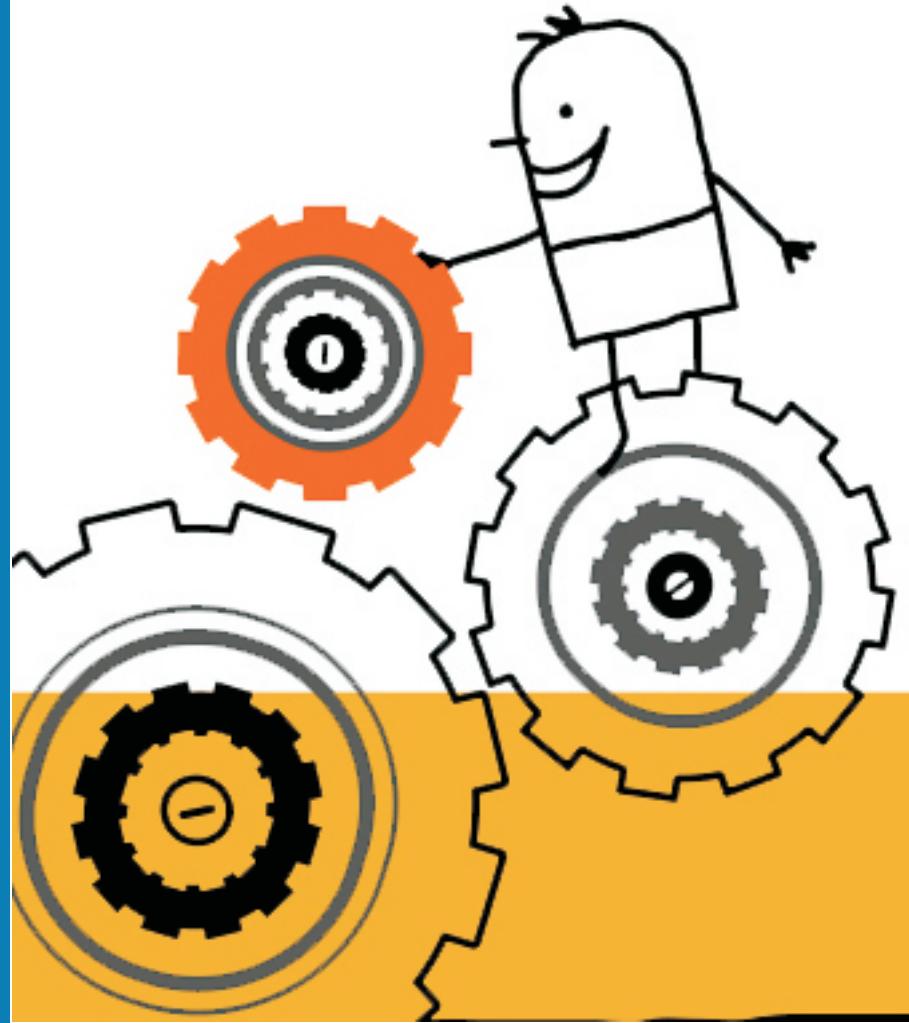




The future's here - ICD 10

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For many, the International Classification of Diseases, 10th Revision - better known as ICD-10 - means a whole lot of weird codes that just complicate their work. As a matter of fact, it was the World Health Organization (WHO) that introduced the world to ICD-10 to help collate data for global consumption. ICD-10 is here to stay and would eventually be critical for making appropriate payments to practicing physicians. Although there are thousands of new codes to know, the truth is that you are not going to need all of them. So, here's a quick lowdown on everything you wanted to know about ICD-10 for the smooth transitioning.



THE GOOD

With healthcare procedures becoming more complex and data requirements becoming more stringent, ICD-9 is incapable of taking healthcare into the future. As such, ICD-10 will positively impact a number of areas facilitating greater coding efficacy and functionality. Be it devising clinically robust algorithms or keeping a tab on outcomes, ICD-10 is going to make a world of difference to the field of medicine and healthcare. The data collected will be instrumental in conducting clinical research, planning healthcare policies etc.



