Increasing nearly *eight times* as many codes and a huge number of discretionary opportunities to select the most appropriate codes for electronic reimbursement, detailed documentation is of the greatest importance for the success of your practice. Having a clear idea of which codes impact the largest amounts of revenue will help prioritize and manage your effort of updating and creating documentation.
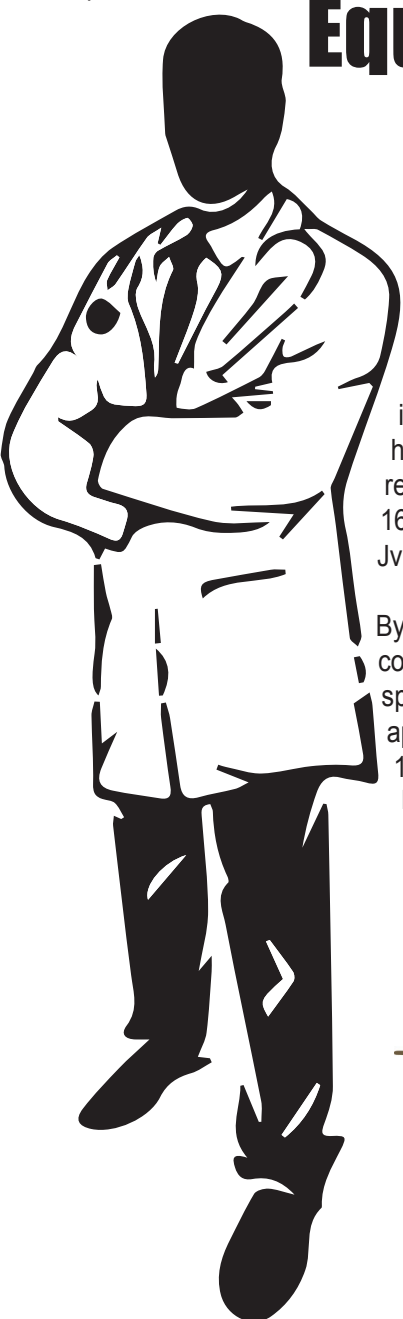
All entities covered under HIPAA including health plans, healthcare providers, and clearinghouses will be required to transition from the ICD-9 to the ICD-10 code set for inpatient diagnosis and procedures--
http://www.cms.gov/Medicare/Coding/ICD10/index.html

Equipped for ICD-10
Hitting the Mark

ICD-10 is coming and *this time*, it **will not be delayed**.
-Trey LaCharité, MD (P 2)

Studies performed by *Jvion* indicate that ICD-10 could reduce hospital and physician reimbursement from 5% to more than 16% depending on the payer mix. Jvion, LLC (P 2)

By adding two decimals to the ICD-9 codes, ICD-10 increases coding specificity nearly 8x from approximately 17,000 codes to 157,000 codes (Bernie Monegain, Editor, Healthcare IT News, "ICD-10 Indecision." March 2012, p. 30).

Details are forthcoming with UPA special training ICD-10 bootcamps!

Financial losses can represent anywhere from -5% of current Medicare reimbursements to approximately -14% or more.

UPA Billing Systems Are Ready: ICD-10 Prepared
by Teresa Matherly
Director UPA Business Development and Information Services

As we move closer to the ICD-10 mandatory implementation on October 1, 2014, Clients of the UPA Billing Office and Intergy Support can be assured both the Intergy Software and the UPA Billing Office are ready for the change and have a plan in place. While the software is a large piece of the transition, the even larger piece is that transition is physician and staff education. Physicians and their staff must begin now to become educated on ICD-10 coding. There are and will continue to be multiple opportunities from coding organizations for key staff and physicians to attend ICD-10 coding "bootcamps". We encourage each practice to attend as many ICD-10 training sessions as necessary until they feel comfortable with how ICD-10 works.

Once a practice feels they are ready to begin using ICD-10, even if it is before the October 1, 2014 deadline, please notify your key contacts at the UPA Billing Office or Intergy Support staff so we may turn on the ICD-10 coding for your practice. We have been fortunate that we had the flexibility to turn on the ICD-10 transition at the practice level as those practices are ready to make the leap.

Medicare has opened a test period for the Electronic Claims clearinghouses to test sending claims in ICD-10 format. The testing period will take place in March and we will update you as we receive information from Vitera Intergy and Emdeon Business Services, the clearinghouse used by Intergy and the UPA Billing Office.

