

COUNTDOWN TO ICD-10:

10 STEPS TO GET READY, SET, GO!



BY RICHARD MARK KIRKNER / CONTRIBUTING EDITOR

Some medical professionals fear it because it will dramatically change the codes they use for reimbursement. Some mock it because the codes are so specific they can be as bizarre as “burn due to water-skis on fire” and “stabbed while crocheting.” But all realize that by Oct. 1, 2015, the switch from ICD-9 to ICD-10 will be unavoidable.

While there are still some who are making last ditch efforts to postpone the changeover, including the American Medical Association introducing a bill to stop it and the Heritage Foundation recommending that a more appropriate coding system be developed, insiders predict that although Congress twice postponed the implementation of ICD-10, this time

it's expected to happen.

That leaves only three months to get ready, and medical professionals, including those who are reimbursed for eyecare, have reason to be concerned. The impending changeover to the ICD-10 code set can cause cash flow problems for practices that are not ready. Government and most commercial payers have made it clear that any claims that use the old ICD-9 codes after Oct. 1, 2015 will not get paid. Period.

ICD-10 stands for International Classification of Diseases, 10th Revision, and it's a step up from the existing code set, ICD-9. ICD-10 has more codes—almost 70,000 diagnosis codes compared to about

13,600 in ICD-9.

The new ICD-10 codes also have more digits. Instead of three numbers before the decimal and two after, as with ICD-9, ICD-10 can involve three digits before the decimal but up to four after. The numbers alone can be daunting, but getting up to speed in the next few months is not an insurmountable task. Even at this late stage, there is still time for eyecare practices to take the steps necessary to efficiently and effectively make the transition.

Count down the following 10 Steps to ICD-10 to help make your launch into the new code set go as smoothly as possible.

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10 Steps to Get Ready for ICD-10

10.

Accept that this time it's really going to happen.

The first step in preparing for something is to accept that it's really going to happen. Unlike the past two years when Congress voted to delay ICD-10, the likelihood of that happening now is fading fast. People who follow health policy say the best opportunity to vote a delay in ICD-10 came in March, when Congress faced another deadline on the Sustainable Growth Rate (SGR), the Medicare formula that determines payments to practitioners. Instead, Congress scrapped the SGR, passed Medicare payment reform and left the ICD-10 deadline intact. "It's going to happen," said Jeff Grant, an ophthalmic information technology consultant with Healthcare Management and Automation Systems Inc. in Shell, Wyo.

9.

Realize that ICD-10 may not be as scary as you think.

Despite all those new codes, only about 1,000 of them deal with eyecare. While that amount is still about five times more than the number of eye codes in ICD-9, it is not as daunting as it seems, said Grant. For one reason, the typical practice will only deal with a limited number of codes—cataract, glaucoma and dry eye, for example.

According to Grant, "One of the key simple differences that make up for a lot of that additional coding is laterality," that is, right, left, bilateral or unspecified, specificity that ICD-9 did not require. Cataract goes from one code in ICD-9 to four in ICD-10. But there



"Make sure the right people in your office receive the right training."

—Nitin Rai, CEO, First Insight

8.

Sign up for a class if you can.

While it's getting late, there are still opportunities to sign up for courses on ICD-10. The Centers for Medicare & Medicaid Services (CMS) offers a web-based training course on using ICD-10 and videos that explain key ICD-10 concepts. "Provide you and your staff opportunities to attend webinars and training offered by CMS, your clearinghouse or local optometric association," suggested EHR software provider Practice Director. "We recommend that your office manager or billing manager be fully trained on ICD-10 codes prior to the deadline to ensure a smooth transition. Assign a person in your office to search out training opportunities online or in your area."

Also, Rebecca Wartman, OD, is giving a course on "ICD-10 is Coming – Be Ready" at Optometry's Meeting in June. John Rumpakis, OD, is hosting a session on "Implementation Pitfalls for the ICD-10" at Vision Expo West in September. State and regional

7.

Get a clear picture of the nature of your ICD-9 claims.

If you use a clearinghouse to process claims, ask if it can give you reports on the most common codes your practice uses, problematic codes that account for rejected or appended claims, and a list of unspecified codes. "Even if you have to pay for those reports it may be worthwhile," said Robert Tennant, director of health information technology policy for the Medical Group Management Association. "It will tell you where your vulnerabilities are."

