Long-Term Care Survey Alert

ICD-10 Implementation: Deadline Draws Near For ICD-10 (Again!)

This time, start training in earnest.

You've lived through a few false starts, but get ready: 2015 is almost certainly the year of the real transition to ICD-10 diagnosis codes (ICD-10-CM). And with the new readiness deadline of October 1, 2015, it's not too soon to get out the checklists and commence your final countdown to compliance.

Background: Last year at this time, providers faced a deadline of October 1, 2014, but Congress acted to extend the deadline in March, tacking the action on to legislation that prevented a 24 percent reduction in physicians' Medicare payments, among other actions. That date represented an extension of the original ICD-10 target, October 1, 2013.

The **Centers for Medicare and Medicaid Services** (CMS), criticized last year for not doing more systems testing on their side, is taking a different approach this year and is set to conduct its first round of "end-to-end" testing in late January, with more to come in February and later this year.

That testing changes everything, says industry analyst **D'Arcy Guerin Gue of Phoenix Health Systems** in Richardson, TX. Specifically, if testing goes smoothly, as expected, it's unlikely that the transition to ICD-10 will be delayed again.

Everyone required to abide by the Health Insurance Portability and Accountability Act (HIPAA) is affected by the ICD-10 transition.

The most intense training should happen in the 6 to 9 months prior to implementation, most experts agree. That makes now a good time to take stock of who needs to know what ⬚ and to pick up on training that you may have started last year.

Not just for coders. While not everyone in the facility will need the knowledge to assign codes, most staff will have to be trained in the ICD-10 basics. Stakeholder groups include coders and billing office staff, of course, but don't neglect ICD-10 training for medical directors, MDS nurses, nursing unit staff, compliance office staff, therapists, and administration.

In large part, clinicians are key to accurate coding because their clinical documentation is the foundation of the proper use of codes. With that in mind, tailor training to each group's needs ⬚ stressing the new importance of careful clinical documentation to ICD-10. "The role of the clinician is to document accurately as possible the nature of the patient conditions and services related to the care for those conditions," coaches **Joseph C. Nichols, MD**, of **Health Data Consulting** in Seattle, WA.

An essential aspect of training this year will be coaching staff on the counterparts to codes most commonly used in long-term care. The good news is that no one working in long-term care will need to know all of ICD-10's approximately 69,000 diagnostic codes. Because the new system offers more specificity, the list of key codes is likely to grow compared with ICD-9, but long-term care providers are likely to have it easier than physician practices and other providers, predicts **Mary Ann P. Leonard, RHIA, CMR, RAC-CT**, with the **Pennsylvania Association of Nurse Assessment Coordinators.**

Why? Many of the new system's ultra-specific codes ⬚ think V80.730A [Animal-rider injured in a collision with trolley] ⬚ simply won't be relevant to long-term care, where many residents have in common a limited number of diagnoses. In addition, those diagnoses tend to have a more limited set of relevant codes.

"Only a very small percentage of the codes will be used by most providers," agrees Nichols. He likens the 69,000 ICD-10 codes to the English language. "There are lots of words in the dictionary, but that doesn't seem to trouble authors."

The key to success will be becoming acquainted with the codes most important in long-term care.

In addition, it's important to realize that for some conditions, the number of ICD-10 vs ICD-9 codes is actually fewer. For example, end stage renal disease is represented by 5 codes under ICD-10, compared with the current system's 11 codes. Similarly, hypertensive disease is simplified, with ICD-9's 33 codes dropping to 14 under ICD-10.

Beware conflicting documentation: One case in point is documentation for non-pressure ulcers and pressure ulcer stages. The guidelines from CMS remind providers that nurses are often the ones coding depth of pressure ulcers or other wounds but that a patient's provider, "i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis," must document the associated diagnosis. Quality checks should ensure these two codes are consistent with one another.

Now is also a good time to meet with your software vendor to make sure you understand how they will be facilitating the shift to the more complicated ICD-10, suggests Leonard.

Vital question: Will your coding software allow for dual ICD-9/ICD-10 coding during a transition period? And if so, how long will your system allow dual coding be in place? Having that safeguard in place can help you avoid payment delays.

Never say never: Even with the best preparation, there's a chance that you may find yourself ⬜ along with CMS ⬜ hanging on to ICD-9 for another year, or even two. The **American Health Information Management Association** reported recently that some physician groups are still pushing for further delay in ICD-10 implementation. Stay tuned!