ICD-10 Implementation

“The process of converting medical documentation practices, billing procedures, payment structures, and health IT infrastructure to accept ICD-10 codes ahead of the compliance date. It will require a thorough overhaul of IT systems, physician documentation, and coding procedures.” (Jennifer Bresnick)

- Establish a transition team or ICD-10 project coordinator, depending on the size of your organization, to lead the transition to ICD-10 for your organization. Your clinic should be ready for testing by June 2014.

- Develop a plan for making the transition to ICD-10; include a timeline that identifies tasks to be completed and crucial milestones/relationships, task owners, resources needed and estimated start and end dates.

- Determine how ICD-10 will affect your organization. Start by reviewing how and where you currently use ICD-9 codes. Make sure you have accounted for the use of ICD-9 in authorizations/pre-certifications, physician orders, medical records, superbills/encounter forms, practice management and billing systems, and coding manuals.

- Review how ICD-10 will affect clinical documentation requirements and electronic health record (EHR) templates. Find your top 25 diagnosis codes and map them to ICD-10. This exercise will demonstrate the impact ICD-10 will have on your practice. Pull documentation and compare to ICD-10 code requirement. Educate your physician on the changes he will need to make.

- Communicate the plan, timeline, and new system changes and processes to your organization, and ensure that leadership and staff understand the extent of the effort the ICD-10 transition requires.

- Secure a budget that accounts for software upgrades/software license costs, hardware procurement, staff training costs, revision of forms, work low changes during and after implementation, and risk mitigation. Medicare recommends a six month cash reserve.

- Talk with your payers, billing and IT staff, and practice management system and/or EHR vendors about their preparations and readiness. Tell providers you would like to test with them. Use the clinics high dollar CPT codes.

- Coordinate your ICD-10 transition plans among your trading partners and evaluate contracts with payers and vendors for policy revisions, testing timelines, and costs related to the ICD-10 transition.

- Talk to your trading partners about testing, and create a testing plan and test with as many payers as you can by contacting payers and requesting to test with them.

“There definitely won’t be a delay or a grace period,” says Denesecia Green of the Administrative Simplification Group, Office of e-Health Standards and Services, “but there are numerous free resources provided by the Centers for Medicare and Medicaid Services to guide providers large and small, urban and rural, through this difficult time of change.”