



## ICD-10 Delay Frequently Asked Questions

### Q. What happened?

- A. Congress has delayed the adoption of ICD-10 as the standard for code sets until at least October 1, 2015. The ICD-10 provision was included in a bill designed to prevent a reduction in Medicare reimbursements for physicians beginning April 1, 2014. The legislation was negotiated at leadership levels of Congress and introduced less than 24 hours before the first vote was called.

### Q. What does the legislation mean?

- A. This means that the mostly likely new date for the ICD-10 cutover will be October 1, 2015. The language in the bill indicates that is the earliest CMS can require it as a billing standard. At this point, CMS has not announced a new date or different approach, but that is our expectation.

### Q. Doesn't this just mean that this is never going to happen – that something will always cause a delay?

- A. At this point, with multiple ICD-10 delays, there is skepticism that the transition will ever occur. However, other factors suggest the transition to ICD-10 is inevitable:
- Many of the requirements associated with Stage 3 Meaningful Use are dependent on ICD-10 codes being in place to provide the greater level of detail required.
  - The U.S. is the only industrialized nation that has not made the move to ICD-10.
  - Accountable Care models require the level of specificity that ICD-10 codes will provide (<http://ehrintelligence.com/2013/11/13/what-actionable-data-means-in-an-icd-10-accountable-world>)
  - There is no way to coordinate care and benefits in a world where organizations use different diagnosis languages. The major insurance providers are ready to make the move to ICD-10 (<http://www.fiercehealthpayer.com/story/major-insurers-ready-icd-10-claims-processing/2014-03-17>) and the majority of hospitals have already made the investment for this move (Click here for AHA testimony to Congress on ICD-10 readiness). Our belief is that the industry will use the next year to ensure that physician practices and non-acute facilities are also ready to the make the move on October 1, 2015.

### Q. What should organizations do?

- A. We recommend that all organizations continue an aggressive push toward ICD-10 compliance to ensure adequate preparation and testing time. With Netsmart's ICD-10 readiness solution, the earlier organizations upgrade and implement in a production environment, the less work they will have to do at the time of cutover. Unlike many in the acute care space, behavioral health organizations have episodes

of care that span weeks, months and even years. If organizations install by October 1, 2014, they would have no extra work to do to ensure that all of their open episodes have an ICD-10 code at the time of transition assuming that yearly updates to their clients' diagnosis record is standard practice.

Specific benefits of a continued proactive timeline include:

- All open episodes are updated to include ICD-10 codes as a natural by-product of the standard diagnosis documentation process. For organizations using Netsmart's ICD-10 readiness solution, the date that CMS selects to cutover to ICD-10 is irrelevant because Netsmart is storing both the ICD-9 and ICD-10 codes.
- Sufficient lead time to do ICD-10 end-to-end testing with your state and other payors.
- Ability to better predict ICD-10 impact by having episodes coded with both ICD-9 and ICD-10 for predictive analysis. The new code set is almost 4 times bigger than the previous code set, and selection of the most specific code will help increase reimbursement. On the other hand, previous defaults such as "depression unspecified" may compromise reimbursement. The longer timeframe to capture ICD-10 before it impacts actual reimbursement will provide organizations with the information they need to adjust coding practice before it hits the bottom line.
- Support for DSM-5 and the removal of the axes designations as well as mapping to/from DSM-5 and ICD-9. DSM-5 codes are not used for billing, but are used in state reporting. It is typically the state reporting that sets the reimbursement rates for organizations the following year. Being able to comply is critical to achieving the highest possible rates.
- Allow more time for clinicians and coders to become familiar with new codes sets prior to cutover.
- Free up resources so that 2015 can be focused on Meaningful Use implementation or other initiatives that have been put on hold for ICD-10 readiness. Most organizations will be in their third year of MU in 2015, meaning they will need to meaningfully use their EHR for an entire year in 2015.

#### **Q. What if an organization chooses to delay their implementation efforts until next year?**

- A.** Organizations can elect to slow their ICD10 preparation. However, doing so may put them at risk of being unable to adequately test and adjust to any issues that are identified during end-to-end testing. Additionally, for Netsmart clients going for Meaningful Use attestation, all of the Meaningful Use capabilities, including CCD generation, are dependent on the information being stored in the ICD-10-enabled version of myAvatar.