

Implementing ICD-10 in Your Practice – Part 2

This is the fifth fact sheet in a series and is focused on providing information on how to implement ICD-10 in a clinical practice. Collectively, the fact sheets will provide information, guidance, and checklists to assist you with understanding what you need to do to implement the ICD-10 code set.

Once you have completed an inventory of what systems, both electronic and manual, include diagnosis codes and assessed the impact of these changes, you will need to determine how to implement ICD-10 in the practice. The two main components involved with implementing ICD-10 in the practice are undergoing the necessary system changes and training the staff on ICD-10 and the overall work process changes.

Implementing System Changes

The first step is to complete a list of all systems that currently include diagnosis codes. These systems may be electronic or manual work processes. Both will need to be updated for ICD-10. Depending on the size of your practice and degree of automation, you may have one or several electronic systems that include diagnosis codes. These systems may include patient registration, eligibility and prior authorization verification, disease management patient registry, patient problem list, electronic health record (EHR), lab system, billing system, public health reporting, and quality reporting.

The biggest challenge with upgrading your systems will be coordinating the work. If you have multiple systems that need to be upgraded, you will need to coordinate the sequencing of those upgrades, possibly among different vendors. Even if you only have one vendor, you still need to consider the sequencing of the upgrades to the electronic systems with the manual processes. Also remember that your vendor has dozens or hundreds of other customers that are undergoing similar implementations, so you will need to coordinate with your vendor(s) on when the upgrades will be completed.

Tips for implementing system changes:

- Talk to your vendor early to determine when they will have your system upgrades ready.
- Talk to your vendor about when they will be available to install your system upgrades.
- Coordinate the timing of the electronic and manual system changes.
- Keep staff informed of the planned changes, when they will be completed, expected times for training, and any other important information.

Considerations for the practice when the system changes are being made:

- When will the vendor be doing the system upgrades, e.g., in the evening, on the weekend, during practice hours?
- Will the system be down during the upgrade work?
- How long will it take for the upgrades to be installed?
- Will there be a charge for the upgrades?
- Who in the practice will be updating the manual processes?
- When will the updates to the manual processes be completed?

Staff Training

Staff training will be a key to successfully implementing ICD-10. Staff will need to be trained on the electronic system and manual process changes for ICD-10 and the ICD-10 code set. Because ICD-10

impacts almost all areas of the practice, it is likely that all of your staff, including physicians and other clinicians, will need to be trained on both system/process changes and the code set.

From the inventory and impact assessment, you will be able to assess the level of involvement each staff person has with diagnosis coding. The staff most involved in coding will require the most training. The changes in code structure and coding guidelines have changed significantly from ICD-9 to ICD-10, so it will be important that the staff involved in billing receives thorough training. Clinical staff needs to be trained on the changes in clinical concepts and level of detail in ICD-10, so their documentation supports the ability to code to the highest level of detail. Training targeted for other administrative staff may be more of an overview to provide them with a general understanding of the new structure and overall concepts of the ICD-10 codes.

During training, look for any gaps in the administrative staff's knowledge that needs to be addressed. Because of the greater detail in the ICD-10 diagnosis codes, additional training may be needed in medical terminology, anatomy and physiology, pathophysiology, and pharmacology. The level of additional training and resources needed will depend on the staff's role in coding and current level of knowledge.

The following shows an example of the level of training needed for different staff members based on sample ICD-10 diagnosis codes.

ICD-10 Diagnosis Codes

S52 Fracture of forearm

S52.5 Fracture of lower end of radius

S52.52 Torus fracture of lower end of radius

S52.521 Torus fracture of lower end of right radius

S52.521D Torus fracture of lower end of right radius, subsequent encounter for closed fracture with routine healing

Billing Staff:

To code this diagnosis to the greatest level of detail, the staff coding the diagnosis needs to know the specific information about the type and location of the fracture, as well as knowing whether the visit is a subsequent encounter. If there is documentation about how the patient suffered the broken arm, an external cause code can be included to further identify how the injury occurred. For example, a note stating that the patient was riding her bike on a bike path when she ran into a runner and fell off her bike resulting in the broken arm could be coded with – V10.0 Pedal cycle driver injured in collision with pedestrian or animal in nontraffic accident.

Clinical Staff:

The above example shows how providing specific details about the patient's condition and any cause of an injury gives the staff coding the diagnosis the information needed to code to the greatest level of detail.

Other Administrative Staff:

Other administrative staff will benefit from overall training on ICD-10 so they have an understanding of the differences between the ICD-9 and ICD-10 codes when they complete tasks, such as updating the patient's problem list, updating the patient registry, checking eligibility, obtaining prior authorization, etc.

Once staff has undergone training for ICD-10, you may want to complete a review of clinical documentation to determine how well the current level of documentation supports the ability to code in ICD-10. Have your staff involved in billing code a sample number of patient records for each physician in your practice and determine how well the documentation supports the ability to code to the highest level possible. This activity will serve as an assessment of what improvements can be made to the clinical

documentation. Completing this assessment early will give you plenty of time to address any concerns before the ICD-10 compliance date.

The exact impact of reporting the highest level diagnosis code on reimbursement is not yet known. Regardless, it is good practice to code as detailed as possible. One benefit of ICD-10 may be a decrease in requests to provide additional information to payers to support medical necessity, if more detailed diagnosis codes are reported.

The following are questions you should consider about staff training, both for ICD-10 and the changes to the practice's systems and work flow processes.

- On which ICD-10 code sets do we need to receive training? ICD-10-CM (diagnoses), ICD-10-PCS (inpatient procedures), or both?
- Who should receive what level of training?
- How long will training take?
- What training format will work best for our staff? (e.g., classroom training, web-based training, written materials, or hiring a consultant)
- Where can we obtain the training?
- What is the cost of the training?
- Will there be "downtime" during the training?
- What resources do we need to support the staff after training?
- When should the training be completed?

Conclusion

The two biggest challenges with implementing ICD-10 will be having the necessary system upgrades completed and staff training. Undergoing the system updates will disrupt the current processes in your practice and require changes. Staff training will also cause disruptions in the practice as staff takes the time to complete the appropriate level of training on ICD-10 and work flow changes. Successfully staging and completing both of these tasks will greatly impact how smoothly the practice will move to coding in ICD-10 and be prepared for the compliance deadline on October 1, 2013.

Upcoming HIPAA Dates:

January 1, 2012 – Compliance with version 5010 transactions

October 1, 2013 – Compliance with ICD-10 code sets

**Visit the AMA's website for more resources for
implementing the ICD-10 code set.**

www.ama-assn.org/go/ICD-10