Deciding When and How to Start the ICD-10 Conversion? Ideas Here.

The proposed, but not finalized, deadline for ICD-10 is October 2014. Most coding experts recommend training staff 6 months before the deadline. What's a practice to do with the other 18 months?

Who chooses the ICD-9s in your practice today?

There are many methods physicians/providers use to choose a diagnosis code:

1. Encounter forms (AKA superbills, fee slips, routing slips, etc.) are used in many practices, even those with EMRs, for the physician/provider to choose the service and the corresponding diagnosis. Some encounter forms have the most common diagnoses printed on the back and the physician/provider is required to choose one or more diagnoses and "map" them to the service provided. In some practices, medical assistants or nurses may complete the encounter form with the physician's instructions.

2. Physicians/providers may write out their diagnoses and leave staff to translate it into a code.
3. Surgical practices may have encounter forms for non-office surgeries, or they may use other means to communicate to the biller what actually was done in the OR. Surgeons may use smartphone or iPad charge capture, dictation or surgery cards or duplicate-form tear sheets. Coders may abstract the codes from the dictation the physician completed in the hospital.
4. Electronic Medical Record packages may offer physicians choices of diagnoses based on those most-used in the practice, and/or related to the documentation entered and those CPTs and ICD-9s, once chosen, are interfaced to the billing system.
5. Some physicians may use both an EMR and an encounter form.
6. Coders may abstract the diagnosis straight from the documentation without any intervention on the physician/provider's part.

Regardless of who chooses the ICD-9 today, realize that much **more specific descriptions of the diagnoses** will be required to document the correct diagnosis in ICD-10. If the physician/provider is doing the choosing (always my recommendation for non-surgical services), the documentation must support the diagnosis code just the same as if a coder is abstracting the code.

Physicians could, but probably won't, start improving their diagnosis documentation now. Closer to the October 2014 deadline, your practice may want to have an audit of your diagnosis documentation to see how you would fare in ICD-10 world, and to assist physicians in improving their documentation skills.

Take this opportunity to make your current system better.

A host of changes can potentially use ICD-10 as a scapegoat! For groups using EMR and relying on encounter forms “because it’s comfortable”, the move to ICD-10 is an excellent reason to get rid of the encounter forms. **Pushing the code straight from the EMR to the practice management or billing system is the most efficient method overall.**

For groups using paper charts, there are a number of free and pay ICD-9 smartphone apps for all brands of phones. You know there will be apps that crosswalk ICD-9 to ICD-10, **so get started now getting comfortable with searching for and bookmarking your most used diagnoses on your phone or iPad.**

Physicians, does your EMR do this?

Some EMRs already have ICD-10 information in place and available for use now. If it does, start looking at the ICD-10 information provided and begin compiling your new list now. Start your own internal crosswalk to help train your brain for the future.

Think about the life of an ICD-9 code in your practice today.

Make a list of every place and every process an ICD-9 touches. Think beyond attaching a diagnosis to the patient visit, and consider other ways you use ICD-9s. Referrals, test ordering, registries, research…

Consider who in your practice might

become the ICD-10 specialist.

It could be a physician, a nurse, a coder or a biller. Someone in your practice should attend webinars or classes to understand the structure of ICD-10 and take on the mentor role for the practice. It may be your coder, or if your coder doesn't have formal anatomy & physiology training, it might be someone else in the practice. **Who should it be?**

Is there a possibility ICD-10 will be further delayed or even go away?

Absolutely! Anything is possible. Personally, I don't think it will and I would rather hedge my bets by spending some time between now and October 2014 preparing for it, then be taken by surprise and try to ramp up in a very short amount of time.

If you start **thinking** about it now, you'll have about 2 years to budget and train for the conversion. You can make ICD-10 a standing item in your board and staff meetings. You can start your "life of an ICD-9 code" list. And you can start evaluating physicians, providers, clinical staff and administrative staff (maybe it's you!) for a starring role in the Big Change.

Start the walk, the crosswalk, that is.

Some ICD-9 codes will have one ICD-10 code only. The rest will have more than one possible ICD-10 . Start by running a report from your billing system or EMR on your top twenty ICD-9s and check to see which of your top twenty ICD-9s have more than one possible ICD-10.

Resources from CMS – Implementation Guides

CMS has developed implementation handbooks to assist with the transition from ICD-9 to ICD-10 codes. Each guide provides detailed information for planning and executing the ICD-10 transition. Use the guides as a reference whether you're in the midst of the transition or just beginning.

The appendix of each handbook has templates that are available for download in both Excel and PDF files. The templates are customizable and have been created to help entities clarify staff roles, set internal deadlines/responsibilities and assess vendor readiness.

View the tailored step-by-step plans and relevant templates for each of the following audiences impacted by the transition:

•**Large Practices [PDF, 2,773KB]**
1. Templates

• **Small Hospitals [PDF, 3,548KB]**
1. Templates

• Small/Medium Provider Practices [PDF, 3,116KB]
1. Templates