Implementation Issues of the Physician Practice FOR ICD-10-CM
What are ICD-10-CM and the Version 5010?

The Centers for Medicare & Medicaid Services (CMS) is driving the industry to upgrade core HIPAA transactions (5010) as well as the diagnosis coding standards (ICD-10-CM).

<table>
<thead>
<tr>
<th>What</th>
<th>Change</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 5010</td>
<td>Upgrade of formats for transactions between payers and providers (837, 287, etc.)</td>
<td>January 1, 2012 CMS Compliance Date</td>
</tr>
<tr>
<td>ICD-10-CM/PCS</td>
<td>Upgrade of diagnoses and procedures codes</td>
<td>October 1, 2014 (proposed) CMS Compliance Date</td>
</tr>
</tbody>
</table>
# Compliance Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2010</td>
<td>Payers and providers should begin internal testing of Version 5010 standards for electronic claims</td>
</tr>
<tr>
<td>December 31, 2010</td>
<td>Internal testing of Version 5010 must be complete to achieve Level I Version 5010 compliance</td>
</tr>
<tr>
<td>January 1, 2011</td>
<td>Payers and providers should begin external testing of Version 5010 for electronic claims, CMS begins accepting Version 5010 claims, Version 4010 claims continue to be accepted</td>
</tr>
<tr>
<td>December 31, 2011</td>
<td>External testing of Version 5010 must be complete to achieve Level II compliance</td>
</tr>
<tr>
<td>January 1, 2012</td>
<td>All electronic claims must use Version 5010, Version 4010 claims are no longer accepted</td>
</tr>
<tr>
<td>October 1, 2014 (proposed)</td>
<td>Claims for services provided on or after this date must use ICD-10-CM/PCS codes for medical diagnoses and inpatient procedures</td>
</tr>
</tbody>
</table>
ICD-10-CM Implementation & Preparation:

• Begin preparing for the transition to ICD-10-CM and using new HIPAA electronic transactions standards NOW!

• A successful transition depends on careful planning
ICD-10-CM/PCS Final Regulation

ICD-9-CM diagnosis code set will be replaced with ICD-10-CM (including the official coding guidelines) for coding:

– Diseases
– Injuries
– Impairments
– Other health problems and their manifestations
– Causes of injury, disease, impairment or other problems

ICD-10-CM will be used in all healthcare settings
No Impact on Use of CPT® and HCPCS Level II Codes

CPT® and HCPCS Level II will continue to be used for:

– Reporting physician and other professional services

– Procedures performed in hospital outpatient departments and other outpatient facilities
ICD-10-CM/PCS Final Regulation Impact

- Physician
  - ICD-10-CM
  - CPT / HCPCS

- Behavioral Health
  - ICD-10-CM
  - CPT / HCPCS

- Hospital
  - Inpatient
    - ICD-10-CM
    - ICD-10-PCS
  - Outpatient
    - ICD-10-CM
    - CPT / HCPCS

- All Other
  - ICD-10-CM
  - CPT / HCPCS

- Laboratory
  - ICD-10-CM
  - CPT / HCPCS

- Long Term Healthcare
  - ICD-10-CM
  - CPT / HPCPS
ICD-10 Implementation

Single implementation date for all users
  – Date of service for ambulatory and physician reporting
  – Date of discharge for inpatient settings

ICD-9-CM codes will not be accepted for services provided on or after October 1, 2014

ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time (rebills- claims follow-up).
Role-based Model for ICD-10 Implementation

The transition to the ICD-10 systems in the US presents a real challenge to various sectors within the healthcare industry. This transition is a significant undertaking that involves organizing and planning across multiple departments and teams. One of AHIMA’s goals in supporting the healthcare industry during this transition is to enable successful implementation of ICD-10-CM/PCS. Toward that aim, we have developed this role-based model for implementation.

This model identifies key tasks or milestones that must be completed within specific timeframes by specific organizations and in some cases specific roles within organizations. It is organized first by healthcare entity, then by roles, enabling you to focus on your setting and role and then identify the important milestones and action items to help inform your planning. The model identifies not only what you need to do and by when, but also links to suggested resources to help you accomplish these steps.

