



# Seize the Moment Now

## THE OPERATIONAL ISSUES WITH ICD-10-CM IMPLEMENTATION

By Holly Louie, CHBME

Much of the industry focus to date has been on requirements of the ICD-10-CM, which is the complete replacement of the diagnosis code sets and also the replacement of in-patient procedural coding with ICD-10-PCS. These changes are so significant that the operational implementation challenges have been in the background when they need to be in the forefront. Of interest is the specificity possible with the new code sets and the added benefits of measuring quality care and outcomes. These are certainly changes that are important to physicians, coders, and payors. However, the very real and much larger operational implementation issues should have already been at the forefront of our planning and budgeting. Gap analysis should be well underway, system and software capabilities assessed, financial requirements budgeted, and contracts re-evaluated.

The HBMA ICD-10 Task Force has taken an aggressive approach in learning about the new codes, identifying concerns, planning for their use, and collaborating with other organizations that play integral roles in our successful implementation. Published data and recommendations from other countries indicate a *minimum* of three years is required to successfully transition to the new code sets. Given that this information is based upon a single payor system, professional and experienced coders, and predominately inpatient services, we can safely assume the United States may require a longer period of time. While timelines and implementation dates can always change, as of today, there are no delays planned.

### Implementation Schedule

When and will the code sets be frozen? It is always hard to hit a moving target. Historically, ICD-9-CM codes are updated in October of each year. For those who code and bill for inpatient hospital services, ICD-9-CM, Volume III is also updated annually. CPT codes for physicians and outpatient services are unaffected by the transition to ICD-10.

CMS has solicited input and recommendations regarding freezing the code sets. The HBMA Task Force recommended freezing the code sets after the October 1, 2009 update. At the September meeting with CMS, there appeared to be widespread industry support for a code set freeze in 2011, with a

resumption of the annual update schedule in 2014. An exception for new technology was also recommended, which could be predicated upon an approved application process.

Although the codes sets may be frozen, additions, modifications, and updates will continue to occur and will be published. All of us need to establish a methodology to monitor and prepare for the eventual new code implementation. If there is a multi-year hiatus, there will potentially be numerous code changes at one time.

The implementation date for requiring 5010 claim submission is January 1, 2012 (with some exceptions permitted for very small entities). CMS has been adamant that the Medicare and Medicaid contractors will be ready to begin external testing January 2011. This schedule should allow ample time to identify and resolve problems with electronic claim submission. Unfortunately, the commercial carriers appear to be well behind that schedule. Based on information at a recent Workgroup for Electronic Data Interchange (WEDI) meeting and comments at the Center for Medicare and Medicaid (CMS) forum, the commercial payors represented have stated that they need maximum time to develop internal programming due to the magnitude and complexity of the required changes.

It is likely that some major commercial payors will not be ready for external testing until July, 2011; a mere six months before the implementation date. HBMA members need to work closely with payors, confirm testing schedules, and prepare for staggered implementation schedules. Based on past experience with NPI implementation, we know this greatly compounds the complexity for billing companies and may negatively impact reimbursement. Operational planning to accommodate multiple implementation schedules should be part of our strategic planning.

### Companion Guides and Mapping

Perhaps the most significant challenges facing the billing industry are the companion guides and planning code mapping. HBMA has been an advocate of restricting companion guides to a finite, approved set rather than the current myriad of payor requirements. It is unclear how the unrestricted use of companion *(continued on next page)*

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guides will be compounded by the implementation of 5010 and ICD-10-CM. The HBMA Task Force and Government Relations Committee continue to address this issue. However, we also encourage each HBMA member to have an active voice on this issue.

Equivalency mapping (crosswalks) between ICD-9-CM and ICD-10-CM is a given. CMS has published mappings, software vendors are already selling mapping programs, and virtually every commercial payor has indicated it will develop internal mapping to determine whether the new codes are "covered."

If there are no limitations on how codes are mapped and no agreed upon standard mapping programs, claim submission will be a shot in the dark. Theoretically, every single payor could have idiosyncratic, proprietary mapping. There will be no predictable way to know if a covered claim based upon ICD-9-CM codes will be covered under ICD-10-CM. Because there are very few one-to-one code translations, payors will need to rely upon their claims history and build new databases. This will require HBMA members and

our clients to carefully review published coverage decisions and to monitor even more closely claim denials.

The HBMA Task Force believes that mapping programs should be finite and published to allow reasonable standardization of crosswalks.

**Call to Action**

Although the implementation timelines are set, many questions and operational challenges remain. If you have not started your company's work toward ICD-10-CM implementation, do not delay! Learn what your payors are doing and work closely with them. Plan and budget for possible cash flow and claims disruptions. Although there are significant challenges, there are also opportunities for us to show our knowledge and expertise. Seize those opportunities. ▲

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