

Home Health ICD-9/ICD-10 Alert

ICD-10 Update: Consider Dual Coding to Give Your ICD-10 Skills a Workout

Think twice before coding twice.

Are you itching to get started with ICD-10? Some agencies are already coding cases with the new code set. Is yours next?

The process of dual coding consists of adding both ICD-10 and ICD-9 codes to the record at the same time. This gives coders a chance to put their skills to the test and to keep training fresh as the final transition date of Oct. 1 approaches.

Dual coding has other benefits, as well according to a blog post from Matt Wimberley of Santa Rosa Consulting in Franklin, Tenn. These include:

Increased coder confidence: Practicing with real patient data will help you to gain confidence in the new code set before the actual "go-live" date.

Save on training costs. "Dual coding is training — the best kind there is, because it's actual patient charts," Wimberley said. "Of course, having an experienced coder or coding director well-versed in all areas of ICD-10 on staff will be necessary to capitalize on this benefit."

Revenue reimbursement analysis. Although the Centers for Medicare & Medicaid Services says it is trying to make ICD-10 revenue-neutral, "early analysis indicates this will not be the case," Wimberley said. Dual coding can help you to plan and budget for reimbursement impact by creating ICD-10 patient records before the transition date.

Tool: If you're wondering how the coming ICD-10 codes are going to affect your reimbursement, you can get an idea by looking at CMS's ICD-10-CM Draft Manifestation and Etiology Code List. The list is in the "Downloads" section online at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Home-Health-Prospective-Payment-System-Regulations-and-Notices-Items/CMS-1450-F.html.

Research the Impact before Jumping In

But there are some considerations your agency must take into account before taking the dual coding plunge, said Candice Markham on the Meditec.com blog.

These include:

The time costs of dual coding. "Training from a third-party provider costs a lot," Markham said. And dual coding has the potential to cut some training costs. But your agency "may still incur costs from dual coding in terms of increased work hours" required by the additional coding, Markham cautioned.

The upside? "Dual coding makes your coders more accurate and speedier so when the time comes to really code in ICD-10, your coders will be at almost their usual productivity," says Lisa Selman-Holman, JD, BSN, RN, COS-C, HCS-D, HCS-O, AHIMA Approved ICD-10-CM Trainer/Ambassador of Selman-Holman & Associates, LLC, CoDR®Coding Done Right and Code Pro University in Denton, Texas. "Coding in ICD-9 is faster because most of the codes we use are stored in our brains — we don't have to look up every code. Coding in ICD-10 is sometimes almost painfully slow because every code has to be referenced in the alphabetical index and then checked in the tabular list." increasing time.

Plus, "the instructions and guidelines may be different [in ICD-10] so the coder has to double-check those too," Selman-Holman says. "If the coder is working in ICD-10 every day, even for coding three to five cases per week, they'll be ready to go when we have to code in ICD-10."

Vendor preparedness. Before you can begin dual coding, you'll need to "confirm with your vendors too whether your system or their software can handle dual coding requirements," Markham said.

If your agency isn't ready to begin dual coding every record, you can still reap some of the benefits. Consider selecting one patient every day to dual code on your own. This will give your ICD-10 skills a workout without adding too much to your workload. Be sure to choose interesting or complex cases to get the biggest training benefit.

"If your software isn't ready, then perhaps there is some place in the system where you can store the codes or [you could] start an Excel spreadsheet with your ICD-9 coding and the equivalent ICD-10 coding," Selman-Holman suggests. "Having someone to audit your progress is also important to pick out any errors that need to be corrected," she adds.

Watch for Early Dual Coding Deadline

In home health, "real" dual coding will begin with starts of episode Aug. 3, because those episodes end Oct. 1, says Selman-Holman.

"The RAP can be coded in ICD-9 but the claim will have to be coded in ICD-10," Selman-Holman says. But you'll need to determine whether the episode will be an early discharge, in which case it doesn't have to be dual coded, she says. But if the patient will remain on service through the end of the episode and recertify, you will also need to code in ICD-10.

Question: Is it better to code in both code sets at the beginning of the episode, or should you wait until the end of the episode and then recode it? "I'm thinking it will be better to code it at the beginning so that you will know what additional information you may need for ICD-10 at the beginning and can work on getting it," Selman-Holman said.