Remediating ICD-10 Knowledge Loss: After Delays Push Back Implementation, How Unprepared Will Your Coders Be to Use the New Code Set?

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By Michelle A. Black, RHIA

If you don't use it, you lose it. This is true for much of what we learn in life, and it's particularly true when it comes to ICD-10-CM/PCS. Although most organizations initiated ICD-10 coder training in 2013, many decided to cease training and dual coding practice after the second ICD-10 implementation delay was announced last year.

Now with the ICD-10 implementation deadline quickly coming up, HIM directors and ICD-10 trainers must measure coder knowledge loss, identify specific areas of concern, and implement effective strategies to get coder know-how back in shape by the October 1, 2015 compliance date. This article explains how to restrengthen those coding muscles and go from flab to fab.

Impact of the Delay on Training

Whether the decision was based on budgetary constraints or the drive to meet daily discharged not final billed (DNFB) goals, the impact of ceasing training and dual coding efforts during the ICD-10 delay is the same. Coders lost the ICD-10 knowledge they had amassed. Just how much knowledge might have been lost, what is the impact, and what can be done about it now as the deadline approaches are the three important questions HIM professionals must ask.

The first step is to acknowledge two primary knowledge loss concerns: coding accuracy and coder productivity. When coders aren't given sufficient practice time, accuracy suffers. For example, a deluge of claims rejections and denials are expected during the fourth quarter of 2015 if codes are inaccurate or improperly assigned. An organization's ability to quickly review rejections, resubmit claims, and remediate underlying code accuracy issues will be paramount to ensuring steady cash flow and accounts receivables. Productivity also will be impacted as coders can no longer rely on memorized codes or cheat sheets. Knowledge loss, accuracy, and productivity are intertwined.

October 1, 2015 is not the point at which managers should discover that coders have knowledge deficiencies. Now is the time to identify these gaps.

Cost Justify Your Efforts

There are many areas of knowledge loss expected in ICD-10 that must be remediated through additional education and dual coding practice. Combination codes provide an important example.

While coders may understand the concept of a combination code, they may not be able to identify all instances in which a combination code is required.

Consider this example: A physician documents diabetes with diabetic neuropathy. A coder assigns ICD-10 code E11.9 (type 2 diabetes without complications) and ICD-10 G62.9 (polyneuropathy, unspecified) instead of ICD-10 combination code E11.40 (type 2 diabetes with diabetic neuropathy, unspecified). Reporting the diabetes and neuropathy separately significantly reduces the reimbursement that the organization will receive and to which it is entitled.

These types of specific examples must be used by ICD-10 trainers and HIM directors to justify the costs of training, education, and coder assessment.

Assess Knowledge Gaps

Knowledge loss will vary from institution to institution and from coder to coder. Some organizations may have required coders to practice ICD-10 regularly despite the delays, while others may have halted all efforts awaiting a final decision on the new implementation deadline. Some coders may have taken the initiative to practice on their own. Newer graduates may have retained more information than those who have worked with ICD-9-CM throughout careers that span multiple decades.

HIM directors, ICD-10 trainers, and coding managers should assess each coder individually to fully understand and address any gaps. According to data compiled by coding vendor H.I.M. On Call, knowledge loss regarding PCS coding may be most significant.

At H.I.M. On Call, 150 coders were trained and tested on ICD-10 during late 2013 and early 2014. Post delay, these coders were shifted back to ICD-9 production coding. In early 2015, their ICD-10 knowledge was reassessed using actual cases and a live testing environment. The data from the vendor's online coder assessments revealed the greatest knowledge loss was related to PCS coding. In particular, significant drops in ICD-10 knowledge and expertise were revealed in the following five procedure areas:

- Upper veins
- Lower veins
- Lymphatic and hemic systems
- Cardiovascular system
- Urinary system

These results are probably not uncommon industry-wide. There are fundamental differences between the PCS coding structure in ICD-9 versus ICD-10 tables and root operations. Additional areas of PCS knowledge deficiency based on data analysis include:

- Debridement
- Bypasses
- Laparoscopic procedures
- Spinal and ankle fusions
- Epidural injections
- Certain root procedures—especially dilation, excision, resection, and extirpation

One coder shared anecdotally that she's also concerned about PCS primarily because of a lack of "timely and complete physician documentation that will be necessary to build a code." The lack of timely access to operative reports will compound the difficulty of coding nuances within ICD-10-PCS. Timeliness of surgical documentation must be addressed in conjunction with coder retraining.

