



BILLING / FEES / INSURANCE

## Do You Have a Post-ICD-10 Strategy?

*TIPS TO HELP YOU OVERCOME POTENTIAL OBSTACLES AND STREAMLINE THE TRANSITION PROCESS.*

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Post-ICD-10 planning is critically important to the health of a practice, in part because ICD-10 is brand new to providers, payers and related affiliates alike. This means the possibility of errors in billing, processing, reimbursement, and related verbal, written and electronic communications is quite likely. Complicating matters are the many unknowns associated with this magnitude of a transition, making it difficult to prepare for completely.

How can we prepare for the things that aren't within our control regarding ICD-10? Let's discuss some of the expected / potential post-ICD-10 obstacles and suggest strategies to overcome them. Although you may not have complete control over all of these obstacles, simple steps can be taken to minimize their severity if and when they do occur.

Obstacle: Billing Errors

Billing errors may occur from insufficient training or lack of attention to detail when selecting appropriate codes for billing. The obstacle here, of course, is not only the possibility of claim denials and the time necessary to make claims corrections and appropriate resubmissions or appeals, but also audit investigations of fraud and abuse by third-party payers.



*Strategy for Solution:* You, your billing staff and anyone who does data entry or claims handling must continue to be proactive in ICD-10 training. Regular and scheduled training should continue long past Oct 1. Additionally, systems should be put into place to "scrub" claims prior to submitting them to payers. Understand the limitations of clearinghouses, as they are not able to determine if codes are correctly supporting services rendered, pointed appropriately or if they are as specific as possible. Most errors in billing can be found and fixed prior to claims being sent out to payers. This should be an important focus so you can find and fix errors before payers do.

Obstacle: Damage to Patient Relationships

Patient confusion, concern and misunderstanding of benefits and limitations will likely occur post implementation of ICD-10. Due to possible changes in coverage and benefits, delays in payments or unexpected payment denials, it is easy to see why patients may reach out to the practice for an explanation. Your practice doesn't want to be issuing patient statement for claims several months after what would be considered a normal time frame, simply because they failed to follow up appropriately with unprocessed or incorrectly billed or processed claims. This is damaging not only to patient relationships, but also to your practice's cash flow.

*Strategy for Solution:* Communication with patients is essential to protect your practice's reputation, patient retention and patient relationships in general. Be proactive in reviewing insurance remittance and following up with any uncertainties. This means reviewing each line item to ensure processing of claims is as it should be. Accounts receivable management is essential to prevent unknown claim delays or rejections from continuing unknown or unaddressed for long periods of time.

Obstacle: Misunderstanding Policy Benefits and Limitations

Because it is anticipated that many policies will be updated due to the ICD-10 transition, don't

make the mistake of assuming coverage and benefits will remain the same. Payer policies in general are expected to be updated along with the coding system. If you don't have current and correct information on file, patient relationships will be impacted and your practice's billing department / service will be forced to spend extra time with follow-up and appeals, leading to decreased cash flow.

*Strategy for Solution:* Your practice should be proactive in reminding patients to provide their current insurance cards, and perform insurance verifications for specific coverage and benefits details. Additionally, you should obtain and review the chiropractic policies for all major carriers to which they submit claims. Current policies usually can be obtained easily online or by contacting the payers directly. Staying up to date with this information is a significant risk-management strategy and a time-saving step for your practice.

#### Obstacle: Coding Confusion

Coding confusion is an expected obstacle for practices following ICD-10 implementation. Because ICD-10 is a brand-new "language" to communicate with, this obstacle is likely to occur for most practices. With coding confusion comes the possibility that the individual applying codes may guess or assume the correct code. In turn, this may result in claims processing issues, documentation not properly supporting the codes selected, and of course, investigations and audits.

*Strategy for Solution:* When encountering confusion with codes, you must be proactive in finding an answer. Reach out to payers, field experts, state organizations, CMS and any other resources through which reliable guidance can be obtained. Additionally, practice personnel should continue regular ICD-10 training post-ICD-10 to continue to gain clarity and confidence in code definitions and guidelines for use.

#### Obstacle: Cash-Flow Disruption

Loss of cash flow is a major concern for practices, and rightfully so. There are many opportunities during this transition for your practice's cash flow to be disrupted: collecting incorrect patient co-pays / co-insurance by not having current coverage information on file; incorrect coding resulting in rejected or delayed claims; claim denials; payer processing errors; and more.

*Strategy for Solution:* To minimize this potential obstacle, be sure to have the most current coverage details and verifications on file for patients to allow patient collections and billing to be as accurate as possible. In addition, accounts receivable management is a large part of the life source for practices and should be given appropriate attention. This means having properly trained personnel dedicating appropriate amounts of time to the following:

- Reviewing (scrubbing) claims prior to submission
- Carefully reviewing payer remittance to ensure correct processing
- Promptly following up with claims when processing detail is unclear or claims have been denied

And as discussed in my article in the August issue of *DC Practice Insights* ["Money Down the Drain: Is It Time to Clean Up Your Accounts Receivable?"], regularly printing your accounts receivable report for review and management is invaluable. Why? Because it allows you to clean up your AR by discovering claims that may have been rejected, delayed in processing, have somehow otherwise slipped through the cracks or are being held up by payers. This is also an opportunity to review patient balances, ensure accuracy of amounts due and continue a schedule of regularly issuing patient statements.

## Your Action Plan Starts Now

While there is no way to entirely avoid many of the challenges expected with ICD-10, one thing is certain: Chiropractic practices can manage and minimize their risk and the severity of these expected obstacles. The key is to be proactive in all areas of coding, billing and collections, and maintain open lines of communication with patients, payers and other providers.

Providers no longer have the ability to be disconnected from coding, as has become customary in many specialties with ICD-9. Active provider involvement will ensure adequate, detailed documentation that complies with guidelines and allows for easier and more accurate code selection. Provider involvement serves as a great tool for risk management with ICD-10. Remember, *you*, the provider, are ultimately liable for all documentation and billing in your name, so you should be *very* motivated to be involved.

So, as you proceed ahead with training and preparation for ICD-10 implementation, also evaluate your current systems for office communication, as well as your billing, collections and accounts receivable systems. This will help to organize and prepare your practice for efficiently minimizing risk post-ICD-10. Remember also that the best post-ICD-10 strategy starts now with practice training, appropriate risk assessment of systems and procedures, along with an efficient action plan for communication, monitoring and management of risk areas.

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