

OASIS Alert

ICD-10 Update: It's Time to Get Ready for ICD-10

Get started by coding your top 10 or 20 diagnoses in ICD-10.

Oct. 1, 2014 is the official ICD-10 implementation date. That may seem far off, but your preparations should be well underway. Make sure you're ready or risk a bumpy transition.

Don't Wait to Get Ready

We must be ready for the ICD-10 transition, says **Sharon Molinari, RN, HCS-D, HCS-O**, a home health consultant based in Henderson, Nev. "If we're not, there will be penalties -- claims won't be processed and therefore not paid. There's been talk about fines, but so far there is no official word and those discussions are ongoing."

While it's too early to learn how to assign ICD-10 codes, it's not too soon to become familiar with the organization and structure of the ICD-10 codeset and how it compares to ICD-9, Molinari says. Coders should also bone up on the reasons for using ICD-10, new features of the system, and how the codes look.

Transition tip: Don't stop learning about ICD-9. Remaining educated on ICD-9 and being proficient with the ICD-9 system will make the transition easier, Molinari says.

Start Your Training Plan

The first step in preparing for ICD-10 is to assess each coder's strengths and weaknesses in anatomy, physiology, pathophysiology, pharmacology and medical terminology, Molinari says. Because of the increased specificity ICD-10 provides, excellent knowledge in these key areas is going to be very important.

Once you've established each coder's needs, the next step is to develop individualized plans to address any weaknesses.

Renewing and refreshing knowledge of anatomy and physiology, will be important for all clinicians, not just coders, Molinari says. "This will help with the more detailed codes when intense ICD-10 code training begins," she says.

For example: ICD-10 fracture codes are more detailed than those in ICD-9. The ICD-10 codes require knowledge of the type and location of the fracture, so you have to be familiar with the anatomy and physiology of the bony structures, Molinari explains.

Increase ICD-10-CM Awareness

Unless you're the ICD-10 trainer at your agency, detailed training in assigning ICD-10 codes can wait until the beginning of 2014. But there are some things you can do now to begin to learn about the new codeset.

Read the guidelines. You can start familiarizing yourself with ICD-10 by reading through the ICD-10 coding guidelines, suggests **Therese Rode, RHIT, HCS-D**, senior coding manager with **Inova VNA Home Health** in Falls Church, Va. You can find the guidelines online at www.cms.gov/Medicare/Coding/ICD10/Downloads/2012_ICD10_Guidelines.pdf. You'll find that a lot of the guidelines are similar to ICD-9, but there are some differences, too, Rode says.

Examine the GEMs. Learning about GEMs (General Equivalence Mapping) which can assist in converting data between ICD-9-CM and ICD-10-CM will help you to start to see the differences in the two systems, Molinari says. You can find GEMs at www.cms.gov/ICD10 and on websites such as **Eli's** <https://www.aapc.com/codes/>.

Caution: The GEMs will show you which ICD-10 codes are linked with existing ICD-9 codes, but there isn't a perfect match

for every code.

Code your top 10. Try coding your top 10 or 20 diagnoses in ICD-10 using a coding manual or going online to download the ICD-10 files at www.cms.gov/Medicare/Coding/ICD10/2013-ICD-10-CM-and-GEMs.html, Rode says. This will help you to become familiar with where your most-used codes are as well as the array of codes you'll have to choose from.

Your transition will be smoother if you start this process of practice coding in ICD-10 now, Rode says. "ICD-10 won't be that horrific thing out there," she says.

Check the documentation. Another important step in ICD-10 readiness is to provide training on clinical documentation improvement (CDI) strategies, Molinari says. "Documentation is key to the agency's success. I cannot stress that enough," she says.

Review the medical record documentation on your most frequently coded conditions, Molinari says. Set up some type of audit process if you haven't already done so to identify medical record documentation improvement opportunities.

High quality documentation will increase the benefits of this new coding system, Molinari says. It will also help improve ICD-9 coding as you prepare for the transition.

Added benefit: "Complete and accurate documentation supporting the diagnoses and services we provide is increasingly being demanded by other initiatives," Molinari says. "We are under increased scrutiny in home care, the number of audits is growing every day. And the number one reason for denials is lack of medical necessity -- that the services we're providing aren't reasonable and necessary."

"It all starts with the documentation," Molinari says. "We must absolutely have supporting documentation from the physician in the medical record as to the diagnoses we select for our patients in ICD-9 and also in ICD-10."