To begin walking through the model, select one of the following organizations:

**Healthcare Provider Organization**

- Inpatient Coders
- Outpatient Coders
- Managers of Data

**Role-Based ICD-10-CM/PCS Training Model Landing Page**

**Academic Institution**

- Educators
- Current Students
- Prospective Students

**Health Plan**

- Tasks for 5010 & ICD-10-CM/PCS Compliance
Using the Role-Based Training Model

<table>
<thead>
<tr>
<th>Healthcare Providers</th>
<th>Health Plans</th>
<th>Academic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient coder</td>
<td>Tasks for 5010 &amp; ICD-10-CM/PCS compliance</td>
<td>Educators</td>
</tr>
<tr>
<td>Outpatient coder</td>
<td></td>
<td>Current students</td>
</tr>
<tr>
<td><strong>Physician Office coder</strong></td>
<td></td>
<td>Prospective students</td>
</tr>
<tr>
<td>Managers of data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**North Carolina AHEC**

**NCHiMA**

An Affiliate of AHIMA
AHIMA partnered with the American Medical Association to develop the physician model for implementing ICD-10.

The ICD-10 models developed for physician practices are based on processes performed in the physician practice. This matrix contains rows for each process identified as impacted by ICD-10-CM implementation. Identify the row that best describes the processes that you are responsible for, and click on the model identified in that row.

This matrix illustrates that physician practice employees might need to review more than one process-based model, depending on how many processes they have responsibility for. For example, physicians document in the medical record so the model for group 2 process is applicable. If a physician will also be assigning ICD-10-CM codes on orders then the model for group 1 process is also applicable. The physician champion model is developed for the physicians who need to be thoroughly familiar with ICD-10-CM.
<table>
<thead>
<tr>
<th>Matrix</th>
<th>Example of Roles at a Physician Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physician Champion</td>
</tr>
<tr>
<td></td>
<td><strong>Physician Champion</strong></td>
</tr>
<tr>
<td>Group 1 Processes</td>
<td>Coding Process</td>
</tr>
<tr>
<td>Group 2 Process</td>
<td>Process of Medical Record Documentation by Physicians and other Healthcare Providers</td>
</tr>
<tr>
<td>Group 3 Processes</td>
<td>Billing Process</td>
</tr>
</tbody>
</table>
Group 1

Group 1 Processes related to assigning and/or auditing ICD-10-CM codes include the coding process, processes such as requests for ICD-10-CM codes included with orders for lab and imaging, pharmacy benefits, etc., and regulatory compliance process. AHIMA estimates that approximately 16 hours of coding training are likely needed for each outpatient coder to learn ICD-10-CM. However, coders may need additional training to refresh or expand knowledge in the biomedical sciences. For a successful transition to ICD-10, the challenges for those involved in group 1 processes at physician practices are to:

- Ensure they have sufficient foundational knowledge of the biomedical sciences
- Learn how to apply ICD-10-CM codes correctly on encounters
- Understand how to utilize all resources available to ensure continued accuracy in the ICD-9-CM and ICD-10-CM transition.

Earlier in the implementation process the focus should be on obtaining and/or refreshing the foundational knowledge of the biomedical sciences and understanding how ICD-10-CM is different from ICD-9-CM (including familiarity with the maps between them). Beginning two years prior to implementation, the focus is more in depth understanding of the fundamentals of ICD-10-CM and preparing to code with this new code set. Beginning one year prior to implementation, the focus is on becoming an expert in applying ICD-10-CM codes to encounters.
To Do Phase 1: (example)

1. Review code structure and coding conventions for ICD-10-CM.
2. Learn the fundamentals of the ICD-10-CM system and identify the differences between ICD-9-CM and ICD-10-CM.
3. Review the ICD-10-CM coding guidelines and identify the differences with the ICD-9-CM coding guidelines.
4. Identify a physician champion within the physician practice as the ICD-10-CM resource for the physician practice. This physician will need to know the fundamentals of ICD-10-CM in order to be prepared for the questions that the office employees will ask related to ICD-10-CM particularly in the areas of anatomy and physiology. This physician can assess areas where education in anatomy and physiology might be needed for the office staff who work with ICD-10-CM.
5. Become aware of the general equivalence mappings (GEMs) between ICD-9-CM and ICD-10-CM.
6. Assess level of preparedness of vendors (e.g., outsourcing contracts, new technology such as computer-assisted coding and EHR) for ICD-10-CM. The vendors of the new technology must provide assurance that the new technology is compatible with ICD-10-CM.
7. Network with peers and professional organizations to identify issues and evaluate best practices.
8. Network on ICD-10-CM preparation and training with area hospitals and hospitals in which physicians have medical staff privileges.
9. Evaluate any plans for introducing new technology (EHR or computer-assisted coding (CAC)) prior to or around ICD-10-CM implementation to determine the impact on ICD-10-CM educational needs of those performing coding and regulatory compliance.
10. Identify opportunities for documentation improvement based on results of documentation analysis.
11. Identify common patient comorbidities pertinent to managed care reimbursement models and how ICD-10-CM identifies specificity with the diagnoses considered comorbidities.
To View the Complete Models for Implementing ICD-10 in the Physician Office

Myth: The Oct. 1, 2014 date for implementation should be considered a flexible date.

