

What Non-Coders Need to Know About ICD-10

Save to myBoK

By Martina Sheehan

While many healthcare coders are already training arduously to master the new ICD-10-CM/PCS code set, some experts predict other sectors of healthcare may find themselves unprepared and in a pinch when the new system replaces ICD-9-CM on October 1 of next year. Who in the industry, besides coders, should prepare for the advent of the new system?

According to Karen Scott, MEd, RHIA, CCS-P, CPC, president of Karen Scott Seminars and Consulting and author of AHIMA Press book *Medical Coding for Non-Coders*, the answer is simple: just about everyone. “The new system impacts everybody in healthcare, pretty much,” she said. “It’s not just a coding issue; anybody who deals with any kind of billing, coding finance, contracts, or research will be affected.”

While AHIMA is set to roll out new training programs for non-coders in the third and fourth quarters, managers can start preparing now by educating themselves on how exactly the changes will impact their departments. According to Scott, identifying who among non-coders will be affected is a great first step, as the answers may be surprising. She cites those working with contracts as one example. “We’ve seen contracts with insurance companies that have code in them, and if the people reviewing those contracts don’t talk to the HIM staff, there’s a chance they won’t realize how those codes can impact them,” Scott said. “For example, insurance companies in an ER room might only pay for particular services if they have these particular diagnoses, and if you’re not aware that that’s in the contract, that’s a big deal.”

Meanwhile, registration and pre-authorization staff serve as another example of non-coders who will be affected by the changes. “They’ll have to familiarize themselves with ICD-10 to effectively work with insurance companies as their policies on payment include codes,” Scott points out. “For Medicare, those policies are LCDs or NCDs [local/national coverage determinations] that will list the diagnoses payable for certain procedures.” Again, because the insurance companies will pay only for specific diagnoses, improper coding can lead to billing headaches down the road.

Scott predicts inpatient coders might experience the most frustration with the transition, due to ICD-10 codes being much more detailed than ICD-9. “If they find that physicians’ documentation doesn’t support the level of specificity needed, they’re going to have a lot of questions they didn’t have in the past.” The back-and-forth with doctors, in turn, could slow down the billing process.

Overall, Scott sees busy schedules as the biggest challenge in getting non-coders to bone up on the changes before the deadline. “There is a lot going on in healthcare right now,” she said. “You’ve got the implementation of electronic health records (EHR)—that’ll be new to them—and you’ve got other government initiatives like meaningful use and HIPPA. It’s not like [staffers] can just put everything else on hold.”

So what is the best strategy for bringing non-coders up to speed? A good starting point is Scott’s book, *Medical Coding for Non-Coders*, which was just updated to incorporate the ICD-10 changes.

“The book gives non-coders a broad look at ICD-10; it should help with the basic stuff,” she said. Another great introductory resource is [AHIMA’s ICD-10 resource page](http://www.ahima.org/ContinuingEd/Campus/courseinfo/ICD10.aspx). Additional training resources such as webinars are available at <http://www.ahima.org/ContinuingEd/Campus/courseinfo/ICD10.aspx>.

As HIM professionals work to bring their staffs up to speed, Scott recommends that managers introduce relevant ICD-10 changes over time in easily digestible chunks. “For non-coders, it’s more effective to introduce new material in general sessions, such as already scheduled meetings—not long, drawn out training sessions,” she said. “If talk of ICD-10 changes is mentioned regularly, this will also drive home that this isn’t going to go away, that it’s not just a HIM issue.” Scott also recommends that HIM leaders do an ongoing gap analysis to see what other steps might be necessary to prepare for ICD-10. Her final advice for managers: “Don’t wait. Do assessments, work with pre-training, make sure that everybody’s getting

ready,” she says. Budgets are another factor. “Many organizations are already setting their budgets for next year, and if you’re not thinking about it, you might not get what you need in terms of training and other resources.”

AHIMA also offers a number of resources for managers and non-coder staff who will be impacted by the transition. AHIMA’s ICD-10 Clinical Documentation Principles and Practice training programs—which are written by physicians, CDI specialists, and coding experts—provide healthcare professionals with interactive, online training in two modules: ICD-10 Clinical Documentation Principles (available in Q4) and ICD-10 Clinical Documentation Practice (available in Q3). While the complimentary programs both offer targeted training for physician practices in clinical documentation, the Principles module focuses on a one-hour clinical staff overview, along with 20 specialty practice modules on key diagnoses and procedures within each specialty. Meanwhile, the Practice module features 200 bite-sized, on-demand, specialty-specific practice lessons designed for rapid reinforcement and ongoing support of ICD-10 learning. Both are available online and are equipped for mobile devices.

Kathy DeVault, RHIA, CCS, CCS-P, a director of HIM practice excellence at AHIMA, notes that the programs’ content is designed to be relevant, targeted, and user-friendly, developed specifically with providers in mind. “We don’t expect [physicians] to become coders; they need to be good documenters, because good documentation doesn’t just impact coders and the hospital—in the end it’s good for patient care and that’s what matters.”

Original source:

. "What Non-Coders Need to Know About ICD-10" ([Journal of AHIMA website](#)), July 01, 2013.

Driving the Power of Knowledge

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