

Leading Your Facility Through the ICD-10 Delay Storm

[Save to myBoK](#)

By Kelli Horn, RHIT, CCS

When the Centers for Medicare and Medicaid Services (CMS) announced in the spring of 2014 that ICD-10-CM/PCS would be unexpectedly delayed for at least one year, the health information management (HIM) community was shocked. Hospitals, healthcare facilities, and educational organizations had been budgeting, planning, and carrying out essential job functions in preparation for the October 1, 2014 implementation date. Now that several months have passed, and a new implementation date of October 1, 2015 has been set, these organizations are still faced with many decisions, including:

- Do we continue educating our coders in ICD-10 or do we delay or halt the training?
- Do we continue our dual coding/auditing initiative for reimbursement, productivity, and educational gap analysis?
- Do we continue rewriting physician queries to reflect ICD-10 terminology and concepts or return to ICD-9 language?

Because budget dollars and ICD-10 preparedness and readiness are at stake when the ICD-10 code set is finally implemented on October 1, 2015, organizations must evaluate and decide what is best for them. However, since the industry is expecting the 2015 conversion date to stick, organizations should keep moving forward with coder, clinical documentation improvement (CDI) specialist, and physician education on ICD-10.

As healthcare leaders, HIM professionals are poised to help lead their facility through this ICD-10 delay storm. Below are six ways HIM professionals can be seen as courageous leaders in the frustrating and dramatic conversion to ICD-10.

1. Prepare for ICD-10—and the Unexpected

Healthcare facilities know another storm is coming. The official code set will convert to ICD-10 in October 2015, unless an unexpected delay pushes it back for a third time. While always a possibility, CMS has shown signs that it is throwing all its weight behind keeping the 2015 deadline in place. This can be compared to a city being told that a storm will be coming in one year. It could be a tornado or an earthquake, but nobody knows for sure. Therefore, the city would be wise to prepare for both storms. That's how it is with the current "ICD-10 delay storm." Healthcare facilities may be converting to the ICD-10 code set or remaining with the ICD-9 code set on October 1, 2015. Nobody knows for sure. Therefore, healthcare facilities would be wise to be prepared for both code sets.

2. Become a Cheerleader

Healthcare facilities should stay the course with their current ICD-10 initiatives. Leadership should remain fully focused and encourage others verbally, and by example, to stay the course with ICD-10 implementation. Staff may become frustrated or disgruntled, but HIM professionals have an opportunity to defuse the negativity and move forward. They can do this by validating their staff members' natural fear of the unknown and the stress that accompanies major change, and by promoting a "We've got this" attitude.

3. Keep Moving Forward with Education

Before the delay went into effect, Ardent Health Services, a company based in Nashville, TN, that owns and operates 12 acute care hospitals in Albuquerque, NM (Lovelace Health System), Tulsa, OK (Hillcrest HealthCare System), and Amarillo, TX (BSA Health System), was working with a consulting firm to carry out the physician, coder, and CDI specialist education, while carrying on "business as usual" in an ICD-9 world. Below is a summary of Ardent's implementation efforts before the ICD-10 delay was announced.

Reading Resources on ICD-10

- AHIMA's "[Achieving ICD-10-CM/PCS Compliance in 2015: Staying the Course for Better Healthcare – A Report From the AHIMA 2014 ICD-10/CAC Coding Summit](#)," published in *Perspectives in Health Information Management*, provides further guidance regarding coding accuracy and productivity, clinical documentation improvement, and delay opportunities.
- The *Journal of AHIMA* Practice Brief "[Using CDI Programs to Improve Acute Care Clinical Documentation in Preparation for ICD-10](#)" published in June 2013 can also provide further CDI assistance.

Physician Education

This one-year initiative of educating physicians with high dollar and high volume visits—OB/GYN, cardiac, general surgery, and orthopedics—had just been completed when the delay occurred. Upon completion of their relevant ICD-10 education, CDI specialists had planned to follow up with CDI coaching sessions and share case examples of how the physicians could specifically improve their documentation due to ICD-10 higher specificity requirements.

