

ICD 10 transitions checklist for Urology billing services

The ICD 10 coding system is to be implemented on Oct 01, 2015. The costs for not transitioning to ICD 10 codes can be major causing setbacks especially in terms of reimbursement claims that could hit your revenues drastically. Based on an informal survey, an estimated 36% of urology practices have taken the efforts to start the transition either on their own or have outsourced. Are you one of the 36%? If not, then it's time to ramp up fast as the deadline approaches. The reasons for ICD 10 transition, especially for [urology billing and coding services](#), from ICD 09 to ICD 10 codes will have a dramatic effect in terms of research and medical treatment. Also, the new health reforms will now give access to the uninsured, to around 32 million Americans. This will mean more walk-in patients, a wider variety of problems. The new codes having increased by nearly 20% have ensured that you cover all problems and areas specific to the problem. So if you haven't started this exercise here's what you, as an Urologist need to get going if you plan to do the billing yourself or even outsource the billing services . Here is your checklist when you exercise the transition

- 1. Focus on your specific practice codes:** Depending on your specific urology practice, focus on codes you have been using in ICD 09, focus on the transitional ICD 10 codes and familiarize yourself and staff, or your outsourced billing firm with those specifics, example codes for laterality can now be employed – i.e. code for right or left side kidney cancer, but does not necessarily apply for kidney stones
- 2. Reserve Cash:** Keep a fair amount of cash reserves or credit line open, maybe around 4-6 months money to tide the transition, just in case your denial reimbursement claims rise, starting Oct 01 2015. Given that insurers too can hold the 30-60 day reimbursement, you need to see that you are well prepared for such glitches coming in. The costs could vary from \$20,000 to about \$100,500 for vendors/upgrades, testing, and payment disruption services for small practices. Multiply this 4 times over for larger practices.

- 3. Updates & Upgrades:** If planning the transition yourself, then all your IT systems need to be updated, and upgrades ready to tackle the ICD-10 transition, especially if you have your own EMR system. If outsourcing, integrate your systems to that of the billers and run mock tests to sync the systems and codes well.
- 4. Payers and vendors Readiness:** Your staff should be trained and recheck payer's readiness or at least their timelines to be prepared. If not, your reimbursements could lead to major hurdles and loss in revenue. Check and recheck, test and monitor the process and systems for every 5 cases using the new ICD 10 codes
- 5. Training & workshops:** See to it that your IT and healthcare staff are trained well to handle the new coding systems or at least work in sync with the outsourced billers and coders. Appoint at least one person to co-ordinate the efforts or a group if your organization is large. Make them responsible to understand which codes are frequently used in your practice, find the equivalent in the new ICD 10 codes, understand the new extensions required, integrate with payers, coders, billing, clearing houses, etc.

Be Prepared, should be your motto, for the glitches that may come when the transition kicks in on Oct 01, 2015.