Rai of First Insight suggested performing an impact analysis to identify what areas require attention to prepare for ICD-10: "Review frequently used diagnosis codes to see what your provider(s) are using most frequently. Review associated documentation to ensure your provider(s) are properly documenting at the level necessary to code in ICD-10. Educate your provider(s) on areas where documentation is currently lacking. Establish office standards for items such as abbreviations—ensure all staff members

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"Take advantage of any testing opportunity that anybody is willing to give."

—J Robert Tennant, director of health information technology policy
Healthcare Management and Automation Systems Inc.



Countdown to ICD-10

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understand and utilize the same abbreviations to avoid errors in communication and coding.”



6. Get information on ICD-10 payment policies.

Ask vision and health plans and claims clearinghouses if they have published their payment policies for ICD-10. If they have, ask for copies. “If you can get those payment policies, it would be great to add them to your training regimen as well,” said Tennant, “because if nine out of 10 health plans say they will not pay a claim for an unspecified service, that will need to be conveyed to the optometrists.”

Regarding clearinghouses, VisionWeb, providers of the Uprise electronic health records software, recommended that ECPs “make sure that their clearinghouses are not only ready to accept the file formats that support ICD-10 but that they have done what they need to ensure that they are supplying the clearinghouses with the right file formats. There may be new mappings or other processes for the clearinghouses to complete in order to test and verify that claims are submitting successfully. This is a good step to take now because the demand on clearinghouses will only increase as we get closer to Oct. 1.”



5. Practice makes perfect.

Once you have the payment policies and information on your past claims, you can start reviewing the claims with staff. Grant advises having weekly



“Familiarity with these new codes will decrease the amount of time searching for a code and increase the focus on the patient.”

—Denise Ramos, ICD-10 specialist
My Vision Express

meetings to review actual patient charts and discuss the ICD-9 and the equivalent ICD-10 codes. Having tools handy such as an ICD-10 coding book and an ICD-10 smartphone app will make the process go smoother.

“Start with the most common conditions such as diabetes, glaucoma, cataract, etc., and as they work through that, either getting to know off the top of their head what the ICD-10 code is, or, if they get proficient through whatever resources they use, getting to the ICD-10 code shouldn’t take them more than 20 seconds,” said Grant.

“Providers should have ICD-9/ICD-10 crosswalk guides to help when selecting the principal ICD-10 and additional codes to document a patient outcome,” said Janet L. Johnson, RO, director, Acuitas activEHR, Ocuco.

Using a “cheat sheet of common ICD-9 codes to ICD-10 codes” can help, suggested Denise Ramos of EHR software company My Vision Express. “Providers have memorized their ICD-9 codes over their years of practice. Familiarity with these new codes will decrease the amount of time searching for a code and increase the focus on the patient.”



4. Fine-tune documentation of patient encounters.

Because ICD-10 requires a higher level of specificity—right, left, bilateral and unspecified—the supporting documentation and medical record must match that level. When reviewing claims in the previous step, focus on the documented notes in the medical record that support them. “Look at documentation that’s already existing and ask, ‘Could I assign an ICD-10 code based on that?’” said Tennant. “If you have to put more information down in the record, go back and put down enough information to submit the ICD-10 code.”

Another key for documentation is to make sure the diagnosis code matches the Current Procedure Terminology (CPT) procedure code, said Grant. For example, a diagnosis code for dry eye in the left eye won’t match up with a procedure code for punctal plug insertion in the right eye.



3. Try dual coding.

Start to routinely make a note of the equivalent ICD-10 code when entering the ICD-9 code for a patient encounter. The accepted codes change literally overnight; claims for services on Wednesday, Sept. 30, will need the ICD-9 code; claims for services performed the next morning and thereafter will require ICD-10. As of now, there’s no leeway. Claims with the ICD-9 codes after Oct. 1 are expected to be rejected outright, said Grant.