Clinical Documentation Improvement Education

CDI specialists had been evaluating patient visits from an ICD-10 perspective, asking questions and researching answers related to concurrent coding and query revisions. They were also receiving bi-weekly ICD-10 education.

Coder Education

Inpatient and outpatient coders had completed extensive online anatomy and physiology, pathophysiology, and ICD-10 training, and were moving quickly to actually practicing coding in ICD-10. Some coders were dual coding and receiving educational feedback.

Despite the delay, Ardent is staying committed to their current education initiatives. They are making only frequency and timeline adjustments due to the delay. Selected coders were performing dual coding three to four hours per week before the delay, and now that has been pushed until the fourth quarter of 2014 or first quarter of 2015. In the meantime, all coders have been assigned more online educational lessons to assist in keeping their ICD-10 knowledge at an acceptable level. CDI specialists were receiving weekly ICD-10 education, and that has decreased to monthly education. The ICD-10 Query Committee is still meeting on a weekly basis to revise existing—and create new—queries to reflect ICD-10 terminology and documentation initiatives. Finally, physicians had completed their ICD-10 training, however, refresher training will be re-evaluated in 2015. Ardent is leading by example—other facilities should also continue physician, CDI specialist, and coder training even though a delay of ICD-10 implementation has occurred.

4. Self-Educate to Stay ICD-10 Sharp

Leaders should ensure they are staying up-to-date with ICD-10 codes and concepts. There are many educational resources available, including online AHIMA courses for HIM coding professionals, physicians and clinicians, and non-coding healthcare professionals. Another resource includes self-education using the published ICD-10-CM and ICD-10-PCS code books. In addition, leaders should stay current with the quarterly *Coding Clinics* published by the American Hospital Association.

5. Volunteer to Educate Others on ICD-10

Because the ICD-10 transition affects all healthcare workers directly or indirectly, a vast amount of education is needed from all professions. Clinicians, ancillary staff, physicians, coders, and CDI specialists will all need to be trained in ICD-10 to some degree. If possible, volunteer to educate these individuals. If public speaking is not something of interest, there are other behind-the-scenes tasks that need to be completed during this time. One could create an educational slide deck for the presenter, make copies of slide decks for session participants, schedule educational sessions and contact potential participants, conduct follow-up calls to remind employees of upcoming sessions, and coordinate follow-up action items from sessions.

6. Stay Involved and Help Adjust Timelines

Discussions involving implementation timeline adjustments should continue due to the delay. Attending local, regional, state, and national coding seminars and conferences is imperative to continue being exposed to ICD-10 coding, terminology, and concepts. Staying informed and up-to-date with the following resources is a vital part of this delay, such as ahima.org, *Journal of AHIMA*, *AHIMA Advantage*, *CodeWrite*, *ICD-TEN*, and other related resources.

Keep Moving Forward

Healthcare leaders should keep moving forward in their ICD-10 initiatives, including physician, coder, and CDI specialist education, if they want to be prepared for the brewing ICD-10 implementation storm. Staying committed to current facility ICD-10 initiatives should remain a high priority, with variance related to frequency and timeline adjustments.

Now is the time for leaders to “step up to the plate” and assist with ICD-10 initiatives through the delay storm. They should throw out the “It’s not my job” mentality and help during these uncertain times. As a result, healthcare facilities will be ready to embrace the ICD-10 code set in the near future.

Kelli Horn (Kelli.Horn@hillcrest.com) is an AHIMA-approved ICD-10-CM/PCS trainer and the coding education manager at Ardent Health Services. She is also an adjunct coding instructor at Tulsa Community College.

Article citation:

Horn, Kelli. "Leading Your Facility Through the ICD-10 Delay Storm" *Journal of AHIMA* 85, no.10 (October 2014): 50-52.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.