

Getting the Best from Your ICD-10 Vendor

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Payers and providers must work their way through the transition to ICD-10-CM/PCS only once, and by the end, few will likely choose to do it again. System vendors and consultants, however, will have been through many, many implementations before it's all over.

That experience with multiple projects in many settings puts vendors in a unique position to offer insights into proven practices and sure pitfalls. Below, three HIM vendors share what they have learned about designing successful ICD-10 transitions and how organizations can get the best from their vendors—tips they first shared at AHIMA's 2011 ICD-10 Summit in April.

Talk about the Details

Opening the lines of communication with vendors early and wide is one way providers can ensure they arrive at the ICD-10 deadline with compliant IT systems, says Caroline Piselli, RN, MBA, FACHE, the program manager for ICD-10, pay for performance, at 3M Health Information Systems, a technology vendor and consultancy.

Misunderstood expectations and incomplete discussions about processes will have disastrous effects on an organization's operations come October 1, 2013.

Piselli recommends organizations plan their transitions in coordination with their vendors and not be afraid to hash out the fine details. Regular meetings to discuss the specifics can prevent miscommunication.

“Really dive in the weeds” to ensure you and your vendor understand each other, Piselli says. Don't assume that you are each talking about the exact same thing.

“Vendor A could say, ‘I'm going to be ready by May 1 with my software,’ and vendors B and C could say the same thing,” she says. But what each vendor means by “ready” could be different, and when the organization tries to pull the products together on May 1, it could be in for a surprise.

Similarly organizations should ask their vendors to explain how they are approaching the transition to ensure it matches the facility's approach. For example, Piselli asks, “Are they going to use a translation or a conversion or a map under the hood? Will it be done similarly to the way we, the payer or the provider, are doing it?”

If vendors use an approach that differs from the provider's and neither side knows, then the provider's system could face a different flow of information that would affect all operations. Any differences need to be accounted for during in-house preparations.

Ask What's New

While the ICD-10 transition may not seem like the best time to implement new software, coding experts agree that bringing in new technology such as computer-assisted coding (CAC) as part of the transition can help speed coder education and improve productivity.

Ingenix has been working to update its products to ICD-10, including its coding publications, encoders, and CAC software. The vendor recommends its clients consider implementing CAC as part of their ICD-10 transitions, says Mark Morsch, MS, vice president of technology at A-Life Medical, now part of Ingenix.

CAC can help offset the expected dip in coder productivity during the transition to ICD-10 by assisting with code assignments and providing additional coding expertise, Morsch says.

Implementing CAC takes work of its own, of course. An organization must inventory its documentation to understand how documentation flows will be interfaced with the CAC system. Providing this information to the vendor at the outset simplifies the implementation.

“It is not a really complex or time-consuming process, but it does require some level of commitment to make sure that the full inventory of source systems that coders look at and use to make the decisions are included,” Morsch says.

Try out the Code Set

Prior to working with a consultant, coding departments will benefit from trying out the ICD-10 code set, advises Jim Jacobs, senior vice president of product management and HIM general manager at vendor QuadraMed, which offers a combination of HIM, coding, and compliance solutions, technology products such as computer-assisted coding and consulting services, including an ICD-10 impact assessment.

QuadraMed offers its clients an ICD-10 coding simulator that staff can use as an introduction to the new code sets. “People can actually get in, see what it looks like, touch and feel the ICD-10-CM specification so they can begin to see how it will impact their facilities,” Jacobs says.

Familiarizing the coding team with ICD-10 helps demystify the code set and usually calms fears of the unknown. Practicing on a simulation application also helps staff prepare, offsetting some of the expected drop in productivity, says Piselli of 3M, which also offers a simulator to clients.

Getting coders past the fear of the code set better prepares an organization to work with a consultant, Jacobs agrees.

“Once people can see it, understand it, and do some coding back and forth—even though they haven’t trained on the whole specification—it just decompresses the fear of the unknown and anxieties seem to come down,” Jacobs says. “That is one very tangible practice that we have seen many, many hospitals undertake.”

Do Your Share

Organizations cannot expect a consultant to come in, wave a magic wand, and fix all problems. It takes the work of both the facility and the consultant to affect change and implement ICD-10.

Establishing a multidisciplinary ICD-10 committee and assigning an internal point person for the organization’s entire ICD-10 transition is important, even when hiring an outside project manager, Morsch says. This liaison can help bring the consulting project manager up to speed and help keep tabs on the different organizational efforts.

“Having a real clear organizational structure on the provider side, with clear lines of authority and responsibility, is very important to successfully work with Ingenix or any other consulting organization,” Morsch says.

Consultants can fill the role of project lead, but an internal ICD-10 committee is essential to deliver in-house support.

Determine Your Needs in Advance

Different vendors and consultants offer different services, and large companies offer multiple services. Organizations that can clearly establish and convey their needs and expectations have the best success in selecting the right partner for their transition, Jacobs says, and they establish well-defined benchmarks that a vendor can strive to meet. Clear requirements also help the vendor staff the right people to the job.

