



Complete an Assessment of ICD-10 Impact on Your Practice

Have you completed an assessment of how ICD-10 will impact your practice? If not, you need to do this now and begin working on implementing ICD-10 immediately. The compliance deadline for ICD-10 is October 1, 2015, which does not leave much time to complete the necessary work to have your computer systems updated, forms and other paperwork updated, staff trained, and computer systems tested.

If you don't know where to begin with doing an assessment, follow these steps. Keep in mind that anywhere you use ICD-9 today will need to be updated for ICD-10.

1. Identify all places where you use ICD-9 diagnosis codes today, including electronic systems, paperwork, and other processes.
 - Checking the patient's eligibility
 - Getting a prior authorization
 - Documenting the patient encounter
 - Submitting the claim
 - Receiving reimbursement
 - Reporting quality measures
 - Doing disease management
 - Doing public health reporting
2. Identify all vendors that maintain or supply you with the products needed to complete the tasks that use ICD-9 today.
 - Practice management system
 - Electronic health record
 - Other computer system
 - Superbills and/or encounter forms
 - Other forms
3. Identify all staff who works with the ICD-9 diagnosis codes. These people will need to receive training on ICD-10.
 - Coding staff
 - Front desk staff
 - Physicians
 - Other clinicians
 - Other staff

With a complete assessment, you will know exactly what work you need to do to get prepared for the October 1, 2015 deadline.

Visit the AMA's website for more resources on ICD-10
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Talk to Your Vendor about ICD-10 Updates

Most practices will need to have some type of system update by their vendor in order to support ICD-10. The two biggest systems impacted will be the practice management system and the electronic health record. Other computer systems used in your practice that may be impacted include a disease management registry, e-prescribing module, and code selection software. After completing your practice assessment, you will know exactly which computer systems need to be updated for ICD-10.

If you have not already contacted your vendor or had your vendor contact you, you need to contact them as soon as possible. Ask your vendor the following questions:

- Will you be doing updates to my system? (Some systems may be too old and the vendor may no longer support them.)
- When will you be installing the updates to my system? (Vendors many customers and it may take time before the vendor can complete the work on your system.)
- Will there be a charge for the updates to my system? (Check your contract, but also confirm with the vendor. Some regulatory updates are done at no charge, but the vendor may also have to make improvements to your system in order to be able to install the updates.)
- How long will my system be down during the installation of the updates? (You will need to be prepared for how you will complete ongoing tasks while the system is down.)
- For my practice management system, will it support me entering the ICD-10 codes and then transmitting the code to my billing vendor, clearinghouse, and/or payer? (You will want to confirm that your system will support entry of the ICD-10 codes and transmission of the codes. If your system will not support this, you will need to work with the organization(s) you are transmitting the data to and determine how you will send the ICD-10 codes to them. Your billing vendor or clearinghouse will be unable to convert an ICD-9 code to an ICD-10 code for you. You will have to be able to send the ICD-10 code for the claim and other transactions.)
- Will you complete any testing of my system after you complete the updates? (Practices will want to complete "internal" testing of their systems to make sure they can enter and generate ICD-10 codes where appropriate. Your vendor may do this when they install the updates, but you will need to confirm this with them.)
- What services or products are you providing to support ICD-10? (Ask your vendor what additional services or products they have available to support ICD-10 coding. While the services or products may add additional costs to your system, they may support easier and more efficient coding.)

Work with your vendor now to ensure that your system updates are done in plenty of time for you to be prepared for the October 1, 2015 deadline.

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Assess Your Documentation in Preparation for ICD-10

With the upcoming transition from ICD-9 to ICD-10, much concern has been raised about new levels of documentation requirements for ICD-10. Now is the time for your practice to assess your current documentation and how it will support coding for ICD-10.

Keep the following points in mind as you assess on your clinical documentation for ICD-10.

- The documentation for ICD-10 coding may not be that different from your current documentation. It is very likely that the more detailed information in the ICD-10 code is already in your clinical notes. For example:
 - The ICD-10 pregnancy codes are broken down into trimesters, which will be in your documentation.
 - The changes in diagnosis codes and increased level of detail are specific to the different specialties. Orthopedics has the highest increase in codes, but many of the new codes are simply separate codes for "right" vs. "left" and detail about the exact location in the bone of the fracture. This information will already be in your documentation.
 - Some "new" concepts in ICD-10 are not new to medical practice. For example, asthma diagnoses in ICD-9 were categorized as "intrinsic" and "extrinsic." In ICD-10, the more common terms of "mild," "moderate," and "severe" are used.
- Decide if you want to do the documentation assessment yourself or if you want to get outside expertise.
 - There are organizations that offer resources and training programs that will provide you with feedback on your current documentation and whether or not it will be sufficient for ICD-10.
 - Other resources are available that you can use to do your own documentation assessment. An example is mappings of the ICD-9 codes to their ICD-10 counterparts, which are usually specialty specific and for the most common diagnoses. You can use these resources to assess if your current documentation has enough information to support the ICD-10 code. You can then work on any improvements that will be needed.
- You may need to improve the level of detail you document in order to support ICD-10, but it is better to identify this need now instead of after the deadline when you are trying to get reimbursed for the services you perform.
- Using more precise diagnosis codes in ICD-10, and today in ICD-9, can prevent claims denials and better documentation will assist you in the event of an audit.

