

The Boy Who Cried Wolf

Do you remember Aesop's Fables story of "The Boy Who Cried Wolf"? Many times the boy tells the villagers that a wolf is attacking his flock. He tells them so many times that one day when the wolf really is attacking, no one believes him. Does this sound a little like the government and ICD-10? It should!

In January of 2009, Health and Human Services announced the rule to adopt ICD-10, effective October 1, 2013. In February 2012, it was proposed in a new rule that implementation should be delayed. On August 24, 2012, Health and Human Services confirmed ICD-10 implementation would be delayed until October 1, 2014. Can you guess what happened next? Another delay. On March 27, 2014, the President signed bill HR 4302, effectively delaying the implementation of ICD-10 once again, until October 1, 2015. Our representatives in Congress, from both sides of the aisle, from multiple committees, have flip-flopped so many times, why should we believe them now? We should believe them because they are now aligned on the same side and agree that there are no more excuses. ICD-10 must move forward.

According to CMS, some of the benefits of ICD-10 are improved accuracy of payment policies and implementation of payment policies; improved coding practices and claims payment accuracy and efficiency; enhanced fraud, waste, abuse prevention and detection; better quality measurement through improved identification of patient populations; more accurate understanding of population health and enhanced research and analytics. There are also risks involved with not being prepared: incorrect or slow claims payment; improper claims payment; slow claims payment; increased error rates; increased appeals and customer service volume; incorrect or slow Medicare as a secondary payer and coordination of payments processes; disruptions in research, analytics and longitudinal reporting; disruptions to surveillance and public health reporting and even potential penalties for non-compliance.

So, no more excuses, it's time to get ready. But what does that really mean? According to Medical Economics, "the transition to the International Classification of Diseases – 10th Revision, Clinical Management coding system is more than a compliance exercise – it is a transformational event". ICD-10 is all about specificity. We are about to go from roughly 13,000 diagnosis codes to more than 68,000. So how do you begin to prepare?

Begin educating your billers, coders and providers to the changes of ICD-10. The AAPC recommends that clinical staff receive 16-24 hours of training, while clinicians and ancillary support staff should get 6-10 hours of training. For MFM providers, most of the increases are in obstetrics in order to reflect the trimester. SMFM Coding Committee organizes semi-annual coding courses specifically targeted for MFM practices including ICD-10 education and implementation (<https://www.smfm.org/coding>).

Obtain ICD-10 specific literature and coding kits from the SMFM/Coding website.

Access your current systems and processes that use ICD-9, including ultrasound reporting software, superbills, documentation systems and practice management systems.

Find out what your EMR provider is doing to prepare for ICD-10. Will smart phrases and/or templates need to be revamped? If your billing software is interfaced with your EMR, is it running ICD-10 alongside ICD-9 so providers can become familiar with how ICD-10 codes will transition and impact how they code?

If you're using a superbill with diagnosis codes, it needs to be updated with ICD-10 codes. SMFM has an ICD-10 superbill with diagnosis codes available to order on its website (<https://www.smfm.org/coding>).

Talk with any clearinghouses and payers you work with to verify plans for testing claim submission. Once EMR's and PM systems have been updated, test internally to insure all is working as it should. Adjust workflows to accommodate necessary changes. Then test externally with your clearinghouse and top payers to insure claims will be accepted and paid.

Practices that haven't begun to prepare need to get busy. And rejoice that you are a MFM Specialist and not an Ophthalmologist or Orthopedist. They have far more new codes to learn. As you begin to learn ICD-10, here are a few codes you may want to make note of just in case you encounter this in your practice:

Bitten by a turtle – W5921XS

Bitten by a sea lion – W5611XD

Hit or struck by falling object due to accident to canoe or kayak – V9135XA

Burn due to water-skis on fire – V9107XA

Hurt walking into a lamppost – W2202XA

Hurt at the opera – Y92253

ICD-10 is coming. Get prepared and expect some bumps along the road. But in the long run, the benefits will outweigh the short-term burdens.

The above article is attributed to Pam McClintock, BA, President of the Association for Maternal Fetal Medicine Management (AMFMM), and edited by Fadi Bsati, MD, Chair of the SMFM Coding Committee. AMFMM may be joined on its website <https://www.amfmm.com>. SMFM Coding course information, coding kits, and ICD-10 resources are available at the SMFM Coding website: <https://www.smfm.org/coding>.]