

# ICD-10 Taskforce Bulletin

A Newsletter from the NCHICA ICD-10 Taskforce

August 2014

## Transitioning to ICD-10

The transition from ICD-9 to ICD-10 presents significant changes and challenges to an organization's computing environment with numerous system upgrades, testing and implementation efforts. Too often, these are viewed as separate activities rather than as parts of a larger, more complex puzzle. As a result, the typical "silo" approach to system upgrades, testing and implementation can represent significant risk to an organization.

One area that is often overlooked is the cumulative effect of numerous upgrades on "infrastructure" systems that support data transmission, remote access, etc. Instead, NCHICA recommends a more holistic approach to address the complexity and interdependencies across all impacted systems and areas within an organization. A good example of this complexity and interdependency can be found within an organization's coding/billing systems. Given the greater scale and scope of ICD-10, this infrastructure (which may be completely adequate to handle ICD-9 coding) may not be sufficient to handle the added burden of ICD-10.

While vendor recommendations can be helpful in determining whether an organization has sufficient hardware and infrastructure capacity for ICD-10 coding platforms, NCHICA ICD-10 Taskforce members are finding that these vendor recommendations and capacity estimates may be understated. As a result, in order to determine whether an organization's coding/billing platform can handle the added "load" that the ICD-10 coding brings, some taskforce members have found it invaluable to perform a more realistic "stress test" of their coding/billing environments.

Based on these initial results, organizations are strongly encouraged to look at performing dual coding at a 100% level, even if it is only for a short period of time, during 2014. This will allow organizations to more realistically evaluate what the strain is going to be on their coding systems/infrastructure and to determine steps for mitigating any identified issues.

**Dual Coding** - Assigning both the ICD-9 and ICD-10 code for an encounter at the initial time of coding. *Example: a coder is coding a same-day surgery account. While the coder is processing the account for ICD-9 codes, he/she is assigning ICD-10 codes before finalizing and sending the claim to billing. The account is only touched once.*

**Double Coding** (sometimes referred to as dual coding) - Assigning the ICD-9 codes for an encounter at the time of initial coding, and then recoding the same account with ICD-10 codes any time after the initial coding. *Example: a coder codes a same-day surgery account on Monday morning. Later that afternoon the coder goes back to the same account and reprocesses it for ICD-10. The account is touched more than once.*

Most institutions are currently doing a version of double coding due to IT system constraints. Those with compliant systems are doing a true dual coding.

### Things to Consider:

*Is the date 10/1/2014 set up in your software to transmit ICD-10 codes due to program updates?*

*Will your vendor need to push out a software update to override the conversion date?*

*Do you need to extend or revise training contracts?*

*Do you need to extend or revise consultant contracts?*

*The coders in training today were trained only in ICD-10. Thus, due to the delay, new students will need to learn ICD-9 that is based on the similar concepts.*

*If you are able to test with your trading partners now, will you have to retest next year?*

### ICD-10-CM Training

#### Comprehensive Coding Using ICD-10-CM for the Physician's Office

- [August 22, Greensboro AHEC](#)
- [August 26, Charlotte AHEC](#)
- [Oct. 14, Southern Regional AHEC](#)

#### Advanced Urology Coding: Be in the Stream of Things!

[Sept. 30, Charlotte AHEC](#)