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ICD-10 will continue to stretch already overtaxed resources, specifically within IT and coding departments thereby increasing staff needs and potentially extending AR cycles. Current denial rates may increase because of ICD-10 as the industry works to accommodate the new code set, providers need to prepare for this increase and other potential revenue impacts resulting from the conversion. Jvion, LLC

UPA

Jvion, LLC Studies

What ICD-10 Means for Clinicians
by Trey LaCharité, MD

ICD-10 is coming. And, this time, it will not be delayed.
Fortunately for us, ICD-10 is the only coding system that is changing on October first of this year. The CPT codes as well as the E&M codes you are familiar with will remain the same. However, thinking that you just got out of learning the daunting specificity requirements of ICD-10 would be unwise. What most clinicians may not appreciate is that all payers insist that an ICD code be submitted with a CPT code or an E&M code to validate the reason (some call it "medically necessity") for the services billed. Therefore, clinicians will still have to know something about ICD-10 coding in order to ensure that proper payment is received. How to begin? Reviewing the most common CPT and E&M codes that your practice submits, and what ICD-9 codes routinely accompany them, would be a prudent start. With that list of ICD-9 codes, the corresponding new ICD-10 codes can be discerned.

Special attention, however, should be paid by proceduralists and surgeons to their elective cases. Since the ICD system is changing, the Local Coverage Determinations (LCDs) and the National Coverage Determinations (NCDs) from CMS must be rewritten due to the same issue of ICD code congruency with submitted CPT codes. According to CMS, the ICD-10 compliant NCDs are already completed and are available for your review now. However, the LCDs are specific to our regional Medicare Administrative Contractor (MAC) and do not have to be completed until October 1. While there are significantly fewer LCDs published for our state by our MAC (Cahaba GBA, Inc.), periodic monitoring for updates would be wise. Clinicians must remember, however, that LCDs and NCDs, which detail under what clinical situations a given procedure will be covered by CMS, only pertain to traditional Medicare patients. Therefore, inquiries should be made to the commercial, TennCare, and Medicare Advantage carriers with which you do business to ensure your new ICD-10 codes are acceptable.

Medicare NCDs can be reviewed at:
http://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx

Cahaba LCDs can be reviewed at:
http://www.cahabagba.com/part-a/medical-review/local-coverage-determination-lcds-articles/

Current denial rates may increase because of ICD-10 as the industry works to accommodate the new code set. Providers need to prepare for this increase and other potential revenue impacts resulting from the conversion. Revenue-focused organizations are looking to historical claims data to identify ICD-10's exact percentage impact to revenues and reimbursements.

ICD-10 has the potential to drive negative financial impacts across:
• Revenue: impacts to reimbursements and overall AR cycle.
• Cash flow: impacts to the amount of cash coming into an organization and the cash reserves available to support operations.
• Operational cost: impacts to the cost of running day-to-day operations including increased staffing needs and lowered productivity.

Outpatient claims have been viewed by many as an area unscathed by the impacts of ICD-10. However, this misconception puts clinics and hospitals at significant risk of increased denials and Accounts Receivable (AR) impacts. Even though outpatient organizations file claims against an entirely differenct code set (CPT and HCPCS codes) --all diagnoses will have to be reported against ICD-10. Payers will use the new diagnosis codes to assess the validity of a claim. So, while ICD-10's impact is less direct in an outpatient setting, there is still an increased risk of denials and negative reimbursement variations once all outpatient claims are required to report against the new ICD-10 diagnosis codes. Hence, it is vital that providers prepare for revenue impacts which may occur from ICD-10.

Vitera Intergy
Vitera is committed to being an industry leader in regulatory compliance practices. After evaluating and researching the new ICD-10 regulations, we have begun implementing ICD-10 functionality with the objective of ensuring that all Vitera products will be fully compliant by the end of the year, well ahead of the October 1, 2014 deadline. This provides our customers with adequate time for rigorous internal and external testing. All practices must upgrade their Vitera software to the latest version to remain current with ICD-10 enhancements.

VItera software will support loading ICD-10 codes into the database alongside existing ICD-9 codes, and will properly distinguish the correct code type to use based on the date of service (DOS) and the configurable compliance date.

Additional ICD-10 functionality incorporated into all of our software includes:
• Diagnosis Maintenance: users specify whether the diagnosis code being added or edited is and ICD-9 or an ICD-10 code.
• Diagnosis Code Importer: user tool to import ICD-9 or ICD-10 codes.
• Diagnosis Code Validation: system generated message displays when the diagnosis code is not the correct version based on the effective date.

NOTE: While compliance is required by October 1, 2014, practices should be aware they may override this date if specific payers are not ready to process ICD-10 codes. ICD-10 codes will not be accepted for payment (outside of testing scenarios) before the implementation date.