ICD-10-CM/PCS Education . . . What Happens Next?

Kathryn DeVault, RHIA, CCS, CCS-P
Director, HIM Solutions, AHIMA
Agenda

• Coding staff education
• After implementation . . .
• Academic Transition to ICD-10
• Adult Learning Principles
Coding Staff Education

• Skills assessment
  – Where are opportunities for improvement?
• Biomedical sciences . . . what’s missing?
  – Anatomy & Physiology
  – Pathophysiology
  – Medical Terminology
  – Pharmacology
• ICD-10-CM/PCS education
• Focused training based on assessment
Comprehensive Education

- All coding staff should complete comprehensive ICD-10 education
  - No more than 6 to 9 months before compliance date
- Sources of training include:
  - Traditional classroom training
  - Distance education courses
  - Audio or Web-based programs
  - Self-directed learning using printed materials or electronic tools
Comprehensive Education

• Not all coding staff will require same type or amount of ICD-10 education
  – Hospital inpatient coding staff
    • Estimated 50 hours of ICD-10-CM/PCS education
  – Coding staff in any other setting
    • Estimated 16 hours of ICD-10-CM education
  – Coding staff in physician practice specialty areas
    • Education should be focused on code categories most applicable to the specialty
Comprehensive Education

• Following education:
  – Assess ICD-10 proficiency
  – Provide additional training to address identified areas of weakness

• Document completion of ICD-10 training in personnel files
Following Implementation . . .

• Train or retrain staff as necessary
  – To improve coding accuracy
  – To improve coding productivity
• Provide ICD-10 education to new staff
Following Implementation. . .

• Monitor coding accuracy and productivity
  – Implement strategies to address problems:
    • Need for additional education on code sets, biomedical sciences, medical terminology
    • Need to improve the quality of medical record documentation
    • Need for additional coding professionals to assist with coding backlogs or reviewing claims denials and rejections
Documentation Improvement

• Assessment of documentation is critical to coding in ICD-10-CM/PCS
  – Evaluate detail and quality of medical record documentation
  – Implement and monitor documentation strategies
  – Assess vendor-supported CDI tools
Documentation Improvement

• Detail and quality of medical record documentation:
  – Conduct analysis of clinical documentation
    • Random medical record selection
    • Top DRGs
    • High volume diagnoses and procedures
    • Top 25 diagnoses and procedures
    • Specific providers with documentation concerns
Documentation Improvement

• Documentation improvement strategies
  – Collaborate with physicians
    • Determine best options for provider education
    • Identify physician champion(s) to assist in education
    • Provide focused education for providers based on specialty
    • Demonstrate benefits of ICD-10 for providers
Documentation Improvement

• Documentation improvement strategies
  – Provide training on CDI to providers
    • Quality documentation and patient care
    • Severity of illness and risk of mortality
    • Need for quality, accurate documentation for appropriate reimbursement
Education on GEMs

• General Equivalence Mappings (GEMs)
  – Identify staff needing GEMs training
  – Information on mapping processes
  – GEMs technology
  – When to use the GEMS and when NOT to use the GEMs
Longitudinal Data

- Evaluate the impact on longitudinal data analysis
  - Will legacy data need to be converted?
    - How will it be converted?
  - Will coded data will be mapped between ICD-9 and ICD-10 by using the GEMs?
    - Will application-specific mappings need to be developed?
  - Determine which data will be linked using mapping applications and which data will be maintained separately according to the source code set
Reimbursement changes

• Assess potential reimbursement effect of ICD-10 transition
  – Evaluate potential diagnosis-related group (DRG) shifts
  – Evaluate changes in the case mix index (CMI)
  – Communicate with payers about anticipated changes in reimbursement schedules or payment policies
Reimbursement changes

• After implementation . . .
  – Monitor reimbursement group assignments (DRGs, HHRGs, etc.)
  – Monitor impact on reimbursement
  – Monitor claims denials and rejections
  – Monitor changes to case mix index (CMI)

• Provide appropriate education to staff about reimbursement issues
Reimbursement changes

