

# Practice Makes Perfect When It Comes to ICD-10

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By Minnette Terlep

Though the implementation deadline delay for ICD-10 came as a disappointment to health information professionals, it may actually be a blessing in disguise. This extra year provides HIM and other industry professionals with a window of opportunity to perfect one's ICD-10 skills.

According to AHIMA's 2011 ICD-10-CM/PCS Transition: Planning and Preparation Checklist, "Hospital inpatient coding staff will require an estimated 50 hours of ICD-10 education because they will need to learn both ICD-10-CM and ICD-10-PCS." CMS cited these same numbers in the proposed "HIPAA Administrative Simplification: Modifications to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS" published January 16, 2009 in the *Federal Register*.

## Training is Not Enough

Many vendors are using this 50-hour inpatient training benchmark as the foundation for their ICD-10 training programs. However, training is not enough. Training teaches key concepts in ICD-10-CM and ICD-10-PCS. It does not teach a coder the application of these concepts to the ongoing coding of actual or simulated cases. That comes with practice.

In order to become expert coders, HIM professionals will need to practice coding records as a part of weekly coding activities until ICD-10 is implemented. This practice should be planned and scheduled to ensure all coders have the opportunity to perfect their skills over the next 24 months.

Coding managers have three options to provide this ongoing practice:

- Option 1: Create a library of the facility's records
- Option 2: Require the coders to perform parallel coding
- Option 3: Use a vendor's practice tools

## Vetting the Practice Options

Option 3 is the most cost-effective choice because it capitalizes on practice materials created and vetted by a vendor already proficient in ICD-10. When contracting with a vendor, the coding manager needs to ensure there is a significant number of inpatient and outpatient practice records encompassing the entire classification.

The simulated records should be available through a web-based library or online practice module available to staff when they need them. The coding manager should verify the vendor's solution provides access to each coder's cases so the manager can identify areas of continuing weakness for each coder.

One of the benefits of selecting option 3 is easy access to a library of simulated records or online practice modules and immediate feedback to coders as they are practicing. Another benefit is the coder will be more productive because the simulated records are structured to provide only documentation pertinent to coding the cases. The negative aspect is the vendor library cases are not formatted the same as the facility's records.

Option 1 can be achieved by a coding manager skilled in ICD-10 selecting ICD-9 coded cases, and then re-coding them in ICD-10 and creating a library of records with an answer key. For inpatient cases this may require 30 to 45 minutes per record.

Outpatient records may require 20 to 30 minutes per record. It is recommended that codes from all chapters of ICD-10-CM and the 31 root operations of ICD-10-PCS are included in the library. Case selections should include inpatient and outpatient cases. The coding staff can then code these cases in ICD-10 and compare their code assignments to the answer key.

With option 2, the coders can assign codes in ICD-10 at the same time as they are coding the record in ICD-9 for billing purposes. It is beneficial to have available a list of diagnoses and procedures including all chapters of ICD-10-CM and all root operations in ICD-10-PCS. A coding manager will need to check the ICD-10 code assignments and provide feedback regarding incorrect ICD-10 code assignments.

The main benefit of selecting either option 1 or 2 is that the coder will be working with their own facility's documentation. A negative aspect of option 1 is the considerable investment of time by the coding manager to select the records, code them in ICD-10, and create an answer key.

A negative aspect of option 2 is, again, the time commitment by the coding manager to check all records coded in ICD-10 and provide feedback to the coders. These two options require the coding manager have expertise in ICD-10; otherwise, the coders could receive incorrect feedback on the coding of certain diagnoses or procedures.

The coding manager should do a cost/benefit analysis of each of the three options in order to determine the most cost-effective option—the one producing the greatest results.

## Practice Now, Save Productivity Later

Another aspect to consider when deciding to provide the coding staff the opportunity for ongoing practice is productivity. Estimates of 20 to 50 percent reduction in coder productivity are documented in numerous articles regarding ICD-10 implementation. If the coding manager provides time for ongoing practice prior to the ICD-10 implementation, the impact on unbilled days in A/R due to loss of productivity will be greatly reduced.

Any one of these three options will provide the coding manager with the tools to support the coding staff in their ongoing development of ICD-10 coding skills. Once the choice is made, the manager needs to commit time on a weekly basis to practice, practice, practice.

Without this commitment to a schedule, the coders will not be ready to code in ICD-10 when it is implemented.

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**Original source:**

Terlep, Minnette. "Practice Makes Perfect When It Comes to ICD-10" ([Journal of AHIMA website](#)), October 01, 2012.

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