Documentation improvement activities are an important step for preparing for the October 1, 2015 deadline and will also help you today with your ICD-9 coding.

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Determine Your Training Needs for ICD-10

Training is a definite requirement to learn ICD-10. Anyone in the practice who works with ICD-9 codes today will need to be trained on ICD-10. Through your practice assessment, you will know which staff needs training. Not all staff, however, will need the same level of training.

Consider the following as a guide for the amount of training your staff members will need.

- Coding staff – Will need the most training to learn the new codes and coding guidelines so they can know how to code correctly.
- Front desk staff – Will likely need minimal training to be able to recognize ICD-10 codes when updating problem lists, checking eligibility, or receiving prior authorization.
- Physicians – Will need a moderate amount of training to understand changes in medical concepts in ICD-10 and how to document in enough detail so the coding staff can choose the correct code. If physicians will be doing coding, they will need additional training on the coding guidelines.
- Other clinicians – Will need a minimal to moderate amount of training depending on their role in the practice and how much they document.
- Other staff – Depends on their role. Researchers will need more training. Administrators who do public health or quality improvement reporting may need less.

The two common questions about ICD-10 training are:

- How do I find training programs?

Look at training programs and resources being offered by your professional organizations. You can also do a web search to find programs and compare pricing. Look at how the training is offered (in-person conference, online, written materials, presenter-based, self-taught) and consider what method will work best for your staff. Also look to purchase other products to support the training and serve as ongoing resources, such as books and coding cards.

- When should staff be trained?

Training experts are saying to not train too early or staff will forget what they learned without ongoing practice. Work with your staff to identify the best time for them to receive training. Keep in mind that staff will be unavailable to do their normal workload when they are in training, so training may need to occur after hours or on the weekend. If that is not possible, expect downtime in the practice's normal productivity.

Even with the best training, expect that there will be a learning curve when the deadline arrives and staff begins coding in ICD-10. Other countries that have implemented ICD-10 reported issues with decreased productivity of their coding staff. Most practices have a set of commonly used diagnoses and productivity should increase as the staff becomes comfortable with these frequently used ICD-10 codes.

Prepare for your practice's training needs so your staff is ready to code in ICD-10 for the October 1, 2015 deadline.

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Talk to Your Payers about Reimbursement Changes for ICD-10

For physician practices, you may think that your reimbursement will not be impacted by ICD-10, since the Current Procedural Terminology (CPT®) codes drive payment in the outpatient and office settings. While the diagnosis code reported on the claim is generally used to support medical necessity for why the procedure or service was performed, it is also used by payers to identify benefit coverage.

During the implementation of ICD-10, payers will be reviewing their medical policies and may make changes to their benefit coverage and reimbursement that will be triggered by the ICD-10 code. There has also been general talk that, due to the more granular data in ICD-10, some payers may decide to change their current acceptance of "unspecified" codes. For claims submitted with an "unspecified" code, payers may decide to pend the claim and request additional information, pay the claim at a lower rate, or deny the claim. Knowing in advance what your payers will do with their reimbursement policies will better prepare you for ICD-10.

The following are questions to ask your payers about their ICD-10 reimbursement:

- Will you be changing your benefit coverage based on diagnosis codes?
- How will you process "unspecified" codes?
- When will your updated policies be available for us to access?

For practices that bill Medicare, ask your local contractor the following questions:

- How will the Local Coverage Determination (LCD) or National Coverage Determination (NCD) criteria be impacted by ICD-10?
- What process will you use to notify practices of changes to the LCDs and NCDs due to ICD-10?

In addition to anticipating reimbursement changes, you should also monitor certain information related to claims processing and reimbursement, if you are not already doing so. Tracking certain data before the ICD-10 deadline will give you a baseline to compare to after the switch. The following are several data you may want to track:

- Number of pended claims for additional information related to diagnosis
- Number of denied claims related to diagnosis coding
- Average reimbursement for specific priority services performed
- Overall account receivables
- Number of other transactions (eligibility, prior authorization) that include diagnosis codes pended for additional information related to diagnosis
- Number of other transactions (eligibility, prior authorization) that include diagnosis codes denied related to diagnosis code
- Number of requests for additional information to support transactions (claims, prior authorization)

If you are unable to contact all of your payers about their reimbursement changes or track all of your claims for all of your payers, focus on the high volume and high dollar payers.

Be prepared before the October 1, 2015 deadline for possible changes in your payers' reimbursement policies based on the changes in ICD-10.

