Outpatient Facility Coding Alert

ICD 10: Ensure You're Prepared to Get Staff Prepped for ICD-10

Be prepared to clock in for an approximate 16 hours of coding training.

With ICD-10 implementation less than a year away, everyone who currently reports ICD-9 codes needs to get serious about learning the new system. AHIMA estimates that each outpatient coder will need roughly 16 hours of coding training for ICD-10, assuming the coder already has knowledge of biomedical science.

Take training into your own hands by implementing our experts' strategies.

Pay Attention to the Following 5 Tasks

Your first step toward organizing your ICD-10 implementation is to form a competent management team and a comprehensive project plan.

"The lack of project management can have a huge financial impact on an organization," asserts **Bonnie Cassidy,** senior director of HIM innovation at Nuance Communications, Burlington, Vermont. A good idea would be to conduct a thorough assessment of all departments affected by ICD-10 before budgeting for infrastructure changes. Also track the financial impact by using metrics.

It is essential to know how ICD-10-CM is different from ICD-9-CM (including familiarity with the maps between them). While outpatient coders may not be required to learn ICD-10-PCS (which will be implemented in inpatient settings), it is critical that they apply knowledge of anatomy, physiology, and clinical disease processes to support correct coding assignment for diagnoses in ICD-10-CM.

Once your team is in place, they'll need to focus on five top areas:

- Assess and improve physician documentation in order to provide the specificity and detail mandated by the new code set.
- Understand the structure, organization, and unique features of ICD-10-CM, the ICD-10 final rule and its implications for your coders.
- Learn about the General Equivalence Mappings (GEMs) between ICD-9-CM and ICD-10-CM.
- Use assessment tools to identify areas of strength and weakness in the biomedical sciences (e.g., anatomy and pathophysiology).
- Review and refresh knowledge of biomedical concepts as needed based on the assessment results.

Test Your System Then Test Again

"Testing, testing, and more testing is key!" states **Sally Beahan,** HIM Director at the University of Washington Medical Center. Payers also need to make infrastructural changes to ensure that the reimbursement process is smooth.

"Development of a thorough testing strategy and partnerships with payers around testing are crucial and have proven to be challenging," Beahan says. All the areas, including clinical areas, revenue cycle, IT, data and reporting, human resources, etc., will all feel the impact of this transition.

Continue Your Focus on More Frequent Diseases

Trainings should focus on the most frequent disease processes your staff come upon daily, such as diabetes or heart failure. Coding managers can select specific clinical disease processes to begin targeted training for outpatient coders.

For example, training on the fundamentals of coding heart failure in ICD-10-CM may include:

- Differentiating between diastolic and systolic congestive heart failure

  o I50.2 ⬜ Systolic (congestive) heart failure
      I50.20 ⬜ Unspecified systolic (congestive) heart failure
      I50.21 ⬜ Acute systolic (congestive) heart failure
      I50.22 ⬜ Chronic systolic (congestive) heart failure
      I50.23 ⬜ Acute on chronic systolic (congestive) heart failure

  o I50.3 ⬜ Diastolic (congestive) heart failure

      I50.30 ⬜ Unspecified diastolic (congestive) heart failure
        I50.31 ⬜ Acute diastolic (congestive) heart failure
      I50.32 ⬜ Chronic diastolic (congestive) heart failure
      I50.33 ⬜ Acute on chronic diastolic (congestive) heart failure

- Identifying the most common symptoms of congestive heart failure
- Recognizing the characteristics of ICD-10-CM codes for this condition
- Applying the official ICD-10-CM coding guidelines for accurate coding of congestive heart failure.

Prepare Your Long-Range Training Strategy

Coding managers must also assess their outpatient coders' skill levels and find the right tools to bridge their knowledge gaps. Outpatient coders may not have had as much formal training as inpatient coders; therefore, it is essential to understand their level of knowledge and develop a robust training program.

Final thought: "Note that many organizations including the AMA and AHIMA offer ICD-10-CM and ICD-10-PCS training to supplement in-house efforts," says **Sarah Goodman, MBA, CHCAF, CPC-H, CCP, FCS,** president of the consulting firm SLG, Inc., in Raleigh, N.C. "There's help available, you just have to ask for it."