

ICD-10: Practices Should Focus on Just 3 Things



There is a lot of advice out there on making the transition to ICD-10.

Your medical practice may already have taken some of this advice and you are well on the way to readiness for I-10. But if you've not done anything yet for the transition, this article is for you. I've distilled all the blah-blah-blah down into three easy steps that any practice can follow to embrace the change.

1. Do You Need More Software Support?

There is no question that most everything hinges on your EMR and billing system's management of ICD-10. Your vendor may say the system is I-10 ready, but what does that really mean?

Ask your vendor these questions:

1. Are ICD-10 codes available in the system now? If not now, when?
2. Can the providers and staff rehearse using I-10 inside

the system by dual coding and assigning both an ICD-9 and an ICD-10 to services without having the I-10 drop to the claim?

3. What support, if any, does the system give for choosing the right ICD-10? Is there any type of translator or crosswalk between I-9 and I-10?
4. After October 1, 2015, will the software have the ability to use an I-10 or crosswalk from 10 to 9 if the payer does not accept 10? It should! Physicians and coders/billers should not have to look at the patient's payer of record to decide which one to use, nor should they require you to change the I-10 to I-9 on the back end. It is very doable for software to crosswalk from 10 to 9 for you.

If the software supports getting to the most specific ICD-10 possible, not just picking the first one that vaguely matches, choosing the I-10 should be straightforward. If your software does nothing more than save the I-10 codes you choose to a favorites or a pick list, then you will need a standalone piece of software called an "encoder." Hospitals and mega practices have been using encoders for years to help navigate the maze of Medicare local and national rules.

Practices without sufficient support from their EMR/Billing software will need an encoder that can not only suggest possibilities for ICD-10 codes, but can also assist in finding the right code from a series of words algorithmically ordered. (If you want to know which encoder is my particular favorite, send me an email at marypat@managemypractice.com.) Encoders also usually have additional benefits that your billing software or claims scrubber may not have such as CCI edits, modifier rules, global period and wRVU information.

Example of the drilling down to the correct I-10 diagnosis assisted by an encoder:

Fracture:

- Cause?
- Which bone? Which part of the bone? Laterality?
- Type of fracture? Open, closed, displaced, non-displaced?
- Encounter? Initial, Subsequent, Sequela?
- External cause?
- Associates diagnoses, conditions?

2. Could Documentation Be Brushed Up?

In hospitals, entire teams of people (Clinical Documentation Improvement staff, usually nurses) are dedicated to making sure that the documentation can support the specificity of the I-10 code chosen. This is especially important for the hospital side of reimbursement.

In the hospitals there are often silos between the service providers and the coding review and billing staff. In practices, we have the good fortune to be able to reflect on the documentation once the I-10 code is chosen, and clarify the documentation on the spot if needed.

Some easy ways to make sure your documentation is as complete as possible to support the I-10 code are:

- Think of **MEAT** when you document. Every condition in your documentation should be described as **Monitored, Evaluated, Assessed** and/or **Treated**. If the patient has an existing diagnosis that you did not address during the visit, don't put it in the documentation or on the claim.
- Use **“due to”** or **“manifested by”** for each problem that you describe, if you know that information.
- Change/improve your EMR templates (or paper progress note format) to accommodate the points above.

3. Are You Ready for Cash Flow Interruption?

You've heard this for years and it remains a legitimate concern. If there is any problem with claims processing **OR** if you are not using ICD-10 properly causing denials, there is a good chance your money from insurance companies will slow down or even dry up for awhile. I suspect that insurance companies may use ICD-10 as a handy excuse to delay payment regardless of the plethora of other excuses they have to choose from.

Predictions on the cost of ICD-10 fluctuate wildly, but here are the places you are most likely to feel the financial pain:

- If your EMR/Billing system wants you to **pay for an upgrade** to your software to compensate them for the money they've spent upgrading their software. Since the delay, I've heard of fewer companies requiring a special payment for the upgrade.
- **Reduction of productivity** based on time spent to choose an I-10 code:
 - Any manual form in your practice that uses ICD-9 will need an ICD-10. How will you find those codes?
 - Physicians who choose codes through their EHR will need software support to find those codes. Because there are so many more codes due to the specificity of each code, it will take a while to get the hang of it if you are not using an encoder.
- **Inability of your clearinghouse to send claims.** Unless you are directly submitting claims to any payers, your clearinghouse has probably tested (end-to-end, please) with payers. Ask your clearinghouse who they've tested end-to-end with and what the results were. If things really bog down with CMS, they may grant advance Medicare payments to physicians that are not receiving

payments due to the ICD-10 transition.

- **Delay in payment** from any payer due to ICD-10 general chaos.

Keep in mind that a lot of the hoopla over ICD-10 has been on the hospital side. Physician practices are very lucky in that we use CPTs for reimbursement (at this point), not diagnoses. This is a huge change for the hospital/facility side, but much less of a transition for medical practices. We are hoping that physician practices will have less impact to their bottom line, but you should be ready with a line of credit or some extra funds in the bank for this possible rainy day. Starting today, practices that make distributions to owners quarterly may want to scale this back until the smoke clears.

Resources to Help You:

AHIMA (American Health Information Management Association (AHIMA)) has an a nice set of tools relating to the adoption of ICD-10 [here](#). Not all tools are available for non-members.

[CMS Road to 10: The Small Physician Practice's Route to ICD-10](#) compiles resources from the AAPC (American Association of Professional Coders) AHIMA, the AMA (requires AMA login) and CMS/PAHCOM (Professional Association of Healthcare Office Managers) produced resources.

The AAPC has lots of high-quality offerings [here](#), most for members or for purchase by nonmembers. Although it was written for the original 2014 transition, here's a [good article](#) to review for the creation of an ICD-10 superbill, or just to review your top I-9s and translate them to I-10s.

Your software vendor, claims clearinghouse and specialty society should also have ICD-10 tools.

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