

## Insights to Coding and Data Quality

### ICD-10-PCS Implementation

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**T**he American Health Information Management Association's (AHIMA) conventions over the past several years have included several ICD-10-CM/PC seminars. These seminars were mainly geared to show the differences in the code configuration. Until this year the ICD-10-CM/PCS codes looked like hieroglyphics to most of us. How many of you have already taken the ICD-10-CM/PCS Train the Trainer classes and have found, as **Diane Lemire, MHA, RHIA, CCS**, expressed in the October CHIA Journal, that you too do not feel that you will need to retire early or look for another job? So the task of learning how to code with ICD-10-CM/PCS has been somewhat demystified. For coders, this will take some time but we are detail-oriented people and this will be a great challenge.

The concerning thing is to hear upper management say hesitantly "So what is this ICD-10 thing? What am I supposed to do with it? We have to implement it throughout the hospital?" Their tone rises in volume as each successive question is asked. AHIMA did a survey recently and found that only 53% of responders "reported that they or their facilities had begun at least the initial planning steps." (Dimick, 2010, p. 1)

At the AHIMA convention this year the schedule was packed with implementation time tables, studies and assessments used to improve coder knowledge and accuracy, and methods to reduce impact on productivity. Vendors have a lot of information and are gearing up to respond to the demands of AHIMA and hospitals around the country. It is the responsibility of CHIA to help members answer questions such as, "When am I supposed to start? How will it impact the rest of the hospital? What is it going to take to implement ICD-10? And, how long will it take?" Health information management (HIM) is the owner of this skill set. This brings HIM to the forefront as subject matter experts in a way not experienced prior to ICD-10-CM/PCS. While the recommendation to begin training in coding is three to six months prior to implementation, a lot of work behind the scenes needs to be going on right now. What exactly is going on behind the scenes? What should directors, information technology (IT) staff, and upper management be doing to put the framework together in order to implement ICD-10-CM/PCS?

The first step is to develop a team that involves Health Information Management, Information Technology, upper management, finance, medical staff, and business services. Each hospital should determine who its key stakeholders are, who is going to be affected, and how the implementation of ICD-10-CM/PCS will impact the hospital. The team should consist of whoever is identified as a key stakeholder at a particular facility. Starting now, this team should meet on a monthly basis at a minimum. Team members can come and go. Some team members will be involved initially, some throughout the entire process, and some may become involved closer to the point of implementation.

If you are part of a regional or large corporation, much of the high-level planning will occur at the regional or corporate level. If your hospital is smaller or independent you will likely depend on what hospitals around you are doing. The existing working relationships with larger corporate hospitals in your area will be a good source of information. Vendors will also be able to assist you with time lines and schedules.

## **Develop a time line**

A time line, used to establish milestone goals, will help to keep the institution's overall plan on time and on target. The time line should involve when and how you will begin to educate the general staff in the hospital about ICD-10-CM/PCS. An increased level of awareness among the medical staff will encourage involvement once staff understands how it will affect them. Educational assessment should be an initial piece implemented, not only with coding staff but also with anyone who is involved in entering codes and diagnoses. Once the assessment is complete, a hospital has a good idea of the type of curriculum needed and how much time needs to be spent on education. Assessments already done show there is a need to improve basic knowledge in anatomy and physiology, pharmacology, disease process, and medical terminology. Finally, involve your physicians and quality data improvement (CDI) staff and quality departments to get the message out.

It is up to the local hospitals to communicate to their regional level what is needed in terms of resources. There are staffing guidelines, productivity requirements, financial goals, and accuracy ratings to maintain. This will impact not only HIM, this will impact all departments. Codes are used in registration of patients, in the operating room, in doctors' offices, in ancillary clinics, and many places HIM is not aware of.

Health information management will receive a majority of the phone calls when people have questions about ICD-10-CM/PCS. It is likely that HIM is already receiving phone calls from IT asking how many new codes will there be? How many spaces will they take? Are you going to be coding ICD-9 and ICD-10-CM/PCS together for a period of time? Some vendors are developing programs that will hold both sets of codes for a period of time. This does not mean that you will be able to submit bills to CMS after **October 1, 2013** in ICD 9 for any cases discharged after **September 30, 2013**. These bills will not be accepted. After ICD-10-CM/PCS implementation, concurrent programs will need to run for several years because of audits that continue on a variety of cases with such entities as RAC and other payors.

Health information management and IT will develop a close working relationship over the next three years. For example, health information management and IT will need to inventory the software in your facility that ICD-10-CM/PCS impacts. It is usually surprising to find out how many of a hospital's systems are affected by ICD-10-CM/PCS. The exchange of knowledge enhances both departments' understanding, giving the hospital departments a better base of knowledge of systems and the interaction and impact these systems have throughout the facility. Regularly scheduled meetings between HIM and IT are a necessary part of the interdepartmental communication plan. Continuous interaction between HIM and IT with a regular report going to upper management will educate key stakeholders regarding time line accomplishments.

## **Assessment needs**

An assessment of your current documentation will help to determine what is missing in documentation that HIM and CDI or medical staff can address now. Vendors will be happy to do an analysis for you. Some already offer this service in their contracts. In an existing contract with a long-time vendor, this service may already be negotiated into the contract.

A director of health information management or a coding manager should start attending medical staff meetings early on in this process. Develop a short introductory presentation on ICD-10-CM/PCS for your physicians so they are aware of the structure of ICD-10-CM/PCS. Health information management gains an advocate in medical staff by introducing this information to them early and educating them on how to use it. Providers will be more helpful if they know ahead of time what is going to happen. Target key areas for your hospital and develop

a physician liaison who will work with you to develop learning material and educational pieces for physicians.

A separate assessment of your vendors is also necessary. You want to know where they are in terms of successful conversions to ICD-10-CM/PCS. How are they preparing to meet your needs when this conversion occurs? Work with your vendors to communicate what your goals are as a hospital or corporation so that they can meet your goals and are prepared to come alongside your company in 2013. Vendors should not be depending on you to educate them about ICD-10-CM/PCS. They should already have a time line in place for their staff to implement the conversion successfully.

Outlined above is a broad scope of tasks for implementing ICD-10-CM/PCS. At this time, many hospitals and health care corporations should already be in the early planning stages. The four key thoughts to take away from this broad scope of tasks in implementing ICD-10-CM/PCS are:

- Develop a team of key stakeholders committed to meeting regularly.
- Develop a time line of key milestone goals that need to be accomplished.
- Local hospitals need to inventory needs and resources, and communicate this to upper management or their regional team.
- HIM is the department with the skill set to educate others on what ICD-10-CM/PCS is, what it looks like, and how to educate staff for implementation.

The following Web sites are useful resources:

<[www.ahima.org/icd10/default.aspx](http://www.ahima.org/icd10/default.aspx)>

<[www.cms.gov/ICD10/](http://www.cms.gov/ICD10/)>?

#### *Reference*

*Dimick, C. (2010). Industry Lags on ICD-10 Implementation. Journal of AHIMA. Retrieved from <http://journal.ahima.org>*

“ICD-10-PCS Implementation”, *CHIA Journal*, December 2010/January 2011 – Vol. 62 No. 7, Page: 04