

# Focus on Technology: Preparing your practice for ICD-10

The role technology plays in transitioning your practice to ICD-10 can't be overstated. Testing that technology and training your staff are also important, but putting the right system in place to begin with is critical. Getting the right technology is the first step in a three-part process designed to help make your transition to ICD-10 successful and, ideally, it should be tackled in the early stages of your transition plan.

In this briefing, we'll talk about how to inventory your existing technology, identify the best tools for your practice and help you plan for implementation.

## The challenge

With more than 68,000 ICD-10 codes replacing approximately 14,000 ICD-9 codes, many healthcare entities realize that paper solutions, such as superbills, will no longer meet their needs. Likewise, electronic documentation tools that lack effective ICD-10 coding features leave practices vulnerable to transition pains.

Healthcare leaders have expressed concerns over ICD-10's potential revenue cycle impact since 2009, when Health and Human Services (HHS) finalized a rule to adopt the expanded code set. Despite several postponements to the implementation date, fewer than 10 percent of practices report being ready for the transition and unprepared practices risk reimbursement delays, increased claim rejections and reduced reimbursement because of incorrect or incomplete documentation

Conversely, well-prepared practices that successfully adopt the new code set can realize many benefits, including:

- Reducing medical errors
- Improving quality and outcomes measurement
- Informing clinical research
- Assisting health policy planning
- Reporting on use and effects of new medical technology
- Monitoring public health and bioterrorism
- Educating consumers on costs and outcomes of treatment options
- Reducing rejected and improper reimbursement claims
- And many more efficiency and data improvements



To take full advantage of these benefits, practices must ensure they are prepared technologically — whether that means evaluating and updating a current system or adopting a new technology solution to replace current manual processes.

Practices can create a technology plan by inventorying existing technology, identifying needed tools and preparing to implement new or updated solutions.



# 1. Inventory existing technology

Make a list of all the hardware and software solutions that use or store ICD-9 codes in your practice currently. This might include claims submission tools, billing systems, practice management software, electronic health records (EHRs), payment posting tools, patient registration systems, reporting software, disease registry or disease management solutions and laboratory systems. Make sure your list includes the name of each system's vendor.

Then work with your IT support team to identify necessary system changes. Consider the following:



Does each system support ICD-10 codes?

- o If so, familiarize yourself with the tools available to assist with ICD-10 coding.
- o If not, what options are available to implement ICD-10 in that area of your practice? For example, if your practice management system isn't equipped with the new code set, consider upgrading to a newer version or replacing your current system now so you have time to learn how to use it prior to the Oct. 1, 2015, transition date.



Do you have an EHR solution?

- o If not, now is a good time to implement one, as this technology can support ICD-10 documentation and help your practice avoid upcoming Medicare penalties for not participating in meaningful use. Additionally, integrated EHRs and practice management systems with features such as online insurance eligibility checks, electronic referrals and authorizations, and integration of schedules and charge capture can help improve efficiency and put money back into the practice.
- o If so, is your EHR ICD-10 ready? Sufficiently prepared EHR systems include all 68,000-plus ICD-10 codes as well as features to assist with selecting the appropriate code. See section 2 of this document for more information on these features. Note: you may need to upgrade to a newer version of your software or replace your current system to access necessary ICD-10 features.



Is your server equipped to handle new codes or new software products?

o If not, consider replacing your server or switching to cloud-based or other off-site hosting solutions. Vendor partners can help you understand your options.

Once you've determined what's already available in your practice, you can consider additional ICD-10-ready technologies that can make the transition easier.

# 2. Identify the best tools for your practice

Options for electronic coding technologies are numerous and vary widely, including ICD-10-ready practice management systems, computer-assisted coding (CAC), clinical documentation improvement tools and natural language processing (NLP) solutions. Additionally, practices can choose from a wide array of analytics and revenue cycle management tools to help measure ICD-10 progress and minimize financial setbacks.



All of these solutions have one thing in common — the promise to help improve clinical care, patient health and practice profitability by transitioning to ICD-10. But in order to realize the benefits of these tools, you need to select and implement the right technology solutions for your practice.

Here's a look at some popular ICD-10 tools and features:

• **General equivalence mapping (GEM):** GEM, also known as a crosswalk, can help users choose the correct ICD-10 code without searching or memorizing the entire ICD-10 code set. To use this tool, providers identify an ICD-9 code, then can see and select from a list of related ICD-10 codes. ICD-10-CM and ICD-10-PCS GEMs are available online and in many EHRs and clinical documentation systems.

