# Ready or Not Here it Comes
## ICD-10 Implementation On Track for October 1, 2014

Amid the complexities and unknown variables associated with the implementation of the Affordable Care Act, many physicians have allowed preparations for the transition to ICD-10 to fall by the wayside. These, along with previous delays, have many thinking the deadline will be pushed back again. But this is not likely to be the case.

The estimated cost for a medical group to transition to ICD-10 ranges from $87,000 to a staggering $2.7 million (Nachimson). These costs include not only physician and staff training, IT expense and reduced productivity due to increased documentation time, they also include a certain level of lost revenues attributable to errors in claims processing and extended revenue cycles. Interruptions in the claims processing cycle could create a serious cash-flow crisis for physician practices. Experts in the field recommend that physician practices either keep enough cash on hand or maintain a line of credit equal to six months of operating expenses to cover any revenue deficits that might result from the implementation of ICD-10 (HIMSS).

AAN has an excellent webinar on ICD-10 that provides a helpful overview of the similarities and differences between ICD-9 and ICD-10 along with detailed examples that walk through the process of identifying appropriate ICD-10 codes.

As illustrated above, preparing for the transition to ICD-10 is a complex and expensive process. CMS estimates that it will take physicians 8-16 hours, IT staff 4-8 hours and coders 24 – 40 hours of training. Selecting an individual to coordinate staff and physician training is an important first step. A timeline can then be established identifying 'who should know what by when' – the sooner the better.

After your office goes 'live' with ICD-10 you can expect to experience a permanent increase in physician documentation time of at least 3-4%. Unfortunately this means additional time documenting with no expected increase in payment. While EHRs may assist in improving documentation efficiencies, additional time will be required in order to develop the appropriate templates to accommodate the increased level of documentation required (Nachimson).

Physician and staff training on ICD-10 is only the tip of the iceberg. Coding impacts virtually every area of your practice. Appointing a transition team leader (this may or may not be the same person in charge of training) is a vital step in your preparations. In a smaller practice this person might be the physician or office manager, in a larger practice it will most likely be the practice administrator.

With input from all stakeholders, the transition leader should prepare a schedule that encompasses all of the following tasks, creating deadlines for each one. It is also important to create a budget that includes anticipated expenses.

Below is a general outline of the tasks that will need to be assigned and completed

- Assess hardware and software systems ASAP. Look at all practice systems that currently utilize ICD-9 to identify where updates/changes will be needed
  - Practice management systems
  - Electronic records
  - Electronic prescribing
  - Payers
  - Any other interfaces between internal or external sources (lab requests, online ordering of services, etc).

- Analyze business practice processes (scheduling, patient flow, documentation, billing, a/r management, quality management) to identify all that will be impacted by the new code set

- Contact each vendor to determine changes
  - Create contact list containing name, phone number or email address for each vendor
  - Ask each vendor the following questions. Make sure to keep a record of all responses along with the name of who you spoke with.
    - Will the vendor upgrade software to accommodate ICD-10?
    - Will the company upgrade your version of the software?
    - Will the software upgrade require a hardware upgrade, too?
    - Will the software allow your practice to use ICD-9 and ICD-10 for some period of time following the compliance date? Remember Work Comp payers are not required to transition to ICD-10. If your practice see Work Comp patients you may very likely need to be able to use both ICD-9 and ICD-10 for an indefinite period of time..
    - What is the vendor timeline for installation/testing/training?
    - What, if any, ICD-10-specific training will the vendor offer?
    - What is the total estimated cost for the practice?

- Review your payer contracts for any language regarding ICD-9 codes and how they may be used.

- Contact health plans and clearinghouses to determine their operational models for the transition.
  - Create contact list containing name, phone number or email address for each clearinghouse and health plan.

- Ask each payer and clearinghouse the following questions.  Keep a record of all responses and the name of the individual (or source) providing the information.
    - When will they accept test claims and other transactions with ICD-10 codes?
    - Will they provide a list of the data content changes needed?
    - When will health plans announce their revised ICD-10-related coverage/payment changes
    - Be aware that with self-funded health plans Third Party Administrators may lag behind in the transition to ICD-10

- Review the process for how diagnosis codes are currently being selected by clinical staff or internal coders
    - Do you use a super bill to report charges?  If so, you will need to redesign it to map to the larger set of ICD-10 codes, which could double or triple the size of your super bill.
    - If stakeholders determine using an expanded super bill is too cumbersome, work with them to identify an alternative method for selecting diagnosis codes.

- Conduct an audit of your current documentation to assure it is adequate for ICD-10 coding and begin mapping your top codes now
    - Identify your top 25-50 ICD-9 codes
    - Use previously adjudicated claims to Map to ICD-10
    - Determine if the record contains the necessary clinical information to support the ICD-10 code.
    - Be aware that while CMS GEMS are available as a tool, health plans could chose to create their own proprietary crosswalks.

- Update systems and documentation.

- Test changes within the practice

- Test changes with business partners.  Many vendors and health plans have not yet announced when or if they will be capable of testing


According to Dr. Buchhalter (AAN Webinar), Neurologist will not face the same massive changes other specialties will experience with the implementation of ICD-10.   However, in smaller practices the burden of this transition will be more readily felt than in large practices where transition teams or committees have been in place for months, if not years, preparing for the change.  Given the prevalence of small neurology practices in Texas, this is clearly a topic TNS membership should be concerned with.  Look for additional links and resources in the Medical Economics Corner of the TNS website over the next several months.

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