ICD-10-CM/PCS Implementation Steps, Benchmarks and Timeline for a Provider

Recommended essentials steps that a health plan should perform for successful implementation of ICD-10-CM/PCS are outlined below. The outline consists of steps, tasks benchmarks and timeline.

ICD-10-CM Provider Implementation Timeline and Benchmarks
Every provider whether small or large needs to begin planning for ICD-10 now. The Implementation timeline for providers is broken down into four categories:

1. Very small practice (1–3 providers)
2. Small Practice (4–10 providers)
3. Medium Practice (11–49 providers)
4. Large Practice (59+ providers)

The implementation plan estimates the providers will begin working on ICD-10-CM implementation now.

Very Small Medical Practice (1–3 providers)

Step 1: Organize the Implementation Effort—timeline two months

1. Review ICD-10 Final Rule.
2. Create a point person within the practice to organize and oversee ICD-10-CM implementation.
   a. The point person will be responsible for addressing key issues and formulate the plan for implementation.
3. Prepare briefing materials for providers and staff to review related to the work and scope of work that needs to be accomplished.
4. If the practice uses a consultant to help with coding or billing issues, invite them to participate with the point person.
5. Obtain support from all providers.
   a. Talk with providers about ICD-10 and the impact it will have on the practice.
   b. Establish a timeline and regular schedule to report progress to providers
   c. Schedule meetings with providers on a regular basis at a minimum monthly to report progress.
6. Identify all areas that will impact the practice such as the clinical areas, IT systems, documentation etc., and share this information with providers.
7. Identify who has final decision making authority.
Step 2: Establish Communication Plan

1. Establish a communication plan—how the committee or point person will communicate to all staff in relation to implementation (e-mail, meetings, etc.).
2. Develop materials to disseminate to providers and staff.

Step 3: Conduct Impact Analysis—timeline three months

Before you can develop a budget, all practices must perform a Preliminary Impact Analysis to assess how the medical practice will be impacted by ICD-10-CM.

1. This is an in-depth impact analysis to identify resources needed to implement ICD-10-CM which should include:
   a. Conduct a review of regulatory requirements for ICD-10-CM implementation.
   b. Review impact on systems within the practice including processes and technology. Perform an in-depth review of systems that will be affected and prepare a report for the provider.
      1. Systems might include: practice management systems, billing systems, financial systems, encoders, coding look up programs, electronic medical records, etc.
   2. Contact system vendors to identify if the vendors will be able to update software in all needed areas with potential costs.
   3. Review hardware requirements for new software and identify if hardware needs to be updated or replaced.
   5. Based on audit results, develop documentation improvement guides for providers within the practice.
   6. Identify funding for the project.
   7. Establish approval from providers.
   8. Determine sequencing of activities (i.e. 5010 project, EMR implementation).
      a. If using a practice management system that transmits electronic claims, contact the vendor for an update on how they will support the transition.
      b. If introducing an EMR into the practice begin the research and analysis on systems available.
   9. Establish a coordination plan for 5010 conversion and/or EMR implementation.
   10. Identify requirements for ICD-10-CM education (providers, clinical, administrative, coding and billing).
   11. Review existing operations within the practice and considered areas of improvement—not just meeting the compliance data but developing better operations, performance, quality, etc.
12. Create a timeline for implementation.
   a. The timeline will include key elements for preparedness
   b. Timeline should also include metrics to identify if milestone are met.

**Step 4: Estimate Budget—timeline one month**

Budget planning includes gathering data and costs for implementation and training. Budget planning may take some research.

