Legacy Health

FAQs: Private practice ICD-10 basics

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by the ICD-10 codes.

If I transition early to ICD-10, will CMS be able to process my claims?
No. CMS and other payers will not be able to process claims using ICD-10 until the October 1, 2014 compliance date. However, organizations will need to work with their internal team and with business trading partners to test their software systems from beginning to end. This involves testing claims, eligibility verification, quality reporting and other transactions and processes using ICD-10 to make sure the new code set can be processed correctly.

How will we code a claim that we submit in October 2014 for a service that we provided in September 2014?
Even if you submit your claim on or after the ICD-10 deadline, if the date of service was before the October 1, 2014, deadline, you will use ICD-9 to code the diagnosis.

For dates of service on or after the October 1, 2014, deadline, you will use ICD-10. You may not be able to use ICD-9 and ICD-10 codes on the same claim based on your payers' instructions. This may mean splitting services that would typically be captured on one claim into two claims: one claim with ICD-9 diagnosis codes for services provided before October 1, 2014, and another claim with ICD-10 diagnosis codes for services provided on or after October 1, 2014.

Some trading partners may request that ICD-9 and ICD-10 codes be submitted on the same claim when dates of service span the compliance date. Trading partner agreements will determine the need for split claims.

Here's an example of a split claim:
A patient has an appointment on September 27, 2014, and is diagnosed with bronchitis. He returns for a follow-up appointment on October 3, 2014. In this case, a practice will submit a claim with an ICD-9 diagnosis code for the first visit and another claim with an ICD-10 diagnosis code for the follow-up visit.

Make sure that your systems, third-party vendors, billing services, and clearinghouses can handle both ICD-9 and ICD-10 codes depending on the dates of service in the months following October 1, 2014.

Will Legacy provide training for me?
Members of Legacy's medical staffs will be provided training at no cost and with some CME credits. Community physicians who are not on our medical staffs will be offered training through Precyse, at a Legacy-sponsored discount.

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Will Legacy provide training for my staff?
Providers who are on Legacy's medical staff will can get free online ICD-10 training through Health Stream, the express site for our Precyse training modules. To enroll, contact Cristin Ebert, ICD-10 Training Coordinator, at 503-415-5813 or icd10ProviderRegistration@lhs.org

What training will private practice coders need?

Coders in physician practices will need to learn ICD-10 diagnosis coding only. (Hospital coders will need to learn both ICD-10 diagnosis and ICD-10 inpatient procedure coding.)

Where can I get more information about my specialty and how it will be impacted by ICD-10?
Specialists should check with your specialty's medical association to learn more about how ICD-10 will impact codes for your specific area of practice.

Legacy is working with a company called The Advisory Board to assess high-impact areas where special attention may be needed to ensure accuracy.

Why should I prepare <u>now</u> for the ICD-10 transition?
The transition to ICD-10 will change how you do business. Health care organizations, from large national plans to small provider offices, laboratories, medical testing centers, hospitals and more will need to devote staff time and financial resources for transition activities. Activities include:
- Identifying how ICD-10 will affect your organization
- Developing a plan for implementing ICD-10 and creating a timeline of activities
- Working with vendors on new software/systems to accommodate ICD-10
- Coordinating with vendors, payers, and other business partners about ICD-10, especially about testing transactions and processes that use ICD-10

What should independent providers do to prepare for the transition to ICD-10 in their practices?
For providers who have not yet started to prepare to transition their practices to ICD-10, below are action steps to take now. Some of these activities, such as establishing a transition team and communicating to internal staff, might not be necessary for small practices where one or two people would be handling the transition activities.

Establish a transition team or ICD-10 project coordinator, depending on the size of your organization, to lead the transition to ICD-10 for your organization.

Develop a plan for making the transition to ICD-10; include a timeline that identifies tasks to be completed and crucial milestones/relationships, task owners, needed resources, and estimated start and end dates.

Determine how ICD-10 will affect your organization. Start by reviewing how and where you currently use ICD-9 codes. Make sure you have accounted for the use of ICD-9 in authorizations/pre-certifications, physician orders, medical records, super bills/encounter forms, practice management and billing systems,

and coding manuals.

Review how ICD-10 will affect clinical documentation requirements and electronic health record (EHR) templates.

Communicate the plan, timeline, and new system changes and processes to your organization, and ensure that leadership and staff understand the extent of the effort the ICD-10 transition requires.

Secure a budget that accounts for software upgrades/software license costs, hardware procurement, staff training costs, revision of forms, work flow changes during and after implementation, and risk mitigation.

Talk with your payers, billing and IT staff, and practice management system and/or EHR vendors about their preparations and readiness.

Coordinate your ICD-10 transition plans among your trading partners and evaluate contracts with payers and vendors for policy revisions, testing timelines, and costs related to the ICD-10 transition.

Talk to your trading partners about testing, and create a testing plan.

What do providers need to do to make sure their private office ICD-10 systems are working properly?
Providers should plan to test their ICD-10 systems early to help ensure they will be ready by the compliance date. Plan to test claims, eligibility verification, quality reporting, and other transactions and processes that involve ICD-10 codes from beginning to end. It is important to test both within your organization and with your payers and other business partners.

Beginning steps in the testing phase include:
- Working with practice management system and/or EHR vendors/IT staff and coders/billers to develop and test processes and systems using ICD-10 codes
- Determining when you will be ready to test, and working with payers and any clearinghouses or billing services that you use to schedule testing
- Developing a testing plan that outlines key dates and milestones for when tests should be completed

Where can I get more information?
Specialists should check with your specialty's major associations to learn more about how ICD-10 will impact codes for your specific area of practice.

See the CMS implementation timelines and checklists for large, small and medium practices, small hospitals, and payers. In addition, implementation guides are available in the "Provider Resources" section of the CMS ICD-10 website