ICD-9 description	ICD-10 description
642.33 – Antepartum transient hypertension	<b>013.1</b> – Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
	<b>013.2</b> – Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
	<b>013.3</b> – Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
	<b>013.9</b> – Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
	<b>016.1</b> – Unspecified maternal hypertension, first trimester
	<b>016.2</b> – Unspecified maternal hypertension, second trimester
	<b>016.3</b> – Unspecified maternal hypertension, third trimester

- Computer-assisted coding (CAC): CAC software draws information from clinical documentation and assigns ICD-10 codes to that data. It uses NLP to recognize context of keywords then determine if coding is necessary. For example, "heart disease" may need a code if it refers to a diagnosis, but would not require one if the chart was simply detailing an aspect of family medical history. Though CAC suggestions are reviewed by human coders, the technology can significantly reduce the need for coding staff.
- **Natural language processing (NLP):** NLP automatically scans clinical documentation to identify diagnoses and procedures and recommend appropriate codes. CAC technology relies heavily on this tool.
- Insurance plan utility: Because not all insurance plans will accept claims with ICD-10 coding on the same date, insurance plan utilities allow healthcare providers to set an individual switchover date for each insurance plan. That means practices can input codes from one code set, while submitting to payers codes from either ICD-9 or ICD-10. For example, prior to the payer switchover date, a practitioner can input ICD-10 codes and the insurance plan utility will convert ICD-10 codes to ICD-9 codes for claims submission. On the switchover date, the system will submit ICD-10 codes as entered by practice staff. This feature is common in practice management systems.



- **Documentation-related technologies:** ICD-10 codes require increased specificity, so clinical documentation must be more precise, including factors such as laterality and anatomic sites. Documentation-related technologies help guide providers to record necessary details that they may not be used to capturing. A common documentation-related technology is an EHR enabled with ICD-10-ready templates, prompts and clinical decision support rules.
- Analytics and reporting tools: Dashboards and analytics tools can help practices monitor productivity and minimize financial difficulty during the transition. With these tools, practices can identify frequently used ICD-9 codes to anticipate how they will be paid under ICD-10, find opportunities to benefit from areas of ICD-10 that were not present in ICD-9, and measure staff productivity changes that may indicate need for additional training.
- Clinically driven revenue cycle management (RCM): By using RCM services, practices can maintain a strong, uninterrupted revenue flow, which is a major concern to practices making the ICD-10 transition. RCM can also guide healthcare organizations to use best practices in clinical and coding workflows so they can maximize reimbursement and minimize denials.

Taking advantage of some or all of these tools during the transition can minimize disruption, ensure staff maintain a high level of productivity and empower practices to remain profitable.

## 3. Plan for implementation

Whether practices elect to implement a new EHR and PM system or choose add-on technology to aid in the transition, providers and practice staff must develop a thoughtful plan for implementing those solutions well before the October deadline

When planning for ICD-10 implementation, practices should consider factors such as:



**Team**: Select an implementation team that has strong project management skills and is able to properly plan, budget and allocate resources. These team members can also help select the technology that's best for your practice.



**Finances**: Make sure your practice understands costs of upgrades, tools and patches, as well as training costs related to the new technology.

Many ICD-10 experts encourage practices to review short-term cash flow needs in anticipation of slow or decreased payments from charge entry lags and increased denials. To continue satisfying payroll and other expenses, practices should consider keeping a 30-, 60- or 90-day cash flow available, depending on individual needs.



**Timing**: Practices should have a firm grasp on the deployment timeline of selected technology and upgrades, as well as an estimate of how long it will take staff to become proficient with the new tools. Realizing that clinical staff should engage in intensive ICD-10 training in summer 2015 — so the information is fresh for the Oct. 1, 2015, transition — practices will need to complete technology training prior to beginning ICD-10 training. Many technology solutions can take several weeks or months to purchase and implement; be sure to ask vendors about timelines and plan accordingly.



By taking the time now to inventory needs and select, implement and train on the right ICD-10 technology solutions, practices can minimize disruption and have the right technology available in time to move on to the final preparation steps: training and testing.

Greenway Health is committed to partnering with customers to prepare them for ICD-10. To learn more about Greenway Health's ICD-10-ready technology, tools and features, please call (877) 446-3821.

#### **About Greenway Health**

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