

# Maintaining Productivity During the Transition to ICD-10

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By Melanie Endicott

Coding productivity is predicted to take a dip during the transition to ICD-10. That dip can be a minor speed bump or a gigantic crater, depending on many factors—which can be mitigated in these last few months leading up to implementation.

## Training

The most effective way to keep productivity levels high during the transition is to ensure that the coders are well trained in ICD-10-CM/PCS. This is not just a one-day or one-week intensive educational session. Effective training involves continuous, ongoing practice in applying ICD-10-CM/PCS codes to actual patient health records. Many organizations have been doing dual-coding or double coding for the past 6-12 months, which is an excellent method to really learn the nuances between ICD-9-CM and ICD-10-CM/PCS. It may not be practical to dual-code EVERY chart, but even just a couple charts per day is better than doing nothing at all.

## Hire More Coders

In anticipation of the productivity dip, organizations should be looking to hire more coders. Contract coding companies are one place to look, but many of these companies are already booked up through the transition and finding skilled ICD-10-CM/PCS coders this late in the game may be a challenge. Look no further than your local community college for highly trained coding professionals. There are over 200 associate's degree programs in the US accredited by the Commission on Accreditation for Health Informatics and Information Management Education. Graduates from CAHIIM-accredited colleges and universities must meet rigorous standards and achieve a very high level of coding proficiency. Those students that graduated in the spring/summer of 2015 will be perfectly poised to meet the industry's demands of skilled ICD-10-CM/PCS coders. They also won't have the added baggage of years of ICD-9-CM knowledge weighing them down. To view a listing of the CAHIIM-accredited programs in your area, go to <http://www.cahiim.org/accredpgms.asp>.

## Use Technology

Another tool that is proven to assist in increasing productivity is computer-assisted coding (CAC). CAC can assist in assigning the codes from the documentation up front, and then the coders are able to verify the validity of the codes in an auditor-type role. After some time and practice with CAC systems, coders are typically able to increase their productivity significantly. However, implementing CAC and ICD-10-CM/PCS simultaneously is probably not the best tactic. Coders will need time to assimilate to the CAC system and become comfortable with the way it works. Organizations should consider implementing CAC well in advance of, or even after, ICD-10 implementation to ensure that coders are not over-burdened with too many changes.

## What to Expect

Outpatient coders should expect to see a very small loss of productivity since ICD-9-CM and ICD-10-CM codes have very similar guidelines, structure, and use.

Inpatient coders will likely see a larger productivity dip due to ICD-10-PCS being a very different system in both structure and application than the current ICD-9-CM procedure codes. It is imperative that inpatient coders be trained in-depth on ICD-10-PCS and need several months of practice assigning these procedure codes prior to implementation.

Following the above principles will help to mitigate productivity losses and a smooth transition to ICD-10-CM/PCS. Keep calm and code on!

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