



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

Editor's note: This update supplants the June 2007 "ICD-10 Preparation Checklist."

The transition to ICD-10-CM and ICD-10-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 more widely used now than when the US transitioned to ICD-9-CM 30 years ago. The ICD-10 transition will have a pervasive impact throughout the entire healthcare industry and will be a significant undertaking for providers, payers, system vendors, and other stakeholders, requiring organization-wide planning and preparation.

A smooth, successful transition by the compliance date of October 1, 2013, requires a well-planned and well-managed implementation process. Proper planning and preparation are critical so that organizations can leverage their ICD-10 investments and move beyond mere compliance to achieve strategic advantage.

Experience in other countries has shown that early preparation is the key to success. Organizations that start early can spread their resources across 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 plan their ICD-10 implementation strategies carefully and thoroughly and initiate the planning process early can expect a smoother transition. Early preparation, adequate education, and proper testing may mitigate potential problems during the transition and will allow organizations to realize the anticipated benefits of ICD-10 sooner. These 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 (first quarter 2009 to second quarter 2011)
- Phase 2: Implementation preparation (first quarter 2011 to second quarter 2013)
- Phase 3: “Go live” preparation (first quarter 2013 to third quarter 2013)
- Phase 4: Post-implementation follow-up (fourth quarter 2013 to fourth quarter 2014)

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 checklist 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, which 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. Although designed from the perspective of a complex healthcare organization such as a large acute-care hospital, the checklist can be scaled down easily 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 to encompass every affected role in every organization; an organization's exact needs will 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
- 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., system vendors, providers, payers)

Phase 2

- HIM management personnel
- IT personnel
- Coding staff
- Medical staff
- Business associates
- Data users
- Financial management

Phase 3

- HIM professionals
- Coding staff
- IT personnel
- Business associates
- Financial management
- Data users

Phase 4

- HIM managers
- Coding staff
- IT personnel
- Medical staff
- Financial management
- Senior executives
- Data users
- Other key stakeholders affected by identified problems

Although the checklist suggests a timeline for each phase, these dates serve as general guides. 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 cannot 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.**

Finally, although key milestones for Version 5010 compliance are indicated, the checklist is not intended to cover the tasks necessary to achieve Version 5010 compliance. The Version 5010 and ICD-10 upgrades are separate projects with different tasks, although some of the stakeholders (such as IT personnel) may be the same for both.

Implementation of Version 5010 is a prerequisite for transitioning to ICD-10, but implementation tasks for both projects can and should be undertaken simultaneously. **To allow sufficient time to meet the ICD-10 compliance date, organizations should not wait until completion of the Version 5010 upgrade to begin preparing for the ICD-10 transition.**

PHASE 1: IMPLEMENTATION PLAN DEVELOPMENT AND IMPACT ASSESSMENT

First quarter 2009 to second quarter 2011

Note: The lengths of the phases may vary depending on the type, size, and complexity of the organization. The phases may overlap.

Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
March 2009 to September 2009	<ul style="list-style-type: none"> ❖ Establish an interdisciplinary steering committee to develop the ICD-10 implementation strategy and oversee the 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. <ul style="list-style-type: none"> • Membership on the steering committee should include representatives from the various business areas affected by the ICD-10 transition. <ul style="list-style-type: none"> ○ At a minimum, representation should include HIM management, HIM coding, senior management, medical staff, financial management, and IT. • Committee chair should serve as the ICD-10 project manager throughout the course of the implementation process (an HIM background is recommended). • ICD-10 project manager should serve as a positive change agent for ICD-10 implementation. 	<p>Forming the committee is an essential first step: it must be done before beginning the impact assessment.</p> <p>If an organization chooses to have a single steering committee to oversee both the Version 5010 and ICD-10 projects, care must be taken to ensure that there is 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 to stay on track.</p>
October 2009 to January 2010	<ul style="list-style-type: none"> ❖ Formulate transition strategies and identify goals (steering committee). <ul style="list-style-type: none"> • Develop the organization’s ICD-10 implementation strategy and identify actions, persons responsible, and deadlines for the tasks required to complete the transition. • Develop a communication plan. 	

