Assessing readiness among partners

By Robert Tennant, MA

Editor’s note: This is the fifth in a series of articles providing assistance for implementing ICD-10. The first four articles are available at mgma.com/virtualconnexion in the November/December 2012, January 2013, February 2013 and March 2013 issues.

It is critical for professionals in physician practices to establish processes to ensure that ICD-10 codes can be incorporated into clinical workflow and that practice management system software is on track for upgrades or replacement. Before you can move forward with ICD-10 implementation, you must ensure that your software can accommodate ICD-10 with your transactions or identify alternative methods to assign these codes. Once that process is complete, the next step in your ICD-10 implementation is to determine the readiness level of your key external trading partners.

Many practices use outside billing services (including professional coders) and/or clearinghouses to assign the appropriate codes to claims and submit them for payment. Rather than assume that your service, coder or clearinghouse will be ready for the Oct. 1, 2014, compliance date (or preferably even sooner to facilitate testing), we recommend that you request comprehensive answers in writing to the following critical questions:

• Do you expect to meet the ICD-10 compliance date of Oct. 1, 2014?
• As of today, where are you internally for this ICD-10 transition process?
• On what date will my practice be able to submit test claims to you?
• What is your process for testing claims containing ICD-10 codes and what will be required from our practice to conduct testing?
• Will there be a price increase for your current services due to the transition to ICD-10?
• Will you offer clinical documentation and/or ICD-10 code-identification services to assist our practice?
• If so, when will these services be available, and what are the associated costs?
• Who will be my primary contact at your organization for the ICD-10 transition?
• For the professional coder: When (specific dates) will you be certified for ICD-10?

Clearinghouses might not be in a position to convert your submission to a claim that will be paid by the health plan. A nonspecific ICD-10 code might be insufficient to ensure adjudication and payment, depending on the health plan’s requirements and payment policies. Clearinghouses can be highly effective at converting older formatted claims (4010) to the required 5010 version. However, there is concern that claims submitted without the appropriate ICD-10 code cannot be converted by the clearinghouses, which do not typically have access to the clinical documentation used to assign the ICD-10 code — so the claim will be returned to the practice.

The challenge will be to resubmit the claim with a more specific ICD-10 code based on the available clinical documentation. If the documentation did not capture a piece of information, such as the laterality of the medical issue, you might be forced to contact the patient long after the visit to augment the record.

Another critical factor in a successful industry transition to ICD-10 will be a health plan’s ability to update its information technology systems, business processes and payment policies and to conduct testing with physician practices prior to the compliance date. For practices, the first step in reaching out to your health plans is to identify the appropriate website or contact person to discuss ICD-10 issues. Ask those health plans that handle a significant percentage of your organization’s income the following questions:

• When will your ICD-10 upgrades be completed?
• When can I send test claims and other transactions with ICD-10 codes to you?
• Do you offer any automated test plans and clinical scripts to facilitate testing?

• Do you intend to change medical necessity requirements because of the more specific ICD-10 codes?
• When will you tell us about changes to coverage and payments necessitated by ICD-10?
• How will your products/services accommodate both ICD-9 and ICD-10?
• How long after the compliance date will you accommodate both ICD-9 and ICD-10 codes?
• Will you use general equivalence mappings (GEMs) between ICD-9 and ICD-10 for creating files going into the health plan or going out?
• Will you use the specific Centers for Medicare & Medicaid Services’ ICD-10 GEMs/crosswalk?
• Will you provide any support and training services to practices?
• Will extensions be given for timely filing during the ICD-10 transition time?
• How will the ICD-10 conversion affect our reimbursement?
• How will the ICD-10 conversion impact our contracting? For example, will you renegotiate contracts to replace ICD-9 codes with ICD-10 codes?
• What is your contingency plan if you are not ready for the go-live date of Oct. 1, 2014?
• Whom should I contact with any specific ICD-10 questions?

The effect on reimbursement will be the greatest concern for practice professionals during the transition to ICD-10. Many professionals experienced significant and lengthy cash-flow disruptions after the switch to HIPAA 5010 in January 2011, and there is concern that potential payment delays associated with ICD-10 will be more acute. Outreach and regular communication with your external trading partners are important components of a successful implementation plan. With numerous trading partners to contact, we encourage you to begin the outreach process as soon as possible.

Next in the series: Assessing and transforming clinical documentation to accommodate ICD-10.