On Oct. 1, 2014, the U.S. healthcare industry will undergo a major change when the new ICD-10 diagnosis and procedure codes take effect. The number of diagnosis codes currently used in ICD-9 will expand from 14,000 to 68,000, and the number of ICD-9 procedure codes will jump from 4,000 to 87,000. The new ICD-10 codes will enable providers to be more specific in their diagnosis and coding, which is expected to yield more comprehensive overall data regarding health conditions. Because ICD-10 codes have more characters, clinical and practice management systems must be upgraded in order to accommodate expanded data fields for the longer codes. Electronic Health Record (EHR) and practice management vendors and payers are currently reconfiguring their software to make sure they are ready for the transition, but individual practices should be preparing for ICD-10 as well.

However, recent surveys show that this may be easier said than done. In the largest survey of independent physician practices’ readiness to adopt ICD-10-CM, DecisionHealth found that about 62 percent said they do not have an ICD-10 implementation plan yet. Additionally, more than a third did not know their vendors’ ICD-10 timelines and plans. As a result, nearly 23 percent don’t expect to be ready by the deadline. There are many reasons why practices aren’t prepared – the most common being the cost and time necessary for training or a lack of resources.

Best Practices for ICD-10 Transition

If you’re just getting started or haven’t begun, there is still time to prepare. When you’re ready to begin transition planning, the first step is to conduct a thorough needs assessment.

- Make sure you know which of your current systems and processes currently use ICD-9 codes and require upgrading.
- Contact your EHR vendor, payers and clearinghouses and ask about their preparations and timelines.
- Be sure to ask your payers if there are any contractual changes regarding coding specificity that could affect how you process claims.

You may not receive all of the answers and resources you need right away, but you can still start preparing. An expert with the Medical Group Management Association (MGMA) advises practices to assume that their trading partners may not be ready far in advance of the compliance deadline and begin practicing on their own. MGMA Senior Policy Advisor Robert Tennant recommends seeing if you can assign an ICD-10 code based on existing documentation for a claim that already has been paid. If you can code with...
Is Your Practice Ready For ICD-10?

Meditab Software, Inc.

Software Testing

One of the most important steps in the transition process is software testing. Make sure you set aside enough time and resources for training and allow adequate time to test your transaction submissions with your vendors, payers and clearinghouses to be sure your claims will be processed properly. Of course, your EHR vendor is a key stakeholder in determining whether you’re compliant. Now is the time to ask for detailed information about the transition strategy your vendor has developed.

Many already have solid plans in place. For example, Meditab, maker of IMS (Intelligent Medical Software), is working to streamline every step of the complex ICD-10 transition process. Its team has experience with ICD coding standards and in-depth knowledge of ICD-10, which enables them to migrate the system in a cost-effective, user-friendly manner. Moreover, Meditab has an excellent track record of managing the changes that have transformed the U.S. healthcare industry, such as ANSI 4010, NPI and ANSI 5010.

Meditab provides tools and value-added services that will enable a seamless transition to ICD-10. For example, to ensure that it can support various requirements, Meditab will start testing with payers and clearinghouses before the ICD-10 compliance date. The company will update EDI rules and all interfaces, including labs, registries, pharmacies and third parties. Updates will include claim formatting rules and the fields in EHR workflows and billing workflows to ensure compliance. For physicians who submit claims on paper, all of the changes that might be made to the CMS-1500 or CMS-1450 (UB-04) claim forms will be integrated as well. Similar processes should be underway with other EHR vendors as well. Each EHR vendor will have specific steps they are following. Make sure you check with your vendor to see how they’re preparing for ICD-10.

Physician and Staff Training

In order to achieve a smooth transition, you must make sure your physicians and billing and coding staff are up to speed. While much of the discussion about training has focused on billing and coding, the first important step actually begins with physicians. Doctors may have to change the way they document patient visits because ICD-10 codes require a much higher level of detail. This is critical because payers will reject claims that do not have specific, accurate coding based on detailed visit notes.

To meet the increasing demand for training, many professional organizations provide physician education on ICD-10 documentation. The American Health Information Management
Association, for example, recently launched a series of brief three- to five-minute online training modules designed to fit a physician’s busy schedule. The self-paced training can be accessed from mobile devices, is specialty-specific and covers the most diagnosed and billed conditions. The Healthcare Information and Management Systems Society (HIMSS) also offers tips and tools for physician education.

