
You Can Do It: Physician Conversion to ICD-10

Moving to a new coding system after 35 years will certainly be an adjustment. But it won't be nearly as extreme as some are trying to make it out to be. In fact, physician offices should be able to manage the transition quite well, both in terms of codes and cost.

Coding: *The scary number of codes isn't that scary.*

ICD-10 has about 70,000 diagnosis codes, versus about 14,500 for ICD-9, and ICD-10 has about 72,000 procedure codes versus about 3,900 for ICD-9. Now put it in context.

- No physician will ever use all 70,000 diagnosis codes or anything close to that number. Just like today, physicians will use a limited number of codes within their specialty.
- Physicians will not use ICD-10 procedure codes at all. Just like today, they will continue to use CPT codes.
- Most of the increase is associated with additional clinical detail that physicians are already documenting, such as identifying carpal tunnel syndrome of the left arm versus the right arm.
- Many of the diagnosis codes in ICD-10 are the result of requests by physicians' own specialty societies for greater detail. Since 2012, formal requestors include: AAN, AANS, ACEP, AAAAI, AUA, AAP, ACOG, APMA, AAO-HNS, APA, AAOS, AAOMS, ASA, AAO, and ASRS.

Cost: *The high cost of converting isn't that high.*

Estimates of costs for converting a physician practice to ICD-10 have varied wildly, depending on the source. Now put this in context.

- Physicians need only the ICD-10 diagnosis codes. They can purchase a code book or they can download the code book for free from the CDC website.
- Training in ICD-10 diagnosis coding, estimated to take about 3 hours, is available for physicians and for practice staff both on-line and in person at reasonable cost from specialty societies, coding organizations, and vendors.
- EHRs, for which many practices have received conversion funding, are the ideal platform for documentation templates needed to assign ICD-10 codes. Many EHR providers incorporate ICD-10 software upgrades automatically.
- Physician offices that rely on vendors (billing services, clearinghouses) can often receive free or low cost ICD-10 software upgrades as part of their packages.
- For offices which use superbills, conversion to ICD-10 codes is a one-time process that can use common codes supplied for free by CMS, professional societies and payer policies.
- CMS and many payers are making end-to-end testing available for free. For offices relying on vendors, most testing responsibilities are on the vendor not the practice.
- With EHRs and support from vendors, physician office costs for lost productivity are modest.

Overview of Converting a Physician Practice to ICD-10: Step-by-Step

1. Get a plan

- Identify which ICD-9 codes you use heavily

- Identify the staff that needs to be trained in coding and/or documentation
- Contact vendors to learn their plans, ICD-10 related costs to the practice, and resources available to the practice
- Contact the specialty society for any resources available to the practice
- Visit the CMS website for useful tools and materials

2. *Get trained*

- Buy or download an ICD-10 diagnosis codebook
- Arrange and implement ICD-10 coding training for staff
- Arrange and obtain documentation training for physicians and other clinicians
- Crosswalk common diagnosis codes to ICD-10 and identify new requirements or differences in essential documentation
- Sign up for key CMS webinars to increase understanding of the ICD-10 environment

3. *Update internal practice tools*

- Convert superbills to ICD-10
- Convert other materials to ICD-10, such as authorizations, orders and referrals
- Identify common code-related causes for current claim denials and identify areas where ICD-10's specificity in documentation and code assignment can address this
- Obtain payer medical policies with ICD-10 codes for comparison

4. *Work with vendors and payers*

- Arrange and implement ICD-10 software upgrades

- Train staff on use of new software, either directly or via the vendor
- Identify EHR documentation templates and assess how they support ICD-10 specificity for claims submission and medical necessity
- Engage payers on any discrepancies and omissions in ICD-10 coding for medical policies
- Identify if payers anticipate any changes in processing and payment due to ICD-10
- Identify availability of testing with major payers

5. *Test the process*

- Perform testing on systems within the practice
- Perform end-to-end testing with vendors and/or payers
- Identify and correct issues raised during testing
- Educate staff on the impact of ICD-10 to payer edits, adjudication, and other claims elements to processes within the practice
- Repeat!

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