

OASIS Alert

ICD-10 Update: Check Your ICD-10 Readiness

Don't jump in head first with coding preparation.

Next year's transition to ICD-10 will impact every home health agency. Are your plans on target?

As the transition date approaches, many people don't know what course to take with their education efforts, says **Sparkle Sparks, MPT, HCS-D, COS-C, AHIMA** approved ICD-10 coding instructor, with Redmond, WA-based **OASIS Answers**. One school of thought maintains that coders should plunge ahead with detailed ICD-10 training now. And others ask why they should bother to continue ICD-9 coding education when the code set faces obsolescence. Both viewpoints are off the mark, Sparks says.

Bone Up On ICD-9

It's important to keep learning about ICD-9, Sparks says. "We have ICD-9 for two more years. We have a responsibility to our patients to make sure we understand the coding rules well enough that we're not putting erroneous data in medical records that could come back to haunt us," she says.

Clinicians understand the philosophy of "first do no harm" clinically in regard to interventions, but it also applies to documentation, Sparks points out. It's important to understand the impact of the codes you report in keeping your patient's medical record accurate.

Bottom line: Why should you continue to educate on ICD-9? "Because things still change, so we have to do the maintenance," Sparks says.

Accurate ICD-9 coding is important because the codes "say a lot about the care we provide, as well as the acuity of our patients," Sparks reminds. Plus, "coding is still part of our reimbursement model and impacts risk adjustment."

Don't Jump the Gun on ICD-10 Code Assignment

It's too early to teach coders how to assign codes in ICD-10, Sparks says. So when should you start training at this level of detail? In MedLearn Matters article SE1239, the **Centers for Medicare & Medicaid Services** advise starting in-depth training 6 to 9 months prior to the implementation.

Start too early and you're likely to forget what you learn or become confused between the two code sets, Sparks says.

However, it's not too early to become familiar with ICD-10, Sparks says. To begin your preparations, get a preview of what the codes look like, learn how the code set is structured by reviewing the Alphabetic Index and the Tabular List, and review the ICD-10 coding guidelines, she suggest.

As you begin to explore ICD-10, consider how it is similar or different from ICD-9, Sparks says.

Because ICD-10 is so much more descriptive, boning up on medical terminology is also an important step in preparing for the transition. Agencies should "assess coders' and clinicians' knowledge of medical terminology so we can look for deficits and educate accordingly," Sparks says.

Good news: "There are several quality initiatives attempting to improve physician documentation for both quality and coding for reimbursement, so home health agencies should be seeing improved documentation coming our way," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR** **Coding Done Right** in Denton, TX.

Improved documentation is going to mean more specificity of codes both in ICD-9-CM and ICD-10-CM, Selman-Holman says. For example, expect to see improved documentation regarding types of heart failure.

What does this mean for coders? "The old usual non-specified codes that we all have memorized need to get more specific along with the more specific information," Selman-Holman says. "Some of us need to hone our skills in the alphabetic index. We'll certainly need those skills in ICD-10-CM in which we don't have all the codes memorized."