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Testing Your ICD-10 Readiness

With the industry making a change as big as transitioning from ICD-9 to ICD-10, there is a very real potential for problems to arise. Testing that your systems, workflow processes, and trading partners are ready will be the best assurance that your operations will continue without cash flow interruptions after the October 1, 2015 deadline.

There are different types of testing and each one serves a different purpose. Each type of testing, individually, has benefits and is useful for preparing for the ICD-10 transition. A combination of all of the testing, however, is the best strategy for being prepared.

All of these types of testing will take time and staff resources, but the information gained from testing and the ability to correct any issues prior to the ICD-10 deadline will make it well worth the effort.

Content-based Testing

- Tests your documentation and ability to code in ICD-10.
- Involves being given documentation and coding the clinical scenario in ICD-10.
- Can do this at any time and does not require practice management system or other system upgrades be installed.
- This type of testing is being offered by some large payers and other consultant organizations. Look for payers or organizations that are providing this testing.
- The Healthcare Information and Management Systems Society (HIMSS) ICD-10 National Pilot Program is an example of this type of testing. Resources that you can use in your practice are available on the HIMSS Web site at: www.himss.org/library/icd-10/national-pilot-program.

Internal Testing

- Tests your ability to create and use ICD-10 codes in the practice throughout the patient workflow where you currently use ICD-9 codes.
- Requires upgrades be installed in your practice management system and other systems that use diagnosis codes, e.g., electronic health record, disease registry, quality reporting, etc.
- Requires that updated paperwork and other internal workflow processes be in place.
- Follow the flow of a patient through a visit to see where diagnosis codes are used and that updated systems are in place and functioning to accommodate ICD-10.
- Use this testing to identify any gaps in the ICD-10 updates.

External Testing

- Tests your ability to send and receive transactions with ICD-10 codes with your external trading partners, including your billing service, clearinghouse, or payers.
- Requires upgrades be installed in your practice management system and other systems that send and receive transactions with diagnosis codes.
- Requires you to work with your trading partners on their schedule and follow their criteria for completing the testing. Check with your payers, clearinghouse, or billing service about their plans for testing.
- End-to-end testing of submitting a claim and getting a remittance advice back is the best form of testing, but any testing with your trading partners is good.
- Make sure you have time after testing is completed to fix any issues that were found.

Medicare Testing: Medicare Administrative Contractors (MACs) are conducting "acknowledgement" testing during three separate weeks, November 17 – 21, 2014, March 2 – 6, 2015, and June 1 – 5, 2015, where they will accept claims from submitters and return information on whether or not the claims made it in the MAC's "front door" for processing. MACs may also be willing to conduct this testing until October 1, 2015. Check your MACs website for information on the testing.

Medicare will also be selecting a limited number, cross section of providers to conduct "end-to-end" testing in January, April, and July. Check with your MAC on how to register to be selected to participate in this testing.

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Prevent Cash Flow Interruptions with ICD-10

The Centers for Medicare & Medicaid Services (CMS) in its own impact risk assessment on the transition to ICD-10 graded cash flow interruptions as a high risk. Many organizations in the health care industry have called the implementation of ICD-10 to be the largest change to happen to the industry due to the large volume of code changes and sheer complexity of the use of diagnosis codes in payment policies, data reporting, and data representation. Physician practices that are not prepared to use ICD-10 codes in all health care-related transactions on and after October 1, 2015 risk having their claims and other transactions rejected.

Even if you are prepared for ICD-10, there may still be unanticipated problems within your system or with one of your trading partners (e.g., payers, clearinghouse, billing service) that could result in delays with claims being processed and reimbursements being sent.

In 2012 during the transition to the Version 5010 HIPAA-adopted standard transactions, many issues were encountered that resulted in physicians not receiving reimbursement for several months. These physicians struggled financially until the problems were resolved and they began to receive payments again. For this reason, it is important for practices to be prepared for unexpected cash flow interruptions.

The most important steps you can take to prevent cash flow interruptions are to ensure:

- your systems can accommodate the ICD-10 codes, which will likely require a software upgrade;
- your staff is trained, and
- your systems have been tested with your trading partners to verify that your transactions will process through their systems.

The following are additional steps you can take to support your practice's cash flow prior to and during the initial weeks after the compliance deadline.

- Establish a line of credit with a financial institution.
- Limit spending in the months prior to the compliance deadline to build up the practice's cash reserves.
- File all claims in a timely manner and follow up on any pended or rejected claims to maximize your reimbursements prior to the compliance deadline.
- If you bill Medicare, talk to your Medicare Administrative Contractor (MAC) about their advanced payment policy. Ask about the format for a request, where to send a request, timeframes for money distribution, etc.
- Talk to your payers that make up your high volume and/or high dollar claims about their plans for moving to ICD-10 and any "safety net" actions they plan to take to keep claims processing.

Despite the health care industry's best efforts to be prepared for the ICD-10 compliance deadline, there remain risks that there will be unexpected complications that will cause cash flow interruptions. Practices need to be prepared in advance of the October 1, 2015 deadline to prevent financial hardships.

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