THE BAD

Physicians have plenty of work on their plate and this new addition will only increase it. They need to be prepared for this change or be ready for some serious revenue loss. Proper training is the key to successful implementation of ICD-10. As per the Centers for Medicare & Medicaid Services (CMS), 50-hour training for hospital coders and 16-hour training for physician coders is a must to have a system that's fully compliant with ICD-10. This compliance will call for corrective policies, detailed documentation, and appropriate software.



THE UGLY

The most daunting aspect of ICD-10 is its vast number of codes. As opposed to 14,035 codes that are being used as per ICD-9, the new upgrade will necessitate providers and insurers to refer to 68,000 codes as guidelines. Training therefore, needs to be conducted across all levels for successful implementation. Given the remarkable benefits that ICD-10 offers, it makes sense to look beyond these temporary glitches and embrace the new set of codes unconditionally.

INITIATING ICD-10



Healthcare is a vast field and it can be overwhelming to describe the workflows associated with various departments that are going to be influenced by the transition. It is however important to start preparing for it so that you are at full throttle after its successful implementation by October 01, 2015. A whole-hearted participation in ICD-10 training programs and willingness to take the ensuing changes in your stride can perhaps mark the beginning of a wonderful phase in healthcare documentation the world over.

Getting started

On the road to successful transition, here are a few things you must do:

- Test claims
- Update all the reports pertaining to various transactions and procedures (superbills, clinical documentation, etc)



THE 3C SAVER

Coordination. Communication. Clarification. These are the 3 most important steps that can eventually help you save big money. As you are aware, complying with the new coding system will lead to some extra expenses. For instance, you may have to invest in a new clinical and administrative system in case your existing vendor has not upgraded the system to accommodate ICD-10. Here's what you can do for a smooth and cost effective transitioning:

- Create a checklist. There would be too many things to do and countless people to meet. A checklist would be ideal.
- Get in touch with your payers and billing services to know that the service will not be hampered post the compliance deadline.
- Review your provider contracts, as the high level of specificity may call for additional charges on billing.
- Before actually going live with the new coding system, do some test transactions.



Successful transition will largely depend on planning and execution. Create a plan based on the following:

- Define steps with appropriate timelines
- Delegate tasks – Every team member has one!
- Devise a training schedule for the staff – Shortlist a vendor
- Create a list of vendors and a subsequent testing strategy for each vendor
- Create an impact analysis plan to study and review the effects of the implementation and how they would affect workflow and reimbursements

ICD-10 Conversion

Like it or not, transitioning to ICD-10 is going to be expensive. Small practices alone can expect about \$56,639 to \$226,105 as the approximate conversion cost by way of system upgrades, training, transitioning superbills and added documentation requirements. ICD-10 transition is a team effort that requires your billing and EHR vendors to work in tandem with you and your payers to ensure that your practice is truly ICD-10 ready.

➤ Dealing with payers and vendors -

Lack of support from your payers and vendors can cause a lot of stress especially if they are not fast in implementing ICD-10. In other words, you would be using both ICD-9 and ICD-10 codes if they fail to be ICD-10 compliant till cutover date.

➤ Reduced productivity -

Practices are anticipating reduced productivity for a considerable amount of time due to the elaborate coding and documentation involved. Laterality, comorbidities, encounter types are just a few of the many things that physicians and staff members will have to address meticulously, post ICD-10 transition.

➤ High transition costs -

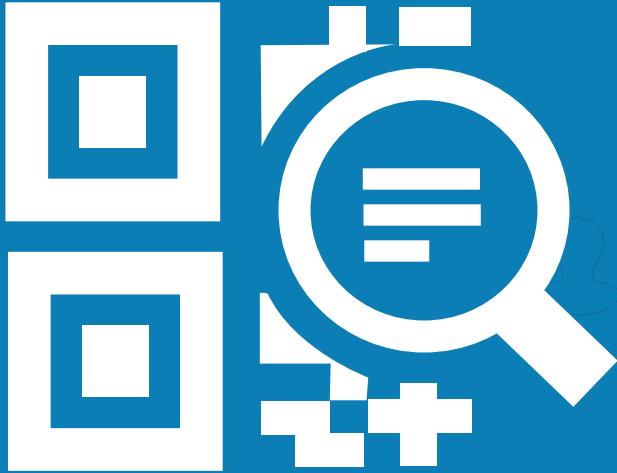
Apart from the concern over training and reduced productivity, there is another aspect that needs to be attended to. It is the loss of revenue due to delays and errors, because transitioning from the already complex ICD-9 to the more intricate and overwhelming ICD-10 is not going to be easy. There would be errors that can disrupt the cash flow. The only way to salvage this situation is to choose vendors that work closely with payers and who have the necessary means and methods to help you through this difficult phase. A lot of vendors are in the process of rolling out new plans that guarantee payments within a particular timeline irrespective of the difficulties a payer is likely to face while processing claims as per the new coding system.

