With the October 1, 2014 ICD-10 implementation deadline rapidly approaching, many organizations are formulating their training strategies but have some concerns. When is the ideal time to initiate training? How should it be approached? How will the organization handle productivity decreases as staff members devote time to training?

Formal training with ICD-10-CM and PCS—including book-based code selection and encoder usage training—should take place six to nine months before the ICD-10 deadline to increase retention upon go live, according to the American Health Information Management Association (AHIMA). However, to increase success there are valuable interim steps that organizations should take before formal training commences.

This white paper outlines the steps for organizations to develop training strategies that will ease the transition to the new code set.

Getting Familiar with ICD-10

The first step toward preparing for ICD-10 entails getting familiar with the new code set. ICD-10 stands for the International Classification of Diseases, 10th Revision. There are two components to the ICD-10 code set:

- The Clinical Modification, known as ICD-10-CM, is used for coding diagnoses, and replaces ICD-9-CM for diagnosis coding.

- The Procedural Classification System, known as ICD-10-PCS, is used for coding procedures, and replaces ICD-9-PCS Volume 3 for inpatient procedure coding. However, Current Procedural Terminology (CPT®) will remain the coding standard for physician services.

Gaining initial familiarity with ICD-10 can take place by reviewing the most recent editions of ICD-10-CM and PCS code books. There are many similarities between ICD-9-CM and ICD-10-CM, including the basic structure of the classification system and general conventions.
Major differences include ICD-10-CM’s use of three-to-seven character alphanumeric codes, how excludes notes are defined, the need to indicate laterality in codes, and the overall greater specificity of the code set when compared to ICD-9-CM. The use of laterality (e.g., right or left side of body) will require additional details to indicate laterality in clinical documentation.

**Major Differences — Diagnosis Coding**

**ICD-9-CM Diagnosis Codes**
- 14,000 diagnosis codes
- Uses 3- to 5-digit codes
- Chapters 1-17 uses all numeric characters; supplemental chapters use an alpha first digit (E or V)

**ICD-10-CM Diagnosis Codes**
- 69,000 diagnosis codes
- Uses 3- to 7-digit codes
- Digit 1 is alpha (A-Z, not case sensitive)
- Digit 2 and 3 are numeric
- Digits 4-7 are alpha or numeric

There are more substantial differences between ICD-9-CM Volume 3 and ICD-10-PCS. For example, ICD-10-PCS codes are seven characters long, instead of the three-to-four-digit codes used in ICD-9-CM Volume 3, and no proper names (eponyms) or acronyms are used in ICD-10-PCS. Additionally, ICD-10-PCS does not have “not otherwise specified” (NOS) codes, combination procedures, or diagnostic information.

**ICD-10-PCS Codes**
- 87,000 procedure codes
- Uses 7-digit codes
- Any of the digits can be alpha or numeric. Letters O and I are not used to avoid confusion with numbers 0 and 1.

**Mapping Tools and Exercises**
Upon gaining initial familiarity with ICD-10-CM and PCS, coders and others can expand their knowledge by using General Equivalent Mapping (GEM) tools, such as the one available from ZirMed. These mapping tools can help users translate ICD-9-CM codes into ICD-10-CM and PCS codes (called forward mapping), and translate ICD-10-CM and PCS codes back into ICD-9-CM codes (called backward mapping).

Using mapping tools not only helps the health information management (HIM) staff learn the ICD-10-CM and PCS code sets, but is also useful to modify the numerous forms (e.g., superbills, etc.) and coding policies that need to be updated before the ICD-10 implementation deadline.

When using mapping tools, it’s important to realize that there is no simple and direct equivalency between ICD-9 and ICD-10 codes. Both forward mapping and backward mapping may result in “one-to-many” or “many-to-one” coding choices, and you’ll still need to make sure you fully understand each code and confirm that it accurately applies to the medical case in question. For example, ICD-9-CM code 427.310 for atrial fibrillation maps to three ICD-10-CM codes that specify whether the
atrial fibrillation is paroxysmal, chronic, or unspecified. Conversely, several ICD-9-CM codes used to diagnose tuberculosis map to a single ICD-10-CM code.

Although mapping tools are useful for some coding conversions and can speed up the process, they are not a substitute for learning the ICD-10 code set, as using the tools is a slow and inefficient process that still requires coders to use their own knowledge and judgment. Formal ICD-10 training will increase productivity levels and improve code selections.

