With repeated delays in the timetable for ICD-10 implementation, the U.S. healthcare community has been left guessing. Most recently, Congress and the Centers for Medicare and Medicaid Services (CMS) pushed back the implementation date to October 1, 2015. The American Medical Association (AMA), American Health Information Management Association (AHIMA), and other organizations continue to lobby in the background and many in the healthcare industry anticipate additional delays in the future. Meanwhile, providers, payers, clearinghouses and everyone in between have been working feverishly to adapt.

The good news is the new implementation date of October 1, 2015 allows an extra 12 months to prepare. But this is no time to breathe easy; a myriad of challenges and obstacles await you. Luckily, there is plenty you can be doing with the extra time to get your healthcare organization or physician practice ready:

- **Assemble your ICD-10 transition team** - Most organizations have already convened a team of organizational leaders, administrators, physicians and representatives from medical records, HIM, coding, clinical documentation, quality, IT, data and finance to coordinate ICD-10 transition efforts. If you have not, then now is the time to assemble your team. If you have, bring them together to reset and talk next steps.

- **Update your implementation strategy** - Your written plan should include a detailed timeline and budget, a list of key stakeholders and approvers, defined task assignments and deadlines, a summary of key systems and reports, and identification of potential roadblocks and hurdles. Update your plan with the revised October 2015 deadline in mind. Now is also the perfect time to supplement your plan to incorporate new areas you did not have time to address previously.

- **Supplement your research** - CMS and groups like AHIMA have published an array of resources, checklists and toolkits on their websites. If you have not taken advantage of those planning resources yet, now is a great time to start. Review the CMS and AHIMA literature and sign up for periodic email updates from CMS, AHIMA and professional services firms with the relevant expertise. Here is a brief list of useful ICD-10 resources to get you started:

  - http://www.ahima.org/topics/icd10
  - http://www.ruralicd10.com/
  - http://www.cdc.gov/nchs/icd/icd10cm.htm
  - http://info.fticonsulting.com/Preparing_for_ICD_10

  **VIDEO - Why ICD-10 Matters - A Physicians Perspective**

- **Refresh your gap assessment** - Many organizations began the ICD-10 journey with a baseline review to help them determine what kind of impact ICD-10 would have on their organization—both financially and from a workflow perspective—and to collect information vital to the planning process. Whether or not you have already conducted an initial assessment, now is the time for a refresh. A gap assessment will help you to take stock of your organization’s current state of preparation and identify the areas where you still need work. Incorporate the results of your gap assessment into your implementation plan to re-prioritize and focus your resources on the areas where you may have fallen behind.

- **Review and update your policies** - Changes to policies and procedures (P&P) can take months. Each department may maintain its own set of policies and many of those policies will be impacted by ICD-10 (documentation, coding, billing, quality and IT policies to name a few). The policies and procedures at your organization will serve to document and drive ICD-10 implementation and will become the new standards used by all of your staff. Begin by cataloging the P&P that will be impacted, then convene review sessions with the relevant policy owners and Subject Matter Experts (SMEs). Notify and involve approvers (including management, compliance, and legal) well in advance. Policies and procedures are critical to the success of any organization and should never be an after-thought.
Health Solutions  ICD-10: How is Your Transition Going?

- **Review your contracts** - Of particular importance will be to focus on contracts between payers and providers but a review of other vendor contracts is advisable as well. ICD-10 will trigger a variety of new requirements related to reporting, rates, reimbursement and audit. Enlist the support of your legal, contracts, procurement and compliance teams to ensure contract language is updated appropriately and to identify areas where renegotiation may be needed.

- **Train your team** - The ICD-10 transition will not be as simple as flipping a switch to turn the old codes off and the new codes on. Physicians, nurses, clinical documentation specialists, HIM personnel, coders, revenue cycle professionals, quality personnel and IT staff will all need training to understand the new requirements and processes. Hiring an ICD-10 instructor is a good investment that will ensure that coders are fluent in the new coding methodology and that clinical documentation aligns with—and is sufficiently robust to support—the new coding requirements. Even if you have trained before, ongoing practice and refreshers are in order.

- **Implement dual coding** - During the transition period, coders and systems must be able to capture both the old ICD-9 and the new ICD-10 codes. Implementing dual coding ahead of time can help reduce anticipated productivity losses and assist you with tracking any differences in revenue.

- **Upgrade and test your systems** - Make sure your coding, billing, claims and reporting systems all support the new ICD-10 codes; leave no stone unturned. Create a list of every department, system and report that houses, uses, or displays an ICD-9 code. Those same systems and reports will need upgrades and modifications to incorporate ICD-10. You may be surprised by how many facets of the organization rely on the codes. If even one report, system or process is not upgraded, it could spell disaster for quality reporting and reimbursement. Also remember to update business rules and work flows for data warehouses that store ICD-10 codes and business intelligence (BI) dashboards used for reporting.

- **Work with your vendors** - Make sure your vendors are all on track to make the transition. At a minimum, ask your claims vendors, clearinghouses and payors to deliver quarterly presentations outlining their plans to ensure their systems and processes are ready to handle the new codes. Payors and clearinghouses should have updated policies, systems and claims scrubbers. BI and software vendors should be incorporating the new codes into their systems and products. You and your vendors should have a plan and be working together in a coordinated fashion to make the transition as smooth as possible and ensure that every claim will be clean and paid.

- **Get expert help** - It can be a daunting task to navigate the complex maze of rules, regulations and timetables, let alone implement widespread organizational change. But it does not have to be that way and you do not have to “go it alone.” Professional services firms and experts like FTI Health Solutions can help you develop a plan, martial the resources, navigate the internal politics, build consensus among stakeholders, update your policies, contracts and systems, train your staff and manage the transition to help your organization avoid costly blunders. Experts come with the “playbook,” the resources and the experience to help you breathe that long awaited sigh of relief.

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References:
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