ICD-9 and ICD-10 dual coding:
Key to coding staff preparation
by Nancy J. Andersen, MS, RHIA, CCS

Compliance with the ICD-10-CM/PCS implementation date of October 1, 2015 requires extensive, persistent, and ongoing preparation. How can we help to ensure coding staff are well-prepared for this challenge? Educational preparation via refresher courses in anatomy, physiology, medical terminology, pharmacology, and code-set training is crucial. However, once these initial trainings are complete, it is vitally important to keep the training momentum going.

A key tool for continuing this momentum is dual coding; the process of assigning ICD- 9-CM and ICD-10-CM/PCS diagnosis and procedure codes at the same time. Inclusion of ongoing dual coding over the next several months will greatly enhance this training and help to ensure organizational readiness in a variety of ways. An expected outcome of dual coding is the ability to assess coder readiness and improved coder productivity post go-live.

Key considerations for inclusion of dual coding as part of an overall ICD-10 preparation plan include:

- Allocation of time: How many hours of dual coding per coder over how many months?
- Settings of care covered: Dual coding for inpatient cases only or all settings of care currently coded by the organization?
- Additional staff: Will back fill/contract coders be needed to cover for staff performing dual coding?

Dual coding may identify potential gaps in clinical documentation that can be remediated through targeted documentation improvement efforts prior to implementation. Use of data captured via dual coding is particularly helpful in analyzing diagnosis and procedure code changes that pertain to high-volume/ high-dollar lines of business.

Data from dual coding can be used to produce "test reports." The testing of the reporting capabilities using ICD-10 data-generated from the dual coding process will help ensure that internal/external reports accurately transmit the intended code set information. Dual coding also can be used for testing with external trading partners. Data produced through dual coding activities can be leveraged for purposes of claims testing and adjudication. This process also provides data that is useful in conducting end-to-end testing with payors, to ensure appropriate levels of reimbursement are maintained.

Thoughtful consideration must also be given to the potential negative impact of dual coding on an organization's revenue cycle, software applications, and systems. Concerns may include:

- Decrease in coding accuracy due to additional time required to code each case, and/or, lack of familiarity with changes in official coding guidelines between the two code sets.

There may be budget concerns related to how dual coding affects current coder productivity standards.

- Lack of encoder application readiness to capture both code sets simultaneously may delay coder practice with dual coding.
- Electronic health record system readiness to capture/retain ICD-9 and ICD-10 code sets prior to go-live. The encoder may be ready for dual coding, but an organization's electronic health record (EHR) system may not have implemented the capability to retain both code sets in the system at the same time.
- If only encoder capability for dual coding is available, the coding staff may need to practice using the encoder as a "stand alone" desktop application. This approach is less efficient and may further impact coder productivity.

It is vital for coders to get past the fear of the new code set and become confident in assigning ICD-10 codes. Dual coding can help to reinforce coder knowledge and training in preparation for go-live October 1, 2015. As a key tool in an organization's persistent, ongoing preparation of coders, the use of dual coding will help assure coder readiness for ICD-10-CM/PCS.

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