Preparing Your Medical Practice for ICD-10

By Jackie Stack, CPC [4]

It's too early for staff to learn new ICD-10 codes, but there are some other key steps your practice can take today to be ready for the looming changes.

The question has been asked: “What should we be doing while we wait for the announcement on the implementation date of ICD-10?”

On April 9, 2012, HHS announced a proposed rule that would delay the compliance date for implementation of ICD-10, from October 1, 2013, to October 1, 2014.
It is important while we await the decision to forge ahead and continue to prepare for the implementation of ICD-10. Many things need to be done for a successful transition to ICD-10 and those who choose to wait will not be ready.
It is too early for coders to learn the new code set. It would be unproductive for a coder to learn the new code set, go back to using the old code set for another year or longer, then try to remember the new code set.
Coders can begin to prepare by updating their skills. Due to the clinical nature of ICD-10-CM, coders need to have a strong understanding of anatomy and pathophysiology. Now is the time to consider taking a refresher course.
Working with the physician’s documentation is also a key. Physicians and coders do not speak the same language. Physicians do not document the same way the code books are written. The coders and physicians should work together so that the physician understands why they need to document more specifically and what information the coder needs, but isn’t currently getting from the physician.
Documentation readiness assessments are a good place to begin. Have someone take a look at how the physician documents currently and see if it can be coded with ICD-10-CM. If the documentation is not ICD-10 ready find out what additional information would be needed to make it so. Keep in mind; you will want to stay away from using unspecified codes as much as possible in order to protect future revenue.
Readiness assessments can be performed by anyone who is comfortable using the ICD-10-CM code set. This could be done by a coder in your office or an outside consultant. AAPC Physician Services is just one example of an outside consultant offering this service.
Another way to work with physicians and their documentation is to run a frequency report of the most utilized codes of the physician. This will give you a good idea of which codes to start working with them on. Start with the top code or two. Look at the codes and see if the physician is giving you enough documentation in order to select the code. If they are great, you can move to the next codes. If they do not have a discussion with the physician, let the physician know why you cannot select the code and what information you would need to help you code to the highest specificity. This will take some time, but if you begin now you have the time to work with them. I have also found it very helpful when I am talking to physicians about the codes to show them the code book. If they understand your challenges they will be able to help you.
ICD-10-CM is one of the biggest changes in healthcare. By beginning to prepare early with an implementation plan, changing the specificity of the physician’s documentation and getting the appropriate training will make the transition to ICD-10-CM a success.
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