

## Transition to ICD-10

**All providers who are covered by HIPAA must transition to ICD-10 effective October 1, 2015. It is not limited to Medicare providers.**

- ICD-10 is a more robust clinical reporting system than ICD-9. The move to ICD-10 will increase the level of specificity available for research, public health and other purposes.
- ICD-10 is federally mandated. Claims not filed with ICD-10 codes will be rejected and not paid. The only exceptions are worker's compensation and accident liability claims, which may accept ICD-9 or ICD-10.

**CMS announced in July 2015 that it will grant a one-year grace period for the ICD-10 transition.**

- While the implementation date is still October 1, 2015, Medicare claims will not be denied based on which diagnosis code was selected, as long as the provider submits an ICD-10 code from an appropriate family of codes.

**The original implementation deadline for ICD-10 was October 1, 2014. AAFP advocacy efforts played an instrumental role in winning a one-year delay, as well as the one-year grace period.**

- This will allow physicians, health plans and other users more opportunity to build their ICD-10 coding skills without having to worry about claims being denied.

**Documentation is paramount.**

- In general, you will need to include details such as laterality and ordinality. For specific conditions, requirements will vary. Some examples for common conditions in family medicine include:
  - Asthma: intermittent, mild persistent, moderate persistent, severe persistent;
  - Fractures: Gustilo classification, type of fracture;
  - Seizures: General or focal, what type, intractability;
  - Pregnancy: Which trimester;
  - Poisoning or toxic effect: Which substance; and
  - Ulcers: Which stage.
- ICD-10 codes have a completely different structure than ICD-9 codes. ICD-10 codes are alphanumeric with three to seven characters. The process of looking up codes will remain the same, but ICD-10 will require additional documentation that provides more information for the codes chosen (e.g., external circumstances and the location of injury of accidents.)
- Coders can help physicians, but they can only code what is given to them. This will require physicians to supply coders with the necessary detailed and very patient-specific documentation that they need in order to do their job.

**Training is a must.**

- Each person in your practice will require some level of ICD-10 training.

- It is best to begin with designated experts in your practice. Once they are trained, they can teach the rest of your team.
- Physicians and coders/billers will need the most intensive training. Clinical staff will need intermediate training. Front-office staff and schedulers will require only a basic understanding.
- You will need to determine what methods of training you will use to train your staff (e.g., external, on-site or online training).

#### **ICD-10 transition requires a designated leader.**

- Your selected leader will need to have the capability of understanding the mechanism, be able to organize the steps and communicate clearly.
- This person may be a physician, a practice administrator/office manager or billing manager.
- In order to ensure the transition process goes smoothly, make sure the selected leader is well received by the staff and has the necessary authority, delegated or otherwise, to implement what needs to be done.

#### **ICD-10 and electronic health records**

- The EHR should have the codes in the system and may even help the user select a code for a given situation, but it will not instruct the user on what else is needed to implement ICD-10 in the practice or the guidelines surrounding the codes.

#### **The problem with GEMS mapping**

- Many mapping tools do not drill deep enough for the fourth through seventh digits. Also, because there is not always a one-to-one mapping between ICD-9 and ICD-10, mapping tools cannot always provide the definitive code for a given situation.

#### **The AAFP offers resources to help its members transition to ICD-10. It's not too late to start preparing, even for practices that haven't started yet.**

- AAFP.org has a landing page dedicated to coding that includes the following:
  - Frequently asked questions document;
  - ICD-10 timeline, including assessing, budgeting, planning, communicating, training, implementing and monitoring;
  - Cost calculator detailing technology, training, resources and cashflow considerations;
  - Link to The Road to 10 Toolkit from CMS, an online resource that gives providers at any stage in the process the capacity to build customized action plans for the needs of their practices; and
  - AAFP products for sale include:
    - ICD-9 to ICD-10 Referential Flash Cards: Top 823 Primary Care Diagnoses;
    - ICD-10 Coding for Family Medicine eBook (an FPM product);
    - ICD-10 Educational Series;
    - ICD-10 Bundle: Flash Cards and Educational Series;
- The AAFP's practice management journal, Family Practice Management, offers a series of articles and blog posts on ICD-10.
- AAFP News is another way to stay up to date on ICD-10 happenings.

**Hope for the best, but be prepared for the worst. Consider securing a line of credit/bridge loan in the instance that claims are held/denied for a longer period than expected.**

**Consumer-facing messages are as follows:**

- Physicians and their office staff will make every effort to code correctly the first time. They do not want to upset patients by sending incorrect bills. It is also very costly to re-submit claims.
- Patients also need to demonstrate due diligence by understanding their medical coverage and closely reviewing their explanation(s) of benefits when they arrive. In many instances, they do not understand that some charges may be applied to their deductible and they do, in fact, owe the practice money.
- Some medical practices will be more prepared than others at the beginning of the transition. There will be some challenges, but we expect them to be short lived.
- It has been rumored that some insurers are sending letters to competitors' insureds warning them that their current insurer is not prepared for ICD-10 and that they should consider switching insurers. The AAFP has not received any reports to date. If you hear of this happening, please report details to the AAFP Division of Practice Advancement.