# **ICD-10 Will Change Everything**

# Will You Be Ready?

#### **Physicians**

Documentation:

The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.

· Code Training:

Codes increase from 17,000 to 140,000. Physicians must be trained.

#### **Nurses**

• Forms:

Every order must be revised or recreated.

Documentation:

Must use increased specificity.

• Prior Authorizations:

Policies may change, requiring training and updates.

#### Lab

• Documentation:

Must use increased specificity.

Reporting:

Health plans will have new requirements for the ordering and reporting of services.

#### **Clinical Area**

Patient Coverage:

Health plan policies, payment limitations, and new ABN forms are likely.

Superbills:

Revisions required and paper superbills may be impossible.

• ABNs:

Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted and patients will require education.

#### **Managers**

New Policies and Procedures:

Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.

• Vendor and Payer Contracts:

All contracts must be evaluated and updated.

Budgets:

Changes to software, training, new contracts, new paperwork will have to be paid for.

• Training Plan:

Everyone in the practice will need training on the changes.

### **Front Desk**

• HIPAA:

Privacy policies must be revised and patients will need to sign the new forms.

Systems:

Updates to systems are likely required and may impact patient encounters.

# **Billing**

• Policies and Procedures:

All payer reimbursement policies may be revised.

• Training:

Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

# Coding

Code Set:

Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.

Clinical Knowledge:

More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.

Concurrent Use:

Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.