Organizations can start defining their needs by asking themselves questions, such as whether they want help with process and workflow improvement or just assistance in upgrading systems. Do they want financial impact analysis, documentation improvement, coder education? Do they want the consultant or vendor to lead their transition or just set up a project management plan and then turn the keys over to internal staff?

And Remember to...

Vendors are in a good position to see the holes in a healthcare facility's transition plan, because they come in with wider experience in implementation plans and an unbiased view of operations.

With a couple of years of experience under their belts, vendors have already observed some common transition pitfalls.

Budget Enough

It is difficult for providers to identify all their transition expenses. Some have been budgeting for training but have not accounted for the full financial impact the ICD-10 transition will have on their operations, Jacobs says. Coder education is just one piece of the transition.

Organizations should ensure their impact assessments and budgets account for changes in revenue or productivity. A drop in productivity around the transition date can be expected to translate to a drop in revenue.

Consultants can help organizations study their coding profiles to predict the likely impact of the ICD-10 change, as well as identify any upstream documentation practices that need to be changed to mitigate future trouble coding in ICD-10, Jacobs says.

Plan to Support ICD-9

Organizations must not expect that ICD-9 codes will disappear from the facility on October 1, 2013. It is likely that dual coding in both ICD-9 and ICD-10 will be necessary for a period while some payers and vendors become fully ICD-10 compatible, Morsch says.

While HIPAA covered entities are required to use ICD-10, some noncovered entities could continue to use ICD-9, at least for a while. "During that transition time, October 1, 2013, we are all going to need to straddle the line between ICD-9 claims and ICD-10 claims," Morsch says. Organizations should determine if they will require systems that enable coding in both ICD-9 and ICD-10.

Some facilities, including those affiliated with research programs, may require access to historical data coded in ICD-9 for an extended period.

Use the GEMs Appropriately

As useful as the General Equivalence Mappings (GEMs) are, they are not a silver bullet. Providers and payers should not assume that the GEMs are simple "plug and play" remedies.

The Centers for Medicare and Medicaid Services developed the GEMs to serve as maps between ICD-9 and ICD-10 codes. However, the GEMs cannot be loaded into a health IT application and automatically convert ICD-9 to ICD-10, Piselli says.

The GEMs were not designed to be used as the main link for an ICD-10 conversion. Many ICD-9 codes lack a direct counterpart in ICD-10, and ICD-10 includes many new codes never used in ICD-9.

The GEMs are a starting point, Piselli says, not an automated solution. Organizations that have failed to make the distinction have been running into trouble, she warns.

Consider Everyone

ICD-10 is much larger than an IT systems upgrade, a fact some facilities tend to forget as they create their transition plans. Involving physicians and other clinical staff is necessary, because ICD-10 "touches interfaces, touches the billing systems, and touches the clinical systems," Morsch says.

Other considerations, such as transitioning operations that involve business associates and payers, also need to be built into the plan.

"Sometimes I go into a large facility and they will say, 'We've done our whole IT gap analysis, and I ask, 'What did you find in your payer contracts?' and they say, 'Ooh, I forgot that,'" Piselli says.

Keep Evolving

A transition plan should evolve as time goes on, Piselli advises. Consider the plan a living document that should be changed as needed.

3M has altered its transition plans routinely, the result of Piselli staying connected to clients, other vendors, and payers and implementing their advice into the organizations plans, she says.

When the federal government announced its plans for accountable care organizations, 3M began evaluating its ICD-10 transition processes in order to better support ACOs.

Keep Moving

3M has been preparing for ICD-10 for nearly seven years in order to get out ahead of client demand, Piselli says. All the same, she is worried about a pile-up as the implementation date gets closer.

Most vendors are concerned that many providers will wait until the last minute to transition, and vendors will not be able to meet the influx of last-minute requests.

“What I worry about is that lots of providers have not started or may not be where we are hoping they will be,” Piselli says. “And at some point is that tsunami peak going to be so high that all of the vendors and consultants together can’t help everyone who needs it?”

Be Open to Change

Finally, the best advice may be to embrace change. The transition offers challenges, but it simultaneously presents an opportunity to reassess operations and seek improvements.

As organizations break down their systems and processes for the transition, they should try and improve them instead of just swapping out ICD-9 codes for ICD-10 codes, Jacobs recommends. Look at how the information flows, how the bill is processed, and change the organization for the better on several fronts.

“It is time for people to give that fundamental look in the mirror and say, ‘We have done it this way for a lot of years-it might be time to look at a new way of doing it,’” Jacobs says. “If a hospital can view ICD-10 as an opportunity as opposed to a consequence, then they stand a great chance to benefit from ICD-10.

“It will still be hard, it will still be a lot of change, still a lot of moving parts, but if you can embrace the opportunity and take advantage of it, then you stand to realize the long-term benefits sooner rather than later.”

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