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A Pain-Free Approach to ICD-10 Readiness: Four Steps to Success for Small Practices



BY MIKE HODGSON

Provider practices must contend with much more than patient care as they adjust to health-care reform and reimbursement changes as well as prepare for ICD-10. Despite the delay of CMS's adoption of ICD-10 for another year (the U.S. is one of the last adopters), the momentum to switch to the new code set is stronger than ever.

Most hospitals, research institutions, large practice groups, MCOs and technology and service vendors—to say nothing of state and federal governments—have in-

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vested a great deal of time and money in ICD-10 preparations, and there is a concert of voices determined to ensure another delay does not happen.

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For physician practices that may have hoped ICD-10 would just go away—it won't. For those who have taken a cautious wait-and-see approach, it is time to act. Practices that have already taken steps to prepare for ICD-10 are ahead of their peers, but there are still things they can and should do with the expanded time frame granted by the implementation delay.

Those who have shied away from ICD-10 planning have often done so upon facing the confusing complex-

ity and volume of information that confront them. Any number of preparation lists, articles and guides pronounce a staggering number of steps and level of minutiae that must be tackled by physicians and offices already taxed by current responsibilities and routines—not to mention that all of these small details would require a PMP-certified project manager to implement.

Even if a practice chooses to tackle implementation on its own, how could it be assured that it is truly ready and something critical hasn't been missed or improperly evaluated?

It should come without surprise that physicians are often intimidated by the change to ICD-10 and that many have chosen an "ignore it and maybe it will go away" mindset.

However, continuing down this path creates the American Medical Association's self-fulfilling prophecy that physicians will not be ready for the transition when it comes. If physicians are too overwhelmed, too stressed or too busy to prepare for ICD-10, they will never be ready for the implementation—no matter the date.

Instead of intimidating physicians with a plan that requires coordination of software vendors, clearing-houses, payers and more, we recommend a simplified approach that focuses on acquiring just the durable skill sets required of ICD-10 and leaves implementation to the pros. This is a more realistic preparation strategy if physicians and their practices are to be assuredly prepared for ICD-10—while caring for patients, pursuing reimbursement and adjusting to a dynamic (and hopefully ever-improving) health-care environment.

In this spirit of a simpler approach, here are four steps to ensure provider practices are ready for ICD-10 and beyond.

1. Engage in Efficient, Targeted, Role-Appropriate ICD-10 Training

Practice coders do not need the same training as a hospital coder. Nor do clinicians need the same knowledge as their practice coders. Training should be tailored to these role differences by providing targeted ICD-10 education specific to individual responsibilities and scope of practice.

For example, a practice coder using superbills needs to know how to create and work with an ICD-10 superbill, not spend hundreds of hours learning the entire code set and guidelines.

A physician only needs the basics of ICD-10 and the specifics of how to document and code their most common cases. An hour of online ICD-10 training may be sufficient for most. For other scenarios, they just need to be trained on how to quickly find the applicable documentation guidelines. There are some excellent tools that show providers exactly what they need to document in just a few seconds.

In addition to ICD-10, billing and coding staff need updated biomedical sciences training (medical terminology, pathophysiology, anatomy and pharmacology) to prepare them for the new specificity of the ICD-10 code set. Other staff should receive a brief overview of ICD-10 to bring them up to date and in line with the industry.

When evaluating training options, it is important that the program be tailored to the individual; this will im-

prove retention of the material by illustrating how the information is relevant to each individual's position. In-person training may provide a more custom curriculum at greater expense while online training is generally the most flexible, least time-consuming, and least costly option. This tailored ICD-10 training does not need to be expensive. Costs vary by practice size, vendor, modality (online vs. on-site) and the selected programs, but a specialty physician office can obtain high-quality training beginning at \$100 per person.

2. Improve Documentation Now

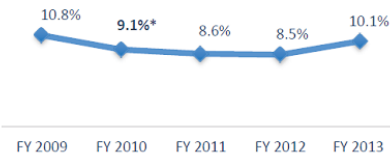
Clinical documentation improvement training based on ICD-10 teaches providers how to document conditions and treatments with the proper specificity and phraseology needed for the more specific ICD-10 codes. Documentation is a critical area of training for physicians as they prepare for ICD-10, and it is also an area that can have positive benefits now.

ICD-10 or no, providers will find that improving the clarity, specificity, detail and applicability of their documentation pays real dividends.

The Department of Health and Human Services Office of the Inspector General reports that in 2013 documentation errors contributed to \$11.8 billion in overpayments and \$2.6 billion in underpayments, an error rate of 9.5 percent—just within Medicare Advantage.

Even more startling, despite several years of improvement, the Medicare fee-for-service error rate reversed course and went up dramatically in 2013 to 10.1 percent for a total of \$36 billion in improper payments.

Percentage of Improper Payments Made Under the Medicare Fee-for-Service Program
(* result exceeded target)



Source: Department of Health and Human Services: *FY 2013 Agency Financial Report*

Better documentation not only helps with reimbursement, it also helps prevent rejected claims and audits and may reduce the time and amount of funds withheld in the event of a CMS audit.

As payment shifts from a fee-for-service model to a capitated model, with incentives for quality, efficiency and outcomes, the importance of accurate documentation only continues to increase—to ensure that coders can assign the proper codes and obtain full reimbursement.

And, very importantly, better documentation while using ICD-9 yields a more accurate mapping and prediction of what reimbursement will look like under ICD-10.

3. Outsource Implementation to a Specialized Consulting Group

Documenting for and coding in ICD-10 is a snap with a bit of training and practice. However, implementation is another story.

ICD-10 implementation can be just plain complicated. It will impact a variety of workflows that influence patient care and billing, and a successful transition needs to consider payers, compatibility of EMR/EHR systems, testing and predictive reimbursement.

Trusting these tasks to already busy office personnel—especially if they are not skilled and experienced in project management—is a recipe for stress and possible failure.

Instead, enlist experts who specialize in helping practices prepare for the ICD-10 transition. These experts can help identify a practice's specific needs and shoulder much of the burden of preparation planning and execution—thereby allowing the practice to continue managing its patients and business.

No physician would recommend to a patient that he self-treat based on information gathered from the internet. Similarly, no practice should make its way through the ICD-10 transition alone.

Obtaining help from a consulting group does not have to be prohibitively expensive. Small practices should avoid the big companies and look instead for small boutique firms that specialize in working with small practices. This will help keep costs down while providing access to more experienced experts with a thorough and complete understanding of everything it takes for a small practice to be successful.

Consultants can help establish budgets, manage testing and predictive modeling and work with software vendors, payers, clearinghouses and billing services. Practices should rely on a consulting firm to establish an entire plan and manage that plan all the way through execution.

A little money spent this way will save time, effort and money in the long run—all while providing peace of mind.

4. Follow a Plan

This part should be easy. The consultant will create a detailed, complete plan with timelines, milestones and budgets. Then it is simply a matter of following through (with all the heavy lifting done by the consultant).

The transition to ICD-10 can seem daunting, but it doesn't have to *be* daunting.

Feel free to arrange for training on your own. You should easily find resources that fit your needs through word-of-mouth, referrals, conferences or even a simple web search.

Leave the transition and implementation headaches to those who have done this for many others and have learned from those experiences.

Focus on your patients, improve your documentation, and ICD-10 will arrive more with a gentle whisper rather than a clamoring of hooves.