

Meaningful Use is a Speed Bump for Physicians...ICD-10 is a Potential Brick Wall!

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The conversion of ICD-9 to ICD-10 will likely be the most challenging change experienced by any practicing physician.

There are only months left until ICD-10 implementation, but nearly 75% of physician practices haven't even started their transition plan. According to a recent survey performed by a large clearing house, 27% of practice administrators, executives, managers, billers, and coders said they didn't even know where to start preparing for ICD-10.

ICD-10 preparations should begin with some simple workflow analyses. Think of how your facility runs today as we look at some of the different areas of the office and how they will change.

Front Desk: When patients make appointments or show up for visits, the front desk staff will need to explain all related changes that the patient might otherwise notice. HIPAA policies will need to be revised. The front desk staff should explain the new policies to the patient and have the patient sign the new forms. Systems will also need to be updated, which may impact patient visits such as delays, etc. The front desk staff will need to receive training on any changes that are made to current systems.

Clinical: Patient coverage may be affected by elements such as health plan policies, payment limitations, and new Advanced Beneficiary Notice (ABN) forms. Clinical staff must be aware of these changes. Any superbills currently being used will need to be revised and paper superbills may not even be a viable option in ICD-10. A one page podiatric superbill will likely turn into a 10 page document. Health plans will revise all policies linked to local coverage determination (LCDs) and national coverage determinations (NCDs). ABN forms will need to be reformatted and the patients will need to be educated on these changes.

Providers: The need for increased specificity within the physician documentation will dramatically increase after ICD-10 implementation. ICD-10 codes will require documentation of laterality, stages of healing, episodes of care, and much more. Providers will need to understand all changes resulting from the new code set. They will undoubtedly need training to learn how to adjust their documentation to meet the new requirements. Since the code set increases from 17,000 codes in ICD-9 to 140,000 codes in ICD-10, provider training may be needed on the general code set too. They will also likely need training on systems changes, especially if changes are made to their EHR systems.

Lab: The lab is another area where increased specificity must be used. Health plans will have new requirements for the ordering and reporting of services.

Coding/Billing: Coding staff will need to evaluate a larger code set to assign a code, or assess the code assigned by the provider. With the dramatic increase in codes, code books and styles

will completely change. Medical coders will also need a more detailed knowledge of anatomy and medical terminology given the increased specificity and additional codes. Coders will need to use ICD-9-CM and ICD-10-CM concurrently for a while until claims are resolved.

Billers will need to understand the new payer policies that will be revised under ICD-10. The billing department must be trained on new policies and procedures, as well as the ICD-10-CM code set itself. The appeals processes will likely change. Coders and billers will also be affected by system upgrades and will require training on the changes.

Office Managers: In addition to overseeing ICD-10 implementation across all other departments, managers will see many changes themselves. Any policy or procedure associated with a diagnosis code, tracking, or PQRS must be revised. All vendor and payer contracts must be evaluated and updated. Budgets will need to be created to account for software changes, training, new contracts, and new paperwork. Managers will need to create a training plan for other staff members, since everyone in the practice will need some formal training in the area(s) that most directly pertain to them. Managers should consider the best medium of training (in person, online, on-site, etc.), as well as which departments and individuals need to be trained.

The time to analyze how these widespread changes will affect your practice is here. How well are you prepared for them? Early preparation will ultimately help protect your revenue and cash flow, which is understandably the largest concern for physician practices.