



## Are you ready for ICD-10?

September 4, 2015

The go-live date for ICD-10-CM is October 1st, 2015. As a healthcare professional you know that Clinical laboratories will be required to submit accurate and complete diagnosis codes in electronic and paper claims to third party payers. Claims with insufficient diagnosis coding can trigger denials, requiring both the lab and the provider to invest labor and time to resolve and, very often, creating inconvenience for the patient. It is imperative that the most specific ICD-10 code is provided to avoid these scenarios.

CMS has released "[Road to 10](#)" as a resource to help small medical practices jumpstart their ICD-10 transition. "Road to 10" includes specialty references such as Family Practice, Pediatrics, OB/GYN, Cardiology, Orthopedics, Internal medicine among others and gives providers the capability to build ICD-10 action plans tailored for their practice needs.

### Below is a checklist of items to remember:

- Claims for dates of service on and after October 1, 2015 must be coded in ICD-10
  - Completed requisitions that accompany the patient clinical laboratory specimen, or completed orders via the interface must be compliant with the ICD-10 coding format.
- Process for determining correct code is same as ICD-9
  - Look up diagnostic term in the Alphabetic Index, then
  - Verify the code number in the Tabular list
    - To be valid, the ICD-10-CM diagnosis codes must be coded to the full number of characters required for that particular code
    - A complete zipped file of the ICD-10-CM valid codes and code titles can be found by accessing the [CMS](#) Website. This list will assist providers if an additional 4th, 5th, 6th, or 7th character is needed for a code to be valid.
    - An individual look up of ICD-10 codes can also be found at <https://www.cms.gov/medicare-coverage-database/staticpages/icd-10-code-lookup.aspx>



**The American Hospital Association recently released a step-by-step preparation guide to ensure hospitals and physicians are ready by October 1, 2015. The AHA Checklist includes:**

- Verify systems and applications including your vendor software
- Evaluate staff training to ensure that all coders, clinicians and staff who need to be trained are ready
- Evaluate documentation improvement efforts, including tools to assist physicians and others in preparing supportive documentation
- Ensure the coding team can access ICD-10 coding guidelines and AHA Central Office advice. [www.ahacentraloffice.org](http://www.ahacentraloffice.org)
- Evaluate staffing and any need for additional staff and/or overtime for the transition
- Evaluate whether coding productivity will drop, and by how much
- Verify external partner readiness to ensure health plans are ready; Establish communication plans and policies with these organizations
- Collect emergency contact information for your Medicare contractor and commercial insurers in case claims are delayed
- Make sure you know major trading partners' rules and process for submitting replacement claims if a coding problem is identified that should be corrected
- Check workers compensation, automobile insurance or other liability carriers to ensure they will be transitioning to ICD-10
- Understand steps needed to limit delays in payment for these payers
- Establish metrics that track current claims volume; create a baseline for tracking future claims volume
- Beginning October 1, 2015, monitor status of submitted claims to learn whether problems are occurring
- Take the time to learn the policies and processes of trading partners regarding advance payments if you experience payment delays. CMS has procedures that providers can follow for payment advances from Medicare in the event of financial difficulties due to lag in Medicare billing and/or payments

**Additional Resources:**

- [Centers for Medicare and Medicaid Services \(CMS\) Countdown to ICD-10](#)
- [Centers for Medicare and Medicaid Services \(CMS\) Provider Resources](#)

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