

ICD-10 Trainers Offer Expert Transition Tips

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By Garrett Bonistalli

A potential ICD-10-CM/PCS implementation deadline delay hasn't slowed down many healthcare facilities' efforts to adopt the new code set.

In a recent survey conducted by Kforce Healthcare Solutions that sampled 300 healthcare professionals on their organization's readiness for the transition from ICD-9 to ICD-10, 70 percent of respondents said the Centers for Medicare and Medicaid Services' (CMS) proposed delay will not affect their decision to continue progress with ICD-10 planning and implementation. CMS has proposed to push back the ICD-10 implementation deadline one year to October 1, 2014.

As the industry continues its march toward ICD-10 implementation, AHIMA-approved ICD-10 trainers and Medical Record Associates (MRA) coding experts Luisa Dileo, RHIA, MS, CCS, director of coding education services, and Cathie Wilde, RHIA, CCS, vice president of coding, offer several tips they feel will ensure one's ICD-10 migration is manageable and maximized.

ICD-10 Implementation Tips:

Review and streamline coding process and function (i.e. abstracting data, software interfaces) in order to promote efficiency and productivity.

- Consider streamlining the abstracting function so that the coder's time is spent processing and abstracting current necessary data rather than data that may be collected elsewhere. (Example: restraints, anesthesia, and consultants).
- Evaluate software to ensure a productive atmosphere – this includes a scanned or electronic record that is thoughtfully indexed and mapped to support not only the clinicians but the coding staff as well.
- Evaluate and deal with inefficient software interfaces between clinical and financial systems that impede front-end or back-end productivity.
- Review and update current coding job descriptions and procedures to streamline and potentially re-engineer flow process for the coding department/group.
- Survey the staff to get a sense of what's currently working well within the area vs. what needs improvement.

Consider tailored training options and solutions for your coding staff rather than generic programs. This helps ensure the staff has the required training and exposure based on work types, service specific case mix volume, and future professional career ladders.

- Start with individual coder assessments.
- Review clinical service specific case mix and volume (diagnostic and procedural/inpatient and outpatient) to provide a focused training transition from ICD-9 to ICD-10.
- Assess the need for current baseline training programs (i.e. A&P) for individual coding staff vs. collective training programs and activities for the entire group.
- Allow the coders time to digest the training offered giving consideration to current work load and additional work activities required to perform current duties in ICD-9.
- Solicit feedback from administration and clinical services with regards to future expansion or consolidation of clinical services (i.e. expansion of surgical day services or outpatient clinics) so that coders are up-to-date and prepared.

Perform needs assessment for forms and electronic template re-design to capture expanded ICD-10 data requirements by clinical services.

- Review expanded key data categories in ICD-10 (Example: injuries, poisonings, adverse effects, under-dosing).

- Work with IS and clinical services to determine whether or not an “electronic” solution to forms and template revision is feasible or if other alternatives need to be explored.
- Assess the need for additional coders/point-of-service coders to assist the clinicians with facilitating a change in documentation practices that ensures data required for coding in ICD-10 is captured.
- Communicate with vendors to ensure necessary revisions are made in advance of the “go live” date.

Get familiar with the grid.

- Become very familiar with ICD-10-CM/PCS’ underlying structure.
- Coders should think of ICD-10 like a big-city road map. Once you learn which streets go north and south, which go east and west, and which are bi-directional avenues, driving becomes much easier. Train coders on the official ICD-10-CM/PCS coding guidelines and the ICD-10-PCS root operation definitions and concepts.

Assess clinical documentation and take hints.

- Assess documentation for most common services provided in your facility or office. The bulk of your problems in ICD-10 will come from your most typical cases. Therefore, begin by assessing documentation for your top revenue-generators and highest-volume procedures.

ICD-10 is a journey best taken slow and steady.

- Maintain steady progress with ongoing training and hands-on practicing of ICD-10-CM/PCS coding and concepts.
- Don’t rush, and do the transition right – your revenue depends on it.

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