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Acuitas activEHR, Ocuco

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Software Is the Key to Switching to ICD-10

BY JOHN SAILER / SENIOR EDITOR

With the looming Oct. 1, 2015, deadline approaching that will require all medical professionals to start coding using ICD-10, using the right software can simplify the process. Because electronic health records (EHRs) and practice management software can automatically generate and transmit the correct ICD-10 information, *Vision Monday* asked the following software providers to share what they are doing to help eyecare professionals make the transition as smooth as possible:

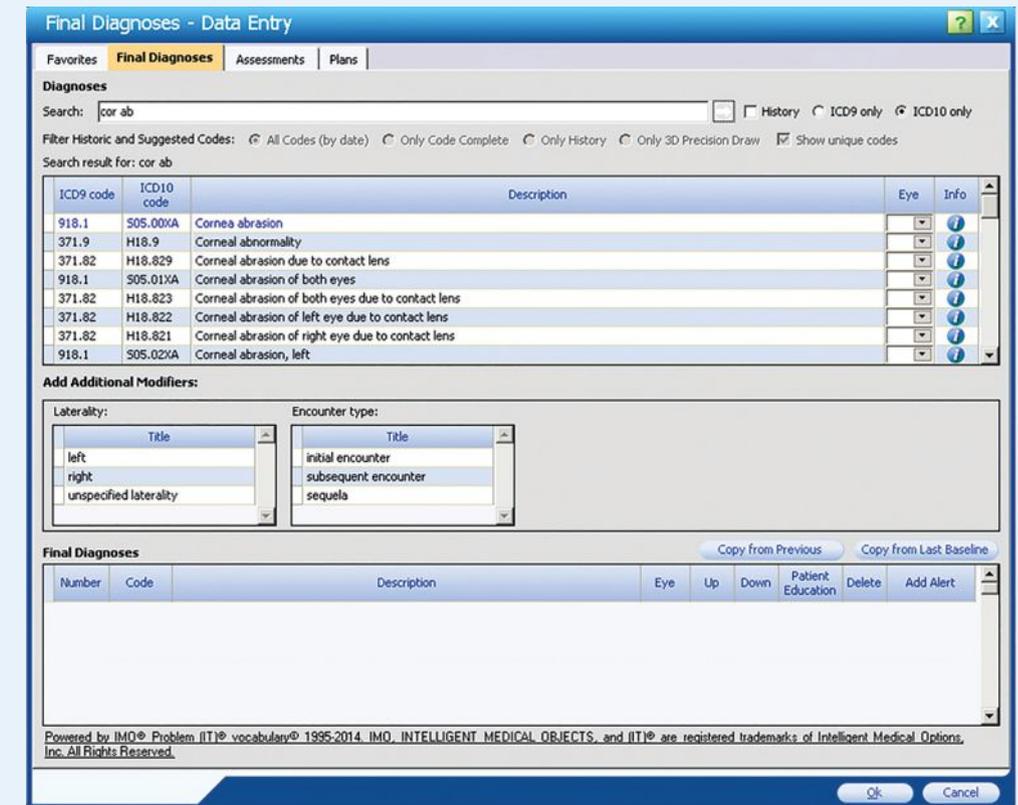
MaximEyes from First Insight

We've been ICD-10 ready since August 2014 and made it easy with our intuitive ICD-10 Selection Tool, which provides dynamic search capabilities for both ICD-9 and ICD-10 codes. It automatically prompts the user for modifiers when necessary, and the Google-like search on a word or number allows the user to quickly find codes. It cross walks the user from the ICD-9 to the proper ICD-10 codes.

Compulink

As Compulink migrates practices from ICD-9 to ICD-10 diagnosis codes, we will: Ensure our Advantage EHR and practice management software supports ICD-10 well before the Oct. 1 cutover date to give staff the time to practice and train. Participate in industry ICD-10 events and test with all our electronic data interchange clearinghouses and payers to ensure readiness.

Update our Advantage EHR to ensure continuity of patient care, including tools for accurate documentation and coding. Our goal is for our product to automatically determine the correct ICD-10 codes. Provide the ability to enter both ICD-10 along with legacy ICD-9 codes to ensure claims can be pro-



MaximEyes EHR's intuitive ICD-10 Selection Tool helps users convert diagnosis codes.

cessed by those payers who do not yet support ICD-10. Provide training and support to make the transition. Put procedures in place to ensure minimal disruption and financial impact to your practice.

Uprise from VisionWeb

Uprise was built on ICD-10, so there isn't any need for conversion with our system. It's also automatically mapped back to ICD-9, so there's literally nothing for the practice to do differently between now and Oct. 1 with our system. There is no change in workflow whatsoever. We also built Uprise to help simplify the documentation for the doctor and ensure that the documentation

supports the increased specificity demanded by ICD-10. We had the benefit of knowing that it was coming when we were in development so we went straight to ICD-10 from the start.