1. The budget should include all costs associated with implementation including:
   a. Software
   b. Software license
   c. Hardware procurement
   d. Implementation/Deployment
   e. Possible EMR upgrade or new implementation

2. Staff training
   a. Coding staff
   b. Clinical staff
   c. Physicians
   d. Administrative staff including front office staff

3. Overtime costs due to training and implementation

4. Workflow process changes

5. Testing

6. Communication of budget plans with physicians or decision maker.

7. Develop an on-going budget re-assessment process.

**Note:** Some of the preliminary budget data may be obtained during the impact analysis.

The timeline depends on data obtained during previous steps. This step could be performed concurrently with step 3.
Step 5: Implementation Planning—timeline four months

This is the planning for how the project will be implemented by the medical practice. Breakdown implementation into Stages: (What gets implemented when and by whom? Some stages may overlap in timing.) This stage of implementation planning includes:

1. Identify overall impact of ICD-10-CM.
   a. Review the new coding guidelines
   b. Identify general impact of coding changes
   c. Review crosswalks—government available; more enhanced vendor products
   d. Determine use of crosswalks internally
   e. Identify changes to current reports/trending involving ICD-10
   f. Identify any new processes needed because of ICD-10
   g. Identify additional quality efforts needed to ensure proper coding specificity
   h. Review opportunities that could impact reimbursement, value based purchasing, and pay for performance

2. Identify benefits of implementation.
   a. Identify specific benefits
   b. Identify how to achieve benefits
   c. Identify who else needs to help with achieving benefits—vendors, health plans, etc.

Step 6: Contact System Vendors—timeline one month

Work with systems vendors regarding upgrades from ICD-9-CM to ICD-10-CM. All practices should begin twenty-four months prior to implementation.

1. Preliminary assessment of system changes needed for ICD-10.
2. Determine if vendor will support changes to systems.
3. Determine timeline for implementation of changes.
4. Determine final costs for implementation.
5. Identify other changes to address with vendor including issues identified in gap analysis.
6. Identify when testing will occur.
7. Determine anticipated testing time and schedule (when will they start, how long will they need, and what will be needed for testing (e.g. sample claims)).

Note: System vendors will not be ready to begin testing new software until approximately January 2011, but early contact is critical.
Step 7: Development of the Training Plan—timeline two months

1. Identify staff training needs.

2. Identify resources needed for training:
   a. External training
   b. Training materials
   c. Internal resources available to support training
   d. Coordinate internal training

3. Phase I training general overview of ICD-10-CM, guidelines format and structure.
   a. Clinical staff
   b. Coding and billing staff
   c. Administrative staff including front office staff
   d. Physicians

4. Phase II training will be in-depth based on specialty.
   a. Coding and billing staff
   b. Clinical Staff (if applicable)
   c. Physicians

5. Develop Training Plan.
   a. Establish a training schedule
   b. Identify materials needed for ongoing support after training
   c. Determine if temporary staff is needed during training
   d. Develop communication plan for staff on status of training

Note: This step should be performed concurrently with step 6.
Step 8: Business Process Analysis—timeline six months

Conduct assessment of needed changes along with a detailed review of the medical practice to determine how ICD-9-CM is currently used.

1. Identify all systems and processes that currently use ICD-9 and conclude if they need to be upgraded to ICD-10, including:
   a. Clinical
   b. Administrative (e.g. Practice Management and Registration)
   c. Billing (e.g. Computerized systems and Superbills)
   d. Other (e.g. Quality and Public Health)

2. Identify limitations in current use of ICD-9-CM, including:
   a. Not all diagnosis codes allowed by health plans
   b. More patients have complications and comorbidities may require several diagnosis codes to describe their condition

3. Review existing policies and procedures related to ICD-9-CM.
   a. Identify any changes needed in existing policy and procedures, including:
      - ICD-9-CM reporting
      - Auditing of clinical documentation
      - Review of specific clinical events—adverse events

4. Identify impact to reports involving ICD-10, including:
   a. Internal
      - Quality improvement
   b. External
      - Federal
        - Adverse drug events
        - Medical devices
        - Pay for performance
        - Research
      - State
        - Public health
        - Newborn screening

5. Identify impact of ICD-10 on payer/health plan contracts.
   a. Identify contracts where reimbursement is tied to particular diagnoses
   b. Contact payers and discuss potential changes to existing contracts
   c. Determine timing of contract negotiations
   d. Modify agreements as needed
   e. Communicate contract changes to appropriate staff

