ICD-10-CM/PCS Transition: Planning and Preparation Checklist

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Editor's note: This update reflects the change in the compliance date from October 1, 2014 to October 1, 2015 and replaces the September 2012, March 2011 and June 2007 versions of the "ICD-10 Preparation Checklist."

The transition to ICD-10-CM/PCS (ICD-10) represents much more than just an increase in codes and field sizes. The scope and complexity of the transition are significant and should not be underestimated. Codes and coded data are much more widely used than when the US transitioned to ICD-9-CM 30 years ago. This transition will have a pervasive impact throughout the entire healthcare industry and will be a significant undertaking for providers, payers, systems vendors, and other stakeholders, requiring organization-wide planning and preparation. A smooth, successful transition by the compliance date of October 1, 2015 requires a well-planned and well-managed implementation process. Proper planning and preparation is critical, so that organizations can leverage their ICD-10 investment and move beyond mere compliance to achieve strategic advantage

Experience in other countries has shown that early preparation is key to success. Also, an early start allows for resource allocation to be spread over multiple years, rather than incurring a large budgetary investment at one time. Several of the preparation activities provide benefits to the organization before ICD-10 is implemented, such as clinical documentation improvement strategies and advancing the knowledge and skills of the coding staff.

Organizations that have planned their ICD-10 implementation strategy carefully and thoroughly, and initiated the planning process early, can expect a smoother transition and earlier realization of benefits. Early preparation, adequate education, and proper testing may mitigate potential problems during the transition to ICD-10 and will also allow organizations to realize the anticipated benefits of ICD-10 sooner. These anticipated benefits include:

- Higher-quality data, which will result in:
    - Improved ability to measure the quality, efficacy, and safety of patient care
    - Increased sensitivity when refining grouping and reimbursement methodologies
    - Enhanced ability to conduct public health surveillance
    - Greater achievement of the anticipated benefits from electronic health record adoption

- Improved efficiencies and lower administrative costs
    - Increased use of automated tools to facilitate the coding process
    - Decreased claims submission and claims adjudication costs
    - Fewer miscoded and rejected claims
    - Decreased need for manual review of health records to meet the information needs of payers, researchers, and other data mining purposes
    - Improved resource management
    - Reduced labor costs
    - Increased productivity

The ICD-10 implementation planning and preparation process should be accomplished in a phased approach (quarters refer to calendar year):

- Phase 1: Implementation plan development and impact assessment (1st qtr 2009 – 2nd qtr 2012)
- Phase 2: Implementation preparation (1st qtr 2011 – 2nd qtr 2015)
- Phase 3: "Go live" preparation (1st qtr 2014 – 3rd qtr 2015)
- Phase 4: Post-implementation follow-up (4th qtr 2015 – 4th qtr 2016)

The following planning and preparation checklist, organized in phases, was prepared to guide healthcare organizations in effectively planning and managing the ICD-10 transition. This is intended to be a general guide, not a comprehensive project plan. The Phases in the checklist are sequential. Some steps in the earlier phases are prerequisites to steps in later phases. This means delays in completion of an earlier phase may jeopardize the ability to meet the compliance deadline.

This resource has been developed to assist all types of facilities in the implementation of ICD-10-CM/PCS. While this checklist is designed from the perspective of a complex healthcare organization, such as a large acute-care hospital, it can be easily scaled down for any type of smaller organization.

The target audiences listed for each phase are examples of the categories of personnel primarily affected by the tasks in that phase. The exact job title or audience may vary slightly depending on the organizational setting, i.e. different organizations have different titles. The checklist is not intended to be an all inclusive list or encompass every impacted role in every organization or in a particular organization. They would be determined by the roles and responsibilities of those individuals involved in the steps in that specific Phase.

