



ICD-10 Implementation Strategies

Jeri Belcher, Consultant, MEDITECH Practice

Some Healthcare providers are under the illusion that they have “plenty of time” to implement ICD-10 coding. Unfortunately, they don’t. What many providers fail to realize, is that this is more similar to a full system implementation of software than just a coding change.

ICD-10 will impact every area of every hospital, clinic, physician office, and every single entity that either provides medical care, bills for medical care, or has any dealings with the healthcare profession other than the delivery of hard goods (for this article, we will use the general “provider” to represent all of these entities).

As of November 1, 2011, there are less than 700 days before everyone MUST bill using ICD-10 coding. That is only 100 weeks. Factoring in 5 work days per week, that is basically 500 days. Subtract all the holidays, and we find that in reality, there are roughly 480 days (if some minor holidays are worked). For a full system implementation to this scale, that is not a lot of time – and the clock is ticking.

By now, all providers should have their implementation team in place, their strategy and assessments complete, and the 5010 testing and implementation should be nearly complete for the Go-Live date of January 1, 2012. Unfortunately, some providers are just now starting to think about organizing their team and haven’t even begun the assessment phase. This puts them way behind the ball, and will most certainly cause panic when they realize how little time they truly have to complete the project.

What all this means is that providers who are just now (or haven’t even started) the planning phase, will need to double their efforts to catch up. They will need an ICD-10 Steering Committee which should include persons from Senior Management, HIM, Case Management, Billing, Managed Care Contracts, IT, Decision Support, Utilization Review, Quality Review, and any department currently involved in any functional area that uses or translates ICD-9. Due to the high volume of education that is needed in the migration to ICD-10, healthcare organizations may also want to include someone from their Education Department to be involved at this level.

If not already completed, they will need to immediately map out all areas affected by the ICD-10 change, and include all vendors that will have an impact as well. They will need to create a

roadmap and detailed plan for the implementation and readily identify how many resources they will need to accomplish those timelines. Unless they have an overabundance of staff, they will need to assess their outside consulting requirements to complement the Work Teams they have identified. They will need to obtain additional personnel as quickly as possible to assist with areas where there may be a shortfall of staff available to devote themselves full time to the project.

A large obstacle will be creating, following, and updating timelines throughout the project. The work teams must be held accountable for meeting those timelines in order to move the project forward. This will require a strong Project Manager who will be able to keep the teams on task.

While ideally departments will have staff to devote to the project full time, it is not always possible, and finding outside people who will know every detail of every department is not feasible. Consequently, providers will need to identify their shortfalls, and supplement those areas with the understanding that part-time assistance will most likely be required from some staff in some areas.

Two main areas are Billing and HIM; below are questions and options to consider when implementing ICD-10.

Billing:

- What staff can assist?
- Who can work with the vendors to ensure billing readiness to avoid delay in claims?
- Who can work with the Contract Manager to ensure proration rules are updated (since most HMO contracts will certainly change to accommodate the new coding)?
- There needs to be dual billing systems since ICD-9 codes will be applicable for discharges prior to October 1, 2013 and ICD-10 on that date.

HIM:

- What staff can assist? It is extremely rare to have an expert in coding who is also an expert on the IT side of things, so coder's assistance may be necessary.
- Who is available to assist with making sure the Coding Software is ready and works properly?
- Who can assist with training, since there will be massive training requirements for coders?
- How will the workload need to be adjusted in order to accomplish both ICD-9 coding, and ICD-10 coding?
- How will reporting to Government agencies be affected by the change (as in OSHPD for California)?

These are only samples of two areas, and a very small sample of items to consider. By now, if providers have not already mapped out this information, they will need to jump start their process and move quickly to catch up. They will also need to consider that more consultants will now be needed, because finding people with broad detailed experience may be difficult to find at this stage of the game, and consequently will require more people.

If you would like more information about ICD-10 and ICD-10 Implementation Strategies, please contact VCS at 610.444.1233, vcs@getvitalized.com, or visit www.getvitalized.com.