

Eli's Hospice Insider

Diagnosis Coding: Follow These 4 Steps To Meet ICD-10 Challenges Head On

Start your impact assessment yesterday.

The switch to ICD-10 may not be easy, but you can stay on top of the shift if you start preparing now.

Why care? Medicare hospice payment is per diem and not affected by the patient's diagnosis code, so why should hospices put resources into this area? In the 2013 hospice wage index notice, the **Centers for Medicare & Medicaid** urged hospice providers to code thoroughly for their patients — that means going beyond just listing the primary reason for hospice care, says coding expert **Judy Adams** with **Adams Home Care Consulting** in Asheville, N.C. CMS also indicated that most patients at the end of life are elderly and likely to have multiple co-morbidities, so hospice providers should code and report coexisting and additional diagnoses that are related to the primary reason for hospice in order to more fully describe the patients they are treating, Adams points out.

As CMS considers moving to a case mix adjustment system for hospice providers, detailed coding will become even more important. "In order to account for any clinical complexities a given patient might have as a result of related co-morbidities, the co-morbidities must be included in the hospice claim," Adams says.

The transition from ICD-9 to ICD-10 will bring coding concerns into sharp focus for all providers, including hospices.

"The switch to the new code set will affect every aspect of how your organization provides care, from registration and referrals, to software/hardware upgrades and clinical documentation," the **Centers for Medicare & Medicaid** said in a message to providers last year

Your agency should already have a thorough plan for implementing ICD-10, said coding expert **Ann Zeisset**, **American Health Information Management Association**-approved ICD-10-CM/PCS Trainer during a recent audioconference sponsored by Springfield, Mo.-based **BKD**.

One key component in preparing for the transition is to conduct an impact assessment that investigates how the new code sets will affect your agency's operation, CMS said. If you haven't already completed this step, CMS advises doing so immediately.

What it is: An impact assessment identifies the potential changes to your existing work flow and business processes. CMS estimates that conducting a study will take a good six months.

During the assessment, you should look at readiness in four key areas, CMS says:

1. Documentation processes and workflow: Consider the increased specificity of ICD-10 codes compared to ICD-9 codes, CMS says. You'll need to establish practices that ensure documentation supports the comprehensive clinical descriptions required by ICD-10.

Try this: Assess the quality of the documentation you currently receive to see what areas need improvement, Zeisset said. Have a trained coder evaluate sample records including the top diagnoses and a variety of cases to see if they provide the information you will need to assign an ICD-10 code. Put aside those records without enough detail for a physician query.

Misconception: Although ICD-10 allows you to code to an increased level of specificity, it won't make coding without such detail impossible. Nonspecific codes are still available when necessary, Zeisset pointed out.

2. Reimbursement Structures: ICD-10 will impact policies and procedures for coding and reimbursement, including productivity and accuracy.

Train staff to accommodate the substantial increase and specificity in code sets. And prepare for a reduction in productivity, Zeisset warned. "Coders will have a large learning curve." Although other countries using ICD-10 don't use the same version U.S. healthcare providers will, they experienced a three- to six-month slowdown in productivity which gradually lessened over time.

Difference: The learning curve for home health coders who only need to use ICD-10-CM will be less than that expected for hospital inpatient coders who will have to learn both ICD-10-CM and ICD-10-PCS. Consider workflow and patient volume changes. Revise forms and documents to reflect ICD-10 codes, including processes.

3. Systems and Vendor Contracts: Ensure your vendors can accommodate your ICD-10 needs, CMS says. Wherever you see ICD-9 codes now, you'll need to make sure preparations are made to transition to ICD-10, Zeisset said.

Find out how and when your vendor plans to update your existing systems, CMS advises. Review all existing and new vendor contracts to evaluate whether the vendor's offerings and capabilities meet your agency's needs. Work with your vendors to draft a schedule for needed tasks. And make certain vendors are prepared to schedule appropriate testing before the final implementation date.

Both sides: Keep in mind that you will need to be able to support both ICD-9 and ICD-10 codesets for some period of time, Zeisset said. Plus, you'll also need to be able to access old data for review and reporting. Make certain your impact assessment establishes any need for new or upgraded hardware and software requirements to make this possible.

4. Business Practices: Once you have implemented ICD-10, you will need to determine how the new codes affect your processes for tasks ranging from referrals to physician orders, CMS says.

You'll need to establish which staff members require ICD-10 training and what type and level of training they will need, Zeisset said. Training isn't for coders alone □ different data users will require different types of training, she said.