In assessing the same group of coders, accuracy rates for ICD-10-CM remained fairly consistent with pre-delay findings except for the following six diagnosis areas:

- Labor and OB/GYN codes (including pre-term births and complications)
- Falls
- Contusions and sprains
- Concussions
- Underdosing (a new concept in ICD-10-CM)
- HIV/AIDS

Although coders may have forgotten some of what they learned, there is time to repair this knowledge loss between now and October 1, 2015.

Five Readiness Questions to Ask Vendors

Although many CODING vendors have stated that they will be ready for the ICD-10 transition, keep in mind that just like hospitals they've had to pull coders away from ICD-10 to accommodate current-day ICD-9 coding. Don't assume that your vendor has provided sufficient practice time for their coders during the delay. Organizations need the reassurance of knowing that when the time comes for ICD-10 go-live, their contract coders will be ready.

Here are five important questions to ask your outsourced coding partners:

- Have your coders continued to practice with ICD-10 by dual coding actual cases?
- Do you have a central learning program that includes ICD-10 modules and, if so, have coders maintained their knowledge?
- How many hours of practice time do these coders have each week?
- What other types of training materials have you provided your coders for ICD-10?
- How do you assess your coders in ICD-10 and what accuracy levels have they achieved?

Take These Steps Now to Reduce Coder Brain Drain

Especially for ICD-10-PCS, HIM directors and managers should repeat a full round of basic PCS refresher training. This should include basic training regarding the fundamental differences between PCS and ICD-9 code structure, and training on how to navigate the PCS tables and root operations.

Once this training is complete, the following six strategies should be implemented as soon as possible to help coders remediate knowledge lost during the delay and successfully cross the ICD-10 learning chasm.

1. Identify a dedicated ICD-10 resource who can train and audit.

This individual is critical to the overall success of an organization's retraining efforts. If the organization doesn't intend to hire a new employee to serve in this role, consider appointing an existing coder or auditor who has demonstrated a strong proficiency and interest in ICD-10. This individual can then perform the following tasks:

- Select a comprehensive sample of records for dual coding purposes based on high volume and common services.
- Review records that have been dual coded to ensure accuracy.
- Provide immediate feedback to coders based on dual coding results.
- Track and trend accuracy rates for each individual coder.
- Redirect refresher training efforts based on knowledge deficits, including one-on-one training, if necessary.
- Lead group discussions/meetings during which coders can discuss one or more scenarios in ICD-10.
- Compile ICD-10-related questions as they arise.
- Develop internal ICD-10 coding guidelines to ensure consistency.
- Monitor compliance after ICD-10 go-live to perform additional training as necessary.

Appointing someone in charge of ICD-10 retraining ensures that organizations make the most of the time that remains before the deadline, spend resources wisely, and direct efforts toward areas of ICD-10 with which coders need the most assistance.

2. Build in time for dual coding and practice.

Each coder should be able to practice ICD-10 for at least a few hours each week. This time may be spread over several days, or it could occur on one day of the week. Directors and managers should be flexible with the practice schedule. The number of hours each week could fluctuate depending on how coders progress. Likewise, if the organization's census fluctuates in terms of volume or severity, seize these opportunities for training and practice purposes.

HIM directors and managers shouldn't underestimate the time it will take for coders to relearn some of this information. Erring on the side of caution is advised. Also keep in mind that coders may be tempted to practice what they know, but it's important to break out of one's comfort zone, particularly with more complex procedures.

3. Set your budget and advocate for more funding.

Coders will be successful when they have the full support of executive leadership. Training and dual coding practice take coders away from the current DNFB. CFOs need to understand the importance of refresher training and practice time.

