Top 5 Myths about ICD-10
As we all prepare for the October 1, 2014 compliance date for ICD-10 implementation, it is important that you understand the myths associated with ICD-10 versus the facts.

1. Myth: The change to ICD-10 will not impact paper claims.
Fact – It is BCBSRI's expectation that the Centers for Medicare & Medicaid Services (CMS) will require that ICD-10 be filed on paper claims submitted to them in addition to the requirements around electronic HIPAA transactions for dates of service or dates of discharge on or after October 1, 2014. Please refer to a recent presentation conducted by CMS on August 3, 2011 for more information regarding changes that will be made for ICD-10. A copy of this presentation can also be found on the CMS website.

2. Myth: I don't have to worry because my software vendor will take care of everything.
Fact – Don't assume your billing vendor will be compliant. You are ultimately responsible for your claims. As outlined in the provider timeline posted to our website, industry experts recommend you:

    Review your vendor contract language to determine if ICD-10 system upgrades are required and included in your contract.

    Contact your system vendor to determine if and when an ICD-10 compliant upgrade will be offered.

    Contact your clearinghouses, billing services, and payers to determine when each entity will be ready to test.

    Discuss your implementation plans with these entities in order to ensure a smooth transition.

    Work with your vendor to implement systems changes as needed after testing has been executed.

3. Myth: BCBSRI will crosswalk ICD-9 codes to ICD-10 for providers.
Fact – BCBSRI will be prepared to accept ICD-10 codes for dates of service or dates of discharge on or after October 1, 2014. If you submit your claims with ICD-9 for dates of service on or after October 1, 2014, your claims may be rejected, your payment may be delayed, and you may need to resubmit your claims with the correct codes.

4. Myth: Translating codes from ICD-9 to ICD-10 will be simple and easy.
Fact – While the majority of translations will be either direct or approximate one-to-one translations, many translations will be more complex and require more time and attention to detail from you and your staff. Industry experts recommend that professional coders use the ICD-10 code set directly rather than translating from ICD-9 to ICD-10 prior to entering the data on the claim.

5. Myth: All I need to do is update my existing encounter forms with the new codes
Fact – Some industry experts predict that ICD-10 will render encounter forms a thing of the past. This notion may or may not be true, or it may prove true for some specialties and not others. What is true is that the code sets are expanding significantly. To code properly using the new code set, it may no longer be practical to fit all the relevant codes on one sheet.

BCBSRI began preparing for this change over two years ago, and as your partners in this endeavor, we want to help you prepare for ICD-10 implementation, too. While the compliance date may seem far away, there is a lot of work to prepare appropriately for the implementation. ICD-10 is a big change for all of us, and BCBSRI is focused on

preparing for a smooth transition to the new code set. We plan to continue to process claims accurately and without delay, but we cannot do it without your help. Here are some helpful hints for getting ready for ICD-10:

Be proactive – start your planning now!

Talk with your peers about how they are gearing up for ICD-10.

Stay up-to-date by monitoring our ICD-10 landing page on BCBSRI.com.

Understand the potential impacts to productivity that industry experts are warning about.

Do not assume that others will be able to make changes for you.