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> ○ Develop a set of clear, consistent, and concise messages concerning the ICD-10 implementation project (to ensure everyone is speaking with “one voice”). ○ Conduct regularly scheduled standing meetings of the steering committee to ensure communication among key stakeholders. ○ Establish ongoing communication with all affected personnel. ○ Appoint and recognize external communication liaisons to manage communication with business associates and other external entities. 	
October 2009 to January 2010	<ul style="list-style-type: none"> ❖ Provide organization-wide ICD-10 awareness education to key stakeholders. <ul style="list-style-type: none"> ● Educate senior management, IT personnel, clinical department managers, and medical staff on the transition (for suggested target audiences and topics, see figure 1). 	<p>The steering committee should identify key stakeholders and ensure that awareness education is provided, but the designee may provide the education.</p> <p>Education could be provided in department manager meetings or medical staff meetings. A special meeting for certain stakeholder groups, such as senior management and IT, could be held.</p>
October 2009 to October 2013	<ul style="list-style-type: none"> ❖ Implement change management strategies to empower stakeholders to accept and embrace the transition to ICD-10. 	

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
January 2010 to December 2010	<ul style="list-style-type: none"> ❖ Assess business associate readiness (e.g., system vendors, payers, providers). <ul style="list-style-type: none"> • Determine vendor readiness and timelines for upgrading software: <ul style="list-style-type: none"> ○ What systems upgrades or replacements are needed to accommodate ICD-10? ○ What costs are involved, and will upgrades be covered by existing contracts? If not, what will the projected cost be, and when will the cost be incurred? ○ When will upgrades or replacement systems be available for testing and implementation? ○ What customer support and training will the business associates provide? ○ How will their products and services accommodate both ICD-9 and ICD-10 as you work with claims provided both before and after October 1, 2013? ○ 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 about their progress toward ICD-10 preparedness and when they expect to be ready for transaction testing. <ul style="list-style-type: none"> ○ When will payer systems be ready for testing? 	
January 2010 to March 2011	<ul style="list-style-type: none"> ❖ Identify key ICD-10 transition tasks and objectives (steering committee). 	<p>This can be done concurrently with impact assessment (below), and should be updated continually during impact assessment steps involving systems inventory and analysis of effect on business processes.</p>

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
January 2010 to March 2011	<ul style="list-style-type: none"> ❖ Oversee the development of the detailed project plan (steering committee). <ul style="list-style-type: none"> • Develop an internal implementation timeline and specify resources required to complete identified tasks. • Articulate all key stakeholders' roles and responsibilities. • Delineate transition tasks, deadlines, and responsible individuals. 	<p>This can be done concurrently with impact assessment, and both the timeline and resource identification should be updated continually during the impact assessment phase.</p> <p>This could involve individual department project plans, followed by merging them into one master plan.</p>
January 2010 to March 2011	<ul style="list-style-type: none"> ❖ Assess the effect of ICD-10 transition on all organizational operations (impact assessment). <ul style="list-style-type: none"> • Assess organizational readiness for transition, including: <ul style="list-style-type: none"> ○ Identification of affected business areas and individuals (medical, clinical, administrative)* ○ Identification of affected systems, applications, databases ○ Effect on data availability and use ○ Data exchange of ICD data between business areas and with external entities ○ Organizational capacity (including budget) ○ Current and future organizational plans and acquisitions (e.g., mergers, purchase of physician practices or healthcare facilities) ○ Data governance plan • Conduct a survey of all business areas to determine the level of effect of the transition. • Educate IT personnel about code set specifications and pertinent regulatory 	<p>*Identification of affected business areas and individuals depends on the systems inventory and business process impact assessment.</p> <p>If no data governance plan exists, one should be developed.</p>