• Claims denials and rejections
  – Work closely with payers to resolve payment issues
  – Analyze changes in CMI
  – Analyze shifts in reimbursement groups
  – Communicate with payers about anticipated changes in reimbursement or payment policies
The Academic Transition To ICD-10-CM/PCS
Academic Program Challenges

• Textbooks and Resources
• Coding Faculty and Training
• Professional Practice Experience (PPE)
• Impact on Other Courses
• Allotted Curriculum Hours
• Educators
• Students
Textbooks and Resources

• Which textbooks and resources will be best for student use
• Timely availability of textbooks and resources
  – Must be designed to accommodate independent study
• Cost of code book and manuals
Coding Faculty and Training

• Recruitment and retention of qualified coding faculty
• Training of instructors in ICD-10-CM/PCS
• Continuous, on-going training for instructors to remain current
• Budget constraints for instructor training
Professional Practice Experience (PPE)

• Classroom training in ICD-10-CM/PCS versus clinical sites coding in ICD-9-CM
• Alternative options will need to be explored
Impact on Other Courses

• All programs must keep to timeframes specified by the institution
• Accommodations for both full-time and part-time students
• Sequencing of coding courses
  – Crucial to ensure required pre-requisite courses have been completed
Impact on Other Courses

• Anatomy & Physiology, Medical Terminology courses
  – Need to be reviewed to meet the needs for coding in ICD-10-CM/PCS
• Additional hours needed to prepare students in ICD-10 may impact the length of programs
Impact on Other Course

• Understanding of both the ICD-9-CM and the ICD-10-CM/PCS systems
  – Valuable in management courses
  – Evaluation on the productivity impact related to the transition
• Teaching ICD-9-CM as a legacy system
• Appropriate use of the General Equivalence Mappings (GEMs)
Allotted Curriculum Hours

- ICD-10-CM/PCS may require more credit hours
- Assess the number of credit hours required to teach ICD-10-CM/PCS
  - Determine the best way to incorporate into current course structure
  - Consider the possible necessity of adding an additional course
Educators

• Challenge of teaching in ICD-9-CM while learning ICD-10-CM/PCS
• Significant difference in coding procedures in ICD-10-PCS
  – Incorporation of in-depth A&P into coding educational plan
Students

• Challenged in their capacity to apply the correct codes
• Must have a strong background in anatomy and disease process
• Must understand ‘intent’ of procedures when coding in ICD-10-PCS
Academic Resources

• AHIMA Practice Briefs
  – *Transitioning to ICD-10-CM/PCS in the Classroom: Countdown to 2014*
    • June, 2012 – *Journal of AHIMA*
  – *Advancing the Academic Transition to ICD-10-CM/PCS*
    • June, 2010 – *Journal of AHIMA*
  – *Transitioning to ICD-10-CM/PCS – An Academic Timeline*
    • April, 2009 – *Journal of AHIMA*
Adult Learning Principals
Adult Learning Principals

1. Begin with what learners already know
2. Establish learners’ intrinsic need for the training
3. Provide real-life applications
4. Create and maintain interest of learners
5. Foster discussion and active participation
Adult Learning Principals

6. Give learners choices about their training
7. Use flexible pacing and provide direction outside the agenda
8. Give information materials to learners
9. Provide recognition, encouragement, and approval
Learning Differences

- Learning involves three basic steps:
  1. Sorting new information to determine what is relevant and what is not
  2. Organizing selected information in a way that makes sense to the learner
  3. Merging new knowledge with previous knowledge
Adult Learning Principals

• Learners retain content as follows:
  – 20% of what they hear
  – 30% of what they see
  – 50% of what they see and hear
  – 70% of what they see, hear, and say
  – 90% of what they see, hear, say, and do
Adult Learning Styles

Visual
- Rely on pictures
- Love graphs, diagrams, illustrations

Auditory
- Listen carefully to sounds
- Actively participate in discussion

Kinesthetic
- Physically participate
- Want to touch what they’re learning
Adult Learning Cycle

Experiencing

Processing

Generalizing

Applying
Resources

• AHIMA ICD-10 Website: www.ahima.org/icd10
  – Latest ICD-10 News
  – ICD-10 Newsletter
  – Online training
  – Face-to-face training
  – Audio Seminars
