Moving the ICD-10 battle line
by Denny Flint

As a student of history, the ICD-10 "combatants" remind me of the static nature of certain conflicts. Both sides seem to be firmly entrenched and unwilling to move. With the dawning of 2015, it is time to put aside the rhetoric. At the risk of sounding like Chicken Little (again!), everything we are hearing out of CMS, WEDI, and the other policy machines tells us the likelihood of another delay is slim. For those of us who will inevitably wait until the last minute to begin the ICD-10 transition process, here is a portent of things to come: Loss of productivity as you scramble to learn the new documentation and coding protocols. Overworked billing staff following up the plethora of problem claims. Loss of revenue, due to lack of medical necessity and overuse/abuse of unspecified codes.

At the very minimum, what will it take to get out of the trenches and into the light? The answer is easy if you ignore all the "white noise" surrounding the implementation. Simply stated, *engage your providers with meaningful education of documentation elements for the codes you most frequently use.* There is no more powerful ICD-10 training than talking to providers about what they need to know by using codes they most often utilize and charts they have actually created. For those of you who conduct chart reviews, you intuitively know that most health care providers are competitive and are open to feedback about their specific work. They want to know how they are doing!

How do you accomplish this? Here are a few action items that will get you on the right track in getting your providers engaged and motivated.

- Run a report, by provider, of the ICD-9 codes they most frequently use.
- Convert these codes to ICD-10 using a combination of GEMS and code books or take advantage of the affordable translation software now available.
- By code, identify the new documentation elements.
- Pull existing charts for those most frequently used ICD-9 codes.
- Compare existing chart documentation to what will be required in ICD-10.

By following these simple steps you have:

- Identified current documentation shortfalls, and
- Created effective, uniquely focused training topics that will engage and motivate your providers.

You might be surprised by the results. Perhaps your organization is better off than you think. Additional benefits are reaped anytime you shine a light on clinical documentation improvement of any kind. Avoiding ICD-10 will not make it go away and the above simple steps are an effective way to get the ball rolling. Do not be like the practice where the receptionist rushes back and says, "Doctor, there's an invisible man in our waiting room!" And the doctor pauses and says, "…tell him I can't see him."

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