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<p>requirements, including the logic and hierarchical structure of ICD-10-CM and ICD-10-PCS consider the following:</p> <ul style="list-style-type: none"> ○ Date-of-service-driven compliance date ○ ICD-10-PCS as replacing only the ICD-9-CM procedure codes used for facility reporting of hospital inpatient services (use of Current Procedural Terminology codes is not affected) ○ Character-length specifications ○ Numeric versus alphanumeric format ○ Use of decimals ○ Availability of codes, descriptions, and applicable support documentation and guidelines in machine-readable form <ul style="list-style-type: none"> ● Determine how long dual code sets will be maintained and how ICD-9 data will be managed. Issues include: <ul style="list-style-type: none"> ○ Claims for services before the ICD-10 compliance date (including claim resubmissions and appeals) ○ Historical data for analysis (e.g., research, trending, auditing) ○ The locations or applications that will house historical data, the resource implications, and who will have access ● Perform organization-wide systems audit. <ul style="list-style-type: none"> ○ Inventory all systems applications and databases using ICD-9 codes: <ul style="list-style-type: none"> ▪ Determine 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 code ▪ Identify applications that do not currently capture ICD-9 codes but for which capture of ICD-10 codes is planned in the future 	<p>This step is based on the organization's data governance plan.</p>

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> ▪ Remember to include 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? Are vendor systems 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 both used? Will ICD-10-CM and ICD-10-PCS codes serve the same purpose, and will a change in code sets affect the results? ▪ Where do ICD-9-CM codes originate (e.g., entered manually, imported from another system)? <ul style="list-style-type: none"> • Are there system interfaces that use ICD-9-CM codes? • How is data quality checked? ○ 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: <ul style="list-style-type: none"> ▪ Field size expansion ▪ Alphanumeric composition ▪ Decimal use ▪ Redefinition of code values and their interpretation ▪ Expanded code descriptions ▪ Edit and logic changes ▪ Table structure modification ▪ Expansion of flat files containing ICD-9-CM diagnosis and procedure codes ▪ Changes to systems interfaces ▪ Changes to data input screens and screen displays 	

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> ○ Prioritize the sequence of systems changes and estimate the cost; refine previous budgetary estimates as necessary. ○ Map electronic data flow to inventory all reports that contain ICD-9-CM codes. <ul style="list-style-type: none"> ▪ Who is using these reports? ▪ Are these reports still needed? ▪ Do the reports contain the information users need? ▪ Are new or modified reports needed? ○ How long will both ICD-9-CM and ICD-10 code sets need to be supported? Will system storage capacity need to be increased? <ul style="list-style-type: none"> ▪ System 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 have to be increased? ● Identify new or upgraded hardware and software requirements. <ul style="list-style-type: none"> ○ Since the ICD-10 code sets are very amenable to the use of electronic tools in the coding process, and the use of technology is expected to improve coding productivity and accuracy significantly, is consideration being given to replacing the use of hard-copy code books with encoding software and/or computer-assisted coding technology? ○ Will hardware upgrades be needed to ensure optimal system performance? 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 requests for proposal for new systems include a requirement for ICD-10 compatibility. 	<p>This step should be done in conjunction with assessing vendor readiness.</p>

