reality, often the crosswalk takes you from one code to many, he adds. Thus, a crosswalk "isn't likely going to be an automated or unattended crosswalk. It will have to be coordinated with the attending physician to sometimes determine the exact code."

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