Transitioning to ICD-10: An Action Plan for Practices

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The Four T’s of Transition to ICD-10: Timing, Training, Testing and Technology

On Oct. 1, 2014, all practices will be required to replace the existing 17,000 ICD-9 codes with approximately 68,000 new ICD-10 codes. This will have a tremendous impact on many aspects of your medical practice. One of the most important changes to consider is to your revenue cycle: correct coding and documentation is the key to reimbursement. Many other aspects of patient care — patient registration, lab orders, EMR use, quality measures and clinical studies — also will be affected.

Below are the four steps you and your practice need to take for a successful transition to ICD-10.

1. Timing

The time to start ICD-10 implementation is now!

- **Perform a gap analysis** in every applicable functional area — both clinical and administrative — to assess the readiness of your business processes, technology and people.

  Take an inventory and assess ICD-10 impact for:
  
  - Systems
  - Applications
  - Education
  - Training

- **Conduct a medical record documentation assessment** for recommendations to implement a documentation improvement program that targets deficiencies. To do this, hire an outside chart auditor or conduct an internal audit to determine if the clinical documentation is sufficient to support an ICD-10 code.
• **Develop an actionable plan designed around key constituents** including: IT, business processes, physicians, coders, education and training. Think about the cycle of a patient in your office, from calling for an appointment to a paid claim.

  Consider:

  – How many of your staff play a role in the encounter in any way? Does their role include using diagnosis codes?

  – The intake staff may call for authorizations for managed care plans, and need a diagnosis code.

  – The lab or x-ray technician needs an ICD-10 code for their orders and requisitions.

  – Coordinators need diagnosis codes to schedule outside referrals and surgery.

  – All of the above occurs before the revenue cycle staff submits a claim into your billing system.

• **Assess what your staff knows now to plan adequate education and training.** Most importantly, the clinicians need to know what new clinical facts are going to be required when documenting their services.

  Conduct a follow-up documentation assessment as clinical documentation training is provided to measure improvement.

2. **Training**

  • **Consider who needs to be trained,** and how best to train them.

  • **Increase education as the transition date approaches** and expect a steep learning curve for all staff. Many changes will occur during this transition. The most important part of preparation is education. Training strategies should be discussed, including how to use
common specialty specific examples for physicians and ancillary providers, and setting the expectation that more detailed documentation will be demanded because of ICD-10.

- **Plan your ICD-10 training program carefully.** The complexity and granularity of the ICD-10-CM code set is a very real concern. Those factors can be overcome through a well-planned ICD-10 training program. The better educated and trained everyone is, the less of a productivity hit your practice will suffer, and a quicker recovery may be realized once we implement ICD-10. This is important in theory but harder to put in practice with the challenges of balancing training and getting the work done.

- **Practice.** As your staff learns about the new code set, at some point they're going to have to practice what they've learned. Don't forget that they will need refreshers on anatomy and physiology. And it's never too early to encourage physicians to improve clinical documentation.

You need an education and training plan that addresses:

- What subjects are needed?
- What level of education and awareness are needed for each set of staff members?
- What are the best training options?
- Which staff members will need training, and what kinds of training? Customize the training for different roles.

- **Explain the benefits of the greater specificity to gain buy-in.** ICD-10 incorporates greater specificity, clinical data and information relevant to ambulatory and managed care encounters. ICD-10 makes it possible to document risk factors. ICD-10 will prevent denials by providing more complete clinical information to support medical necessity of your claims.
3. Testing

Testing is the best way to minimize negative impact post implementation and ensure that provider practices are operationally ready for October 1, 2014. But knowing where to begin can be challenging.

There are many types of testing, including quality assurance, user acceptance, integration, regression, performance and end-to-end, as well as many entities that providers will want and need to test with, such as payers, practice management systems, billing companies and clearinghouses.

- **Internal testing** encompasses testing internal systems; business procedures and operational workflows to ensure ICD-10 codes can be successfully processed. Thorough internal testing allows an organization to identify and resolve systems, process or workflow issues before the compliance mandate to allow for necessary remediation and avoid cash flow disruption post implementation and other issues.

- **External testing** includes testing with external business partners such as payers, clearinghouses and third-party billing services. The goal of external testing is similar to internal — the identification and remediation of issues to avoid disruption to the claims process.

Often providers are uncertain of with whom they should be testing or how far in advance to begin testing. In a perfect world, practices will test with every entity that they transact ICD-10 data, as far in advance of the compliance date as possible. Given implementation timelines and budgetary limitations, this may not be the most feasible approach.

- We suggest that providers **use the 80-20 rule**. In other words, providers should prioritize testing to include the entities that make up about 80 percent of their practice revenue.
4. Technology

- **Make an inventory of all systems in your practice that currently include ICD-9 codes** and make a list of each system and its corresponding vendor.

  Working with your IT support team, finalize system changes, test systems and, after the transition, monitor coding and reimbursement accuracy. New technology also can boost productivity to help offset the losses that occur during and after the transition.

- **Implement required IT changes.** Now is the time to contact your IT vendor for both practice management and electronic records, if they are not the same vendor, and ask who will be responsible for loading the ICD-10 code set into your system. It may be necessary to keep ICD-9 for a period of time while old claims “wind down” and quality measures continue to be tracked before and after the Oct. 1, 2014, transition date.

  Ask what additional features will be included to assist in clinical documentation. Does their system have a prompt to ask for the necessary additional details? Or a decision tree that leads the provider to the ICD-10 code? And so forth.

By taking the time now to review the timing, training, testing and technology that will be required to transition to ICD-10 without disruption, you can minimize the anticipated disruption, know what expenses will be incurred and how to budget for them and raise awareness throughout your practice about ICD-10.

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