ICD-10 | Quick Start Guide

This guide outlines 5 steps health care professionals should take to prepare for ICD-10 by the **October 1, 2015**, compliance date. You can complete parts of different steps at the same time if that works best for your practice.

You must use:

ICD-10 codes for all services provided on or after October 1 ICD-9 codes for all services provided before October 1



Make a Plan

- Assign target dates for completing steps outlined here
- ★ Obtain access to ICD-10 codes. The codes are available from many sources and in many formats:
 - Code books
 - CD/DVD and other digital media
 - Online (e.g., go to cms.gov/ICD10 and select "2016 ICD-10-CM and GEMS" to download 2016 Code Tables and Index)
- Practice management systems
- Electronic health record (EHR) products
- Smartphone apps
- Decide <u>role(s)</u> <u>your clearinghouse(s)</u> will play in your transition. Some providers who are not ready could benefit from contracting with a clearinghouse to submit claims:
 - Clearinghouses can help by:
 - Identifying problems that lead to claims being rejected
 - Providing guidance about how to fix rejected claims (e.g., more or different data need to be included)
- Clearinghouses cannot help you code in ICD-10 unless they offer third-party billing/ coding services

Train Your Staff

- Train staff on ICD-10 fundamentals using the wealth of free resources from CMS, which include the ICD-10 website, Road to 10, Email Updates, National Provider Calls, and webinars. Free resources are also available from:
 - Medical societies, health care professional associations
- Hospitals, health systems, health plans, vendors
- Identify top codes. What ICD-9 diagnosis codes does your practice see most often? Target the top 25 to start. You might want to look at common diagnosis codes available from:
 - Road to 10 (see Specialty References)
- Medical specialty societies
- Using the documentation available, code current cases in ICD-10. Flag any cases where more documentation is needed.

Talk to Your Vendors and Health Plans ★ Call your vendors to confirm the ICD-10 readiness of your practice's systems Confirm that the health plans, clearinghouses, and third-party billing services you work with are ICD-10 ready Ask vendors, health plans, clearinghouses, and third-party billers about testing opportunities **Test Your Systems and Processes** Terify that you can use your ICD-10-ready systems to: Generate a claim Prepare to submit quality data Perform eligibility and benefits verification Update a patient's history and problems Schedule an office visit Code a patient encounter Schedule an outpatient procedure Test your systems with partners like vendors, clearinghouses, billing services, and health plans; focus on those partners that you work with most often Medicare providers can conduct acknowledgement testing with their Medicare Administrative Contractors (MACs) until the Oct 1 compliance date to confirm that Medicare can accept your ICD-10 claims Explore alternate ways to submit claims to health plans if you think your systems might not be ready for ICD-10 by Oct 1.

For Medicare providers, options include:

- Free billing software available from every MAC website
- Part B claims submission by online provider portal (in about ½ of MAC jurisdictions)
- Paper claims for providers who meet <u>Administrative Simplification Compliance</u> <u>Act Waiver</u> requirements

Each of these options requires you to code in ICD-10

Ask other health plans you work with about the options they offer.

To learn more about getting ready, visit <u>cms.gov/ICD10</u> for free resources including the Road to 10 tool designed especially for small and rural practices but useful for all health care professionals.

