

Meeting ICD-10 Compliance for Mental / Behavioral Health, Psychiatry & Substance Usage

August ICD-10 Action Items



Have You Been Saving?

Experts have warned that practices need to have six months' cash reserves in order to weather the potential ICD-10 storm. The bottom line is: no one knows what the end result will be; the change may be smoother than originally predicted, or it could be the nightmare that some have warned about. Transitioning from 11,000 to 70,000 diagnosis codes could easily slow providers down, creating a bottleneck in agency productivity. If a provider doesn't pick the correct diagnosis codes, and the claim is denied due to insufficient supporting documentation, the process of tracking the provider down to re-diagnosis can be an inefficient nightmare.

And that's just on the practice side! Even if your organization is fully prepared and processes documentation efficiently, every practice is ultimately at the mercy of their payers. While some payers are prepared to manage that level of increased processing, others aren't ready, and there is no way to concretely test what a full change-over will entail. Claims may be initially paid but then negated with pay backs after an audit.

Payers have to additionally check that claims prior to 10.1.15 are still coded in ICD-9, but dates of services 10.1.15 and after are coded in ICD-10. While no one knows what the actual reality of the ICD-10 transition will look like, it certainly presents the potential for agency backlog, increased denials and/or post-audit pay backs.



All Hands on Deck

While having six months cash reserve is unrealistic for many agencies, do what you can. Putting aside even a small reserve to help weather the ICD-10 storm can help. This may be the time to encourage referrals from other providers, or conduct a half-day training with your administrative & billing staff to ensure that every step is being taken to reduce denials. [Click here](#) for a complimentary webinar about the four key areas where the claims process typically fails - and how to clean claims up to reduce denials and increase reimbursement.

The more your employees understand that the upcoming six months are "all hands on deck", working together to decrease expenses and increase revenue, the better chance you have of viability. Even simple measures like putting a freeze on unlimited office supplies or making sure your employees aren't making unnecessary photocopies can add up for your bottom line. Do what you can, and hopefully the reimbursement backlog will not be as detrimental as feared.

"You must use ICD-10 on claims for services provided on or after October 1. Payment will continue to be based on CPT codes. You can conduct acknowledgement testing at any time with your MAC."

Resources

- > [CMS Concise Guide to ICD-10 Resources](#)
- > [CMS ICD-10 Center](#)
- > [ICD-10 Resource Center](#)
- > [ICD-10 Provider Training Webinar Series for Mental & Behavioral Health](#)
- > [8 Steps to a Smooth ICD-10 Transition](#)

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Previous Action Items

July: Reality Check + Testing Resources + Reducing Denials

June: Test With Payers + Focus on Reducing Denials

May: Make Sure Staff Understands & Empower Providers to Begin Dual Coding

April: Schedule Testing & Update Your Practice

March: Update Your Contracts & Start Saving

To see how PIMSY EHR can help you meet ICD-10 compliance, click below – or contact us: 877.334.8512, ext 1 – hello@pimsyemr.com

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