Developing an ICD-10-CM/PCS Coder Training Strategy

By Anita Majerowicz, MS,MS, RHIA

Although the ICD-10-CM/PCS implementation deadline is two and a half years away, it is not too early to begin planning coder training. Solid training plans will ensure a smooth transition and minimize the transition's impact on productivity. A well-planned training strategy will ensure that coding professionals are ready to be trained when the time is right.

This article outlines how coding managers can ensure their coding staff have sufficient foundational knowledge of the biomedical sciences; learn the structure, organization, and unique features of ICD-10-CM/PCS; and understand how to apply maps and crosswalks between ICD-9-CM and ICD-10-CM/PCS. It is based on AHIMA's "Role-based Model for ICD-10 Implementation."

Preparing Inpatient Coders

The ICD-10-CM/PCS final rule estimates that inpatient coders will need 50 hours of training on the ICD-10-CM and ICD-10-PCS systems. This estimate presumes that coding professionals already possess the required knowledge in the biomedical sciences that will be needed to correctly apply codes using ICD-10-CM and ICD-10-PCS (e.g., anatomy, physiology, pathophysiology, pharmacology, and medical terminology).

AHIMA estimates that on average coders should focus 16 hours of training on ICD-10-CM, 24 hours on ICD-10-PCS, and 10 hours on additional practice.

In order to ensure a successful transition, inpatient coders must:

- Possess sufficient foundational knowledge of the biomedical sciences
- Learn how to apply ICD-10-CM and ICD-10-PCS codes correctly on inpatient encounters
- Understand how to apply maps and crosswalks between ICD-9-CM and ICD-10-CM/PCS

Coding managers should obtain a baseline measure on any gaps in their coding staffs' foundational knowledge of the biomedical sciences. It may have been several years since some staff members have refreshed their knowledge of anatomy and physiology. Coders may have learned anatomy and physiology through formal training at the college level, online self-study, or years of on-the-job experience. The different methods of training could create larger gaps in knowledge among the coding staff.

For example, coding staff will require a strong knowledge of the blood vessels of the circulatory system when coding cardiovascular procedures in ICD-10-CM/PCS. If this knowledge is identified as a weak area for the coding team, it would be beneficial to have the team members refresh their anatomy and physiology skills in this body system prior to beginning training on the code sets.

The objectives of this refresher could include:

- Identifying the anatomy and physiology of the heart
- Identifying the anatomy of the blood vessels of the circulatory system
- Analyzing categories I00–I99 in ICD-10-CM chapter 9, "Diseases of the Circulatory System"
- Explaining ICD-10-CM terminology related to diseases of the circulatory system
- Identifying classification changes in chapter 9 of ICD-10-CM
- Identifying combination codes in chapter 9 of ICD-10-CM
- Analyzing the ICD-10-PCS body part values available for arteries and veins
- Applying correct body part values and root operations for case scenarios

By gauging the coding team's knowledge, managers can formulate a training strategy to address the weaknesses, so they will be prepared when it is time to begin training.

A variety of instructional methods can be used to strengthen coders' skills in anatomy and physiology. These include:

- Online self-study courses
- Videos on specific body systems
- Workshops offered by component state associations or others
- Formal classes at local colleges
- "Lunch and learns" featuring speakers from the medical staff

Coding managers also must determine their training budgets and identify which tools best fit them. If the entire coding staff needs a refresher in anatomy and physiology, it will be necessary to find cost-effective solutions to provide this training.

Late in 2011 throughout 2012, the focus of coder training should turn to an in-depth understanding of the fundamentals of ICD-10-CM/PCS and preparing to code with these new systems. This training should include:

- Reviewing the code structure and coding conventions for ICD-10-CM and ICD-10-PCS
- Learning the fundamentals of the ICD-10-CM and ICD-10-PCS systems
- Analyzing and practicing applying the ICD-10-CM and ICD-10-PCS coding guidelines
- Continuing to study ICD-10-PCS definitions (memorizing the definitions of approaches and root operations)
- Continuing to review and refresh knowledge of anatomy and physiology concepts

Looking ahead to late 2012 through 2013, the focus will be training coders to become experts in applying ICD-10-CM and ICD-10-PCS codes to inpatient encounters.

AHIMA ICD-10 Preparation Guidance

AHIMA's "Role-based Model for ICD-10 Implementation" provides guidance on the tasks and milestones to accomplish in advance of the October 1, 2013 deadline. The model identifies what to do when and provides links to suggested resources to help coders accomplish these steps.

The model can be found online at www.ahima.org/icd10/role.aspx.