Fact: All HIPAA covered entities MUST implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after Oct. 1, 2014.
ICD-10 Facts vs. Myths

Myth: Implementation planning should be undertaken with the assumption that HHS will grant an extension.

**Fact:** HHS has no plans to extend compliance date for implementation of ICD-10-CM/PCS; covered entities should plan to complete steps required to implement on Oct. 1, 2014.
ICD-10 Facts vs. Myths

Myth: There will be no hard-copy code books and all coding will need to be performed electronically.

Fact: ICD-10-CM code book is already available and is a manageable size. The use of ICD-10-CM is not predicated on the use of electronic hardware and software.
ICD-10 Facts vs. Myths

Myth: Unnecessarily detailed medical record documentation will be required.

Fact: As with ICD-9-CM, ICD-10 codes should be based on medical record documentation. While documentation supporting accurate and specific codes will result in higher-quality data, nonspecific codes are still available for use when documentation doesn’t support a higher level of specificity. As demonstrated by the AHA/AHIMA field testing study, much of the detail contained in ICD-10-CM is already in medical record documentation but is not currently needed for ICD-9-CM coding.
ICD-10 Facts vs. Myths

Myth: The increased number of codes will make ICD-10-CM impossible to use.

**Fact:** Just as the size of a dictionary doesn’t make it more difficult to use, a higher number of codes doesn’t necessarily increase the complexity of the coding system – in fact, it makes it easier to find the right code.

**Fact:** Greater specificity and clinical accuracy make ICD-10 easier to use than ICD-9-CM.

**Fact:** Because ICD-10-CM is much more specific, is more clinically accurate, and uses a more logical structure, it is much easier to use than ICD-9-CM.
ICD-10 Facts vs. Myths

Myth: The increased number of codes will make ICD-10-CM impossible to use (con’t).

Fact: Just as it isn’t necessary to search the entire list of ICD-9-CM codes for the proper code, it is also not necessary to conduct searches of the entire list of ICD-10 codes.

Fact: The Alphabetic Index and electronic coding tools will continue to facilitate proper code selection.

Fact: It is anticipated that the improved structure and specificity of ICD-10-CM/PCS will facilitate the development of increasingly sophisticated electronic coding tools that will assist in faster code selection.
ICD-10 Facts vs. Myths

Myth: ICD-10-CM/PCS was developed without clinical input.

Fact: The development of ICD-10-CM/PCS involved significant clinical input. A vast number of medical specialty societies contributed to the development of the new coding systems.
ICD-10 Facts vs. Myths

Myth: ICD-10-CM-based super bills will be too long or too complex to be of much use.

Fact: Practices may continue to create super bills that contain the most common diagnosis codes used in their practice. ICD-10-CM-based super bills will not necessarily be longer or more complex than ICD-9-CM-based super bills. Neither currently-used super bills nor ICD-10-CM-based super bills provide all possible code options for many conditions.
Transition Planning and Preparation

ICD-10
ICD-10-CM Implementation Planning

1. Develop Strategy
2. Communicate
3. Assess Readiness
4. Inventory Process/ System Impact
5. Plan Training
6. Documentation Improvement
7. Develop Budget
Impact Assessment: Develop Implementation Strategy

- Take a step-by-step approach
  - Establish a implementation planning team and designate leader for a team approach
    - Who will be your point person?
    - Manager + physicians, also include coding/billing staff
  - Develop internal timeline, including resources required
    - Early planning will make the transition smoother
    - Develop a regular schedule
      - Meeting monthly until 6 months prior to implementation
      - Bi-weekly thereafter
  - Develop practice-wide implementation plan
Impact Assessment: Communicate

