What providers should know about ICD-10-CM

By: Lee Browder, National Director of PAHCS

(Throughout the rest of this article I will refer to ICD-10-CM simply as ICD-10.)

Listening to all the hype surrounding the implementation of ICD-10 gives one the impression it's going to be VERY difficult to learn and VERY costly. FACT is, ICD-10 isn't difficult to learn or use and most of the cost associated with its implementation will be caused by: 1) a general slowdown due to the learning curve associated with providers, coders, billers, software providers and insurance companies doing "something different"; 2) reimbursements may slow dramatically and 3) software may be problematic, depending on the system you are using and the assistance you get from your vendor(s). To lessen the impact on a practice, we recommend they have 6 months of cash available so any minor glitch doesn't become a catastrophe.

Some simple ways to lessen the impact of ICD-10 implementation: 1) Begin now. We recommend purchasing a 2014 ICD-9 codebook that has ICD-10 codes listed (or an ICD-10 DRAFT copy). 2) Coders and Billers in the practice should learn the ICD-10 codes for the specialty and communicate any new documentation requirements to the provider(s). 3) Providers need to work with coders and billers and take the initiative to learn what new documentation (if any) will be required for your specialty. 4) PRACTICE, make sure everyone who now uses ICD-9 knows what will be expected when ICD-10 happens. 5) External to the office, contact insurance companies and software providers to ensure they have a plan and will be ready. Keep in mind, for approximately 6 months coders, billers, insurance companies and software providers will need to use both ICD-9 and ICD-10.

NOTE: All claims with a date of service before October 1 will use ICD-9. If any of those claims are denied and require resubmission the ICD-9 code will still be used, even after the October 1, 2014 transition.

The Professional Association of Healthcare Coding Specialists (www.pahcs.org) has verified that professional coders can learn how to use ICD-10 in a couple of hours. Fact is, most of the conventions use for deciding which code to use and how to find them are almost identical between ICD-9 and ICD-10. Based on our findings PAHCS certified coders will not have to take expensive training programs and will not be required to take special ICD-10 proficiency exams. PAHCS recommends coders review terms of anatomy relevant to their specialty. Practitioners, in most cases, will be required to document to a higher level of specificity than they may be currently comfortable with and coders will need to communicate with them when they need more information. Under ICD-10, we feel, providers will face the most difficult challenges because they may have to change documentation procedures they have been using since they came into the profession. We recommend providers find out now if there are any new documentation requirements and, if so, begin documenting to those standards. Mistakes can be made, found and fixed now, after October 1, 2014 those mistakes will cause reimbursement to be slower.

From our perspective at PAHCS the sky is not falling. This is a change that has been coming and we feel it will be an easy transition for those that take even minimal time to start preparing now. Don't be one of the groups who will wait till September to start preparation. To offer more detail I've included the following:

1. **ICD-10 is going to happen and preparations should be happening now!** If you practice and prepare for ICD-10 the October 1, 2014 transition will be easier. Benjamin Franklin said "Failure to prepare is preparing to fail'. Don't prepare to fail, get ready now.

2. **ICD-10 has more codes.** All ICD-10 codes begin with an alpha character and, in many instances, are longer than the ICD-9 code for the same diagnosis. ICD-10 codes are more exact, so there are more of them. However, body parts haven't been renamed and medical procedures haven't been altered. An example, under ICD-10 OB/GYN doctors must document and code the trimester. Simply put, for virtually every ICD-9 obstetric code, there are now at least 3 ICD-10 codes.

3. **Transitioning to ICD-10 can't be done overnight**. Providers, insurance companies and coders in the United States have been using ICD-9 since it was published by the World Health Organization (WHO) in 1978. Doctors are comfortable documenting to ICD-9 standards. ICD-10 represents a major change, and change is never easy. Plan now. Visit www.cms.gov/ICD10 and start learning the ICD-10 codes for you specialty and begin using ICD-10 documentation standards now. If providers begin learning and practicing any new documentation techniques and/or requirements for their specialty now so, by October 1, 1014, they will be second nature.

4. **This is going to cost money**. Time is money and the transition to ICD-10 will probably slow a practice down, at least for the first 6 months. Documentation will be more difficult (especially for those that wait to learn ICD-10 until September). Coding will be slower because all codes will have to be individually found (at least for the first few months) and it will take time to ensure the most appropriate code is used. Additionally, there will most likely be a cost due to payer claim rejection…after all, this will be new to everyone. Based on the lost time potential (and denied claims) we feel it would be prudent to have 6 months of cash on hand to cover the practice overhead. What shouldn't cost money is TRAINING! There is too much free information on ICD-10 and it would be, in the opinion of PAHCS, a waste to spend money on information you can get for free. The Professional Association of Healthcare Coding Specialists (www.pahcs.org) has determined providers and professional coders will be able to adapt and easily learn the ICD-10 system using free tools available through CMS and/or PAHCS.

5. **The International Classification of Diseases (ICD)-10 is not new.** In its latest version, it has been used as the standard for diagnosis coding and to collect statistical data on diseases in most of the world since 1994. On October 1, 2014 (as of this writing) the

United States will begin using the ICD-10-CM (out patient) and ICD-10-PCS (in patient). This move is needed because:

a. The World Health Organization (WHO) tracks international statistical data using ICD coding. Unfortunately, the information coming from the United States makes it very difficult because the ICD-9 doesn't fully explain the diagnosis.

b. Additionally, ICD-10 has the ability to be expanded allowing new and existing medical diagnosis to be better documented and better tracked statistically.

6. **Even after ICD-10 is implemented, there will be ICD-9 coding**. ICD-9 will still need to be used to follow up denied claims that had a date of service before October 1, 2014. It could be 6 months before all ICD-9 claims have been fully processed. Additionally, ICD-9 will probably continue to be used when coding workers compensation and in some other limited situations.

Visit www.cms.gov/ICD10 and learn all you can about ICD-10. It's free. Also for free on the CMS website are General Equivalency Mappings (GEMS) between ICD-9 and ICD-10 at http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html

As a footnote: PAHCS **appreciate that some providers will want "verification" their coder is "up to speed" on ICD-10-CM, to meet that need PAHCS will offer a free, optional, on-line quiz for any coder that wants a third party to verify they are knowledgeable in ICD-10-CM coding. PAHCS has also posted two free video products on our website at http://www.pahcs.org/content/icd-10-cm-information**

.

In the "big picture" practices proactively getting ready to transition to ICD-10-CM will easily make the conversion. Take advantage of all free ICD-10-CM programs available on line. ICD-10-CM isn't going to be that difficult to implement, if your prepare now. Questions about this article can be directed to Lee@pahcs.org. Lee Browder is the National Director of PAHCS.