

| PHASE 2: IMPLEMENTATION PREPARATION | | |
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| 1 st qtr 2011 – 2 nd qtr 2014 | | |
| <i>(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)</i> | | |
| Recommended Start and Completion Dates | Key ICD-10 Transition Steps/Milestones | Project Planning Tips |
| | <ul style="list-style-type: none"> • Evaluate potential DRG shifts. • Evaluate changes in case mix index. • Communicate with payers on anticipated changes in reimbursement schedules or payment policies. | |
| 6/11 – 12/13 | <ul style="list-style-type: none"> ❖ Develop strategies to minimize transition problems and maximize opportunities for successful transition. <ul style="list-style-type: none"> • Assess impact of decreased coding productivity on organization’s accounts receivable status. <ul style="list-style-type: none"> ○ How long is a decline in coding productivity expected to last? ○ What steps could be taken to reduce the impact of decreased coding productivity? <ul style="list-style-type: none"> ▪ Eliminate coding backlogs prior to ICD-10 implementation. ▪ Use outsourced coding personnel to assist with workload during the initial period after ICD-10 implementation. ▪ Prioritize medical records to be coded. ▪ Provide coding staff with adequate ICD-10 education and provide refresher training immediately prior to the compliance date to improve confidence levels and minimize a decline in productivity. ▪ Assess medical record documentation quality and implement any necessary documentation improvement strategies prior to ICD-10 implementation. ▪ Employ electronic tools to support the coding process. • Assess impact of decreased coding accuracy. <ul style="list-style-type: none"> ○ What is the anticipated impact on coding accuracy? ○ How long is it expected to take for coding staff to achieve a comparable level of | <p>Implementation variables that can affect coding productivity include the amount and level of preparation, extent of education and credentials, coding experience, knowledge of anatomy and pathophysiology, extent of ICD-10 training, quality of medical record documentation, and organizational size and complexity; ICD-10 experience in other countries showed a productivity decline of 3-6 months</p> |

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| | <ul style="list-style-type: none"> ○ proficiency to ICD-9-CM? <ul style="list-style-type: none"> ○ What steps could be taken to improve coding accuracy? <ul style="list-style-type: none"> ▪ Assess coding knowledge/skills and provide appropriate level of education. ▪ Closely monitor coding accuracy during the initial implementation period and provide additional education as needed. ● Identify other potential problems or challenges during the transition and implement strategies aimed at reducing the potential negative impact. | |
| 6/11 – 3/14 | ❖ Develop contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live. | |
| 4/12 – 1/14 | ❖ Develop communications plan in preparation for go-live | This plan will outline the steps for how to report an issue at go-live, who the points of contact will be, how to disseminate information/updates to all parties, etc. |
| 4/12 – 12/13 | ❖ Provide early intense training to designated coders and others involved in ICD-10 implementation planning/preparation projects (e.g., training, mapping, auditing). | |
| 3/13 – 11/13 | ❖ Conduct internal testing and validation of systems changes. | |
| 12/13 – 3/14 | ❖ Once systems vendors, payers, and other business associates are ready for testing, begin external testing. | |
| Ongoing | ❖ Continue to provide senior executives and impacted stakeholders with regular updates as to ICD-10 transition progress. | |
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| PHASE 3 : “GO LIVE” PREPARATION 1 st qtr 2014 – 3 rd qtr 2014 <i>(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)</i> | | |
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| Recommended Start and Completion Dates | Key ICD-10 Transition Steps/Milestones | Project Planning Tips |
| 1/14 – 3/14 | <ul style="list-style-type: none"> ❖ Confirm with systems vendor(s) that changes/upgrades in vendor systems have been completed. <ul style="list-style-type: none"> • Determine the level of support for go-live. • Who will be the point of contact should issues arise. | |
| 1/14 – 9/14 | <ul style="list-style-type: none"> ❖ Finalize all systems and other changes not completed in Phase 2, complete testing of systems changes, and provide intensive ICD-10 education to coding staff. | |
| 1/14 – 9/14 | <ul style="list-style-type: none"> ❖ Complete all in-house systems changes and testing. | |
| 1/14 – 9/14 | <ul style="list-style-type: none"> ❖ Make modifications in response to the results of systems testing and conduct regression testing. | |
| 1/14 – 9/14 | <ul style="list-style-type: none"> ❖ Review and test contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live. | |
| 1/14 – 9/14 | <ul style="list-style-type: none"> ❖ Complete external testing. | |
| 1/14 – 9/14 | <ul style="list-style-type: none"> ❖ Provide intensive education to coding staff. <ul style="list-style-type: none"> • All coding staff should complete comprehensive ICD-10 education not more than 6-9 months prior to the compliance date. • It is recommended that training be conducted by an individual holding a valid ICD-10 training certificate from AHIMA to ensure the quality and consistency of ICD-10 education. • Sources of training include: <ul style="list-style-type: none"> ○ Traditional classroom training ○ Distance education courses ○ Audio or web-based programs ○ Self-directed learning using printed materials or electronic tools • Not all coding staff will require the same type or amount of ICD-10 education. <ul style="list-style-type: none"> ○ It is estimated that hospital inpatient coding staff will require approximately 50 hours of ICD-10 education because they will need to learn both ICD-10-CM and | |

