Home Health Coding and OASIS Expert

ICD-10: Are Your ICD-10 Transition Plans On Track?

Focus early training efforts effectively for maximum return.

The road to ICD-10 has been plagued by unexpected delays, but that doesn't mean you should put the brakes on your preparations. Make certain your agency is on course as the new deadline approaches.

Save the date: The **Centers for Medicare & Medicaid Services** announced on July 31 that Oct. 1, 2015 is officially the deadline for ICD-10 implementation. After Sept. 30, 2015, CMS will no longer accept ICD-9 codes.

For home health agencies, the new deadline means it's time to get your 2015 transition preparations back on track even though you might have gotten burned with the delay this year. "You don't want to have nothing done on Sept. 1, 2015" and have the system really go in place Oct. 1, says **Robert Markette Jr.** with **Hall Render** in Indianapolis.

Revisit Your Implementation Timeline

To make certain your agency is on target, you'll need to begin your transition efforts in October 2014. The transition to ICD-10 will have an impact on operations far beyond coding. Make certain your plan looks at all affected areas. See the table on page 83 for a general breakdown of transition tasks and deadlines.

You'll need to develop an implementation strategy tailored to your agency's specific needs. Be sure to assess the impact of the new code set on all aspects of your agency, establish a detailed timeline of your agency's transition process, and determine a realistic budget, reminds **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, Texas.

A smooth ICD-10 transition goes beyond the walls of your agency. Be sure to check with your billing service, clearinghouse, or practice management software vendor to find out about their transition plans, Selman-Holman says. If your agency handles billing and software development internally or if you use paper forms, establish plans for medical records/coding, clinical, IT, and finance staff to coordinate on the transition, she says.

And if your agency's software isn't ready to convert to ICD-10 next October, CMS has a potential solution available. "If you will not be able to complete the necessary systems changes to submit claims with ICD-10 codes by October 1, 2015, you should investigate downloading the free billing software that CMS offers via their MAC websites," CMS says in MLN Matters article SE1409.

"The software has been updated to support ICD-10 codes and requires an internet connection. This billing software only works for submitting FFS claims to Medicare. It is intended to provide submitters with an ICD-10 compliant claims submission format; it does not provide coding assistance," CMS adds.

Master These Key Coding Issues

While both CMS and the **American Health Information Management Association** (AHIMA) recommend holding off on extensive ICD-10 training time until six to nine months prior to implementation, that doesn't mean coders and clinicians have nothing they can do now to prepare for the deadline.

Selecting the most accurate ICD-10 codes will require more thorough documentation, and efforts to improve the data contained in the medical record can begin immediately.

ICD-10 coding isn't the only change facing the home health industry that will require more detailed information in the medical record. The need for improved documentation is being driven by initiatives such as quality measures, value

based purchasing, and patient safety, points out says **Sharon Molinari, RN, HCS-D, COS-C**, a home health consultant based in Henderson, Nev.

Try this: Begin by reviewing medical record documentation for the conditions your agency codes most frequently, Molinari says. Then, identify medical record documentation improvement opportunities.

Bottom line: High quality documentation will increase the benefits of the ICD-10 coding system and give your agency a head start on the requirements of other initiatives for complete and accurate documentation that supports the diagnoses and services you provide.

Training tip: While coders will eventually need training on the new coding system itself, they can begin preparing today by boning up on anatomy and physiology and medical terminology, in general, Molinari says.

Make certain your agency's ICD-10 training plan includes the following steps, Molinari advises:

1. Assess each coder's strengths and weaknesses in knowledge of anatomy, physiology, pharmacology, and medical terminology.
2. Develop a plan to address weaknesses.
3. Increase ICD-10-CM awareness.
4. Read the 2014 ICD-10 Official Coding Guidelines.
5. Become familiar with the ICD-10 coding manual.
6. Become aware of documentation requirements.

In home health, reimbursement will be linked in part to precise coding. And accurate coding depends on thorough documentation, Molinari says. "Both are critical to your agency's success currently and will also be in the ICD-10 environment," she exclaims.

Try this: Run a list of your top diagnoses (not just primary) and then look up those diagnoses in ICD-10, suggests Selman-Holman. Check to see how specific the documentation and information from your referral source needs to be in order to code that condition as specifically as possible. Then, educate your intake personnel and the referral sources on what kinds of information you'll be looking for at referral time. Educate your clinicians about the documentation you'll be expecting from them to support those diagnoses in terms of assessment and interventions. "An added bonus is that when you're through, you'll have a great 'cheat sheet' for your most often used codes," she tells **Eli.**

Resource: To read MLN Matters article SE1409, visit
www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1409.pdf.