Reiterate that outsource coding may be necessary to ensure internal coders have sufficient time to learn and relearn this new system. Even after go-live, training is inevitable—it's a continual learning process. ICD-10 training time and back-up coding resources should be included in every organization's long-term operational budget.

4. Encourage coders to take advantage of PCS tools.

When it comes to PCS, memorization is key. The more root operations coders can memorize, the better off they'll be. There are plenty of flashcards and even mobile apps that can help coders accomplish this. Coders can use these tools when it's convenient for them without having to block off significant periods of time during their personal lives.

5. Survey your staff.

Directors and managers should meet with each coder individually to better understand areas for improvement. Ask staff members:

- With what aspects of ICD-10 do you feel most comfortable?
- What areas need improvement? For example, do you struggle with certain diagnoses, body systems, or procedures?
- When dual coding, do you spend more time on certain cases than others? Why?
- Is there any information (i.e., guidelines, root operations, anatomy) that you know you've forgotten?
- Do you spend time outside of work practicing ICD-10? Why or why not?
- Do you feel that the organization has provided the training that you need? If not, what suggestions can you make?
- What else can the organization do to make this transition easier for you?

Coders will appreciate the fact that managers take time out of their busy days to truly understand how coders feel about the transition. Nobody wants to admit they have forgotten information, but it's best to be open and honest so knowledge gaps can be addressed.

6. Perform ongoing assessments.

Don't assume that coders are competent in ICD-10 simply because they've completed certain training modules or read certain materials. ICD-10 includes many nuances. Trainers and coding managers must be certain that coders grasp its concepts. Ongoing assessments fill this need.

Coders should receive immediate feedback regarding the accuracy of their work. In a practice environment, immediate feedback ensures coders have time to practice correct methods. In a real environment, immediate feedback ensures that mistakes don't snowball into hundreds of thousands of dollars worth—or more—of denials.

The greatest challenge for any teacher is finding the time to grade papers. The same will be true of ICD-10 trainers and mentors. Coder assessments must be conducted either manually or using an automated tool. A strong answer key is essential and should be used to review codes during training, practice, and dual coding. Automation greatly enhances the assessment process and reduces the amount of time trainers and managers must dedicate to this critical step.

Following initial implementation and go-live, continually assess accuracy and productivity. Develop ongoing training and assessment efforts accordingly. For example, perform spot checks on certain procedures or service lines. Reiterate to coders that these audits are not punitive, but rather are designed to improve the department as a whole.

7. Target education going forward.

Competencies may vary widely in a single department. Don't waste valuable group time on training certain aspects of ICD-10 needed only by one or two individuals. Use information gleaned during coder assessments and ongoing audits to drive educational efforts. Focus efforts and resources by providing targeted education where it is needed and has the most impact. For example, individual coders may require remedial education on a particular root operation. Include only those who need that education. Don't assume it will be beneficial for everyone. Coders don't necessarily need to relearn what they already know well.

Address Knowledge Loss, Don't Ignore It

Everyone acknowledges that some ICD-10 knowledge was lost due to the delay. Knowledge loss is just one of many costs associated with multiple delays of ICD-10. Rather than bury their heads in the sand, organizations must address the knowledge loss issue and pursue remedial actions now—during the last four months of ICD-10 preparation.

Finally, don't make coders feel discouraged about knowledge loss—empower them to improve on deficiencies and become a more effective professional.

Cassie Milligan, RHIT, CCS, manager of coding quality improvement at H.I.M. On Call, offered sage advice to others working through the transition. "If you are a hospital-based coder, I suggest you take advantage of any training the hospital has to offer. If you are an independent contract coder, I suggest you invest in seminars or boot camps to refresh your knowledge on ICD-10," Milligan says. "If this is your career, then the money will be well spent. Also read any trade magazines you can find on ICD-10 coding scenarios, and visit the AHIMA website. There is a lot of free information out there if you just take the time to seek it out."

Michelle A. Black (michelle.black@himoncall.com) is director of coding quality and education at H.I.M. ON CALL.

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