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> • Analyze the effect on all business processes. <ul style="list-style-type: none"> ○ Analyze the effect on all operational processes that currently use ICD-9-CM codes, as well as those for which ICD-10-CM/PCS codes are intended to be used in the future. ○ Assess the effect on documentation processes and work flow. ○ Evaluate current data flow, work flows, and operational processes to identify those affected by the ICD-10 transition and determine opportunities for improvement. ○ Identify reports and forms requiring modification. ○ Identify policies and procedures that need to be developed or revised. ○ Identify affected internal and external reporting processes (e.g., registries, quality measures, performance measures, state data reporting). • Conduct a gap analysis of coding staff knowledge and skills for ICD-10 environment. <ul style="list-style-type: none"> ○ Assess coding staff knowledge in biomedical sciences (e.g., anatomy and physiology, pathophysiology), medical terminology, and pharmacology. ○ Refresh coding staff knowledge as needed on the basis of the assessment results. ○ Communicate with contract coding services to ensure their coding staffs are being prepared to meet the demands of ICD-10 coding and determine their strategy and timeline for ensuring their coding staffs achieve professional ICD-10 competence. • Assess the quality of medical record documentation. <ul style="list-style-type: none"> ○ Evaluate samples of various types of medical records to determine whether the documentation supports the level of detail found in ICD-10. <ul style="list-style-type: none"> ▪ Sampling techniques could include random samples, most frequent diagnoses or procedures, or diagnostic or procedural categories known to represent documentation problems with ICD-9. ○ Implement documentation improvement strategies to address areas in which 	

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<p>documentation is lacking.</p> <ul style="list-style-type: none"> ▪ Consider changes in documentation capture processes (such as prompts in electronic health record systems) to facilitate improvements in documentation practices. ▪ Educate medical staff about 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. <ul style="list-style-type: none"> ○ Assess the impact on coding and billing productivity. <ul style="list-style-type: none"> • Identify ways processes and work flows could be improved. • Analyze how business areas might leverage their use of ICD-10 codes to improve the effectiveness and efficiency of their operations. 	
January 2010 to June 2011	<ul style="list-style-type: none"> ❖ Develop an ICD-10 implementation budget (steering committee or designee). <ul style="list-style-type: none"> • Identify all ICD transition expenses and estimate the associated costs, including: <ul style="list-style-type: none"> ○ Software modifications (costs for in-house and vendor system changes) ○ Education (both coding staff and other personnel needing education) ○ Hardware and software upgrades ○ Testing-related costs ○ Staff time ○ Temporary or contract staffing to assist with increased work resulting from the transition, such as coding and billing backlogs, IT support, or coding accuracy review 	<p>The amount of anticipated cost for the ICD-10 transition depends on the size and complexity of the organization, as well as the degree of system integration; the need for outside technical assistance; and the number of systems, applications, and interfaces that need to be updated. The largest</p>

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> ○ Consulting services to assist with transition ○ Report redesign (and development of new reports) ○ Reprinting of paper forms ○ Data conversion ○ Maintenance of dual code sets ○ Additional software or other tools and resources to facilitate the ICD-10 transition (such as an electronic mapping tool) or improve operational processes ● Identify departmental budgets responsible for each transition cost, including systems changes, hardware and 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 during the ICD-10 transition (e.g., financial, personnel). ● Update budget estimates as needed after completing other ICD-10 planning and impact assessment activities. 	<p>budgetary expenses generally are systems upgrades and education.</p> <p>The ICD-10 budget must be updated continually as a result of information learned during the impact assessment. For example, training costs cannot be determined until the individuals requiring training, the level of training needed, and the time frame in which the training is needed have been identified.</p>
<p>March 2010 to June 2011</p>	<ul style="list-style-type: none"> ❖ Assess training needs. <ul style="list-style-type: none"> ● Keep in mind that multiple categories of users of coded data require varying types and levels of ICD-10 education and that 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. 	<p>Training needs cannot be assessed until all affected business areas and individuals have been identified.</p>

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> • 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, self-directed or instructor-led Web-based instruction). • 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 (see www.ahima.org/icd10/role.aspx) 	
Ongoing	<ul style="list-style-type: none"> ❖ Provide senior executives and affected stakeholders with regular updates about ICD-10 transition progress. 	
<i>Version 5010 milestone: December 31, 2010</i>	<i>Internal testing of Version 5010 is completed.</i>	
<i>Version 5010 milestone: January 1, 2011</i>	<ul style="list-style-type: none"> ❖ <i>Payers and providers start external testing of Version 5010.</i> ❖ <i>Centers for Medicare and Medicaid Services begins accepting Version 5010 claims.</i> ❖ <i>Version 4010 claims will continue to be accepted.</i> 	

