

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

June 2015

#### Ten Questions to Ask Yourself about ICD-10-CM

David Letterman is gone but his Top 10 list lives on. As we move closer to the October 1, 2015 transition from ICD-9-CM to ICD-10-CM/PCS, here is a list of 10 questions you should be asking yourself:

**1. Is your billing system ready?**

The Centers for Medicare and Medicaid Services (CMS) recently announced the results of the April 27-May 1, 2015 end-to-end testing, <http://www.cms.gov/Medicare/Coding/ICD10/Downloads/2015-April-Testing-Results.pdf>. The acceptance rate for this round of testing was 88% which was higher than the results from the January testing period. At this point there is no further opportunity to register for end-to-end testing but you still can and should do acknowledgement testing with CMS. Information on how to do that is available on your Medicare Administrative Contractor's website. Look for opportunities to confirm that your commercial payers will be able to properly receive and process claims from your practice that include ICD-10-CM codes

**2. Are you clear on the details of the transition?**

Claims for services provided on/after October 1, 2015 will require ICD-10-CM codes. ICD-9-CM codes must be used on claims for services provided before October 1, 2015. When an anesthesia service begins before midnight on Sept 30, 2015 and ends on October 1, 2015, CMS has specified that claims for such services should use ICD-9-CM codes. Per MLN Matters® Number: SE1408, <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf>

*"Anesthesia procedures that begins on 9/30/2015 but end on 10/1/2015 are to be billed with ICD-9 diagnosis codes and use 9/30/2015 as both the FROM and THROUGH date".*

**3. Do you know where to find resources to assist you in planning and executing the transition?**

CMS's Road to 10 is chock full of information, resource and tools to assist you and your practice. Visit <http://www.cms.gov/Medicare/Coding/ICD10/index.html> to take advantage of these excellent materials.

**4. Have all physicians and staff received training appropriate to their role and function in the practice?**

Many experts have agreed that the optimum time for coders to receive training in ICD-10-CM is 6-9 months before implementation. If you have been putting this off, you need to address it now. The transition delays may have interfered with your training schedule. If members of your billing/coding staff were trained 6-9 months

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

before the anticipated October 1, 2014 transition, they may need some additional training to refresh their knowledge.

**5. Have you mapped your most commonly reported ICD-9-CM codes to ICD-10-CM?**

There are several good ways to do this. You can use the General Equivalence Mappings (GEMS) available from the CMS website to see how an ICD-9-CM code maps to an ICD-10-CM counterpart(s). You can also use the GEMs in the other direction to see how ICD-10-CM maps back to ICD-9-CM. A December 2014 ASA Timely Topic offered an ICD-10-CM mapping guide based on diagnosis codes associated with specific anesthesia CPT® codes. Take a good look at the Local Coverage Determinations (LCDs) from your Medicare Administration Contractor (MAC). As these policies are reviewed and updated, the diagnosis codes that support the medical necessity of the service that is the subject of the policy include both ICD-9-CM and ICD-10-CM.

*Note: These are not coding tools and you will need to verify that the information you get from them is accurate for your practice.*

**6. Does your documentation include the specificity required to assign the correct ICD-10-CM code(s)?**

Once you have a list of the ICD-10-CM codes that you will most frequently report, you should review your documentation to ensure that it includes all the information needed to select the most appropriate ICD-10-CM code and to avoid use of unspecified codes whenever you can. According to the ICD-10-CM guidelines, “Codes titled ‘unspecified’ are for use when the information in the medical record is insufficient to assign a more specific code.”

ICD-9-CM has about 14,000 codes and ICD-10-CM has about 69,000 codes; approximately a third of that increase is due to laterality. When selecting a diagnosis code for a patient undergoing total knee arthroplasty, the ICD-9-CM code may have been 715.16 (Osteoarthritis, localized, primary – lower leg). Under ICD-10-CM, the options for that particular condition include:

M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee

It is difficult to define – or defend – a situation where documentation did not include laterality and the unspecified code was the most appropriate option. Further, rather than process and pay a claim that includes code M17.10, a payer may return it to you with a request for additional information.

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

When selecting a diagnosis code for a patient with thoracic spondylosis without myelopathy, ICD-9-CM offered 721.2 (Thoracic spondylosis without myelopathy). ICD-10-CM possibilities include:

M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region

The ICD-10-CM codes require more specificity about the spinal region and the presence/absence of any associated radiculopathy.

#### 7. **Have you considered dual coding?**

As with most new skills, the more you use ICD-10-CM, the more quickly you will master it. In order to build experience in and increase exposure to ICD-10-CM, consider selecting both the ICD-9-CM and ICD-10-CM code for a certain number of claims each week. Remember, report only ICD-9-CM codes for services provided before October 1, 2015 and only ICD-10-CM codes for services provided on/after October 1, 2015.

#### 8. **Are you staying informed?**

Another delay does not appear likely at this point but it is not impossible and the rumor mill may be very active as we get closer to October. Some lawmakers have expressed concerns about the switch to ICD-10-CM/PCS. There have been suggestions that CMS consider hardship exemptions for practices that do not have the resources to prepare for transition to ICD-10-CM. The thought behind that is that CMS would be required to accept ICD-9-CM codes for services performed after October 1, 2015 from practices who are granted such an exemption. H.R.2247- Increasing Clarity for Doctors by Transitioning Effectively Now Act (ICD-TEN) Act – does not call for delay or an exemption process, but it does call for a transition period during which claims cannot be denied due to reporting an inaccurate or non-specific ICD-10-CM code. H.R. 2652 – Protecting Patients and Physicians Against Coding Act of 2015 calls for a 2 year grace period. These bills have been introduced but it is unclear if/whether they will make it out of committee review. Stay informed so that you have the most accurate and up-to-date information about the transition.

#### 9. **Have you taken steps to protect your cash flow?**

No matter how well prepared your practice is, coding productivity will initially decrease although the decrease both in terms of how significant it is and how long it will last should be mitigated by good preparation. The transition to ICD-10 is truly

## Timely Topics

### PAYMENT AND PRACTICE MANAGEMENT

an example of a chain only being as strong as its weakest link. *All stakeholders* (e.g., physicians, coders, billing companies, and payers) must be ready to transition. If a payer cannot process your claims with ICD-10-CM codes, it will negatively impact your cash flow – not the payer's. Many experts are advising that medical practices either increase cash reserves and/or establish a line of credit in the event of cash flow disruptions.

#### 10. Stay calm.

OK, this is not a question but it is important. Good preparation will help you avoid or reduce the stress and anxiety associated with a change that is this important to your practice. That is true whether you code the stress in ICD-9-CM as 308.9 (Unspecified acute reaction to stress) or as one of the ICD-10-CM choices:

F43.0	Acute stress reaction
R45.7	State of emotional shock and stress, unspecified

Use the time between now and October 1, 2015 wisely and well to ensure that your practice's transition to ICD-10-CM goes as smoothly as possible.