# ICD-10: Do Not Be Lulled by the Postponement

Joseph Eastern, MD

## Practice Points

- The delay in the implementation of the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* should not be a cause for celebration or complacency. Use this extra time wisely by preparing.
- Take the time to become familiar with the new diagnosis codes and other requirements for *ICD-10-CM.*
- Schedule test-runs of *ICD-10-CM* with payers and clearinghouses including the Centers for Medicare & Medicaid Services.

Over the last few months I have attempted to prepare dermatologists for the transition from the *International Classification of Diseases, Ninth Revision (ICD-9)*, to its successor, the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Initially, there was a sense of urgency in the air. A firm transition date of October 1 had been set and the Centers for Medicare & Medicaid Services (CMS) had made it clear both publicly and privately that no further delays would be countenanced.[1]

I, along with many others, was left bewildered last month when Congress passed and President Barack Obama signed a bill that included a minimum 1-year delay in the implementation of *ICD-10-CM*.[2] This postponement, I fear, will create many more problems than it solves. It has already created considerable confusion. For one thing, the exact length of the extension is not clear. The directive consists of a single line stating that *ICD-10-CM* implementation cannot be mandated prior to October 1, 2015, which is part of a larger bill delaying Medicare payment reductions under the sustainable growth rate formula for the 17th time.[2]

Will the deadline for implementing *ICD-10-CM* simply be pushed back to the specified date, or will there be a longer waiting period? So far, the CMS has not said how it will interpret the directive. One consultant indicated: "Because Congress took the decision out of the hands of the CMS, it will be impossible to trust the agency's guidance on what to do and when to do it."[3]

A bigger question is why did the postponement occur. Some observers have speculated that it was intended to appease physician groups that had aggressively lobbied for a full reform of the fatally flawed sustainable growth rate formula as opposed to yet another delay in addressing Medicare reimbursement.[3] It is not clear, in my opinion, if delaying the implementation of *ICD-10-CM* is in physicians' (or anyone else's) best interests.

In any case, the delay should not be a cause for celebration or complacency. You should not be lulled into a false sense of security or the assumption that *ICD-10-CM* will be indefinitely postponed. Eventually, the transition to *ICD-10-CM* will happen, and it will behoove you to use this extra time wisely. It would be a mistake, in my opinion, to forget about the transition now only to shift into panic mode when the launch is imminent.

If you have not prepared already, start now. There is still a lot to do, and now you simply have more time to do it. You will first need to decide which parts of your coding, billing, and electronic health record (if you have one) systems need to be upgraded; how you

From private practice, Belleville, New Jersey.
The author reports no conflict of interest.
Correspondence: Joseph Eastern, MD (joseph.eastern@verizon.net).

will make the upgrades; and what it will cost. Then you must get familiar with the new systems.

I suggest that you start by identifying diagnosis codes you use most frequently and then study in detail the differences between the *ICD-9* and *ICD-10-CM* versions of them. Once you have mastered them, you can go on to other less frequently used codes. It will take some time, but now you will be able to take as much time as you need. In general, the biggest differences are in level of documentation and specificity required, but there also are many brand new codes.

Next, contact all of your third-party payers, billing services, and clearinghouses. Start with the payers responsible for the majority of your claims. Be aggressive; ask them exactly how they are preparing for the transition to *ICD-10-CM* and stay in continuous contact with them. Unfortunately, many of these organizations are as behind as most medical practices in their preparations.

Many payers and clearinghouses, including the CMS, began staging test-runs of *ICD-10-CM* last month, and so far it appears they will continue despite the postponement. During these sessions, physicians are able to submit practice claims using *ICD-10-CM* codes. Payers will determine if your coding is in the right place and in the right format; if the code you used is appropriate; and if the claim would have been accepted, rejected, or held pending additional information. Separate practice runs will be necessary with each payer, as each will have different coding policies; however, the policies have not yet been released and, in some cases, have not even been developed. You can register for the CMS test-runs through your local Medicare administrative contractor Web site.[4]

You can use these opportunities to test your internal system as well, ensuring that everything works smoothly from the time you code a claim until payment is received. Select your most commonly used *ICD-9* claims and practice coding them in *ICD-10-CM*. The American Academy of Dermatology Web site offers a nice "crosswalk" reference card linking *ICD-9* codes to coordinating *ICD-10-CM* codes,[5] along with other training aids.

If you have already started preparing, it would be a mistake to let your investment of time and energy go to waste. Stay the course. You will still need to know *ICD-10-CM*, and you need to continue to use it on a weekly basis, if not daily.

If you have not tested the new codes, do so now. Set aside time for you and your coders to practice dual coding or using *ICD-9* codes and their *ICD-10-CM* equivalents. If you are ready to test, by all means reach out to your major clearinghouses and payers and find out where they are in the process. Keep in touch with those who are not ready. As I mentioned, many third-party payers are seriously behind in their preparations and may need some well-timed prodding from you and other providers.

Be sure to cross-train your coders and other staff members. If a crucial employee quits a few weeks before *ICD-10-CM* launches, you do not want to have to start from square one. It also is not too early to organize your office's 2015 vacation schedule. Ask your employees to plan their vacations well in advance and not during the 3 months on either side of the transition, as this period will not be a good time for your office to be short-staffed.

Even the best laid plans can go awry, so it would be prudent to put aside a cash reserve or secure a line of credit to cover expenses during the first few months of the transition in case the payment machinery falters and a large number of claims go unpaid. For the same reason, consider postponing major capital investments until well after the transition.

There is an outside chance that the CMS might decide to skip *ICD-10-CM* entirely and shift focus to the *ICD-11* standard currently under development. I have spoken with many experts who feel it is highly unlikely, and I agree, so do not feel that you are wasting your time adjusting to *ICD-10-CM*; we will likely be using it a lot longer than the CMS is expecting.

## REFERENCES


1. Tavenner: no delay for ICD-10, but some meaningful use relief. *iHealthBeat*. http://www.ihealthbeat.org/articles/2014/2/28/tavenner-no-delay-for-icd-10-but-some-meaningful-use-relief. Published February 28, 2014. Accessed April 23, 2014.
2. Protecting Access to Medicare Act of 2014, HR 4302, 113th Cong, 2nd Sess (2014).
3. Carr DF. ICD-10 delay creates headaches. *InformationWeek*. http://www.informationweek.com/healthcare/leadership/icd-10-delay-creates-headaches/d/d-id/1174112. Published April 3, 2014. Accessed April 23, 2014.
4. Medicare administrative contractors. Centers for Medicare & Medicaid Services Web site. http://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/MedicareAdministrativeContractors.html. Updated July 10, 2013. Accessed April 23, 2014.
5. American Academy of Dermatology. *ICD-9-CM to ICD-10-CM Crosswalk for Dermatology*. https://www.aad.org/store/product/default.aspx?id=8649. Accessed April 23, 2014.