PHASE 2: IMPLEMENTATION PREPARATION

First quarter 2011 to second quarter 2013

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
January 2011 to December 2011	<ul style="list-style-type: none"> ❖ Provide training on the use of the General Equivalence Mappings (GEMs) and mapping processes and technology to personnel who will be involved in data-conversion projects. 	Training could be provided internally or externally.
January 2011 to December 2011	<ul style="list-style-type: none"> ❖ Determine the impact of transition on longitudinal data analysis. <ul style="list-style-type: none"> • 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 by using the GEMs, will application-specific mappings need to be developed? • Determine which data will be linked by using mapping applications and which data will be maintained separately according to the source code set. 	
January 2011 to June 2012	<ul style="list-style-type: none"> ❖ Follow up periodically on the readiness status of business associates by contacting them (e.g., payers, providers, system vendors) for updates on their ICD-10 transition progress and any changes to the readiness timeline communicated during phase 1. 	
January 2011 to December 2012	<ul style="list-style-type: none"> ❖ Payers: convert coverage policies and provider contract template. 	
January 2011 to December 2012	<ul style="list-style-type: none"> ❖ Coding staff should continue to increase familiarity with the ICD-10 code sets and the associated coding guidelines; education about 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.
January 2011 to March 2013	<ul style="list-style-type: none"> ❖ Complete tasks identified during impact assessment: <ul style="list-style-type: none"> • Implement systems changes. • Complete internal testing and validation of systems changes. • Once system vendors, payers, or other business associates are ready for testing, begin the testing process. • Modify or develop policies and procedures, reports, and forms identified in phase 1. 	This phase may overlap with the impact assessment phase, but associated impact assessment tasks must be completed before specific

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	<ul style="list-style-type: none"> • Provide education to individuals (other than coding staff) identified during impact assessment. For example: <ul style="list-style-type: none"> ○ Educate data users about differences in the classification of diseases and procedures in ICD-10, including definitions and code category composition, to assess the impact on data trends. ○ Educate data users (e.g., case management, utilization management, quality management, data analysts) about data comparability issues and the effect on longitudinal data analysis. ○ Educate data users about what the GEMs are and what their role is in the ICD-10 transition process. • Reengineer processes and work flows earmarked for improvement in phase 1. 	preparation steps can be completed (e.g., systems changes cannot be made until a systems inventory to identify needed changes has been completed; training cannot be provided until the individuals needing training and the level of training needed have been identified).
January 2011 to June 2013	❖ Modify the ICD-10 project plan and timeline as needed.	
January 2011 to June 2013	❖ Continue to assess the quality of medical record documentation, implement documentation improvement strategies as needed, and monitor the impact of documentation improvement strategies.	
April 2011 to June 2013	❖ Modify the ICD-10 budget as needed.	
June 2011 to September 2012	❖ Assess the potential reimbursement effect of transition. <ul style="list-style-type: none"> • Evaluate potential diagnosis-related group (DRG) shifts. • Evaluate changes in the case mix index. • Communicate with payers about anticipated changes in reimbursement schedules or payment policies. 	

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First quarter 2011 to second quarter 2013

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
June 2011 to December 2012	<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 the impact of decreased coding productivity on the 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 effect of decreased coding productivity? <ul style="list-style-type: none"> ▪ Eliminate coding backlogs before 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 before 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 before ICD-10 implementation. ▪ Use electronic tools to support the coding process. • Assess the impact of decreased coding accuracy. <ul style="list-style-type: none"> ○ What is the anticipated effect on coding accuracy? ○ How long is it expected to take for coding staff to achieve a level of proficiency comparable to that with ICD-9? ○ What steps could be taken to improve coding accuracy? <ul style="list-style-type: none"> ▪ Assess coding knowledge and skills and provide an appropriate level of education. 	<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 for 3 to 6 months.</p>