Communication management strategies

– Minimize “fear of change” factor
– Communication is key

• Develop ongoing communication/information channel regarding implementation plan and progress
  – build awareness by scheduling regular meeting to share information with physicians and discuss progress and barriers of implementation
Impact Assessment: Communicate

Build awareness

• Via your communication channel:
  – Intranet fact sheets, newsletter, memo’s

• Orient key personnel
  • Basic familiarity with structure, organization, and unique features of new systems
  • Understand how ICD-10-CM fits into electronic health record and nationwide health information infrastructure
Impact Assessment: Assess Current Readiness

- All areas impacted /affected in your practice
  - Affected staff
    - Admin, clinical, lab, prn staff
  - Information systems
    - Practice management system
    - EMR
    - Hardware space
  - Documentation process and work flow
    - Where is ICD-9-CM?
      » Don’t forget your Super Bills
  - Data availability and use
    - Don’t forget your daily, monthly & yearly reports
## Sample Project Plan

<table>
<thead>
<tr>
<th>Item</th>
<th>Steps to Implementation</th>
<th>Start</th>
<th>Due</th>
<th>Completed</th>
<th>Assigned to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Organize the implementation effort- Estimated timeline (yours or established timeline)</td>
<td>1/16/09</td>
<td>7/1/09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Review ICD-10 final rule</td>
<td>1/16/09</td>
<td>2/1/09</td>
<td>1/31/09</td>
<td>Manager</td>
</tr>
<tr>
<td>1.2</td>
<td>Point person/lead for ICD-10-CM implementation</td>
<td>2/1/09</td>
<td>3/1/09</td>
<td>3/1/09</td>
<td>Manager</td>
</tr>
<tr>
<td>1.3</td>
<td>Prepare briefing materials to review with physician(s) related to work and scope of work that needs to be accomplished</td>
<td>3/4/09</td>
<td>4/30/09</td>
<td>4/30/09</td>
<td>Manager</td>
</tr>
<tr>
<td>1.4</td>
<td>Contact our consultant to review materials and offer assistance</td>
<td>4/1/09</td>
<td>5/1/09</td>
<td>4/15/09</td>
<td>Manager</td>
</tr>
<tr>
<td>1.5</td>
<td>Review impact of ICD-10 with all providers</td>
<td>5/1/09</td>
<td>6/1/09</td>
<td>6/1/09</td>
<td>Manager</td>
</tr>
<tr>
<td>1.6</td>
<td>Establish regular meeting schedule with provider(s) to discuss progress</td>
<td>5/15/09</td>
<td>6/1/09</td>
<td>6/1/09</td>
<td>Manager</td>
</tr>
<tr>
<td>1.7</td>
<td>Identify areas that will impact the practice</td>
<td>6/1/09</td>
<td>7/1/09</td>
<td></td>
<td>Manager and Coder</td>
</tr>
<tr>
<td>1.8</td>
<td>Establish who has final decision making authority</td>
<td>6/1/09</td>
<td>7/1/09</td>
<td></td>
<td>Physicians</td>
</tr>
<tr>
<td>2.0</td>
<td>Establish communication Plan</td>
<td>7/1/09</td>
<td>8/1/09</td>
<td></td>
<td>Manager</td>
</tr>
<tr>
<td>2.1</td>
<td>Develop method of communication on ICD-10-CM</td>
<td></td>
<td></td>
<td></td>
<td>Manager</td>
</tr>
<tr>
<td>2.2</td>
<td>Develop materials for physicians and staff</td>
<td></td>
<td></td>
<td></td>
<td>Manager</td>
</tr>
<tr>
<td>2.3</td>
<td>Develop communication schedule</td>
<td></td>
<td></td>
<td></td>
<td>Manager</td>
</tr>
</tbody>
</table>
Impact Assessment: Inventory

- Determine length of time for legacy and new coding systems
- Determine which reports require modification
- Forms redesign
- Budgetary implications hardware/software
- Vendor readiness and timelines
- Build flexibility for future upgrades
Impact Assessment: Inventory

• Orient IS personnel on specifications of code sets
• Perform comprehensive systems audit
  – Inventory databases and systems
  – Map electronic data flow to inventory all reports containing ICD-9-CM
  – Detailed analysis of system changes needed
Impact Assessment: Inventory

Determine required software changes

Field size expansion
Alphanumeric composition
Use of decimals
Redefinition of code values
Longer code descriptions

Edit and logic changes
Modification of table structures
Expansion of flat files containing diagnosis codes
Systems interfaces
Impact Assessment: Plan Training