My Vision Express from Insight Software

We have successfully tested ICD-10 code claim submission and included enhancements to streamline the diagnosis selection. We have applied the crosswalk concept by introducing the reversible option of translating all ICD-9 codes to their ICD-10 equivalent. Our electronic medical record (EMR) software is smart enough to pull in the correct diagnosis code based on the

location of the documented finding.

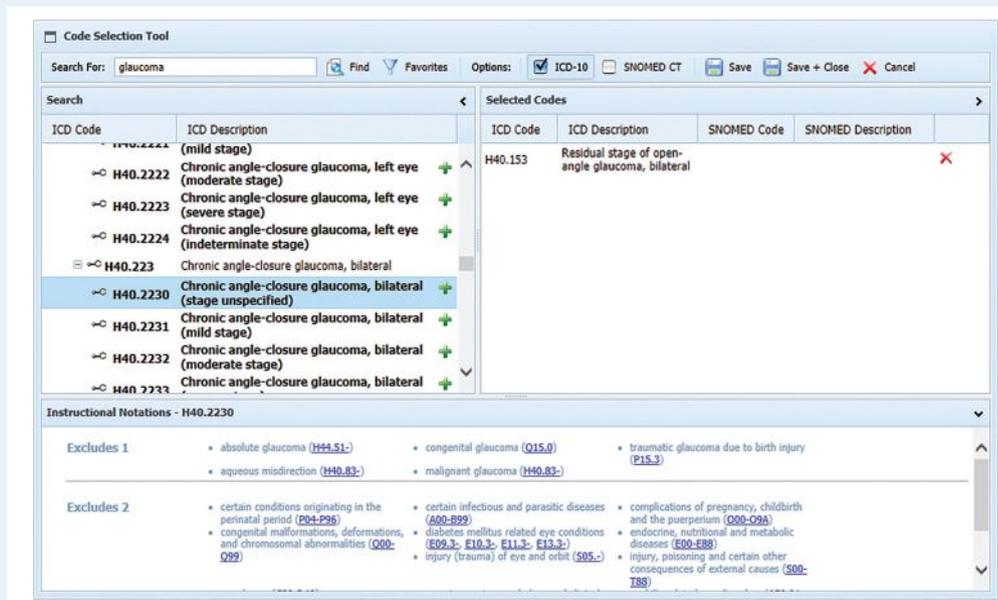
The diagnosis search tool in the EMR gives the user access to both code types in one window and can be searched by its former ICD-9 code or by description. Additional information such as diagnosis history and a favorite diagnosis list can be viewed in this window. This same search tool can be accessed for our practice management customers and can be submitted electronically or printed on the updated CMS 1500 forms.

Eyefinity from VSP Global

The change to ICD-10 impacts every part of the office, and since education, awareness and product readiness are the three primary areas of focus for VSP Vision Care and Eyefinity, some of the things we have done to date include: Creating an ICD-10 resource center, which includes FAQs, industry updates, tips on preparing, and ICD-10 specific webinars. Producing a video overview, sharing with providers what's changing due to the switch to ICD-10. Eyefinity is also conducting webinars specific to preparing for ICD-10.

Acuitas activEHR from Ocuco

Our mandate was to maintain the providers' current workflow, introducing a minimal learning curve during the transition over to new coding. The Acuitas activEHR application will aid with correlating findings during a patient's visit with a filtered list of ICD-10 CM codes to select from. The tubular and alphabetic indexes are always available to widen the search when necessary. A "favorite" list can be used by a provider to filter through the 68,000 codes. The medical industry has put great emphasis on making sure the "principal" (first) diagnosis code is accurately documented and so have we with associating instructional notations to codes for easy guidance. The



Optometrists can choose ICD-10 codes using Acuitas activEHR's Code Selection Tool.

notations will advise when "additional codes" are required, cross-reference a principal code as "code first" and provide all exceptions.

Practice Director from The Williams Group

To prepare Practice Director for the ICD-10 change, we made updates to a few specific areas. First, we added a Code Info Icon to allow customers to research the specific code to ensure its correct selection. We also built in functionality to make frequently used codes "favorites" for quicker future selection. Five new training videos explain in more detail how to use the new coding system and how Practice Director makes it easy and fast to select the right codes. We recommend that your office manager or billing manager be fully trained on ICD-10 codes prior to the deadline to ensure a smooth transition.

