Planning for the Transition to ICD-10- an Action Plan for Office Managers

In a little over a year, the transition from ICD-9 to ICD-10 will impact many aspects of medical practice management. The revenue cycle is only one aspect of coding that will be affected, and its importance is paramount. Correct coding and documentation is the key to reimbursement. Many other aspects of patient care, such as patient registration, lab orders, EMR use, quality measures and clinical studies are among the many areas that will be affected.

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

    Timing: The time is now to start ICD-10 implementation.

- Phase 1 is preparing the impact statement.

    Assess readiness (business processes, technology and people) by performing a gap analysis in every applicable functional areas, both clinical and administrative. Take an inventory and assess ICD-10 impact for systems, applications, education and 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 that is designed around IT, business processes, physicians, coders, education and training, and other key constituents. Think about the cycle of a patient in your office, from calling for an appointment, through a paid claim. 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 that occurs before the revenue cycle staff submits a claim into your billing system. Most importantly, the clinicians need to know what new clinical facts are going to be required when documenting their services.

- Phase 2 is the time to implement the planned changes

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

- Assess what they know now to plan adequate education and training

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

There are many changes that 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 as a result of ICD-10.

The complexity and granularity of the ICD-10-CM code set is a very real concern. The American Medical Association (AMA) cites that as reasons why ICD-10 implementation needs to be prevented, 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 when the challenges of balancing training and getting the work done.

Medical coders can start tackling the code set by concentrating on two ICD-10-CM chapters each month. (That's 21 chapters and about 12 months to go.) 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, Best training options, Which staff members will need what training, Schedules, Training vendors and other resources. 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.

- Phase 3 means Testing your systems

There are many types of testing, including quality assurance, user acceptance, integration, regression, performance, end to end, and many entities that providers will want and need to test with, such as payers, practice management systems, billing companies, and clearinghouses. Knowing where to begin can be challenging. But even with all the variables, testing is the best way to minimize negative impact post implementation and ensure that provider practices are operationally ready for October 1, 2014.

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 issues such as cash flow disruption post implementation.

External testing includes testing with external business partners such as payers, clearinghouses, and third party billing services. The end goal of external testing is similar to internal—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 the largest portion of their practice revenue.

Significant time and resources will be required to complete thorough internal and external testing. Ideally practices will allow one full year for testing. The American Medical Association (AMA) recommends two to three months for internal and six to nine months for external testing. Plan ahead, as any entities are beginning test planning and strategizing now. The best physician practices will begin discussions with vendors, payers, and clearinghouses as soon as possible to determine where they can fit into existing test schedules.

- Phase 4 means going live with Technology.

Technology: Make an inventory of all systems in your practice that currently include ICD-9 codes and make a list of each system and the vendor. Working with your IS 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 IS changes. Now is the time to contact your IT vendor for both practice management and electronic records, if they are not the same, 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 October 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? A decision tree that leads the provider to ICD-10 will have episode of care, laterality, location of disease or injury, and so forth.

By taking the time now to review the timing, training 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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