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| Recommended Start and Completion Dates | Key ICD-10 Transition Steps/Milestones | Project Planning Tips |
| | ICD-10-PCS. <ul style="list-style-type: none"> ○ It is estimated that coding staff working in any setting other than the hospital inpatient setting will require approximately 16 hours of ICD-10 education because they will only need to be trained on ICD-10-CM and not ICD-10-PCS. ○ Training for coding staff working for a physician practice medical specialty area or specialty clinic should be focused on the code categories most applicable to the particular patient mix. <ul style="list-style-type: none"> ● Test ICD-10 proficiency after training has occurred and provide additional training to address identified areas of weakness. ● Document completion of ICD-10 training in personnel files. ● Communicate with companies supplying contracted coding staff to ensure they have received the necessary education and ask for documentation confirming the extent of education provided and the qualifications of the educator (e.g., AHIMA training certificate holder). | |
| 1/14 – 9/14 | ❖ Complete education of data users if not completed in Phase 2. Refer to Figure 3. | |
| 1/14 – 9/14 | ❖ Continue to assess quality of medical record documentation, implement documentation improvement strategies as needed, and monitor impact of documentation improvement strategies. | |
| 1/14 – 9/14 | ❖ Resolve any identified problems (e.g., testing failures, identification of business processes or systems applications that are impacted by the ICD-10 transition but were missed during Impact Assessment). | |
| 1/14 – 9/14 | ❖ Modify ICD-10 project plan and timeline as needed. | |
| 1/14 – 9/14 | ❖ Modify ICD-10 budget as needed. | |
| 1/14 – 9/14 | ❖ Continue to provide senior executives and impacted stakeholders with regular updates on ICD-10 project status. | |
| 6/14 – 9/14 | ❖ Execute the implementation communication plan | |

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| Recommended Start and Completion Dates | Key ICD-10 Transition Steps/Milestones | Project Planning Tips |
| 9/30/14 | ❖ Ready to go live with ICD-10-CM/PCS for dates of service on or after 10/1/13 | |
| <i>ICD-10 Milestone: 10/1/14</i> | <i>Claims for services provided on or after this date must use ICD-10-CM for diagnoses and acute care hospitals must use ICD-10-PCS for inpatient procedures (Note that there will be no extension or grace period – non-compliant claims will be rejected and will need to be resubmitted with ICD-10 codes.)</i> | |

| PHASE 4: POST-IMPLEMENTATION FOLLOW-UP | | |
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| 4 th qtr 2014 – 4 th qtr 2015 | | |
| <i>(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)</i> | | |
| Recommended Start and Completion Dates | Key ICD-10 Transition Steps/Milestones | Project Planning Tips |
| 10/14 – 6/15 | ❖ Monitor impact on reimbursement, claims denials/rejections, and coding productivity and accuracy, identify problems or errors, and take steps to address identified problems/errors. | |
| 10/14 – 6/15 | ❖ Steering Committee should continue to meet regularly to share information regarding issue identification (e.g., high number of claims denials/rejections, unexpected coding backlogs, lower-than-expected coding accuracy rate, systems glitches), status of issue resolution, lessons learned, and best practices identified as part of the ICD-10 implementation experience. | |
| 10/14 – 6/15 | ❖ Monitor systems functionality and correct errors or other identified problems as quickly as possible; implement contingency plan if needed. | |
| 10/14 – 6/15 | ❖ Monitor coding accuracy and productivity and implement strategies to address identified problems, such as: <ul style="list-style-type: none"> • Need for additional education on the ICD-10 code sets, biomedical sciences, pharmacology, or medical terminology. • Need for additional efforts to improve the quality of medical record documentation. • Need for additional coding professionals to assist with coding backlogs or reviewing claims denials/rejections. | |
| 10/14 – 6/15 | ❖ Train or re-train staff as necessary. <ul style="list-style-type: none"> • Provide ICD-10 education to new staff. • Provide re-training or additional training as needed to improve coding productivity and accuracy. | |
| 10/14 – 6/15 | ❖ Assess the reimbursement impact of the ICD-10 transition, monitor case mix and reimbursement group (e.g., DRGs, HHRGs) assignment, and provide education to affected staff on reimbursement issues. <ul style="list-style-type: none"> • Work closely with payers to resolve payment issues (e.g., claims denials/rejections). | |

