

Are You Preparing for ICD-10? *ACS Can Help!*

ICD-9 code sets, used in the U.S. since 1979 to codify diseases across all health-care settings as well as inpatient procedures, will be replaced with a new ICD-10 coding system on **October 1, 2013**. The new ICD-10 system is a significant upgrade to the current coding structure. The change will impact anyone covered by HIPAA, including those who submit Medicare or Medicaid claims.

What is the risk if we delay our preparation?

In MLN Matters SE1019, CMS was very clear that there will be no implementation delays. “The compliance dates are firm and not subject to change. **If you are not ready, your claims will not be paid. Preparing now can help you avoid potential reimbursement issues.**”

What do the new codes look like?

- ICD-10-CM (for diagnoses) uses alphanumeric characters up to 7 digits with enhanced diagnostic specificity, expanding from approximately 14,000 ICD-9-CM codes to 70,000 ICD-10-CM codes.
 - I25.790 Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
 - L89.612 Pressure ulcer of right heel, stage II

- ICD-10-PCS (for inpatient procedures) also uses alphanumeric characters up to 7 digits with a completely different methodology where coder knowledge of anatomy and key ICD-10 operational terms will be critical. There are nearly 87,000 ICD-10-PCS codes compared to fewer than 4,000 ICD-9-CM procedure codes. (*CPT will continue to be used for reporting procedures not performed in the inpatient setting.*)
 - 02713DZ Dilation of coronary artery, two sites, using intraluminal device, percutaneous approach
 - 0DNA0ZZ Release, jejunum, open endoscopic approach



Do we really need to start now? YES! Advice from the ICD-9 cooperating parties, including CMS, the American Hospital Association and the American Health Information Management Association encourage hospitals to begin now. Initial steps should include:

- Impact assessment to identify all systems using ICD-9-CM codes, and all individuals using reports with ICD-9-CM codes
- Gap analysis to identify training needs, hardware / software upgrades, and documentation deficiencies that preclude effective coding under ICD-10
- Organizational strategies for implementation, including staffing estimates during downtime needed for education and productivity delays during implementation as well as projected budget estimates

Comprehensive ICD-10 training for front-line coders is recommended 6-9 months prior to the 10/1/13 implementation date. However, initial exposure to ICD-10 should begin now, along with training in anatomy and physiology when indicated by the gap analysis.

“Because incorrect procedure coding may lead to overpayments and subject a hospital to liability for the submission of false claims, hospitals need to pay close attention to coder training and qualifications.” *2005 OIG Supplemental Compliance Program Guidance for Hospitals*

Administrative Consultant Service is available to assist your ICD-10 steering committee throughout this important implementation project - from organizational readiness assessment, initial staff training, and evaluation of documentation adequacy to complete ICD-10-CM and ICD-10-PCS training for your staff. Contact our office today to get started!