ICD-10 Motivators

- Communication is the key. So, identify and address concerns right away before they become hurdles on the road to ICD-10 success.
- Consider giving incentives or bonuses to staff members on successful completion. After all, precision is everything when it comes to ICD-10 and a little appreciation will go a long way in building expertise.
- For a successful revenue cycle, talk to your payers and clearinghouses and ensure that they are ready too, to receive ICD-10 claims. A contingency plan needs to be in place to tackle situations wherein high claims are denied.
- Know what is covered under the vendor contracts and understand the timelines involved to avoid any hiccups later.



Decoding the codes



From 14,000 to 68,000 for diagnosis and 4,000 to 87,000 for procedure, the jump is huge when it comes to transitioning from ICD-9 to ICD-10 codes. Proper training is therefore critical for successful implementation. Typically, training would comprise the following:

- Documentation Training – For all those who maintain patient records (Physicians, NP, PA etc)
- Coding Training – For those who work specifically on codes (Coding Experts, Revenue Managers)
- Management Training – For those who are in the administrative department to anticipate the management flow

As such, the code book tool would be your most important asset and investment. Training is available both online and offline. You can choose from a large number of training programs being offered by various vendors and coding organizations. Clearinghouses and billing services may offer free software upgrades or offer them at minimal costs depending on the comprehensive package you have chosen.

Depending on the nature of your practice and your contract with vendors, you may be entitled for free testing services. Talk to your vendor for details. Of course, your coding capabilities would be put to test only once the ICD-10 system goes live and you actually start documenting. Nonetheless, the right EHR can offer the much-needed protection while working with ICD-10.

In a nutshell, ICD-10 codes are:

- Longer
- Comprised of alphabets
- Combination codes
- 3-7 digits

Typically, characters 1-3 indicate the category; 4-6 indicate the severity, anatomic site, etiology and other relevant clinical details, while 7 signifies the extension. 1 is alpha, 2 is numeric and the rest are alpha or numeric. The 7th character will mean different things in different situations depending on the section where it's being used. While maintaining the same hierarchical structure of its predecessor, ICD-10 differs in its organization and structure thereby making more room for clinical data accuracy.

Combination codes help in elaborating the diagnosis and are all the more critical when there are complications. Alpha-numeric codes do not require the characters to be case-sensitive. ICD-10, with its new coding structure, makes documentation accurate capturing clinical details with unmatched precision. The example below give an idea as to how the new coding system works.

S52.521A – Torus fracture of lower end of right radius, initial encounter for closed fracture

I25.110 – Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

T82.02xA – Displacement of heart valve prosthesis, initial encounter

Do note that a decimal follows the third character as per the new coding system. It's the anatomical site that governs the grouping of injuries and certain diseases are reclassified to convey relevant medical details.

We can help

Transitioning to ICD-10 can be a cakewalk, if you have the right partner. For successful transitioning, we can help you with the following:

- Revenue cycle impact analysis & improvement
- Billing & documentation workflows
- Performance & productivity
- Training & Staff Education
- Software Recommendation
- Online training
- Conversion Tools
- Code Mapping & Conversions
- Testing / Fixing the test results
- ICD-10 Readiness Certificate
- Consultancy
- Denial Management post implementation

Count on us for:

- Mitigating the impact on the revenue cycle
- Minimizing disruption of service and cash flow
- Managing timelines
- Lowering transition costs

ICD-10 is the future. It can make a world of difference to health care. And the best part is -

Transitioning to ICD-10 can be easy & painless. Time is ticking away & the compliance date is October 01, 2015. All you have to do is

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