

Dermatology Coding Alert

ICD-10 Prep: Let 4 FAQs Help Guide Your ICD-10 Focus

Don't limit your training to code selection alone.

The ICD-10 implementation deadline □ October 1, 2014 □ is really right around the corner, and if your practice isn't already preparing, now is the time to start. But where should you start?

Take a look at these four questions to learn some of the basics of ICD-10 and ensure your practice is set up for success.

Before you begin: Make sure you're learning the right code set. You'll see references to both ICD-10-CM and ICD-10-PCS. For diagnosis coding, you'll use ICD-10-CM. "ICD-10-PCS is a completely different coding system and designed for hospital inpatient procedures," points out **Kathy DeVault, RHIA, CCS, CCS-P**, director of HIM Solutions for AHIMA.

For the purposes of this article, we will be focusing on ICD-10-CM.

1. Can We Wait Until 2014 to Start Training?

Whatever you do, don't save your ICD-10 training until the last minute. If you're unsure of where to start, get an ICD-10 book and begin browsing the codes to get a feel for them and their format, DeVault suggests. You may be surprised at the similarities to ICD-9. "People often say the new code system wasn't as scary as they expected," she says.

Good idea: Take the ICD-10 coding guidelines and assign a chapter to each person on your team, DeVault suggests. Have them discuss and compare the differences from ICD-9. "Then you can start to narrow down what's significant particular to your specialty," she says.

Send at least one person from your office now for ICD-10 training and have him or her report back the impact of the transition, recommends **Joanne Byron, LPN, BSNH, CPC, PCS, CHA, ICDCT-CM, ICDCT-PCS**, a Certified ICD-10 Training Instructor with the American Institute of Healthcare Compliance (AIHC), based in Medina, Ohio. If you're one of the practices or facilities around the country that does not use electronic health records, it's even more important to get a head start on training, she notes.

"The approach to training coders on ICD-10 will be very different than the approach to training with physicians and other providers," says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, AHIMA-approved ICD-10 CM/PCS trainer and president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla. "The coding and billing staff can start the process by learning ICD-10 and begin the crosswalk of their most used ICD-9 codes converted to ICD-10 codes. By doing this, they will also be able to realize the information that must be documented by the physician or other providers in order to determine the most appropriate codes. This will really help physicians and other providers understand the need for more detailed documentation and what the details need to be."

2. Is Coding the Only Area We Need to Focus on For the ICD-10 Transition?

The coming transition to the ICD-10 code set isn't just about coding. The changes will impact every kind of provider and

all payer sources, as well as every aspect of your practice.

The first step you should take toward being prepared for the Oct. 1, 2014 transition deadline is to take a closer look at your current processes. Use the time between now and Jan. 1, 2014, to conduct a thorough assessment, says **Andrea Manning, BS, RN, HCS-D, COS-C**, of Manning Healthcare Group in Talkeetna, Alaska. Identify any operational challenges so you can develop and implement solutions before the deadline, she suggests.

Your practice can benefit from tips offered during a CMS National Provider Call, "Preparing Physicians for ICD-10 Implementation" that took place earlier this year.

"Education and patience are key," said **Ginger Boyle** during the call. Boyle is a practicing family physician who has developed a coding education program for her hospital and its family practice residency program. Her presentation broke down the ICD-10 transition into the following six phases:

1. Planning.
2. Communication and awareness.
3. Assessment.
4. Operational implementation.
5. Testing.
6. Transition.

In other words: To begin, you should establish the project structure, responsible parties, and highlight clinician and coding champions who can be assets. You should also create your budget. Be sure to include software upgrades, training needs, and productivity loss/gain.

Then, talk to all those involved, which may include office administrators, vendors, providers, clearinghouses, payers, and other associates. You need to monitor the impact on the following aspects: personnel, claims, reimbursement, denials, and rejections.

3. What Are the Main ICD-9 vs. ICD-10 Differences?

Understanding the following six main differences should make it easier when your practice makes the transition from ICD-9 to ICD-10 on Oct. 1, 2014:

1. ICD-10 codes are alpha numeric and up to seven characters in length; ICD-9 codes are only three to five characters.
2. ICD-10 has 21 chapters; ICD-9 has 17.
3. ICD-9's V and E codes are incorporated into the main classification in the ICD-10 code:
 - a. Placeholders (X) are required to hold places followed by additional characters.
 - b. Seventh characters are required for obstetrics, injuries, and external causes of injuries.
 - c. Post-operative complications will now be located specific to the procedure-specific body system.
4. ICD-10 will classify injuries first by specific site and then by type of injury. ICD-9 classified injuries by type.
5. ICD-10 includes full code titles for all codes, so it is not necessary to reference back to common fourth and fifth digit categories.
6. ICD-10 has combination codes for conditions and common symptoms or manifestations, for example E10.21 (Type 1 diabetes mellitus with diabetic nephropathy) and N30.01 (Acute cystitis with hematuria).

4. Does 'x' Mean the Same in ICD-10 as it Did in ICD-9?

No, the 'x' you'll see in ICD-10 codes does not mean the same as it did in ICD-9 codes.

"We use an 'x' in ICD-9 to show that more digits are required, however an 'x' is a placeholder in ICD-10, so the dash has taken its place," says **Lisa Selman-Holman**, consultant and principal of Selman-Holman & Associates and CoDR □ Coding Done Right in Denton, Texas.

Seventh character: ICD-10 codes may have a seventh character that is a letter or number and provides more information about the condition being coded. For instance, check out T81.4xxD (Infection following a procedure; subsequent encounter).

Dummy placeholder: You don't have a placeholder in ICD-9, but in ICD-10, it's always the letter "x." ICD-10 uses this dummy placeholder to:

- provide future expansion while keeping the six character structure (such as T65.0x2S), and
- meet the requirement of coding the highest level of specificity when a code has less than six characters and the code requires a seventh character (such as S17.0xxA).

Dash: When you see a dash at the end of a code, you should know that the code is incomplete. For instance, you might see M84.47- in the Tabular List, meaning you need to review the options to decide how to complete this code.