Ditching Dual Coding: Time to Focus in on ICD-10

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Forget about dual coding? With ICD-10-CM/PCS implementation still months away, that might sound impossible. But that's the strategy the health information management department at Baystate Health has deployed when it comes to preparing for ICD-10 implementation.

Throughout 2014, the 35-plus coders at Baystate Health dual coded records in ICD-10 and ICD-9—a familiar strategy for ICD-10 preparation. Dual coding has been a practical way to provide coders with ICD-10 code experience as well as a firsthand look at how ICD-10 codes compare with ICD-9 codes that are already familiar. This practice also represented a minimal impact to accounts receivable (A/R) days. But in looking to develop our preparation strategy further, we have taken the step to having our coders start coding records using only ICD-10 codes—spending one day a week focused only on coding in ICD-10. While dual coding each record offers one approach to giving coders the time and experience they need with the ICD-10 code sets, taking time to focus solely in on ICD-10 helps to build familiarity with what life will be like after October 1, 2015.

Healthcare facilities—specifically, health information management staff and departments—must bite the bullet, so to speak, and invest in coding staff by providing them the time start to code each record only with ICD-10 codes. With the new system at Baystate Health, when a coder completes a record with ICD-10 codes during their one day a week of ICD-10-only coding, another coder will complete the same record with ICD-9 codes immediately thereafter, thus still allowing the bill to drop within the desired timeframe. In order to maintain optimal A/R, Baystate contracted with third party coding for some records. Records that were sent to be coded externally were not coded in ICD-10 onsite. When contracting with a third party, it's important not to rely solely on the company's internal quality monitoring and reports. Baystate's HIM department randomly conducts audits of records coded by third party coders to validate their state quality levels.

Benefits of ICD-10-Focus Coding Are Numerous

Giving coders blocks of time to focus on ICD-10 allows them to only think about ICD-10, thus allowing more focus than is possible when having to switch back and forth continuously between ICD-9 and ICD-10.

This method also provides management with information on productivity impact related to ICD-10. Having this knowledge now, when there are still a few months to prepare for October 1, 2015 will enable management and leaders to better plan out how to meet resource needs; for example, recruiting additional coders or contracting with coders outside the facility. Decreases of 40 percent in productivity have been predicted—it will be valuable to healthcare organizations to be able to determine the most exact prediction for impact to the facility as possible.

In addition to these benefits, the coders have provided positive feedback after beginning coding in only ICD-10 for one day per week. Coders at Baystate have noted that it makes a major difference for them to code with only ICD-10 codes, rather than needing to switch between ICD-9 and ICD-10. As one inpatient coder noted, the approach of enabling coders to code records with only ICD-10 helped them to stay focused on the new codes, as well as with increasing overall knowledge of ICD-10.

While coders initially began coding in only ICD-10 for one day each week in March 2015, as of June the time focused on ICD-10 coding has increased to two days per week. By mid-September, it's planned to transition all coders at Baystate to coding in ICD-10 only for all five days of the week. During this time, third party contractors will handle coding for ICD-9 billing purposes. This way, when October 1 arrives, it will be "just another day" to them. During the months of ICD-10-only coding, management has been measuring coder productivity and quality of ICD-10 coding, making adjustments as necessary— continually modifying the number of records being sent to external contracted coders in order to maintain optimal A/R.

A third party was also contracted to audit a sample of records that were coded with ICD-10 by Baystate coders in order to provide feedback on where further ICD-10 education was needed. Like many health information management departments, ICD10 training at Baystate started many years ago. Three AHIMA-certified ICD-10 trainers have worked with Baystate, providing ongoing ICD-10 training to Baystate coding staff throughout recent years. Even though most of the coding staff works remotely from home for most of the week, all coding staff comes in to be onsite at the facility on the same day each week to have classroom training and to collaborate as a team around ICD-10. If coders' productivity and quality performance measures fall below a certain threshold, they must return to working onsite every day. Baystate has found that when coders build up their productivity and quality thresholds and make the transition to working remotely, the decrease in departmental distractions actually helps to further improve both productivity and quality.

The full support of senior leadership at Baystate was a critical component in developing the program to provide this level of ICD-10 training and direct ICD-10 coding experience. Their understanding of the importance of the training has allowed HIM staff to be fully prepared for the ICD-10 implementation date. The lack of such preparation would drastically impact cash flow post-October 1. Maintaining optimal A/R required an ever-increasing number of records to be sent to externally contracted coders—which were carefully and extensively researched and vetted—so that Baystate could continue to drop bills in ICD-9 in a timely manner.

The steps toward ICD-10 implementation continue. Careful planning includes HIM departments taking the time to continually question and challenge ourselves. Are we forgetting anything? Is there anything more we can be doing? Willingness to listen and collaborate with other HIM leaders is also essential—working together with the proper planning, we can be prepared when the October 1, 2015 ICD-10-CM/PCS implementation deadline rolls around.

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