Eli's Rehab Report

ICD-10 Readiness: Avoid Going Off The Cliff During The ICD-10 Transition

Take the time to learn from those who are already using ICD-10.

Did you heave a sigh of relief at news of the ICD-10 delay? If you've been viewing the five-fold increase in diagnosis codes and twenty-fold increase in procedure codes with ICD-10-PCS with dread, here's how you can utilize the delay fruitfully.

Background: An ICD-10 transition postponement was slipped into the text of a bill designed to dodge the March 31 expiration of a delay to a pending physician pay cut. With the President's signature that bill became law, and the code set transition moved to at least Oct. 1, 2015.

Although the new implementation date hasn't been officially settled, the **Centers for Medicare & Medicaid Services** (CMS) announced its intention to move forward with the Oct. 1, 2015 date in the ICD-10 section of its website. "Accordingly, the **U.S. Department of Health and Human Services** expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015."

Make the Most of the Delay

"When anyone has more time to get ready for a change it's a good thing right?" asks **Delaine Henry, COS-C, HCS-D**, with **Health Care Management and Billing Services** in Lafayette, La. "Well, yes and no." Instead the delay puts ICD-10 trainers and advocates in an awkward position.

The delay "gives providers another year to learn the changes," says **Pat Jump** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. But, "providers are very leery about starting training because this same type of situation has occurred many times over the years," she says. As upsetting as the delay is for proponents of ICD-10, the transition is still on the horizon.

Two Sides of the Coin

Whether you greeted the ICD-10 delay with a cheer of delight or a groan of frustration, all coders are in the same boat now. But the challenge of how to best handle the delay depends on where your preparations stood when it was announced.

If your coders have already completed training and were ready to go live Oct. 1, 2014, you'll need to find ways to keep their skills current over the next 18 months, says **Joan Usher, BS, RHIA, COS-C, ACE**, AHIMA-Approved ICD-10-CM Trainer with **JLU Health Record Systems** in Pembroke, Mass.

Try this: Continue to code one to three cases a month in ICD-10 to maintain proficiency and continue to gain experience in applying the codes, Usher suggests. This will decrease loss of productivity over the next year. If you were still in the planning stages under the Oct. 1, 2014 deadline, now's the time to develop a timeline for training, Usher says.

Try this: Start out by establishing competency in ICD-9 during the second and third quarters of 2014, Usher says. The better your ICD-9 skills, the easier the ICD-10 transition will be.

Then progress to training in the basics of ICD-10 during the third and fourth quarters of 2014, she suggests. In first quarter 2015, complete comprehensive training on the different disease-specific categories of ICD-10. Then spend the

second and third quarters of 2015 doing dual coding to gain proficiency in ICD-10.

Lessons From Global Neighbors Could Help Smooth Your Transition

ICD-10 has been already implemented in many countries. The UK switched in 1995, France in 1996, Australia in 1998 and Canada in 2004. Studying the experiences of these countries could make your transition smoother.

The rough transition to ICD-10-CA in Canada could be attributed to many reasons. **Gillian Price**, currently Project Director Canada at **Quadra Med**, was a consultant doing operational reviews for Canadian healthcare organizations during the transition to ICD-10. Despite all the teething problems, what ultimately mattered was that "patient care did improve with the detailed information offered by ICD codes," Price said in an interview with the ICD-10 Watch website.

Canadian healthcare providers were able to analyze the problems and bring the facilities on track, according to www.icd10watch.com. Lessons they learned that others can benefit from include:

- **Coders take onus:** Medical coders need to dive in and take responsibility to use informal learning resources on their own time. This will help them to become valuable and stronger assets in face of transition-induced stress and probable increase in sick time and retirements.
- **Get physicians on board:** Providers need to get involved. The sooner they understand the tools and systems that work for them, the sooner they can champion the change in their facilities.
- **Learn better documentation:** Every bit of documentation training will enhance the accuracy of the overall coding and the billing process.
- **Not just a software update:** Some Canadian hospitals got their IT departments to create tools to accept ICD-10 and thought their responsibility ended there, Price explains in an article on the website Healthcare IT News (www.healthcareitnews.com). With time, they learned the importance of physician involvement and the roles of better documentation and coder training.
- **Institutional resistance:** With cynicism and inertia lurking at some places, it was hard to embrace change and work for a smooth transition.
- **Cost overruns:** Both budgets and timelines were grossly underestimated due to unavoidable delays and unknown variables that were not planned or anticipated. Price suggests adding 25 percent more to your budget.

Analyze Your Inefficiencies

It is said that a chain is only as strong as its weakest link. The additional year before ICD-10 implementation is the perfect time for facilities to analyze inefficiencies that thwart current performance levels and strengthen your billing and reimbursement process chain. Ask questions such as:

- What are the top reasons you receive denials?
- Do you have a strategy to reduce denials?
- How are medical necessity issues addressed?
- How frequently must physicians/therapists be queried for additional information?
- Is documentation provided in a timely fashion?

Remember: Even the smallest inefficiencies can multiply, if not corrected, having an exponential effect on productivity slowdown.