Why You Must Prepare for the *ICD-10* Now

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**Introduction**

The *International Statistical Classification of Diseases, 10th Revision (ICD-10)* commences in 2013, but surprisingly to most doctors, it's important to start preparing and planning now -- even 2 years in advance. In fact, I'm recommending a timeline for preparation: starting now.

What can happen if you don't? Lack of payment, confusion, and revenue delays.

The federal government is committed to the implementation of the *ICD-10* October 1, 2013. There is no grace period, no transition from *ICD-9* to *ICD-10*. All claims submitted September 30, 2013 must be submitted with *ICD-9* codes, and all claims submitted for any date of service starting October 1, 2013 must be submitted with valid *ICD-10* codes.

Your systems need to have both data sets loaded, and be capable of submitting both code sets according to date of service. This assumes that not only is everyone in the office trained and ready to switch horses midstream, but our practice management systems, clearinghouses, claims editing programs, and payers must all be able to accept both code sets and switch horses with us, in the middle of the night.

Physician practices must plan on and for the change. Unless the practice is closing and everyone is retiring, it's time to start the planning process.

**Make Sure That You Have Cash Ready.**

Over the last few years, the Centers for Medicare & Medicaid Services (CMS) transitioned from carriers and fiscal intermediaries to Medicare Administrative Contractors to process claims and pay physicians for services. Although this transition went smoothly in many states, some states experienced long delays in processing
applications for enrollment, claims, or both. Physician practices experienced something else: no checks from their Medicare contractor!

Prudent physicians will begin saving now, or will set up a line of credit, in anticipation of the cash-flow problems that are inevitable. With perfect planning and testing, perhaps there will be no disruption in cash flow anywhere in the country. All of the practice management systems, claims editing programs, clearinghouses, and payers will function perfectly, and electronic payments will appear in checking accounts. However, isn't it better to be prepared with a cushion of cash in case a major player isn't quite ready?

Some physicians have other reasons they avoid preparing for the ICD-10.

"I'm afraid if I get my main coder trained in ICD-10, she'll just leave me for another position making more money."

Even the smallest of practices needs to train more than 1 person. Consider an incentive program to retain key staff after the practice has invested in their training.

"What if I learn ICD-10 now, don't use it, and forget everything I know before October 2013?"

Start slowly; practice using ICD-10 codes monthly; and gradually increase the pace of usage and training.

"I don't know where to start."

Some coders will find that the increased detail and complexity of ICD-10 will make selecting an accurate code difficult. Physician practices are paid on the basis of Current Procedural Terminology (CPT) codes. The diagnosis code establishes the medical necessity for the visit. Physician practices traditionally spent more time on the accuracy of the procedure codes than their diagnosis codes.

What to do? Have your coder take a medical terminology course, and an anatomy and physiology course, online or at a community college. These are the first building blocks to accurate ICD-10 coding for coders without a clinical background. Start training coders first, and plan more hours of training for coders than physicians. Next, buy an ICD-10 book!

**How to Get Ready: Your Timeline**

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**Activities in 2011**

**Put someone in charge.** In a small practice, 1 or 2 staff members can take responsibility. In a larger group, add a physician, information technology (IT) support member, coding specialist, and administrator to the team. A representative from compliance wouldn't hurt. If you are a large organization, the committee is already at work.

**Talk to vendors.** Practices will need reliable partners for the transition and the most up-to-date version of the software. Budget for and acquire the most up-to-date version of your practice management software and all of your clearinghouse partners.

**Analyze the specificity of your medical record documentation.** There are substantially more codes in the ICD-10, and in order to select one of these more specific codes, the medical documentation must be specific. For example, diagnosis coding will report laterality. Did the patient bang his right thumb or his left thumb during that home improvement project? Is the physician seeing the patient for the first encounter after the accident or
for a follow-up visit? Some ICD-10 codes will require a higher level of detail: Does the documentation support it?

**Run a test.** Create a report of the 25 most common diagnosis codes for each provider, and try to code them on the basis of the ICD-10. Check the CMS Website to see whether those codes match, using the CMS’s GEM program. Make a list of the increased detail that you will need to code those services, and talk to the clinician. Ask the clinician to routinely provide that detail now. Review the same codes again in a month, along with the documentation. The clinician may need to be reminded again that increased detail in the record is needed in order to select a diagnosis code.

Why do this so early, in 2011? Find your problem areas, correct them, and develop good habits now. This will prevent a backlog of unprocessed claims in 2013. Unprocessed claims equals cash-flow disruption.

If you are a single specialty practice, concentrate on the chapters you will use most often, but don’t ignore the other chapters.

**Activities in 2012**

**Talk to vendors.** Confirm again that you are on the most up-to-date version of the software and that your vendor will be ready. Confirm that the system can handle both code sets at once, and can flip the switch overnight. Confirm that the vendor can move from diagnosis codes that were 3-5 digits in length to codes that will be 3-7 digits in length.

**Nonclinical coders should take medical terminology and anatomy and physiology courses.** This is the year to lay a solid clinical foundation. There are online courses and community college courses. Maybe your local hospital would sponsor courses for physician staff members.

**Practice using ICD-10.** Every month, print out a list of 15 more diagnosis codes for each clinician and try to code them. Keep a list of those that are causing questions and problems. Re-educate clinicians about the detail that is required in their documentation for specific conditions and symptoms that they treat. Expand the focus of practicing. Look up codes that clinicians use less frequently.

**Train the trainer.** At what point in the year you train the trainer (or trainers) in 2012 will depend on the size of your group. In a small group, it might be prudent to wait until the end of the year. If you are a large, multispecialty group, begin earlier. Some large, multispecialty groups may be planning this step for 2011.

**Review encounter forms or electronic charging documents.** With the increase in codes, it is less likely that a paper encounter form will work for most practices. There will be too many codes. The favorites list in an electronic charging system will need to be updated for each clinician.

**Activities in 2013**

**Talk to vendors.** Make your last call to confirm that all of the software and vendors in the chain of claims submission are on the latest version and up-to-date.

**Save cash or get a line of credit.** Avoid scrambling to meet payroll if there is a delay in payment from 1 or more of your payers.
Develop your training schedule. Plan at least 8-12 hours for coders (some recommend as many as 20 hours, and less for billers and physicians. Where can you find help? Start with Medicare's own Website. It is a wealth of free information: https://www.cms.gov/ICD10/

Authors and Disclosures

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