PHASE 2: IMPLEMENTATION PREPARATION

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Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> ▪ Monitor coding accuracy closely 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 effect. 	
June 2011 to March 2013	❖ Develop a contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live.	
April 2012 to January 2013	❖ Develop a communications plan in preparation for go-live.	The plan outlines the steps for how to report an issue when the system goes live, who the points of contact will be, how to disseminate information and updates to all parties, et cetera.
Ongoing	❖ Continue to provide senior executives and affected stakeholders with regular updates about ICD-10 transition progress.	
<i>Version 5010 milestone: December 31, 2011</i>	<i>External testing of Version 5010 is completed.</i>	
<i>Version 5010 milestone: January 1, 2012</i>	<i>All electronic claims must use Version 5010.</i>	

PHASE 3: “GO LIVE” PREPARATION

First quarter 2013 to third quarter 2013

Note: The lengths of the phases may vary depending on the type, size, and complexity of the organization. The phases may overlap.

Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
January 2013 to March 2013	<ul style="list-style-type: none"> ❖ Confirm with system vendors that changes and upgrades in systems have been completed. <ul style="list-style-type: none"> • Determine the level of support for go-live. • Determine who the point of contact will be should issues arise. 	
January 2013 to September 2013	<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. 	
January 2013 to September 2013	<ul style="list-style-type: none"> ❖ Complete all in-house systems changes and testing. 	
January 2013 to September 2013	<ul style="list-style-type: none"> ❖ Conduct ICD-10 transaction testing with trading partners. <ul style="list-style-type: none"> • Conduct testing of claims transactions between providers and payers. 	
January 2013 to September 2013	<ul style="list-style-type: none"> ❖ Make modifications in response to the results of systems testing and conduct regression testing. 	
January 2013 to September 2013	<ul style="list-style-type: none"> ❖ Review and test the contingency plan for continuing operations if critical systems issues or other problems occur when the ICD-10 implementation goes live. 	
January 2013 to September 2013	<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 to 9 months before the compliance date. • Training should 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 	

PHASE 3: “GO LIVE” PREPARATION

First quarter 2013 to third quarter 2013

Note: The lengths of the phases may vary depending on the type, size, and complexity of the organization. The phases may overlap.

Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
	<ul style="list-style-type: none"> • Not all coding staff will require the same type or amount of ICD-10 education. <ul style="list-style-type: none"> ○ Hospital inpatient coding staff will require an estimated 50 hours of ICD-10 education because they will need to learn both ICD-10-CM and ICD-10-PCS. ○ Coding staff working in any setting other than the hospital inpatient setting will require an estimated 16 hours of ICD-10 education because they will need to be trained only 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. • 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). 	
January 2013 to September 2013	❖ Complete education of data users if not completed in phase 2 (see figure 3).	
January 2013 to September 2013	❖ Continue to assess the quality of medical record documentation, implement documentation improvement strategies as needed, and monitor the effect of documentation improvement strategies.	
January 2013 to September 2013	❖ Resolve any identified problems (e.g., testing failures, identification of business processes or systems applications that are affected by the ICD-10 transition but that were missed during impact assessment).	

PHASE 3: “GO LIVE” PREPARATION

First quarter 2013 to third quarter 2013

Note: The lengths of the phases may vary depending on the type, size, and complexity of the organization. The phases may overlap.

Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
January 2013 to September 2013	❖ Modify the ICD-10 project plan and timeline as needed.	
January 2013 to September 2013	❖ Modify the ICD-10 budget as needed.	
January 2013 to September 2013	❖ Continue to provide senior executives and stakeholders with regular updates on ICD-10 project status.	
June 2013 to September 2013	❖ Execute the implementation communication plan.	
September 30, 2013	❖ Get ready to go live with ICD-10-CM/PCS for dates of service on or after October 1, 2013.	
ICD-10 milestone: October 1, 2013	<p><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.</i></p> <p><i>Note that CMS has advised there will be no extension or grace period; noncompliant claims will be rejected and will need to be resubmitted with ICD-10 codes.</i></p>	

PHASE 4: POST-IMPLEMENTATION FOLLOW-UP

Fourth quarter 2013 to fourth quarter 2014

Note: The lengths of the phases may vary depending on the type, size, and complexity of the organization. The phases may overlap.

