

Eli's Rehab Report

Coding Corner: Get a Sneak Peek Into the ICD-10 Format

... and know what to expect for staff training.

You read about the controversial ICD-10 implementation planned for 2011 in the last issue of Eli's Rehab Report. And rehab advocates are worried just as much as physician advocates. The American Physical Therapy Association (APTA) has asked the Centers for Medicare & Medicaid Services (CMS) to delay implementation of ICD-10 until at least 2013, according to the Oct. 24 edition of PT Bulletin Online, APTA's weekly newswire.

While there's still more groundwork to lay, it's not too early to start implementation planning and preparation -- and to take advantage of the lead time, says **Sue Bowman, RHIA, CCS**, director of coding policy and compliance with American Health Information Management Association.

Know Key Differences Between ICD-9 and ICD-10

- More specificity. Level of detail and specifics are greatly expanded in ICD-10-CM. But don't let that scare you. While ICD-10 can provide greater specificity, it won't require more detailed documentation. Other initiatives such as pay-for-performance and quality measures will require more detailed documentation, Bowman says. ICD-10 will simply provide the means for reporting it.
- Newer terminology. ICD-10-CM updates medical terminology and classification of disease to be consistent with medical practice.
- More details. With ICD-10, you can provide more detail with a single code than you can in ICD-9. Added detail makes ICD-10-CM more applicable to non-hospital healthcare encounters -- a plus for coders in other specialty areas such as rehab.

ICD-10-CM also adds the ability to describe laterality (affected side of the body), particularly in the injury chapter.

- More characters. Codes in ICD-10-CM are all alphanumeric and can be up to seven characters in length. The seventh character, referred to as an extension, is used in some chapters to capture episode of care, such as initial encounter, subsequent encounter, or sequelae, and other additional information.
- More combination codes. ICD-10 combination codes provide detail that requires more than one code in ICD-9.

Plan Your Training Wisely

Once you've become familiar with ICD-10-CM and the way it works and looks, you'll want to get some official training. But don't get your staff trained too far in advance, warns **Joanne Byron, LPN, BSNH, CHA, CMC, CPC, CPC-I, MCMC, PCS**, CEO of the American Institute of Healthcare Compliance Inc, in an e-mail to members. If they can't apply what they've learned, the "use it or lose it" factor will kick in.

Best bet: Wait until three to six months before the final implementation date, Bowman suggests. Two to three days of training should be adequate for trained ICD-9 coders to learn what they need to know to make the transition, and for coders who need to learn both ICD-10-CM and ICD-10-PCS, "we estimate five days of training," she says.

Training could become quite expensive, but you can avoid unnecessary retraining cost by training one or two key people and having them train the rest of your staff, Byron suggests. -Also, "secure a line of credit-and financially plan in advance to cover expenses for the last quarter of the year of implementation of ICD-10."



Good idea: Change encounter forms as soon as your staff has completed their training, Byron says. "This will allow them to use what they have learned and reinforce their understanding of the new code sets."

Finally, "upload the new codes at least one month in advance, but use software security to prevent the codes from being assigned to dates of service prior to the effective date," Byron says.

Note: To view the ICD-10 codes, visit this site: <http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm>.