What Every Physician Needs to Know to Prepare for ICD-10

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October 1, 2013, seems like a date in the far distant future, especially with all the other local, state and federal health initiatives already vying for limited practice resources. But the ICD-10 compliance date is not going to be extended, and it arguably brings the largest change to health care in more than 20 years. ICD-10 is not just an updated code set; it is the foundation for producing higher quality data for measuring quality, efficiency, and safety.

Physicians play an important role in the transition to ICD-10, and as the compliance deadline looms, they can't afford to delay implementation. Lack of compliance will mean a direct hit to their revenue cycle. But more than that, many benefits should be realized through the successful conversion to ICD-10.

ICD-9-CM was not created for developing reimbursement models and has been outgrown by new technology, evolving medical terminology, and changing medical practices in this century. For example, endoscopic procedures were not performed when ICD-9-CM was implemented in the 1970s, but today they are common. ICD-10-CM and ICD-10-PCS encompass more than 140,000 codes – a significant increase from the current set of about 17,000. If used correctly, ICD-10 should

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provide richer data to better measure and improve patient care. Understanding complications, tracking outcomes, and customizing disease management programs should be enhanced with the cleaner logic ICD-10 employs.

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Start now

Planning now is the first and most critical step in the journey to October, 1, 2013. Ideally, a project team or steering committee to provide guidance and oversight for the overall transition project is already convened. If not, it should be soon. Key stakeholders should include at a minimum: clinical staff, administrative staff (billing and coding), senior leadership, and representatives from information technology, information systems, and finance. In a small clinic, this could be 1 or 2 people, and it will vary by practice size.

Impact analysis

The next step is a cross-organizational deep assessment typically performed through an impact analysis. This is accomplished by identifying every place a diagnosis code currently touches a physician's practice across people, processes, and technology. Knowing exactly how financial, clinical, and practice

management systems work in the world of ICD-9 will be critical for a successful impact analysis. Another important element is the impact ICD-10 will have on workflows and systems, and a rigorous analysis will identify human, technology, and budget needs.

A potential gap area is the need to review physician documentation for specificity. With the increased granularity and detail ICD-10 provides, there is a need for more specific physician documentation. This does not necessarily mean more documentation; however, coding and other staff members may require aa more advanced understanding of anatomy and physiology and overall disease process to accurately report these codes. Code-set training will be required, and there will be a learning curve – even for the most experienced coder.

Performing an assessment of both written and electronic health record documentation today will determine education and training needs as well as potential topics for conversation with software vendors. All

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of this should be included in the budgeting process and will provide direction for timing of the implementation plan.

Establish a timeline

A solid implementation plan will include a detailed timeline for technology upgrades in all affected systems, education and training needs of all staff, updates to internal policies and procedures, review of all existing and new payer and vendor contracts, and more. Physicians preparing to purchase new technology (for example, electronic health records, financial software, or practice management software) should make sure vendor contracts include language that will support the transition to ICD-10. Also, it's important that the implementation plan take into account the need to maintain ICD-9 and ICD-10 simultaneously for a period of time.

The transition to ICD-10 may seem overwhelming, but it doesn't need to be if the process starts now. The Wisconsin Medical Society's website (www.wisconsinmedicalsociety.org/icd-10) provides numerous resources and learning opportunities to help ensure a smooth transition to ICD-10 for physician practices.

ICD-10 implementation ultimately will provide physicians and other health care professionals the opportunity to improve administrative efficiencies and lower costs if the process is embraced and the code set is used to its fullest potential. Increased use of automated coding tools, anticipated decreased claim rejection rates, and reduced coding errors should allow a shift in resources to analyze the robust data for better quality measurement, research, reimbursement models, public health reporting and performance tracking.

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