

## Dermatology Coding Alert

### ICD-10: Final Countdown: Take 6 Steps to Prepare for October ICD-10 Transition

**Tip: Try 'dual coding' to exercise your ICD-10 abilities.**

With no further delays in sight and successful end-to-end testing by the **Centers for Medicare & Medicaid Services (CMS)**, the Oct. 1, 2015 transition to ICD-10-CM looks set in stone. Here's what you should be doing between now and October to ensure that your organization is ready for the big switch.

#### 1. Make Training & Education Top Priority

When preparing for the imminent transition from ICD-9 to ICD-10, "education is the biggest thing," stresses **Angie Comfort, RHIA, CDIP, CCS**, senior director of HIM Practice Excellence, Coding Services, for the **American Health Information Management Association (AHIMA)**. Training and education are especially important because there is so much more specificity in the ICD-10 coding than in ICD-9.

Make sure your staff are trained ☐ anyone who touches patient records or submits billing must be trained for ICD-10, Comfort says.

"The amount of training would be based on the role the staff has as it relates to working with diagnoses coding," notes **Michelle Cavanaugh, RN, CPC, CANPC, CGIC, CPB, CMRS**, an AHIMA-approved ICD-10 trainer and RCM manager at Kareo. Besides the physicians themselves, your coders/billers need the most comprehensive and complete training.

Other staff members in the office may not need as in-depth training, Cavanaugh says. Ultimately, the responsibility for coding accurately for the patient's condition rests on the physician. "Taking the time to learn the new coding system as it relates to their specialty will benefit them in the long run," she adds.

#### 2. Prepare for Documentation Improvements

ICD-10-CM has not only brought along with it a slew of new and additional codes, but also some more demanding documentation requirements.

Because ICD-10 codes are so much more specific than the ICD-9 codes, providers and their staff should understand the more specific requirements for ICD-10-CM codes as well, Comfort says. Ensure that all relevant staff members ☐ including other clinicians like physician assistants and therapists ☐ receive training on the increased specificity in documentation for ICD-10.

**Tip:** Also, consider what preprinted paperwork you may need to revise now to include ICD-10 codes, Cavanaugh points out.

#### 3. Perform Readiness Testing to Seal the Deal

Before October, you should perform "readiness testing" with all your payers and electronic health record (EHR) vendors to make sure your claims with the ICD-10 codes are going through the systems properly, Comfort advises. You should especially ensure that you're doing readiness testing with your smaller vendors to make sure all are ready to process ICD-10 coding, including for quality reporting as well.

"CMS has now done its third round of testing with providers, and they've done a pretty good job ☐ 90 percent or more pass rate," Comfort notes.

**Consider:** You may need to change vendors or consider outsourcing if the EHR software and/or the clearinghouse you use will not be ready for ICD-10 by Oct. 1, Cavanaugh says.

#### **4. Practice Dual Coding to Perfect Your ICD-10 Skills**

Try performing "dual coding," coding claims using both ICD-9 and ICD-10 codes, for extra coding practice between now and October, Comfort suggests. If you're able to and have the time, you might consider practicing dual coding a couple hours once per week.

You should also keep track of the time it takes to code records using ICD-10, to determine if there's a decline in coding productivity, Comfort adds.

#### **5. Keep a Close Watch on Your Claims**

After the ICD-10 implementation, you should monitor all your claims to make sure your payers are reimbursing them correctly, Comfort advises. With this major transition, you "must be more diligent about monitoring claims." Be prepared to stay on top of claims and spearhead any appeals.

**Strategy:** Plan a budget focused on the fourth quarter "to allow for a dip in productivity and the unknown about how smoothly the claims are going to be adjudicated after Oct. 1," Cavanaugh says.

#### **6. Study Your Most-Used Codes**

Another important step to take before October is to take a close look at the code sets your practice or facility uses most. This can vary widely, and CMS has actually provided a nice explanation of most-used codes by specialty on its "Road to 10" website: [www.roadto10.org](http://www.roadto10.org).

Identify your top 25 to 50 ICD-9 codes and crosswalk them to their ICD-10-CM counterparts, Cavanaugh suggests. "Review the ICD-10-CM codes identified by the crosswalk, paying close attention to the required bullets that [you'll] need to include in the documentation in the patient's chart such as laterality, location, acuity, etc."

For each code set, CMS provides details on the three main categories of ICD-10 changes: 1) definition changes, 2) terminology differences, and 3) increased specificity.

**Remember:** CMS attributes more than one-third of the expansion of ICD-10 codes to the addition of laterality: left, right, and bilateral. This is important to keep in mind, because physicians and clinicians already usually note the anatomical side when evaluating the clinically pertinent site.

**Bottom line:** The transition from ICD-9 to ICD-10 is sure to provide you with some last-minute preparations between now and October, but you don't necessarily need to panic. If you make documentation and education your top priorities in the coming months, you can ensure that your organization is ready come October.

**Learn more:** For more information on the ICD-10 conversion, as well as specific ICD-9 to ICD-10 code bridges, visit <https://www.aapc.com/codes/>.