RevolutionEHR

RevolutionEHR embedded ICD-10 codes in the infrastructure of the system in 2014. A methodical, increasing presentation of the codes is being staged throughout the summer of 2015. First, users will see their "Common ICD-10 diagnosis list" populated with those ICD-10 codes that match the historical ICD-9 codes in their system. Then they will see an automated conversion of ICD-9 codes that are assigned to patient records in instances when one-to-one mapping is available. In other cases, they will be provided an easy-to-use conversion display that automates the most likely matches for historical patient diagnoses to allow for the most efficient transition from ICD-9 to ICD-10. Finally, each patient examination will have an increased level of auto-diagnosis codes captured in a "Today's Findings" list that allows the doctor to quickly review pertinent positives from the visit for creation of assessments and associated care plans for the patient's go-forward care. ■



ICD-10 Is Coming; These 10 Steps Will Get You Ready

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So getting into the habit of identifying the ICD-10 codes will keep things running smoothly from day one.

“Develop a list of your most commonly used ICD-9 codes and become familiar with the corresponding ICD-10 codes you will use,” said EHR software provider Practice Director.

The CEO of EHR software provider, RevolutionEHR, Scott Jens, OD, FAAO, suggested, “Develop a practice plan for how you will manage each patient’s diagnosis list prior to Sept. 30, because only ICD-9 codes can be on claims through that date, while ECPs will be inclined to begin to invoke ICD-10 codes. Similarly, the practice must also plan for its use of ICD-10 on Oct. 1 while maintaining a parallel of ICD-9 which would be needed for any claim resubmissions for care provided on Sept. 30 or earlier.”



“The practice must plan for ICD-10 on Oct. 1 while maintaining ICD-9 for any claim resubmissions for care provided on Sept. 30 or earlier.”

**—Scott Jens, OD, FAAO, CEO,
RevolutionEHR**

Medicare’s end-to-end testing for individual practices is in July, but practices will have had to sign up by May 22.

“Plan to participate in CMS end-to-end testing of data submission, especially if your practice doesn’t use an electronic clearinghouse,” said Jens of EHR software company RevolutionEHR.

ples of specific steps certain electronic health record software companies are taking to help ECPs switch to ICD-10.)

“It’s not good enough for a vendor to say we hope to get to you by the end of September. You’ll want to find out as far in advance as possible what their plans are for an upgrade,” Tennant said. If you’re not getting straight answers from the IT vendor, look into the possibility of filing paper claims, if your payer has that option, until the software is ready. And, talk to your claims clearinghouse about a backup plan.

An editor and writer in eyecare for 25 years, Richard Mark Kirkner is editor of Jobson’s Retina Specialist magazine and previously was editor-in-chief of Jobson’s Review of Optometry. He received an Excellence in Health Care Journalism award this year from the Association of Health Care Journalists. ■



2. Test if you can.

Ask your insurance plans and claims clearinghouse if they will be doing any testing of ICD-10 before the Oct. 1 launch. “Take advantage of any testing opportunity that anybody is willing to give,” Tennant said, even if it’s front-end testing which is limited in scope but “better than nothing.” The last chance for



1. Talk to your electronic health records vendor and prepare a fallback plan.

You’ll need to have a contingency plan if your electronic health record system won’t be ready for ICD-10 by Oct. 1, Tennant advised. If your system hasn’t been upgraded for ICD-10, you’ll need to be aggressive with your vendor to make sure it’s up and running and tested well before Oct. 1. (See “Software Is the Key to Switching to ICD-10,” page 50, for some exam-

What to Ask Your EHR Software Vendors About the Switch to ICD-10

Your electronic health record system will be an integral part of converting to ICD-10.

Here’s a list of questions related to your EHR software as suggested by Jeff Grant of Healthcare Management and Automation Systems Inc. and Robert Tennant of the Medical Group Management Association:

- Is there an upgrade available?
- If not, is replacement software available?
- When will the upgrade or replacement be available? How long will it take to implement the new configuration?
- Does the system offer GEMS—General Equivalency Mapping—a function that maps from the ICD-9 code to the ICD-10 code, or an equivalent function?
- Can the software take an ICD-9 code used for an individual patient and carry that forward as an ICD-10 code after Oct. 1?
- Will the software allow for producing both ICD-9 and ICD-10 after Oct. 1?
- Is the software ready to test for ICD-10 today?
- Will the system require hardware upgrades too?
- How much will the total upgrade or replacement, including training, cost? ■