Myths vs. Facts

Because ICD-10 is such a complex topic, there are many myths surrounding the issue. For example, some people believe that ICD-10-CM-based super bills will be too long or too complex to be of much use. However, CMS says practices may continue to create super bills that contain the most common diagnosis codes used in their practice. ICD-10-CM-based super bills will not necessarily be longer or more complex than ICD-9-CM-based super bills. There is a conversion process for super bills, which entails: conducting a review that includes removing rarely used codes; and crosswalking common codes from ICD-9-CM to ICD-10-CM, which can be accomplished by looking up codes in the ICD-10-CM code book or using the General Equivalence Mappings (GEMs).

Another common myth is that medically unnecessary diagnostic tests must be performed in order to assign an ICD-10-CM code. However, CMS states that if a diagnosis has not yet been established, you should code the condition to its highest degree of certainty (which may be a sign or symptom) when using both coding systems. Because ICD-10-CM contains many more codes for signs and symptoms than ICD-9-CM, it is better suited for use in ambulatory settings when diagnosis has not yet been determined. Non-specific codes will still be available in ICD-10-CM/PCS for circumstances in which more detailed clinical information is not known.

Collaboration with Vendors

Good vendor relationships and customer support are also essential to a successful ICD-10 implementation. CMS suggests several key questions you can ask your practice management vendor to make sure their ICD-10 upgrades or products will meet your needs:

- Will you install products well before the October 1, 2014, deadline, so I can begin testing them in 2013?
- Will support for my current products be discontinued after the October 1, 2014, ICD-10 deadline?
- When will you update my current products and applications for ICD-10?
- Will you provide periodic updates for new products? Will there be a charge for these updates?
- Will I need new hardware to accommodate ICD-10-related software changes?
- What are the costs associated with maintaining new products?
- Will you offer product support? If so, how long will the vendor support the application?
- How do I report issues and how quickly will you respond?
- Will you provide training on your software?
- Will you offer support during and after internal ICD-10 testing?
- Will you help me test my system with payers and other trading partners?
- Does your product give me the ability to search for codes by the ICD-10 alphabetic and tabular indexes? By clinical concept?
- Will your product allow for coding in both ICD-9 and ICD-10 to accommodate transactions with dates of service before October 1, 2014, and transactions with dates of service after October 1, 2014?
Undoubtedly, practices with integrated EHR and practice management systems will have an advantage because the conversion process will be much more streamlined. Comprehensive systems that seamlessly link front- and back-office operations will simplify visit notes, coding and billing. Those that include practice analytics and revenue cycle management will provide even more valuable data post-conversion. Now is a good time to make sure you're utilizing all of the tools available on your current EHR or practice management system, or perhaps do some comparison shopping so you're on target when the deadline rolls around. With thoughtful planning and clear communication, you'll be well-prepared for ICD-10.

### CMS.gov: Tools for the ICD-10 Transition

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<th>RESOURCE</th>
<th>SERVICE(S) PROVIDED</th>
<th>STAKEHOLDERS</th>
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| Healthcare Information & Management Systems Society (HIMSS) ICD-10 Cost Prediction Modeling Tool | • Assists users in predicting the financial impact of the ICD-10 transition.  
• Developed in Excel. Helps users understand the impact of ICD-10 in four key areas: coding, revenue cycle, project management, and information technology. | Health care providers and payer organizations |
| HIMSS ICD-10 Playbook | • Provides a rich, well-structured index to a variety of white papers and other resources from a variety of organizations. | All stakeholders |
| American Medical Association (AMA) – Educational Resources | • A series of resources/artifacts to help physicians implement ICD-10-CM into their practices:  
— ICD-10 Fact Sheets  
— ICD-10 Project Plan Template  
— ICD-10 Checklist  
• Provides links to other associations and specific resources tailored to physicians’ needs. | Physician practices, payer organizations |
| American Academy of Professional Coders (AAPC) ICD-10 Code Translator | • Compares ICD-9 to ICD-10 codes. (Note: this tool only converts ICD-10-CM codes, not ICD-10-PCS) | Medical coders |
| Workgroup for Electronic Data Interchange (WEDI) – Vendor Resource Directory and Other Resources | • Provides an assortment of white papers related to ICD-10.  
• Listservs and conference calls by various subject areas allow collaboration among different parts of the industry. | All stakeholders |

### References
1. [http://www.pages05.net/decisionhealthllc/DHDailyBrief/](http://www.pages05.net/decisionhealthllc/DHDailyBrief/)
3. [http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html](http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html)
5. [https://secure-content.optimizehit.com/ahima/](https://secure-content.optimizehit.com/ahima/)
Download an interactive **CMS Toolkit** about Stage 2 of the EHR Incentive Programs and 2014 Clinical Quality Measure requirements

Download a **CMS Tip Sheet** on Preparing for Stage 2