| PHASE 4: POST-IMPLEMENTATION FOLLOW-UP 4 th qtr 2014 – 4 th qtr 2015 <i>(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)</i> | | |
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| Recommended Start and Completion Dates | Key ICD-10 Transition Steps/Milestones | Project Planning Tips |
| | <ul style="list-style-type: none"> • Analyze changes in case mix index. • Concurrently review case mix or reimbursement groups and diagnosis/procedure code assignments. • Analyze shifts in reimbursement groups. • Communicate with payers on anticipated changes in reimbursement schedules or payment policies. • Provide education and feedback regarding reimbursement issues to appropriate personnel. | |
| 10/14 – 6/15 | <ul style="list-style-type: none"> ❖ Resolve post-implementation problems as expeditiously as possible. <ul style="list-style-type: none"> • Follow up promptly on significant post-implementation problems, such as claims denials/rejections or coding backlogs. • Work with other staff or external entities as appropriate until identified problem is resolved. | |
| 10/14 – 12/15 | <ul style="list-style-type: none"> ❖ Continue to follow the implementation communication plan <ul style="list-style-type: none"> • Keep key stakeholders informed of issue identification and resolution status through regular updates or use of electronic communication tools such as a Web-based issue tracking system that would be accessible to all stakeholders. | Regularly communicate status of outstanding transition issues to senior executives. |
| 12/14 – 12/15 | <ul style="list-style-type: none"> ❖ Begin analyzing data to evaluate the impact of implementing ICD-10. | |

| Figure 1: High-Level Awareness Education | Senior Management | Clinical Department Managers | Medical Staff | HIM Managers and Coding Staff |
|--|--------------------------|-------------------------------------|----------------------|--------------------------------------|
| Regulatory requirements | X | X | X | X |
| Value of new code sets | X | X | X | X |
| How ICD-10 fits within other internal and external initiatives, including electronic health record implementation and Meaningful Use incentives, health information exchange, healthcare reform, value-based purchasing, and quality measurement and improvement | X | X | X | X |
| Preparation and transition effects on organizational operations (e.g., systems changes, processes, policies and procedures) | X | | | |
| Impact on coding productivity and accuracy | X | | | |
| Budgetary considerations | X | | | |
| Impact on legacy data and the differences between legacy and new coding systems. | X | X | X | X |
| Differences between ICD-10-CM and ICD-10-PCS and how each is used | | X | | |
| Impact on each particular department and budgetary considerations | | X | | |
| Impact on documentation practices and the importance of a strategy for documentation improvement | | | X | |
| Implementation plan and how it can be adapted for use in their own practices | | | X | |
| Impact on individual physicians and their budgetary considerations | | | X | |
| Key provisions of final rule | | | | X |
| Structure, organization, and unique features of ICD-10-CM and ICD-10-PCS; Resources for obtaining this education include, but are not limited to: <ul style="list-style-type: none"> ▪ Educational programs (e.g., webinars, audio seminars, conferences) | | | | X |

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| <ul style="list-style-type: none"> ▪ <i>Journal of AHIMA</i>, AHIMA’s ICD-TEN newsletter, AHIMA’s CodeWrite newsletter, other resources available on AHIMA’s ICD-10 web page (http://www.ahima.org/icd10/) ▪ ICD-10 materials on Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) web sites ▪ AHIMA’s ICD-10 Implementation Community of Practice ▪ AHIMA ICD10 Role Based Training Model (http://www.ahima.org/icd10/role.aspx) | | | | |
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| Figure 2. Examples of Systems and Applications that May Use Coded Data | |
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| Encoding software | Case mix systems |
| Medical record abstracting systems | Managed care reporting systems |
| Billing systems | Case management systems |
| DRG groupers | Disease management systems |
| Electronic health record systems | Financial systems |
| Clinical systems | Provider profiling systems |
| Decision support systems | Test ordering systems |
| Computer-assisted coding applications | Clinical reminder systems |
| Registration and scheduling | Performance measure systems |
| Utilization management | Medical necessity software |
| Quality management | Aggregate data reporting systems |
| Computerized Physician Order Entry (CPOE) systems | Registries |
| Clinical protocols | Compliance software |
| Fraud management systems | Patient assessment data sets (e.g., MDS, PAI, OASIS) |

| Figure 3. Examples of Categories of Data Users Requiring ICD-10 Education | |
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| Coders | Clinical department managers |
| Other HIM | Ancillary departments |
| Clinicians | Data analysts |
| Senior management | Researchers |
| Information technology | Epidemiologists |
| Quality management | Performance improvement |
| Utilization management | Corporate compliance |
| Accounting | Data quality management |
| Business Office | Data security |
| Auditors and consultants | Clinical documentation improvement (CDI) specialists |
| Patient access and registration | Payer contract managers and negotiators |
| Other data users | Registry personnel |

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Acknowledgements:

Ann Barta, MSA, RHIA
June Bronnert, RHIA, CCS, CCS-P
Jill Clark, MBA, RHIA
Anita Majerowicz, MS, RHIA
Mary Stanfill, MBI, RHIA, CCS, CCS-P, FAHIMA
Allison Viola, MBA, RHIA
Lou Ann Wiedemann, MS, RHIA, FAHIMA