

Mad dash to ICD-10

With Oct. 1 on the way, many systems focus on last-minute preparations.

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With implementation of ICD-10 less than two months away, revenue cycle teams are breathing a little more easily since the Centers for Medicare and Medicaid Services' announcement of a year's grace period in which claims will not be denied because they're not specific enough.

If a wrong code is used, for one year after ICD-10 implementation, Medicare review contractors will not deny physician or other practitioner their claims as long as a valid code from the right family is used, CMS announced July 6.

Yet the reality is that after years-long delays and legislative attempts for more, ICD-10 will become the law of the land on Oct. 1.

"We have seen a pretty dramatic shift with our client base. I think a lot of them were taking wait and see approach two months ago," said Todd Gustin, senior vice president and general manager for Revenue Cycle business Optum 360. "We've seen a significant pickup in all areas related to ICD-10 in physician or coder training."

Even this late in the game, it's not too late for providers to

supplement their game plan, he said. Most are going through a constant evaluation.

"They want to make sure they're getting the right level of education and training," he said.

The transition to the new ICD-10 codes is a \$1.64 billion adjustment for the health industry.

While larger systems have more resources to make the change, the smaller provider or physician practice may still have work to do.



"The larger systems are ahead of smaller systems and physician practices," said Gustin, whose firm works with 1,600 providers.

"The last three months, we've seen varying levels of readiness," said Gustin. "Some of the larger organizations feel they've done appropriate preparations. Smaller health systems certainly have a heightened sense of urgency to have the appropriate training in place."

Mark Williams, a principal in

the PwC Health Industries Advisory, said the administrative side of healthcare has created more challenges for the smaller players.

"ICD-10 is one of those things," Williams said. "Look at what's going on: other regulations; CMS; cyber security and breaches; and the ability to spend adequate resources. Take those all into one picture, that's what starts to create a bigger likelihood of running out of resources."

Even for the larger systems, providers need to keep a focus on physician documentation improvement even if their end-to-end testing went well, according to Ed Hock, who leads The Advisory Board in helping hospitals optimize mid-revenue cycle performance.

And then there's the big question of what happens after implementation. It's hard to budget for

the unknown, such as the amount of productivity decline by coders who take longer to input thousands of new codes.

"There's a variety of numbers being thrown around the marketplace," Gustin said.

There's also the question of what will be needed for staff and budgeting to overcome denials, he said.

"That's certainly an area of continued focus," Gustin said. "The impact will extend on coding

into appeals and denials; a lot of clients are looking at augmenting and adding staff."

As far as readiness, Gustin said those budgets have largely been set. "Some have been added to. It's a little bit of sprint to the finish."

On Oct. 1, Gustin will be in one of the company's large service centers, monitoring internal operations.

"I'm hoping it's uneventful," he said. ■



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GUSTIN