Training Preparations
Although AHIMA recommends beginning formal ICD-10 training six to nine months before the implementation deadline, there are still several actions that organizations should engage in to help their coding staffs prepare for training. The first is increasing the knowledge levels of coding and physiology among their coding staffs.

As mentioned earlier, ICD-10 has much greater specificity than ICD-9 and includes laterality. In diagnosis coding, ICD-10-CM often requires listing the specific body part with the diagnosis, and chapters are organized by diagnosis, such as neoplasms in chapter C, obstetrics in chapter O, and diabetes mellitus in chapter E. In ICD-9-CM, these codes were scattered throughout the book, rather than organized by diagnosis.

In procedure coding, ICD-10-PCS’s seven characters for each code signify specifics about body system, body part, approach, and device. This requires coders to be knowledgeable about anatomy, physiology, and disease pathology to understand the terms within clinical documentation that will help them select the correct code. This is further complicated by the fact that physicians may not use the exact term listed in the ICD-10-PCS code book, which may require coders to “translate” the information in the clinical documentation into the proper code, or to question the physician when in doubt.

Other training preparations include locating and procuring the necessary resources for training to begin, such as coding books, online resources, associations, and testing requirements. These resources will need to be in place before formal training begins.

Formal Training
Formal ICD-10 coder training should commence between January and April 2014, and continue through September. During this period, organizations should have their clinicians engage in clinical documentation training that includes the elements required to support ICD-10 coding. Training sessions for both coders and clinicians are available through a wide variety of sources, including industry associations, universities, consulting firms, and other organizations.

The Department of Health and Human Services (HHS) estimates total training costs for hospital coders at $2,750 for each full-time coder and $550 per part-time coder (both figures include lost work time and training expenses). These are conservative estimates that do not account for other one-time and recurring costs, such as:

One-time costs:
- Clinical documentation training for clinicians
- Hiring outsourced coders to handle coding backlogs
- Consulting—assessment and planning, as well as system selection, configuration, modification, and implementation
- Productivity losses—coder productivity decreases during early use of ICD-10, in addition to the lost time calculated in the HHS figures
- Information systems—modifications, upgrades, and new purchases

Recurring costs:
- Salaries for personnel focused on ICD-10 implementation and compliance
- Maintenance agreements for new systems
- Subscriptions to hosted systems
Addressing Productivity Decreases

Productivity decreases are practically inevitable during the transition to ICD-10 and for several months after the deadline. Organizations that anticipate these productivity decreases and address them in advance will experience fewer negative effects on productivity and reimbursements.

Productivity decreases will occur while coders are absent due to ICD-10 training, or when clinicians are absent during clinical documentation improvement training. Additionally, clinical documentation turnaround times are likely to increase while clinicians work to improve the specificity of their documentation, and coding turnaround times will be longer in the early days of using the new code set.

Organizations have several options to proactively address these issues:

- Consider using remote or outsourced coders to prevent coding backlogs during staff absences due to coder training.
- Upgrade technology, such as encoders and practice management systems, to take advantage of increased functionality that will expedite coding processes.
- Evaluate whether computer-assisted coding solutions can help ease the transition to ICD-10.

ZirMed offers an extensive, regularly expanding and updating collection of resources to help you and your organization get ready for ICD-10.

Get Started Today!

As this white paper has outlined, organizations should be working now to create a solid foundation of knowledge that will increase the effectiveness of the formal ICD-10 training that will take place in the six to nine months before the October 1, 2014 implementation deadline. Organizations that pre-train for ICD-10 will be better positioned to minimize productivity decreases and reimbursement losses once the transition to ICD-10 is made.

ZirMed ICD-10 Resources

ZirMed offers an extensive, regularly expanding and updating collection of resources to help you and your organization get ready for ICD-10.

The ZirMed ICD-10 Resource Center—available to signed-in users in the Support and Training Center—makes it easy to find resources and best practices for the transition, including:

- ZirMed’s ICD-10 Survival Guide
- White Papers
- Live and Recorded Webinars
- Frequently Asked Questions
- Industry Resources
- News & Updates
- An Online Testing Environment for testing professional and institutional claims

In addition, ZirMed offers:

- Coding and Specialty-Specific ICD-10 Training—ZirMed has partnered with a training organization to offer expert training programs at affordable rates.
- ICD-9/ICD-10 Mapping Tool—supports both forward and backward mapping between ICD-9 and ICD-10 codes to help trainees identify likely choices when converting between codes, saving time and reducing confusion. (Planned for release Autumn 2013)

About ZirMed®

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