Health Information Compliance Alert

ICD-10 :Get a Head Start on the Transition to ICD-10 Codes So You'll Be Fully Prepared When the Time Comes

Plus: Know what to expect for your staff training in the coming year.

Although Oct. 1, 2013 may seem like eons away, the amount of work ahead of you between now and then might be daunting for many practices. That's because you'll have to be ready to change from the ICD-9 diagnosis coding system that you've become accustomed to and start using the new ICD-10 system.

The new edition of the diagnosis coding manual will expand the code set from 17,000 codes, which ICD-9-CM currently has, to over 155,000 codes, which ICD-10 will include.

While there's still more groundwork to lay, it's not too early to start implementation planning and preparation -- and to take advantage of the lead time.

Your resources should currently be expended on training the coder who will be your coding point of contact, and developing a transition plan, said **Jeanne Yoder, RHIA, CCS-P, CPC, CPC-I,** during the April 30 Coding Institute audioconference, "ICD-10 Issues: Get Ready for the Conversion ASAP."

Know Key Differences Between ICD-9 and ICD-10

It's important to focus on the changes you'll face when ICD-10 takes effect, including the following (among others):

• More specificity. Level of detail and specifics are greatly expanded in ICD-10-CM. But don't let that scare you. While ICD-10 can provide greater specificity, it won't require more detailed documentation. Other initiatives such as pay-for-performance and quality measures will require more detailed documentation. ICD-10 will simply provide the means for reporting it.

• Newer terminology. ICD-10-CM updates medical terminology and classification of disease to be consistent with medical practice.

• More details. With ICD-10, you can provide more detail with a single code than you can in ICD-9. ICD-10-CM also adds the ability to describe laterality (affected side of the body).

• More characters. Codes in ICD-10-CM are all alphanumeric and can be up to seven characters in length. The seventh character, referred to as an extension, is used in some chapters to capture episode of care, such as initial encounter, subsequent encounter, or sequelae, and other additional information.

• More combination codes. ICD-10 combination codes provide detail that requires more than one code in ICD-9.

Plan Your Training Wisely

Once you've become familiar with ICD-10-CM and the way it works and looks, you'll want to get some official training. But don't get your staff trained too far in advance, warned **Joanne Byron, LPN, BSNH, CHA, CMC, CPC, CPC-I, MCMC, PCS,** CEO of the American Institute of Healthcare Compliance Inc, in an e-mail to members. If they can't apply what they've learned, the "use it or lose it" factor will kick in.

Best bet: Wait until three to six months before the final implementation date to perform your complete training. Two to three days of training should be adequate for trained ICD-9 coders to learn what they need to know to make the transition, and for coders who need to learn both ICD-10-CM and ICD-10-PCS, several professional associations have

estimated approximately five days of training as a good benchmark for their staff members.

Training could become quite expensive, but you can avoid unnecessary retraining costs by training one or two key people and having them train the rest of your staff.

Good idea: Change encounter forms as soon as your staff has completed their training. This will allow them to use what they have learned and reinforce their understanding of the new code sets.

Finally, upload the new codes at least one month in advance, but use software security to prevent the codes from being assigned to dates of service prior to the effective date.

Note: To view the ICD-10 codes, visit www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm.