

ICD-10 Insights: Lessons from the Field

Stay ahead.

For many organizations, the implementation of ICD-10 has been a multi-year endeavor requiring extensive effort across all facets of the enterprise. **What can we expect across the industry as the October 1, 2015, compliance date looms closer?**

Raise the Stakes on Clinical Documentation

Unintentionally neglecting or underfunding CDI could lead to weak revenue and sub-optimal reporting. Instead, invest big in CDI for both inpatient *and* outpatient, as the simplest documentation omissions could inflict regrettable cash reductions.

Are all departments still on-board?

Manage Longitudinal Data & Data Discontinuities

GEMs and encoder tools do not ensure data comparability between ICD-9 and ICD-10, and could impact core measure reporting, population health research, disease management as well as financial analyses. Scrutinize the comparability between ICD-9 and ICD-10 code assignments to really understand ICD-10's impact on longitudinal data

Avoid ICD-10 Testing Pitfalls

Testing is one of the most complex activities, but is often underestimated and undervalued. Continually track timelines, maintain inventories and employ testing rigor across all ICD-10-specific scenarios.

Leverage Collaboration for Financial Insights

Early collaboration results showed up to 10-20% DRG variances¹ for high risk inpatient cases. ICD-10 sequencing and grouping rules are expected yield some DRG shifting, but recent surveys also found instances of inaccurate code selection, missing and/or improper sequencing of codes.

Make necessary refinements

Update Bill Edit/ Bill Hold Conversions

Replicate ICD-9 bill edits for ICD-10 to hold claims that span the go-live date and require splitting, and create new edits that will evaluate sufficient, appropriate specificity of the code structure (e.g., laterality, gender). Finally, test edits to minimize billing work queues post-go-live.

Dual Coding

Dual coding generates data for financial modeling/testing, identifies documentation gaps, tests applications, enables productivity tracking and assesses training needs. During dual coding, consider costs/benefits, resource sufficiency, case selection and quality guidelines.

Avoid Training Regrets

There is no single silver bullet for ICD-10 training. Apply a multi-faceted approach—in-person, hands-on, online, mobile apps, tip sheets, roundtables and more—to training (and retraining) physicians, coders and impacted stakeholders to reinforce ICD-10 tenets that will facilitate accurate coding and documentation, leading to more accurate reimbursement.

Involve Compliance Early

Compliance units knowledgeable about ICD-10 risks will be best positioned to validate providers' readiness. Involve and train Compliance early on the warning signs and symptoms to minimize unwanted fluctuations in metrics such as risk scores or case mix indices.

Conduct change management check-in

Evaluate re-training needs

¹ Based on Deloitte experience