Countdown to ICD-10
Is Your Practice Ready for Launch?

Yes, ICD-10 is really going to happen. The launch is set for October 1, 2015, and if you're not ready for implementation, the alarm bells should be going off.

Ideally, you will have everything in place by early September, giving you and your team time for testing and trial runs. However, if you have not taken all the necessary steps, you'll need to prioritize your activities in the limited time before October 1.

Consider these five mission-critical steps for ICD-10 readiness:

1. **Make sure all (data) systems are a go.** Specifically, ensure that your data systems are updated for ICD-10 capability. This means your vendor has delivered the most recent version and current user materials to guide you, and your staff has updated systems appropriately. Likewise, all systems involved in documentation, coding and billing should be updated.

Action: Verify with your EHR vendor that all software products and applications are ICD-10 compliant. Note that vendor resources are being stretched very thin with the nationwide rollout, so keep in touch with your vendor and get these updates scheduled.

2. **Master the codes that matter.** You don't need to master them all but you do need to master the codes for the top conditions you treat. Consult the ICD-10 code set to determine what and how you will need to document. For example, when coding for diabetes with the new code set, you'll need to document the manifestation of the disease as well as insulin use and presence of coma.

The key is specificity. In fact, some experts are saying that the five most important words you can master under the new system are: "mild, moderate, severe, chronic and acute."

Action: Select charts that correspond to your practice's most frequent diagnosis codes. Then review each medical record and see if there is sufficient documentation to support appropriate ICD-10 codes. If clinical information is missing, make a list and begin addressing the lapses in those areas.

3. **Root out unspecified diagnosis codes.** A good way to tell if you're going to have trouble with ICD-10 is to see how much trouble you're having with ICD-9. Hint: If you currently have a substantial number of claims denied as "not medically necessary" or have pre-authorizations for diagnostic tests denied because there is "no covered indication," you're probably suffering from diagnosis-code issues. The problem is only going to get worse in ICD-10.

Action: Run a report to find the frequency of unspecified codes (codes ending in .9). If you find a high percentage, start using specific ICD-9 diagnosis codes now to ease the transition to the more detailed and descriptive ICD-10 system.

4. **Revise forms and templates.** Evaluate how the transition to ICD-10 will affect your EHR or paper records. Revise forms and electronic screens, including those for:

- Pre-admission/Pre-certification
- Authorization
- Super Bills/Patient Encounters
- Orders
- Quality Reporting
- Referrals
- Inpatient and Outpatient Scheduling
- Public Health Reporting

Action: Look for all forms and tools that document diagnosis code information.

5. **Conduct a test launch.** The Workgroup for Electronic Data Interchange (WEDI) suggests identifying the payers that process the highest percentage of your claims and testing ICD-10 readiness with them. Here, your clearinghouse or billing service may be able to provide assistance.

Note also that some payers are creating their own web-based, self-service testing opportunities. And, if you haven't already, contact Medicare Administrative Contractors (MACs) and the Centers for Medicare & Medicaid Services (CMS) to register for ICD-10 testing during the remaining testing period.

Action: After you have completed ICD-10 testing, work with your payers to understand any errors that may have occurred and develop strategies to prevent payment snags once ICD-10 implementation is in full swing.

Prepare for Blast-Off!

As you complete implementation plans and prepare for go-live in October, don't forget to establish a financial reserve that will see you through the inevitable payment delays.

If an outright cash reserve is unfeasible, experts recommend that practices establish a credit line that can cover at least three to six months of operating expenses.