Assess educational needs and develop budget plan

– Who will need education?
– What type and level of education will they need?
  ➢ Physician practice coders will only need to learn ICD-10-CM
  ➢ Training for physician practice coders working in a medical specialty area can focus on subset of codes used by practice
– How will the education be delivered?
  • Education on benefits
  • Overall electronic health record
  • Structure, organization and unique features
  • Monitor AHIMA ICD-10, AAPC, or MGMA or Specialty web site
  • Reading articles
  • News/announcements

© 2012 NCHiMA

North Carolina AHEC

© 2012
Impact Assessment: Plan Training

- Anatomy and Physiology
- Medical Terminology
- Official Coding Guidelines
- Attention to Documentation
- Reference look-up skills
- Education, Education, Education
Impact Assessment: Plan Training

- Multiple categories of users of coded data will require varying levels of training
- Different categories of coders will require varying levels of training
  - Coders working in the physician setting will only require ICD-10-CM training
  - Intensive coder training should not be provided until 6 – 9 months prior to implementation
  - 2 full days of ICD-10-CM training will likely be adequate for most coders
    - Very proficient coders may not need as much
- Training for coders working in a medical specialty area can be focused on particular code categories
Impact Assessment: Plan Training

Who Else Requires Education Within Your Organization?

- Coders
- Medical Records
- Clinicians
- Senior management
- Information systems
- Quality/UR/UM/Performance Improvement
- Business Office/Accounting
- Auditors and consultants
- Patient registration/scheduling
- Clinical department managers
- Ancillary departments
- Data analysts
- Researchers
- Software vendors
- Compliance
- Data quality management
- Data security and/or Data analysts
The Preauthorization Phone Call

On September 30, 2014: “I’m calling to pre-authorize the admission of Mrs. Smith who has been diagnosed with Crohn’s disease, diagnosis code 555.0, Regional enteritis of the small intestine.”

On October 1, 2014: “I’m calling to pre-authorize the admission of Mrs. Smith who has been diagnosed with Crohn’s disease of the small intestine with abscess, diagnosis code K50.014.”
Where are we currently using ICD-9 codes?
Impact Assessment: Documentation Improvement

Conduct gap analysis of coding & documentation practices

– Assess adequacy of staff knowledge
  • Measure coding professionals’ baseline knowledge of anatomy, physiology, pharmacology, and medical terminology
  • Identify areas of weakness and provide targeted education if necessary

– Assess adequacy of medical record documentation to support level of detail in new coding systems – implement documentation improvement strategies as needed
  • Determine this from ICD-9-CM frequency date- focus efforts on most frequently coded
NOTE: ICD-10-CM does not require improvement in documentation, but high quality documentation will increase the benefits which is increasingly being demanded by other initiatives

Coding and documentation go hand in hand
– Based on complete and accurate documentation
– ICD-10 should impact documentation as physicians are required to support *medical necessity* using appropriate diagnosis code
– Will not change the way a physician practices medicine
– Complete and accurate documentation will continue to be important in 2014 as it is today
Impact Assessment: Develop Budget

– Departmental & practice wide budget costs for:
  • Systems, hardware, software, training

– Increased staffing?
  • Impact on productivity and accuracy
    – Short-term (during learning curve) and long-term
    – Reliance on technology (encoder, coder knowledge base)

• Consulting services
  – Backlogs
  – Monitoring coding accuracy
  – Other support

– Allocation over 2012, 2013 & 2014 year timeframe
Phase 2

Continue Impact Assessment and Initiate Resolutions

a. Implement, test, and validate systems changes identified via impact assessment

b. Develop and modify policies and procedures and processes for the new systems

c. Assess the effect of the new changes on the workflow of the practice
Phase 2
Continue to Evaluate the Effect on Data Analysis

a. Identify major areas of change between ICD-9-CM and ICD-10-CM/PCS that impact data comparison and reporting for both internally and externally reported data

b. Determine the impact of transition on longitudinal data analysis and consider:
   i. Legacy data requiring conversion and how this will be accomplished
   ii. Application-specific mappings requiring development for coded data and whether it will be mapped between ICD-9-CM and ICD-10-CM/PCS by using the General Equivalence Mappings (GEMs)
   iii. Which data will be linked by using mapping applications and which data will be maintained separately according to the source code set
Phase 2

