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Three things Radiologists must do now to be ready for ICD-10!
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Time: March 1, 4:30 PM Eastern
3:30 PM Central

Speaker: Melody Mulaik¹, MSHS, RCC, PCS, FCS, CPC, CPC-H. Melody is a nationally-known expert on ICD-10 and radiology coding and speaks frequently at industry conferences including RSNA, AHIMA, AHRA and RBMA.

Learn what CMS, ACR, and others recommend for ICD-10. For example,
• Have you done a practice impact analysis?
• Has each of your vendors developed a migration plan?
• Do your referring physicians have the ability to get complete diagnosis information to you?

ICD-10 is required in October of 2013 but radiologists
• Need to be ready to refine their documentation and reports.
• Could become hostages to outside physician practices that are struggling with ICD-10
• May see reduced cashflow and productivity during transition

On March 1, Melody will spell out what you and your practice should be doing now to prepare. And you can ask questions about your specific situation. Examples of topics to be covered are:
• The ACR and other professional organizations recommend that radiology practices have an ICD-10 migration plan in place.
• Hospital-based radiologists must work with their hospital ICD-10 transition team and should assign a member to join the team.
• Free-standing facilities need to perform data flow, workflow and workforce assessments.
• The CMS-suggested timeline for ICD-10:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Impact assessment</th>
<th>2011 – 1Q 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Develop implementation plan</td>
<td>1Q 2011 – 2Q 2013</td>
</tr>
<tr>
<td>Phase II</td>
<td>Implementation preparation</td>
<td>1Q 2013 – 3Q 2013</td>
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<td>Phase III</td>
<td>Go ‘live’ preparation</td>
<td>4Q 2013– 4Q 2014</td>
</tr>
<tr>
<td>Phase IV</td>
<td>Post-implementation follow-up</td>
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• The financial impact of converting to ICD-10 will be significant. As a result, radiologists should have a backup plan and budget for possible cash flow interruptions.

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4:30 Eastern/3:30 Central on March 1

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ICD-10 BASICS

Everyone knows that ICD-10 is on track for implementation on October 1, 2013. With 2012 off and running, this date doesn’t look as distant as it did a year or two ago. Most hospitals are now ramping up their planning and conversion efforts. And radiology practices should be doing the same.

The US healthcare system has outgrown the current ICD-9-CM diagnosis classification and is the only major country in the world that has not migrated to ICD-10. ICD-10-CM bears a strong resemblance to ICD-9-CM, but

- There are changes to code reporting guidelines,
- Restructuring of the classification,
- Increased complexity of codes,
- New code laterality, and
- An increase in inclusion notes, exclusion notes and other coding requirements.

Diagnosis coding changes affect many aspects of your radiology practice and developing a timeline for education and implementation is essential.

A successful transition to ICD-10 requires all physicians to learn the new methodology including re-learning how to assign diagnosis codes and how to document information on patient records so that sufficiently detailed medical reports are produced. For radiologists, this means providing the level of specificity for a patient’s signs/symptoms of clinical diagnosis so that accurate diagnosis codes may be assigned.

Like most specialists, radiologists depend on the referring physician for the order and the reason behind an exam. Radiologists need to ensure they do not become hostage to referring physician practices struggling with ICD-10 adoption.

- Referring physicians must supply radiologists with specific, detailed orders making use of the new ICD-10 codes and descriptions as well as supply enough documentation for their imaging tests to be pre-certified by imaging management companies.
- Failure of referring physicians to supply this information may cause delayed or lost reimbursement to the radiologist.
- It will be important for radiologists and their practice managers to expand their relationships with referring physicians by working extensively with them to prepare for ICD-10.

Melody often speaks at national conferences on ICD-10-CM, Interventional and Diagnostic Radiology Coding, and other compliance issues. Recent speaking engagements include the Association for Imaging Management (AHRA), the Radiology Business Management Association (RBMA), the Healthcare Billing Management Association (HBMA), the Healthcare Compliance Association (HCCA), the American Health Information Management Association (AHIMA), and the Radiological Society of North America (RSNA). Melody also serves as the AHRA liaison to the American College of Radiology (ACR) Economics Commission. Melody is a frequent author for radiology publications and writes the bi-monthly coding column for AHRA’s Radiology Management and HBMA’s Coding Corner.

Coding Guideline Differences Are:
- The need for multiple diagnosis codes to complete a report for the patient’s medical condition and
- Knowledge of sequencing rules.
- Hospital-based radiologists will still continue to use outpatient CPT codes for procedures but they will need to ensure sufficient documentation so that hospitals can accurately assign ICD-10-PCS codes for inpatient services.

Specific coding changes for radiologists will be in the areas of:
- Hypertension
- CVA/TIA
- Peripheral Vascular Disease
- Osteoarthritis/Osteoporosis/Osteopenia
- Spondylosis/Disc Disorders
- Neoplasm and history of neoplasm
- Trauma
- Observation
- Injuries