CYBERSECURITY

Closing the ICD-10 gap

Jessica Colarusso

Aug. 25, 2015

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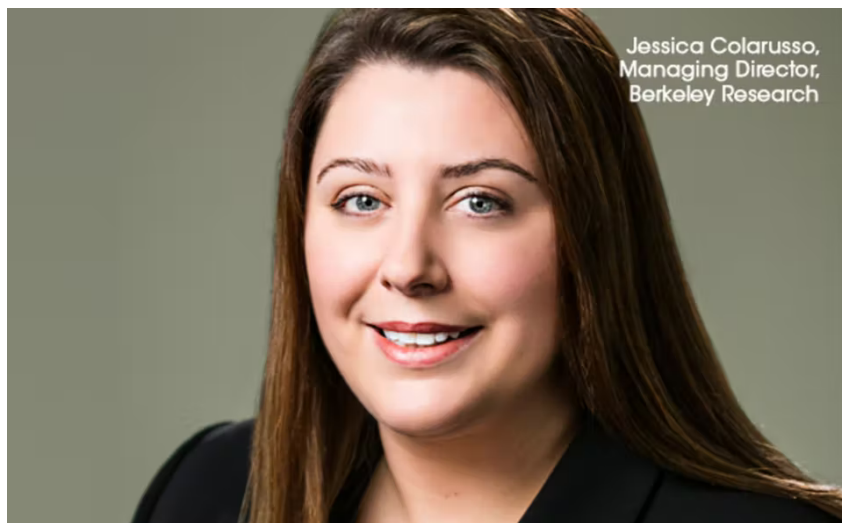
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With the
deadline for
transitioning
to ICD-10 just
weeks away,
healthcare
providers and
organizations
should be
finalizing
preparations that include the Centers for Medicare &
Medicaid Services (CMS) best practice
recommendations: installing electronic health record
(EHR) vendor updates, training providers and coders,
and testing end-to-end systems for claims submission.

However, the uncertainty of ICD-10 go-live severely
disrupted provider readiness and their participation in

education. Several industry groups and vendors have
been monitoring provider attitudes toward ICD-10
readiness as the Oct. 1 deadline nears.

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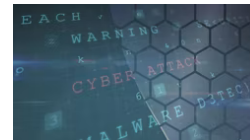
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In its February 2015 survey results, Navicure, a cloud-based billing provider, found that only 67 percent of respondents believed that the ICD-10 transition would take place on Oct. 1 as planned,[1] suggesting lingering uncertainty among healthcare organizations over future delays. In April 2015, the Workgroup for Electronic Data Interchange published its own survey findings, reporting that nearly 50 percent of respondents doubted that the transition would take place on time.[2] More than 100 provider groups, led by the American Medical Association (AMA), rallied behind the uncertainty, lobbying

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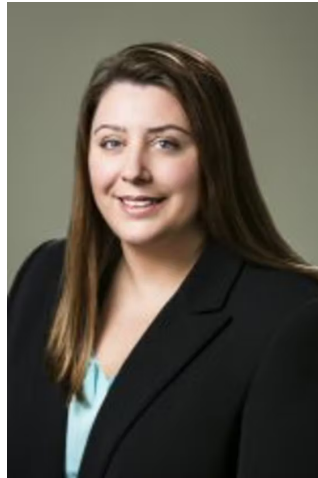
both CMS and Congress with concerns that the transition would cause disruption for patients and providers.[3]

Recently, however, the AMA announced a compromise with CMS that likely ensures an on-time ICD-10 transition. While the compromise does not allow for the continued use of ICD-9 codes, it provides a one-year grace period for ICD-10 codes submitted with missing or erroneous specificity. Those claims will not be denied. This key agreement has turned the tide on the delay debate, and the AMA now counts itself among CMS' allies in the transition. With major objections addressed, the ICD-10 transition is now a

near certainty, and healthcare organizations need to take advantage of the few remaining weeks ahead to prepare.

Where to focus your efforts

Industry estimates indicate that even with adequate training, staff productivity could decline by more than 50 percent during the first three to six months following the transition.[4] Thus, industry experts, as part of a CMS readiness initiative designed to support providers, payers, and vendors, recommend steps for providers and health systems that go beyond simply training staff on the nuances of ICD-10 documentation and coding requirements. These steps suggest the importance of a comprehensive, IT-focused preparation strategy that leverages earlier investments in health IT systems.

Industry experts agree that ICD-10 planning should be managed as a formal project led by both clinical and health information management representatives. Considering the limited runway, efforts should concentrate on analyzing and reconfiguring clinical documentation templates to capture ICD-10 specificity at the point of care. Providers and coders should be trained to use the new templates, and full end-to-end testing should be conducted internally and with external payers to validate that the new process works as intended, resulting in compliant claims processing, eligibility verification, and quality reporting.

EHR optimization streamlines transition

Since its inception, EHR vendors promised greater efficiency and accuracy from the point of care to the coded record. They also promised the EHR would grow with the industry, supporting major initiatives. As the industry transitions to ICD-10, it's worth revisiting these promises to see how the EHR can support transition efforts.

EHR technologies link a documentation chain that flows from the provider to the clinical documentation specialist to the coder. The EHR, as the common denominator among the people and processes most directly affected by the ICD-10 change, provides potential to enhance the transition. When properly configured, the EHR can capture the required ICD-10 specificity at the point of care, ensuring education reinforcement and compliance are incorporated into existing clinical workflows.

Even with this potential, the EHR must be optimized as part of a comprehensive strategy that combines education efforts with IT strategy as suggested by CMS and industry experts. The EHR provides the platform to drive ICD-10-specific clinical documentation templates, and when optimized, can streamline the workflow.

Conclusion

With the AMA now working with CMS toward the Oct. 1 ICD-10 go-live, providers and healthcare organizations must move from doubt to action. Education alone, especially late in the process, cannot fully address the steps experts and CMS recommend. However, specific optimization of the EHR platform

can better capture ICD-10 specificity while reinforcing education and streamlining workflow for providers, clinical documentation specialists, and coders vulnerable to productivity losses during and after the transition. For ICD-10 success, the transition plan must immediately move to take advantage of existing technology investments, including the EHR, and optimize the EHR as the defining link of an efficient, accurate documentation chain.

References

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2. http://www.wedi.org/news/press-releases/2015/04/06/wedi-survey-suggests-mixed-industry-icd-10-readiness

3. http://www.ama-assn.org/ama/pub/news/news/2015/2015-03-04-physician-groups-contingency-plans-icd-10-transition.page

4. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC41

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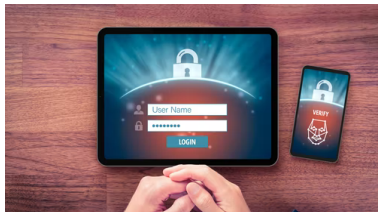
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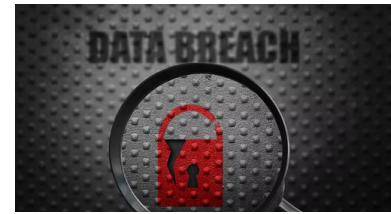**Janette Wider**   Jan. 14, 2022

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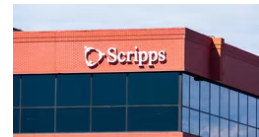**Janette Wider**   Dec. 23, 2021

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