



# Getting Ready for ICD-10 (Even If It Is Four Years Away)

by Ronald E. Nyman, Esq.

Like many people who work in healthcare receivable cycle management, we tend to keep our gaze on the horizon. Not only are we concerned with the reimbursement that physicians and hospitals are receiving today, but we also take the long-term view to see what, if any, "land mines" lie ahead. Without overstating the case, I believe that January 16, 2009 will be remembered as a monumental day that will impact healthcare reimbursement for many years to come. For it was on this day that the Secretary of Health and Human Services (HSS) published the Final Rule mandating adoption of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding and the International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. As required by the Secretary, ICD-10-CM and ICD-10-PCS will replace the current ICD-9 coding system no later than October 1, 2013.

With all the new programs in receivable cycle management that have been implemented over the past decade - HIPAA, Red Flag Rules, PQRI - many might wince at the prospect of another

monumental change; however, it appears that the ICD-9 system has outlived its usefulness. ICD-9 has been in use for close to 30 years and is composed of approximately 16,000 diagnostic and procedure code sets. As many know, the ICD-9 system is organized into chapters by body system. In many instances, these chapters are now full, requiring the need to push codes into chapters that are unrelated to a particular body system. Moreover, the ICD-9 system was never established to account for new initiatives such as pay-for-performance.

As of today, there are approximately 68,000 codes in the ICD-10 system. Diagnoses and procedures that could not be coded with specificity under the ICD-9 system can now be properly coded under ICD-10. In addition, the Secretary of HSS states that the

ICD-10 code set "reflects advances in medicine and medical technology, as well as accommodates the capture of more detail on socioeconomics, ambulatory care conditions, problems related to lifestyle, and results of screening tests."

Importantly, the flexibility of ICD-10 allows for future expansion of coding.

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Although adoption of ICD-10 is more than four years away, I would urge all who are involved with healthcare reimbursement (providers, hospital administrators, practice managers) to start preparing for the October 1, 2013 compliance date. A few items to start thinking about include the following:

1. Staff: Who will you need to train in the ICD-10 system and when will you need to train them? As with most new government initiatives, a cottage industry will appear of specialists who can train staff in ICD-10. Many of them are appropriately qualified to do so, but you should always check those qualifications to ensure that the training is appropriate.

2. Software: Start speaking to your Practice Management and EMR/EHR vendors to determine their plans for implementing ICD-10 within their

systems. You need to know that they will be prepared well in advance of the compliance date and that their systems will be vigorously tested prior to implementation.

3. Reimbursement: What impact will ICD-10 have on your carrier reimbursement? At the current time, it is difficult to answer this question. Nevertheless, it is important to carefully watch for carrier notices from Medicare, Medicaid, Blue Cross and the commercial insurers to look for information that will help you determine the monetary impact of ICD-10 on your practice.

The above list is far from exhaustive. Nevertheless, it provides a starting point for a process that we all need to start thinking about - even if the due date is four years away.

*Ronald E. Nyman, Esq. is founder and president of Medi-Claim Services, Inc.*

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MediStar  
12 Cambridge Drive  
Trumbull, CT 06611  
Toll-free: (888-423-8080)  
Phone: (203) 372-1900  
Fax: (203) 372-2600  
www.medistarbilling.com

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