The suggested target audiences for each of the phases are as follows:

Phase 1

Senior executives
Health Information Management (HIM) leadership team
Coding staff
Clinical documentation improvement specialists
Medical staff
Financial management (including accounting and billing personnel)
Information technology (IT) personnel
Clinical department managers
Other data users (e.g., quality management, utilization management, case management, performance improvement, tumor registry, trauma registry, research)
Business associates (e.g., systems vendors, providers, payers)

Phase 2

HIM management personnel
IT personnel
Coding staff
Clinical documentation improvement specialists
Medical staff
Business associates
Financial management
Other data users

Phase 3

HIM professionals
Coding staff
Clinical documentation improvement specialists
IT personnel

Business associates
Financial management
Other data users

Phase 4

HIM managers
Coding staff
Clinical documentation improvement specialists
IT personnel
Medical staff
Financial management
Senior executives
Other data users
Other key stakeholders affected by identified problems

Although a suggested timeline for each phase is indicated above along with start and completion dates in the table below, these dates serve as a general guide. The timeline for the implementation plan development and impact assessment, implementation preparation, and "go live" preparation is variable due to a number of factors, including the type, size, and complexity of the organization. However, completion of the impact assessment early is critically important, because without the impact assessment, an organization cannot reasonably predict the length of time and amount of resources required for the implementation preparation and "go live" phases and therefore can't plan an accurate timeline or budget for the work involved. **Delayed completion of the impact assessment will jeopardize an organization's ability to complete all ICD-10 implementation tasks by the compliance date, risking claim rejections and payment delays.**

PHASE 1: IMPLEMENTATION PLAN DEVELOPMENT AND IMPACT ASSESSMENT 1st qtr 2009 – 2nd qtr 2012 *(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)*		
Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
3/09 - 9/10	❖ Establish interdisciplinary steering committee to develop ICD-10 implementation strategy and oversee implementation process (this committee is responsible for overseeing all of the steps in the ICD-10 transition process, but may designate other individuals to complete specific tasks). • Membership on the Steering Committee should include representatives from the various business areas impacted by the ICD-10 transition. o At a minimum, representation should include HIM management; HIM coding; senior management; medical staff; financial management; Information technology (IT) • Committee chair should serve as ICD-10 project manager throughout course of implementation process (HIM background is recommended) • ICD-10 project manager should serve as positive change agent for ICD-10 implementation	Essential first step – must be done prior to beginning the Impact Assessment *If an organization chooses to have a single steering committee to oversee both the 5010 and ICD-10 projects, care must be taken to ensure appropriate stakeholder representation for both projects, since the stakeholders are not identical for both, and that the committee is able to devote sufficient attention to both projects simultaneously in order to stay on track*
10/09 – 9/10	❖ Formulate transition strategies and identify goals. (Steering Committee) • Develop organization's ICD-10 implementation strategy and identify actions, persons responsible, and deadlines for the various tasks required to complete the transition. • Develop communication plan.	

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	o Develop a set of clear, consistent, and concise messages concerning the ICD-10 implementation project. (to ensure everyone is speaking with "one voice") o Conduct regularly scheduled standing meetings of the Steering Committee on a consistent basis to ensure communication among key stakeholders. o Establish ongoing communication with all affected personnel. o Appoint and recognize external communication liaisons to manage communication with business associates and other external entities.	
10/09 – 1/11	❖ Provide organization-wide ICD-10 awareness education to key stakeholders. • Educate senior management, IT personnel, clinical department managers, and medical staff on the transition. (For suggested target audiences and topics, see Figure 1.	Steering Committee should identify key stakeholders and ensure that awareness education is provided, but designee may provide the education Examples of meetings where this education could be provided include department managers' meetings or medical staff meetings. A special meeting for certain stakeholder groups, such as senior management and IT, could be held.
10/09 – 10/15	❖ Implement change management strategies to empower stakeholders to accept and embrace transition to ICD-10.	

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
1/10 – 12/11	❖ Assess status of business associate readiness (e.g., systems vendors, payers, providers) • Determine vendor readiness and timelines for upgrading software o What systems upgrades or replacements are needed to accommodate ICD-10? o What costs are involved and will upgrades be covered by existing contracts? If not, what will be the projected cost and when will the cost be incurred? o When will upgrades or replacement systems be available for testing and implementation? o What customer support and training will they provide? o How will their products/services accommodate both ICD-9 and ICD-10 as you work with claims provided both before and after 10/1/15? o How long will their products accommodate both code sets? • Consider ICD-10 transition during contract renewals (e.g., vendor contracts, contracts between payers and providers) • Assess readiness of all organizations that receive ICD data • Communicate with other business associates as to their progress toward ICD-10 preparedness and when they expect to be ready for transaction testing. o When will payer systems be ready for testing?	
1/10 – 3/12	❖ Identify key ICD-10 transition tasks and objectives. (Steering Committee)	Can be done concurrently with Impact Assessment (below), and should be continually updated during Impact Assessment steps involving systems inventory and analysis of impact on business processes.

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
1/10 – 3/12	❖ Oversee the development of detailed project plan. (Steering Committee) • Develop internal implementation timeline and specify resources required to complete identified tasks. • Articulate all key stakeholders' roles and responsibilities. • Delineate transition tasks, deadlines, and responsible individual(s).	Can be done concurrently with Impact Assessment, and both the timeline resource identification should be continually updated during Impact Assessment phase. This is not one person or group, but it could involve individual department project plans, and then merging them into one master plan.
1/10 - 3/12	❖ Assess impact of ICD-10 transition on all organizational operations (Impact Assessment) • Assess organizational readiness for transition, including: o Identification of affected business areas and individuals (medical, clinical, administrative) * o Identification of affected systems, applications, databases o Impact on data availability and use o Information exchanges of ICD data between business areas and with external entities o Organizational capacity (including budget) o Current and future organizational plans and acquisitions (e.g., mergers, purchase of physician practices or healthcare facilities) o Data governance plan • Conduct survey of all business areas to determine level of impact of the transition.	* Identification of affected business areas and individuals depends on the systems inventory and business process impact assessment. If no data governance plan exists, one should be developed.

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	• Educate IT personnel on code set specifications and pertinent regulatory requirements, including the logic and hierarchical structure of ICD-10-CM and ICD-10-PCS; consider the following: o Date-of-service-driven compliance date o ICD-10-PCS is only replacing the ICD-9-CM procedure codes used for facility reporting of hospital inpatient services (use of CPT codes is not affected) o Character-length specifications o Numeric vs. alphanumeric format o Use of decimals o Availability of codes, descriptions, and applicable support documentation and guidelines in machine-readable form • Determine how long dual code sets will need to be maintained. o Claims for services prior to ICD-10 compliance date (including claim resubmissions and appeals) o Historical data for analysis (e.g., research, trending, auditing) o How will historical data be managed? How many locations or applications will house the historical data? What are the resource implications? Determine who will have access to this data. • Perform organization-wide systems audit o Inventory all systems applications and databases using ICD-9-CM codes, considering: ▪ How many systems will be affected and what types of system changes will be made? • Identify every application and database that captures, retains, or reports an ICD-9-CM code. • Identify applications that don't currently capture ICD-9-CM	This step would be based upon the organizations data governance plan.

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	codes, but capture of ICD-10 codes is planned in the future. • Don't forget to identify stand-alone applications and databases that are created and managed by individuals or single departments. ▪ Is the system developed and maintained in-house or by an outside vendor? Is an application service provider used for any systems applications? For vendor systems, are they customized in any way? Are there interfaces between systems? ▪ How are ICD-9-CM codes used in each system? Are both ICD-9-CM diagnosis and procedure codes used? Will ICD-10-CM and ICD-10-PCS codes serve the same purpose and will a change in code sets impact the results? ▪ Where do ICD-9-CM codes originate from? (e.g., entered manually, imported from another system) ▪ Are there system interfaces that use ICD-9-CM codes? ▪ How is the quality of data checked? o Perform detailed analysis of systems changes that need to be made (see Figure 2 for examples of systems and applications that may use coded data and therefore would need to be modified). Changes for consideration include: ▪ Field size expansion ▪ Alphanumeric composition ▪ Decimal use ▪ Redefinition of code values and their interpretation ▪ Expanded code descriptions ▪ Edit and logic changes ▪ Table structure modification	

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	▪ Expansion of flat files containing ICD-9-CM diagnosis and procedure codes ▪ Changes to systems interfaces ▪ Changes to data input screens and screen displays o Prioritize sequence of systems changes and estimate cost; refine previous budgetary estimates as necessary o Map electronic data flow to inventory all reports that contain ICD-9-CM codes. ▪ Who is using these reports? ▪ Are these reports still needed? ▪ Do the reports contain the information users need? ▪ Are new or modified reports needed? o How long will both ICD-9-CM and ICD-10 code sets need to be supported? Will system storage capacity need to be increased? ▪ Systems vendors – is support for both ICD-9-CM and ICD-10 code sets addressed in the contract? How long is support for both code sets anticipated? What kind of support is needed? ▪ Internal IT systems – how long will the ICD-9-CM code set continue to be accessible and to whom will it be accessible? Is system storage capacity adequate or will it need to be increased? • Identify new or upgraded hardware/software requirements o Since the ICD-10 code sets are very amenable to the use of electronic tools in the coding process, and it is expected that the use of technology will significantly improve coding productivity and accuracy, is consideration being given to replacing the use of hard-copy code books with encoding software and/or computer-assisted coding technology? o Will hardware upgrades be needed to ensure optimal system performance?	This step should be done in conjunction with assessing vendor readiness.

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	Will additional computers or larger monitors be needed? • Build flexibility into IT systems currently under development to ensure compatibility with ICD-10 and, when possible, future versions of ICD; ensure that any Requests for Proposal for new systems under consider include a requirement for ICD-10 compatibility. • Analyze impact on all business processes o Analyze impact on all operational processes that currently use ICD-9-CM codes as well as those for which ICD-10-CM or ICD-10-PCS codes are intended to be used in the future o Assess impact on documentation processes and work flow o Evaluate current data flow, work flows, and operational processes to identify those impacted by the ICD-10 transition and determine opportunities for improvement o Identify reports and forms requiring modification o Identify policies/procedures that need to be developed or revised o Identify impacted internal and external reporting processes (e.g., registries, quality measures, performance measures, state data reporting) • Conduct gap analysis of coding staff knowledge and skills for ICD-10 environment. o Assess coding staff' knowledge in biomedical sciences (anatomy and physiology, pathophysiology), medical terminology, and pharmacology. o Refresh coding staff knowledge as needed based on the assessment results. o Communicate with contract coding services to ensure their coding staff is similarly being prepared to meet the demands of ICD-10 coding and to determine their strategy and timeline for ensuring their coding staff achieve professional ICD-10 competence. • Assess quality of medical record documentation	

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	o Evaluate samples of various types of medical records to determine whether documentation supports level of detail found in ICD-10. ▪ Sampling techniques could include random samples; most frequent diagnoses or procedures; diagnostic or procedural categories known to represent documentation problems with ICD-9-CM. o Implement documentation improvement strategies to address areas where documentation is found to be lacking. ▪ Consider changes in documentation capture processes (such as prompts in electronic health record systems) to facilitate improvements in documentation practices. ▪ Educate medical staff on findings from documentation review and the documentation elements needed to support ICD-10 codes, through the use of specific examples, and emphasize the value of more concise data capture for high-quality data. ▪ Designate a physician champion to assist in medical staff education and promote the positive aspects of the ICD-10 transition. o Assess impact on coding and billing productivity • Identify ways processes and work flows could be improved. • Analyze how business areas might leverage their use of ICD-10 codes to improve effectiveness and efficiency of their operations.	
1/10 – 6/12	❖ Develop ICD-10 implementation budget. (Steering Committee or designee) *(The amount of anticipated cost for the ICD-10 transition is dependent on the size and complexity of the organization, as well as the degree of system integration, need for outside technical assistance, and the number of systems, applications, and interfaces that need to be updated. The largest budgetary expenses are generally systems upgrades and education.)*	ICD-10 budget must be continually updated as a result of information learned during the Impact Assessment (e.g., training costs cannot be

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	• Identify all ICD-10 transition expenses and estimate associated costs, including: o Software modifications (costs for in-house as well as vendor system changes) o Education (both coding staff as well as other personnel needing education) o Hardware/software upgrades o Testing related costs o Staff time o Temporary or contract staffing to assist with increased work resulting from the transition, such as coding/billing backlogs, IT support, or coding accuracy review o Consulting services to assist with transition o Report redesign (and development of new reports) o Reprinting of paper forms o Data conversion o Maintenance of dual code sets o Additional software or other tools/resources to facilitate the ICD-10 transition (such as an electronic mapping tool) or improve operational processes • Identify departmental budget(s) responsible for each transition cost, including systems changes, hardware/software upgrades, and education • Estimate the amount of contingency and reserve funds required for the ICD-10 transition • Allocate ICD-10 implementation costs across multiple years • Identify other projects that will be competing for resources (financial, personnel) during the ICD-10 transition period. • Update budget estimates as needed after completing other ICD-10 planning and impact assessment activities	determined until the individuals requiring training, the level of training needed, and the timeframe in which the training is needed have been identified).

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
3/10 – 6/12	❖ Assess training needs • Keep in mind that multiple categories of users of coded data require varying types and levels of ICD-10 education and it will be needed at different times (See Figure 3 for examples of types of data users requiring some level of ICD-10 education). • Determine who needs education, what type and level of education they need, and when they need education. • Determine the most appropriate and cost-effective method of providing ICD-10 education to the different categories of individuals (e.g., traditional face-to-face classroom teaching, audio conferences, self-directed learning programs, web-based instruction (self-directed or instructor-led). • Determine whether education will be provided through internal or external mechanisms, or a combination of both. • AHIMA's role-based models provide a good resource for identifying a suggested timeline for ICD-10 educational activities for various roles and settings.	Training needs cannot be assessed until all affected business areas and individuals have been identified.
Ongoing	❖ Provide senior executives and impacted stakeholders with regular updates as to ICD-10 transition progress.	

PHASE 2: IMPLEMENTATION PREPARATION 1st qtr 2011 – 2nd qtr 2015 *(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)*		
Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
		This phase may overlap with Impact assessment phase, but associated Impact Assessment tasks must be completed before specific preparation steps can be completed (e.g., systems changes can't be made until a systems inventory to identify needed changes has been completed; training can't be provided until the individuals needing training and the level of training needed have been identified)
1/11 – 12/12	❖ Provide training on the use of the GEMs and mapping processes and technology to personnel who will be involved in data conversion projects.	This could be provided internally or externally
1/11 – 12/12	❖ Determine impact of transition on longitudinal data analysis. • Will legacy data need to be converted? If so, how will it be converted? If coded data will be mapped between ICD-9-CM and ICD-10-CM/PCS using the GEMs, will application-specific mappings need to be developed? • Determine which data will be linked using mapping applications and which data will be maintained separately according to the source code set.	
1/11 – 12/12	❖ Provide education to individuals (other than coding staff) identified during Impact Assessment. For example:	

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	o Educate data users on differences in classification of diseases and procedures in ICD-10, including definitions and code category composition, in order to assess impact on data trends o Educate data users (e.g., case management, utilization management, quality management, data analysts) on data comparability issues and impact on longitudinal data analysis o Educate data users on what the General Equivalence Mappings (GEMs) are and what their role is in the ICD-10 transition process.	
1/11 – 6/14	❖ Periodically follow-up on readiness status of business associates by contacting them (e.g., payers, providers, systems vendors) for an update on their ICD-10 transition progress and any changes to their readiness timeline communicated during Phase 1.	
1/11 – 6/14	❖ Implement systems changes.	
1/11 – 12/14	❖ Payers: Convert coverage policies and provider contract template.	
1/11 – 12/14	❖ Coding staff should continue to increase familiarity with the ICD-10 code sets and the associated coding guidelines; education on the biomedical sciences and pharmacology should continue to be provided to coding staff as identified during the knowledge gap analysis.	Inpatient coders should become familiar with ICD-10-PCS definitions such as root operations and approaches.
1/11 – 3/15	❖ Modify or develop policies/procedures, reports, and forms identified in Phase 1.	
1/11 – 3/15	❖ Re-engineer processes and work flows earmarked for improvements in Phase 1.	
1/11 – 6/15	❖ Modify ICD-10 project plan and timeline as needed.	
1/11 – 6/15	❖ Continue to assess quality of medical record documentation, implement documentation improvement strategies as needed, and monitor impact of documentation improvement strategies.	
4/11 – 6/15	❖ Modify ICD-10 budget as needed.	
6/11 – 9/14	❖ Assess potential reimbursement impact of transition.	

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Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	• Evaluate potential DRG shifts. • Evaluate changes in case mix index. • Communicate with payers on anticipated changes in reimbursement schedules or payment policies.	
6/11 – 12/14	❖ Develop strategies to minimize transition problems and maximize opportunities for successful transition. • Assess impact of decreased coding productivity on organization's accounts receivable status. o How long is a decline in coding productivity expected to last? o What steps could be taken to reduce the impact of decreased coding productivity? ▪ 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. o What is the anticipated impact on coding accuracy? o How long is it expected to take for coding staff to achieve a comparable level of	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

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	proficiency to ICD-9-CM? o What steps could be taken to improve coding accuracy? ▪ 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 – 3/15	❖ Develop contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live.	
4/12 – 1/15	❖ 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 – 12/14	❖ Provide early intense training to designated coders and others involved in ICD-10 implementation planning/preparation projects (e.g., training, mapping, auditing).	
3/13 – 11/14	❖ Conduct internal testing and validation of systems changes.	
12/13 – 3/15	❖ 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.	

PHASE 3 : "GO LIVE" PREPARATION 1st qtr 2014 – 3rd qtr 2015 *(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)*		
Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
1/14 – 3/15	❖ Confirm with systems vendor(s) that changes/upgrades in vendor systems have been completed. • Determine the level of support for go-live. • Who will be the point of contact should issues arise.	
1/14 – 9/15	❖ 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 – 9/15	❖ Complete all in-house systems changes and testing.	
1/14 – 9/15	❖ Make modifications in response to the results of systems testing and conduct regression testing.	
1/14 – 9/15	❖ 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 – 9/15	❖ Complete external testing.	
1/14 – 9/15	❖ Provide intensive education to coding staff. • 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: o Traditional classroom training o Distance education courses o Audio or web-based programs o Self-directed learning using printed materials or electronic tools • Not all coding staff will require the same type or amount of ICD-10 education. o 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. o 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. o 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. • 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 – 9/15	❖ Complete education of data users if not completed in Phase 2. Refer to Figure 3.	
1/14 – 9/15	❖ Continue to assess quality of medical record documentation, implement documentation improvement strategies as needed, and monitor impact of documentation improvement strategies.	
1/14 – 9/15	❖ 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 – 9/15	❖ Modify ICD-10 project plan and timeline as needed.	
1/14 – 9/15	❖ Modify ICD-10 budget as needed.	
1/14 – 9/15	❖ Continue to provide senior executives and impacted stakeholders with regular updates on ICD-10 project status.	
6/14 – 9/15	❖ Execute the implementation communication plan	

PHASE 3 : "GO LIVE" PREPARATION 1st qtr 2014 – 3rd qtr 2015 *(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)*		
Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
9/30/15	❖ Ready to go live with ICD-10-CM/PCS for dates of service on or after 10/1/15	
ICD-10 Milestone: 10/1/15	*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.)*	

PHASE 4: POST-IMPLEMENTATION FOLLOW-UP 4th qtr 2015 – 4th qtr 2016 *(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)*		
Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
10/15 – 6/16	❖ Monitor impact on reimbursement, claims denials/rejections, and coding productivity and accuracy, identify problems or errors, and take steps to address identified problems/errors.	
10/15 – 6/16	❖ 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.	
10/15 – 6/16	❖ Monitor systems functionality and correct errors or other identified problems as quickly as possible; implement contingency plan if needed.	
10/15 – 6/16	❖ Monitor coding accuracy and productivity and implement strategies to address identified problems, such as: • 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.	
10/15 – 6/16	❖ Train or re-train staff as necessary. • Provide ICD-10 education to new staff. • Provide re-training or additional training as needed to improve coding productivity and accuracy.	
10/15 – 6/16	❖ 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. • Work closely with payers to resolve payment issues (e.g., claims denials/rejections).	

PHASE 4: POST-IMPLEMENTATION FOLLOW-UP 4th qtr 2015 – 4th qtr 2016 *(Note: The length of the phases may vary, depending on the type, size, and complexity of the organization. The phases also may overlap.)*		
Recommended Start and Completion Dates	**Key ICD-10 Transition Steps/Milestones**	**Project Planning Tips**
	• 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.	
10/15 – 6/16	❖ Resolve post-implementation problems as expeditiously as possible. • 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.	
10/15 – 12/16	❖ Continue to follow the implementation communication plan • 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.
12/15 – 12/16	❖ 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: ▪ Educational programs (e.g., webinars, audio seminars, conferences)				**X**

▪ *Journal of AHIMA*, 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)				

Figure 2. **Examples of Systems and Applications that May Use Coded Data**	
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**	
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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