Recommended Start and Completion Dates	Key ICD-10 Transition Steps and Milestones	Project Planning Tips
October 2013 to June 2014	❖ Monitor the impact on reimbursement, claims denials and rejections, and coding productivity and accuracy; identify problems or errors; and take steps to address identified problems and errors.	
October 2013 to June 2014	❖ Steering committee should continue to meet regularly to share information regarding issue identification (e.g., high number of claims denials and 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.	
October 2013 to June 2014	❖ Monitor systems functionality and correct errors or other identified problems as quickly as possible; implement contingency plan if needed.	
October 2013 to June 2014	❖ 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 and rejections. 	
October 2013 to June 2014	❖ Train or retrain staff as necessary. <ul style="list-style-type: none"> • Provide ICD-10 education to new staff. • Provide retraining or additional training to improve coding productivity and accuracy. 	
October 2013 to June 2014	❖ Assess the reimbursement impact of the ICD-10 transition, monitor case mix and reimbursement group assignment (e.g., DRGs, HHRGs), and provide appropriate education to staff members about reimbursement issues. <ul style="list-style-type: none"> • Work closely with payers to resolve payment issues (e.g., claims denials and rejections). 	

PHASE 4: POST-IMPLEMENTATION FOLLOW-UP

Fourth quarter 2013 to fourth quarter 2014

Note: The lengths of the phases may vary depending on the type, size, and complexity of the organization. The phases may overlap.

Recommended Start and Completion Dates	Key ICD-10 Transition Steps and 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 and procedure code assignments. • Analyze shifts in reimbursement groups. • Communicate with payers about anticipated changes in reimbursement schedules or payment policies. • Provide education and feedback regarding reimbursement issues to appropriate personnel. 	
October 2013 to June 2014	<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 and rejections or coding backlogs. • Work with other staff or external entities as appropriate until the identified problem is resolved. 	
October 2013 to June 2014	<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 accessible to all stakeholders. 	Communicate the status of outstanding transition issues regularly to senior executives.
December 2013 to December 2014	<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 the 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			X	
Impact on individual physicians and their budgetary considerations			X	
Key provisions of final rule				X

FIGURE 1. High-Level Awareness Education (cont.)				
	Senior Management	Clinical Department Managers	Medical Staff	HIM Managers and Coding Staff
<p>Structure, organization, and unique features of ICD-10-CM/PCS; resources for obtaining this education include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Educational programs (e.g., webinars, audio seminars, conferences) ▪ <i>Journal of AHIMA</i>, AHIMA's <i>ICD-TEN</i> newsletter, AHIMA's <i>CodeWrite</i> newsletter, other resources available on AHIMA's ICD-10 Web page (www.ahima.org/icd10) ▪ ICD-10 materials on the CMS Web site (https://www.cms.gov/ICD10) ▪ ICD-10 materials on the Centers for Disease Control and Prevention Web site (www.cdc.gov/nchs/icd/icd10cm.htm) ▪ AHIMA's ICD-10 Implementation Community of Practice (accessible from www.ahima.org) ▪ AHIMA's "Role-based Model for ICD-10 Implementation" (www.ahima.org/icd10/role.aspx) 				X

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 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 staff	Ancillary departments
Clinicians	Data analysts
Senior management	Researchers
IT staff	Epidemiologists
Quality management	Performance improvement
Utilization management	Corporate compliance
Accounting	Data quality management
Business office	Data security
Auditors and consultants	Clinical documentation improvement staff
Patient access and registration	Payer contract managers and negotiators
Other data users	Registry personnel

Prepared By

Sue Bowman, RHIA, CCS
Ann Zeisset, RHIT, CCS, CCS-P

Acknowledgments

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