

Summary of Health Plans' Transition to 5010 and ICD-10

	2009	2010	2011	2012	2013
Focus overall	<ul style="list-style-type: none"> Organize the project(s) Create project infrastructure (establish steering committee(s)) Initiate communication Initiate budget planning 	<ul style="list-style-type: none"> 5010 conversion ICD-10 planning and training 	<ul style="list-style-type: none"> 5010 testing ICD-10 conversion 	<ul style="list-style-type: none"> 5010 compliance ICD-10 testing 	<ul style="list-style-type: none"> ICD-10 compliance
5010	<ul style="list-style-type: none"> Determine implementation strategy Complete gap analysis between 4010–5010, conduct impact assessments, review and analyze implementation guides Plan system design changes, begin development 	<ul style="list-style-type: none"> Define functional requirements and develop systems Begin internal testing 	<ul style="list-style-type: none"> External end-to-end testing of systems Coordinate transition with trading partners 	<ul style="list-style-type: none"> Compliance on January 1, 2012 4010A1 ends 	
ICD-10	<ul style="list-style-type: none"> Conduct business impact assessments Investigate the GEMs, reimbursement crosswalks, and mapping tools Determine migration strategy for coverage policies and contracts and identify who will need ICD-10 coding training 	<ul style="list-style-type: none"> Complete systems impact assessments, define system functional requirements, and begin development Determine implementation strategy Complete coder training in the code sets and maps 	<ul style="list-style-type: none"> Complete system development to accommodate ICD-10 code sets Begin conversion of coverage policies and contracts 	<ul style="list-style-type: none"> Conduct internal testing and begin end-to-end testing with external partners Complete conversion of coverage policies and contracts 	<ul style="list-style-type: none"> Complete external testing with trading partners Begin analysis of ICD-10 claims data