The deadline for conversion from the present electronic claims transaction standard to Version 5010 is fast approaching. Make sure both your practice and systems vendor are ready for the change.

Compliance deadlines:

Conversion to the 5010 electronic claims transaction standard: **January 1, 2012**
Conversion to ICD-10 diagnosis/procedure classification standard: **October 1, 2013**
*(Editor's Note: HHS has proposed a new compliance date of **Oct. 1, 2014** after announcing an initial delay to the 2013 conversion date.)*

**Why you should care:**
The conversion from the present electronic claims transaction standard, Version 4010/4010A1, to Version 5010 is intended to increase the functionality of our claims transactions. Because claim transactions are the financial lifeblood of virtually every medical practice, practices must be ready to use the 5010 effective January 1, 2012. Those that fail to prepare may find themselves unable to file claims electronically and thus jeopardize the viability of their practices.
The conversion from ICD-9, which has been the standard since the late 1980s, to ICD-10, will require even greater preparation since this conversion will impact both the business and clinical operations of every medical practice. Providers will require significant ramp-up time — the number of diagnostic procedure codes alone will increase fivefold. Our business offices also face daunting prospects, as they migrate from ICD-9’s codes of 3 to 5 numeric characters to ICD-10’s codes consisting of 3 to 7 alphanumeric characters. This increased emphasis on code specificity will tax virtually every facet of the medical practice.
Medical practices should not postpone their planning, testing, and training efforts for either of these initiatives.

**Questions to consider:**
These conversions cannot be done in a vacuum. Your practice should initiate talks with your practice management software vendor, your clearinghouse, and payers. Because practice management vendors are not considered "covered entities" under HIPAA law, they are not required to ensure your compliance with these new standards. As a matter of smart business, most will, but they are under no timelines to do so. Therefore, it is incumbent upon medical practices to be proactive in engaging their practice management vendor in particular.
The following list of questions for your practice-management system vendor is intended to be a starter list. Check back often with PhysiciansPractice.com for more updates on 5010 implementation at [http://www.physicianspractice.com/5010](http://www.physicianspractice.com/5010).

**For 5010**
**Questions for your practice management system vendor:**
- When will your product be upgraded to support the 5010 standard?
- When will we be able to run test claims using the 5010 standard? [If the date they provide you is later than October 1, 2011, push for an earlier date.]
- In addition to claims submission, what transactions will we be able to test?
- What preparation is needed on our end to test the 5010 standard?
- Is the upgrade to 5010 included in our ongoing maintenance expense?
- Will your product support both the 4010A1 and the 5010 standard during a transition phase?
- Will we be permitted to migrate to the 5010 standard prior to January 1, 2012?

**Questions for clearinghouses and payers:**
- When will you be ready to support the 5010 standard for all of our electronic transactions?
- Will your software be upgraded to support all features of the 5010 standard?
- What changes must be made on our end to support the 5010 standard? Are additional registrations/notifications required?
• Will there be additional fees associated with this migration? (This is a question for your clearinghouse.)
• When can we test the 5010 standard process in total with our practice management software, our clearinghouse, and payers all testing the same data set(s)?
• What are your plans to support both the 4010A1 and 5010 standards concurrently?

For ICD-10

Questions for your practice management system vendor:
• When will your product be upgraded to support ICD-10?
• When will we be able to run test claims using ICD-10? [If the date they provide you is later than June 1, 2013, push for an earlier date. This transition is going to be a huge one for all of us.]
• What preparation is needed on our end to test ICD-10?
• Is the upgrade to ICD-10 included in my ongoing maintenance expense?
• Will our practice management (and/or electronic health record) software include a searchable ICD-10 database?
• Will your product support both ICD-9 and ICD-10 during a transition phase? Do you have projected dates for the transition phase?
• Will we be permitted to migrate to ICD-10 prior to October 1, 2013?

Questions for clearinghouses and payers:
• When will you be ready to accept ICD-10 codes on claims?
• What changes must be made on our end to support ICD-10? Are additional registrations/notifications required?
• Will there be additional fees associated with ICD-10?
• What "claim scrubbing" edit changes will be made to your software to process ICD-10 claims? When will you be able to provide us with an explanation of how these new edits will impact operations?
• When can we test ICD-10 submissions in total with our practice management software, our clearinghouse, and payers all testing the same data set(s) using ICD-10 codes in 5010 transactions?
• What are your plans to support both ICD-9 and ICD-10 concurrently?
• Will you be ready for migration to ICD-10 prior to October 1, 2013?

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Source URL: http://www.physicianspractice.com/tools/5010icd-10-transition-checklist

Links: