

## EMBARGOED FOR RELEASE UNTIL 1 PM CT, MONDAY, SEPT. 28

### For more information, please contact:

Bridget Stratton

AHIMA

312-233-1097

[bridget.stratton@ahima.org](mailto:bridget.stratton@ahima.org)

## ICD-10 Implementation Is Here; Now the Real Work Begins

*Experts share guidance for optimizing ICD-10 use post-implementation*

**NEW ORLEANS – Sept. 28, 2015** – Ongoing education and assessment are critical to success for healthcare systems transitioning to the new ICD-10 code set, according to early adopters who will discuss their experiences with ICD-10 implementation at [American Health Information Management Association's \(AHIMA\) 87th Annual Convention and Exhibit](#).

“CMS has set October 1 as the deadline for compliance with ICD-10, but our experience has taught us that initial implementation is just the start of a successful transition to the new code set,” said Thea Campbell, MBA, RHIA, director of health information, Cedars-Sinai Medical Center, Los Angeles. Cedars-Sinai, one of the nation’s earliest adopters of ICD-10, began dual coding with both ICD-9 and ICD-10 in October 2013.

According to Campbell, healthcare providers may experience decreases in productivity in the early days of implementation and should be prepared to commit ongoing resources to education and assessment tools as the program rolls out. “In the months leading up to the deadline for implementation there was a great sense of urgency about ICD-10, and CEOs and other top managers were committed to providing whatever resources were necessary to prepare coders and others to transition to the new system,” she said. “As health information professionals, we must continue to convey that sense of urgency as we evaluate our systems, identify challenges and risks, and design proactive initiatives to address them.”

Key recommendations based on the Cedars-Sinai experience include:

- **Provide ongoing education and re-education for coders.** ICD-10 has 68,000 diagnostic codes compared to 13,000 for ICD-9. “Even coders with decades of experience are in many ways ‘beginners’ with ICD-10. Initial training will give them the knowledge to start coding in ICD-10, but only hands-on experience and educational feedback will give them the expertise to reach pre-implementation levels of productivity and accuracy,” Campbell said.
- **Conduct proactive coding audits and assessments.** “Don’t wait until you start to get coding denials before you audit your coders,” she said. “It’s important to proactively identify errors and take steps to correct them as they occur.”

- **Increase hiring of inexperienced coders.** “Traditionally, we’ve been hesitant to hire coders who have completed their education but have no previous experience. Take advantage of the training programs already in place for ICD-10 to recruit coders without real world experience, train them and move them along a career ladder that will build loyalty and reduce turnover.”
- **Evaluate procedures for professional fee coding.** With ICD-9, physicians and other professionals at Cedars-Sinai were responsible for entering the diagnostic codes for the services they rendered. “We are looking at the commitment required of physicians to learn the new ICD-10 coding system to decide whether that’s the best use of their resources,” Campbell said. “First and foremost, we want our physicians to be focused on providing patient care.” The medical center is exploring the possibility of using coders to do pro-fee coding and training physicians and other professionals in how best to document patient care so as to facilitate accurate coding.

Campbell was joined by Thomas Ormondroyd, BS, MBA, vice president and general manager, Precyse Learning Solutions. The presenters detailed the step-by-step approach taken by Cedars-Sinai in the years leading up to implementation, and discussed challenges and risks in inpatient coding, outpatient coding, clinical documentation and other revenue cycle issues encountered in the implementation process.

“Change can be difficult, but with change comes opportunity. ICD-10 is a more robust coding system that will lead to improved patient care and reduced costs,” said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. “As the industry’s leading authority on ICD-10 preparedness, AHIMA is excited to provide new learning opportunities and other assistance to healthcare stakeholders as they transition to ICD-10.”

###

### **About AHIMA**

The American Health Information Management Association (AHIMA) represents more than 101,000 health information professionals in the United States and around the world. AHIMA is committed to promoting and advocating for high quality research, best practices and effective standards in health information and to actively contributing to the development and advancement of health information professionals worldwide. AHIMA’s enduring goal is quality healthcare through quality information. [www.ahima.org](http://www.ahima.org)