Preparing Outpatient Coders

Any outpatient coder who currently assigns ICD-9-CM diagnosis codes will need to learn to report ICD-10-CM diagnosis codes. As noted previously, AHIMA estimates that approximately 16 hours of coding training are needed for each outpatient coder to learn ICD-10-CM. This estimate presumes that coders already possess the necessary knowledge in the biomedical sciences. Therefore, it is important to include the outpatient coding team in the analysis of the coder strengths and weaknesses in this area.

Through the first half of 2011, coding managers can focus on the following tasks for outpatient coders:

- Understanding the ICD-10 final rule and its implications for their coding positions
- Learning the structure, organization, and unique features of ICD-10-CM
- Using assessment tools to identify areas of strength and weakness in the biomedical sciences (e.g., anatomy and pathophysiology)
- Reviewing and refreshing knowledge of biomedical concepts as needed based on the assessment results
- Learning about the General Equivalence Mappings (GEMs) between ICD-9-CM and ICD-10-CM

Similar to inpatient coders, outpatient coders should focus on obtaining the foundational knowledge of the biomedical sciences and understanding how ICD-10-CM is different from ICD-9-CM (including familiarity with the maps between them). While

outpatient coders may not be required to learn ICD-10-PCS, it is critical that they apply knowledge of anatomy, physiology, and clinical disease processes to support correct coding assignment for diagnoses in ICD-10-CM.

During the second half of 2011 through 2012, the training strategy for outpatient coders may focus on:

- Reviewing the code structure and coding conventions for ICD-10-CM
- Learning the fundamentals of the ICD-10-CM system
- Analyzing and practicing the application of the ICD-10-CM coding guidelines
- Continuing to review and refresh knowledge of anatomy and physiology concepts

In late 2011 and throughout 2012, outpatient coders should focus on a more in-depth understanding of the fundamentals of ICD-10-CM and preparing to code with the new code set. Training efforts may focus on the most frequent disease processes coders encounter, such as diabetes or heart failure. Coding managers can select specific clinical disease processes to begin targeted training for outpatient coders. For example, training on the fundamentals of coding heart failure in ICD-10-CM may include:

- Differentiating between diastolic and systolic congestive heart failure
- Identifying the most common symptoms of congestive heart failure
- Recognizing the characteristics of ICD-10-CM codes for this condition
- Applying the official ICD-10-CM coding guidelines for accurate coding of congestive heart failure

Coding managers must also assess their outpatient coders' skill levels and find the right tools to bridge their knowledge gaps. Outpatient coders may not have had as much formal training as inpatient coders; therefore, it is critical to assess their level of knowledge and develop a solid training strategy. When preparing the long-range training strategy for outpatient coders, the focus of late 2012 through 2013 will be on becoming experts in applying ICD-10-CM codes to outpatient encounters.

Coding managers and supervisors are in the forefront of the transition to ICD-10-CM/PCS. By assessing coder strengths and weaknesses in the biomedical sciences early in the transition, managers can develop a solid training strategy that ensures a smooth transition to ICD-10-CM/PCS with minimal impact on productivity.

Additional Resources for the ICD-10 Transition

AHIMA Academy for ICD-10. Educational program for trainers. Information at www.ahima.org/icd10/academy.aspx.

AHIMA. "ICD-10-CM Proficiency Assessment." Web-based distance education. Available online at www.ahimastore.org.

AHIMA. "ICD-10-PCS Proficiency Assessment." Web-based distance education. Available online at www.ahimastore.org.

AHIMA. "ICD-10-CM/PCS Transition: Planning and Preparation Checklist." March 2011. Available online in the AHIMA Body of Knowledge at www.ahima.org.

AHIMA. "Role-based Model for ICD-10 Implementation." Available online at www.ahima.org/icd10/role.aspx.

Dimick, Chris. "Three Short Years: Organizations Lagging in 5010 and ICD-10 Progress." *Journal of AHIMA* 81, no. 9 (Sept. 2010): 23–26.

Sullivan, Tori. "Budgeting for ICD-10." *Journal of AHIMA* 81, no. 9 (Sept. 2010): 30–33.

Steindel, Steven J. "Taking ICD-10-CM in Parts." *Journal of AHIMA*, January 1, 2011. Web exclusive. Available at http://journal.ahima.org.

Steindel, Steven J. "Learning and Using ICD-10-PCS." *Journal of AHIMA*, February 9, 2011. Web exclusive. Available at http://journal.ahima.org.

Anita Majerowicz (anita.majerowicz@ahima.org) is director of clinical coding and reimbursement at AHIMA.

Article citation:
Majerowicz, Anita. "Developing an ICD-10-CM/PCS Coder Training Strategy" *Journal of AHIMA* 82, no.4 (April 2011): 58-60.