

Home Health Coding and OASIS Expert

ICD-10: Get Your ICD-10 Transition Plan Up To Speed

Enlist all employees in your planning to make certain you're not missing essential details.

With so many stops and starts to the ICD-10 transition deadline, it's no wonder that some home health agencies are still waiting to begin their preparations. If you're among the stragglers, take heed of this crash course in preparing for a smooth transition even at this late date.

It's Not Too Late to Get Started

Some agencies waited until April 1 (when the Medicare 'doc fix' bill came up again) before beginning their transition plan. "Although I completely understand that most smaller agencies can't afford to shelve their preparations all over again if the implementation date is pushed back another year, starting transition preparations on April 1st is going to be a tight turn-around for anyone," says **Alex Morganti**, Team Coordinator and Primary ICD-10 Transition Coach for **A.D. Maxim Consulting** in Troy, Mich. "I foresee some agencies underestimating the amount of time that preparation is really going to take."

Consequences: A late start means that administrators will need to put in a great number of extra hours, Morganti says. The result of a solid ICD-10 preparation plan will be an agency operating at sound or acceptable levels. Cutting corners now will only cause problems down the line.

Home health agencies need to include all areas the transition will impact. This process affects the entire agency; not just coders, Morganti says. Remember to tailor your training regimens to each department, especially now since time is of the essence.

Consider these essential preparation tips:

1. Perform an impact analysis. If you haven't already taken a hard look at how the new code set will impact your agency's processes, this is an essential first step. Identify every person, process, and document that utilizes ICD-9 coding and think about how you'll need to upgrade it for ICD-10, says Morganti.

Tip: Create a list, organized by department. Then use each department's staff to "crowd source" the areas in their work that ICD-10 will affect. This way you won't overlook anything, Morganti says.

2. Establish a transition team. It's important to formally designate members of the team that will manage your agency's ICD-10 transition, Morganti says. Ensuring that adequate preparations happen in a timely fashion will require certain staff members to be personally responsible for elements of the transition.

Tips: Schedule strict meeting days and times and assign personal culpability for all steps in the transition. Otherwise, it's too easy for ICD-10 preparation efforts to get pushed to the back burner or overlooked, Morganti says. "Home health is bombarded with new regulations, requirements, etc. every week, and there's always something new that takes highest priority."

3. Talk to your software vendor. If you are still in the dark about your software vendor's progress with the transition, you need to contact them immediately, Morganti says. Dual-coding is an integral tool in coder training, and the sooner your software has the capability, the sooner you can get going.

4. Make use of validation systems. Tracking your progress with super coders, focused chart audits, and billing audits will help make certain your transition planning work pays off. "Your efforts aren't worth much if you can't determine their efficacy," Morganti says.

Preparation is key, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, HCS-O, COS-C**, owner of **CoDR** ☐ **Coding Done Right, CodePro University and Selman-Holman & Associates, LLC** in Denton, Texas. You'll need more clinical information at intake to code in ICD-10. And clinical documentation must improve to substantiate coding choices.

Tip: Identify which codes cause you trouble now and check to see what information you need to code for them in ICD-10, Selman-Holman suggests. "Denials/RTPs are 3 percent in ICD-9 and CMS projects that to be 10 percent with ICD-10," she says. "Dual coding to increase efficiency and accuracy is essential to get your agency or hospice through this 'hump.'"

You should also consider whether you need to outsource some of your coding during the transition, Selman-Holman says. You may want to have a third party audit your coding as you begin to use ICD-10. Or, if you really think you won't be up to speed by Oct. 1, you may want to outsource all your coding, she says,