## Leadership: Developing your Revenue Cycle Team for ICD-10

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At the AHIMA National Convention in New Orleans last month, there was definitely excitement in the air as we moved into the October 1, 2015, date to begin using the ICD-10 coding system. Remember the song by Barry Manilow "Looks Like We Made It"? That was the feeling among gatherers at the Clinical Coding Meeting.

Our journey here was discussed in many ways: someone said, "it feels like Christmas is 4 days away" and another said, "it is just like giving birth". Without a doubt, and no matter how you are feeling, it has been a long journey. However, keep in mind that the work has just begun. We've gotten through the go-live and the submission of the first claims. Now we are waiting for the next big thing to happen and to see what it might be.

Many predictions have been made as to what the future holds; communication will be key. How are you developing your coding team for ICD-10 challenges? HIM Leaders at Health Resource Group in Spokane, WA, are gearing up in the following areas:

- **Motivation:** Every good leader knows that motivation is key to employee performance, productivity, and having the optimal office culture. Leaders must set a good example. Remember, your attitude is contagious. If you meet the challenges of ICD-10 with an attitude of "we can do it," most of your staff will too. Your positive attitude will make your staff feel needed, appreciated, and valued. If you find yourself in a position where your staff are trying to correct your attitude, you have some work to do. You are the "engine" that drives the direction of your staff.
- **Education:** The education phase of ICD-10 has just begun. The first 14 days have shown us that there is some confusion out there in areas where ICD-10 differs from ICD-9. Seventh character assignment confusion has surfaced regarding initial and subsequent encounters, specifically, between coding systems: CPT vs. ICD-10 PCS and when to use each system. For coding staff, the code categories that produced a lot of questions in ICD-9 will continue to create coding questions in ICD-10. Education sessions, brown bag luncheons, and coding roundtables will be essential to foster continued learning. Healthcare Resource Group recently surveyed their coding team to learn which areas they felt required further education and clarification in ICD-10. Among the top answers were:
  - 1. Use of seventh character
  - 2. Fracture coding
  - 3. Obstetrics coding
  - 4. Myocardial infarctions
  - 5. Cerebrovascular accidents
- Auditing and key performance indicators: Increased risk for audit comes along with the new
  coding system. Payers have been very clear that they will no longer accept ICD-9 codes on claims.
  Monthly auditing is the only way to be confident that your coding staff is assigning the correct ICD10 codes. Defending our coding choices with payers is just around the corner. Don't let the quiet
  opening act of ICD-10 trick you into thinking that payers won't be auditing and challenging the codes
  you are submitting on claims.

Audit each coder monthly, tracking trends, and circle back with education to meet those challenges. As the industry learns more about ICD-10 codes, be sure that your staff is kept informed. One of the best ways to do this is to make sure coders are reviewing the American Hospital Association's Coding Clinic each quarter. There are some surprising answers surfacing from the ICD-10 coding questions submitted. Among them is the change for coding diabetes mellitus and osteomyelitis. ICD-9 CM allowed the coder to assume a relationship between diabetes mellitus and osteomyelitis. However, Coding Clinic, Fourth Quarter 2013, page 114 instructs coders that ICD-10-CM does not pre-

sume a linkage between diabetes and osteomyelitis. The provider will need to document a linkage or relationship between the two conditions before it can be coded as such.

A lot of metrics are going to change following October 1, 2015, and they will likely be influenced by many processes in your revenue cycle. What are the new coding productivity standards for coding? At this point no one knows, but you want to be watching the productivity of your coding team, weekly. Watch for improvement and growth. Be patient and give coders time to adjust to the many changes. Keep quality foremost in the minds of your team members, and have an ICD-10 expert available to do research and answer coding questions. We all strive for coding quality of 95% accuracy and above. It remains to be seen what the first quality numbers will be in ICD-10.

- **Feedback from/to coding staff:** Provide a mechanism by which coders have an opportunity to note any additional issues specific to the coding process and the work they are doing. This can be a valuable tool for identifying problems with the coding process and/or systems.
  - Create positive experiences while giving feedback to your staff. Focus on answering questions and having resources available. Coders need to feel confident that you will provide the education, feedback and support they need to continue the journey of learning ICD-10. Building their confidence and leading them to become experts in the coding workplace will benefit all involved.
- **Communication:** Collaborative relationships may be key to keeping those coders with you as the offers and sign on bonuses circle the HIM job boards. It will be difficult to leave a position where you have a good relationship with your manager and you have confidence that they will provide you with what you need to keep moving forward while learning the ICD-10 coding system. Coding leadership success will be more closely linked to the collaborative relationships that are forged by coding professionals than to the technical expertise they impart. Although both technical expertise and the ability to manage oneself in relationships are needed, expertise without solid, open and honest relationships often fails to result in becoming part of decision-making and finding a place at the leadership table.

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