Continue to Evaluate the Effect on Data Analysis (continued)

c. Provide information on the use of the GEMs to personnel who will be involved in data-conversion projects

d. Identify the business associate’s process for applying GEMs to determine appropriate interpretation
Phase 2

Monitor Business Associate Readiness (including payers, providers, system vendors, and electronic data interchange trading partners)

a. Follow up periodically on the readiness status of business associates for updates on ICD-10 transition progress

b. Use a vendor questionnaire when working with vendors (asking all the same questions)

c. Identify any changes to the readiness timeline communicated during Phase 1
Phase 2

Implement the Training/Education Plan Identified During the Impact Assessment

a. Continue educating coding staff on ICD-10 code sets and guidelines, biomedical sciences, and pharmacology

b. Begin educating all others based upon timelines and roles concerning:
   i. Characteristics of ICD-10-CM/PCS
   ii. ICD-10-CM Official Guidelines for Coding and Reporting
   iii. Data comparability issues
   iv. Quality reporting
   v. GEMs and their role in the transition process
Phase 2

Update and Reassess the Project

a. Review and update internal timelines and project plans

b. Make necessary staffing adjustments to complete identified tasks

c. Perform budget assessment review and adjust as needed
Phase 2
Continue to Assess Clinical Documentation Improvement (CDI) Practices

a. Evaluate the detail and quality of medical record documentation

b. Implement and monitor documentation improvement strategies
   i. Continue to collaborate with physicians
   ii. Provide training on CDI to providers

c. Assess vendor-supported CDI tools
Phase 2

Review the Potential Reimbursement Impact During Transition

a. Evaluate potential diagnosis changes from reports
b. Actively establish correspondence with payers concerning possible revisions in reimbursement schedules and policies, paying careful attention to conversion policies
c. Discuss individual payers’ mapping strategy
d. Analyze the impact on reimbursement due to improved clinical documentation
Phase 2

Develop Risk Mitigation Strategies to Minimize Transition Problems and Maximize Opportunities for Successful Transition

a. Identify other potential problems or challenges during the transition

b. Implement strategies aimed at reducing the potential negative effect
Phase 2

Develop a Strategic Plan to Prevent Decreased Coding Productivity and Accuracy

a. Identify what steps can be taken to diminish the effects of decreased productivity

b. Review and determine the effect or impact of decreased coding accuracy, and develop a quality improvement plan as needed
Phase 2

Expand the ICD-10 Communication Plan

a. Continue to create awareness of the project and communicate progress to all stakeholders

b. Expand your communication plan in preparation for go-live.

c. Develop a contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live.
Bottom Line on Continued Preparation

• Maintain coding productivity & accuracy
• Reduce claims rejections and denials
• Maintain/decrease account receivables
• Proper claims payment
• Reduce risk of compliance issues
• Decisions based on improved data
Fear of **change** is often the biggest stumbling block to learning

Real-life simulations can accommodate different learning styles and ease staff concerns about the transition, while providing users with the tools they need to get up to speed quickly
Conclusion

- Begin now – Don’t wait- Stay the Course!
- Importance of planning and preparation
- Three to Six-month learning curve
- Vendor readiness is extremely important
- Communication is critical
- Targeted significant ICD-9/ICD-10 comparability issues
- There will be true benefits to the implementation of ICD-10
- Keep your goals in sight and work towards successful implementation.
ICD 10 CM Resources

- http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm
- http://www.cms.hhs.gov/ICD10
- AHIMA’s Train the Trainer Academy Coding Training Manual
- Understanding ICD 10 CM and ICD 10 PCS; A Worktext, Bowie; Shaffer
Additional Resources

• AHIMA Website:  www.ahima.org/icd10
• NCHICA Website:  www.nchica.org
• NCHIMA Website:  www.nchima.org
• AAPC Website:  www.aapc.com/ICD-10/

- National Center for Health Statistics – CDC ICD-10-CM
  http://www.cdc.gov/nchs/icd/icd10cm.htm

- Centers for Medicare and Medicaid Services  ICD-10-PCS
  www.cms.hhs.gov/ICD10

- ICD-10 and HIPAA Federal Register Notices
  www.access.gpo.gov/su_docs/fedreg/a080822c.html
  www.access.gpo.gov/su_docs/fedreg/a090116c.html
Questions?
THANK YOU!

PREPARATION IS THE KEY TO SUCCESS. Plan now for what’s next.

Preparation includes “communication” which is critical for a smooth transition.