6. Conduct a gap analysis to determine specific areas to improve/update.
Step 9: Phase I Education and Training—timeline 12 months

1. Begin Phase I training for:
   a. Coding and billing staff
   b. Physicians and other practitioners
   c. Clinical Staff
   d. Administrative Staff
   e. Managerial Staff

2. Begin Phase I general training including:
   a. Audio conferences
   b. Local AAPC Chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. AAPC Curriculum

Step 10: Policy Change Development—timeline three months

1. Identify opportunities to improve processes.
2. Make changes to policies as identified in the gap analysis.
3. Obtain approval from appropriate source(s) for policy changes.
4. Educate staff and physicians on policy changes.

Note: You will want to wait to begin this process after carriers begin changing payment policies.
Step 11: Education and Training, Phase II—timeline 12 months

1. Begin Phase II of specialty specific training including:
   a. Audio conferences
   b. Local chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. Specialty Specific Training Sessions

2. Training Should include:
   a. Coding and billing staff
   b. Physicians and other practitioners
   c. Clinical Staff
   d. Administrative Staff
   e. Managerial Staff

3. Take AAPC Proficiency Test to maintain certification.

Note: Proficiency testing will be available beginning Oct. 1, 2012 and ending Sept. 30, 2014. All Certified Coders must have passed the proficiency test on ICD-10-CM in order to maintain certification.

Step 12: Outcomes Measurement—timeline three months

1. Measure coder productivity when using ICD-10-CM.
2. Re-evaluate the medical record documentation to ensure ICD-10-CM coding can be achieved.
3. Internal testing of coding and billing staff in ICD-10-CM proficiency.
4. Provide additional education and training if deficiencies are identified.

Step 13: Deployment of Code by Vendors to Customers—timeline 9 months

This step is when the Vendor delivers the software update with ICD-10-CM and the ICD-9-CM mapping to install on medical practice systems. The system should be tested more than once to ensure delivery of claims on the “Go-live” date.

1. Integrate software program(s) into your systems.
2. Make internal customization after deployment of code by vendor.
3. Integrate changes into production systems.
4. Test systems with clearinghouses, payers, electronic claims transmission with each individual system (end to end).
5. Ensure vendors will maintain updates to code during transition period.
Step 14: Implementation Compliance—timeline 12 months

2. Resolution of claim errors and denials.
3. Review insurance carrier payment policies.
4. Conduct medical record documentation re-assessment.
5. Measure training and productivity outcomes.
6. Provide retraining when needed.
Small Medical Practice (4–10 providers)

Step 1: Organize the Implementation Effort—timeline two months

1. Review ICD-10 Final Rule.
2. Create a point person within the practice to organize and oversee ICD-10-CM implementation.
   a. The point person will be responsible for addressing key issues and formulate the plan for implementation.
3. Prepare briefing materials for providers and staff to review related to the work and scope of work that needs to be accomplished.
4. If the practice uses a consultant to help with coding or billing issues, invite them to participate with the point person.
5. Obtain support from all providers.
   a. Talk with providers about ICD-10 and the impact it will have on the practice.
   b. Establish a timeline and regular schedule to report progress to providers.
   c. Schedule meetings with providers or managers on a regular basis at a minimum monthly to report progress.
6. Identify all areas that will impact the practice such as the clinical areas, IT systems, documentation etc., and share this information with providers.
7. Identify who has final decision making authority.

Step 2: Establish Communication Plan—two weeks

1. Establish a communication plan—how the committee or point person will communicate to all staff in relation to implementation (e-mail, newsletter, meetings, etc.).
2. Develop materials to disseminate to providers and staff.
Step 3: Conduct Impact Analysis-timeline five months

Before you can develop a budget, all practices must perform a Preliminary Impact Analysis to assess how the medical practice will be impacted by ICD-10-CM

1. This is an in-depth impact analysis to identify resources needed to implement ICD-10-CM which should include:
   a. Conduct a review of regulatory requirements for ICD-10-CM implementation.
   b. Review impact on systems within the practice on processes and technology. Perform an in-depth review of systems that will be affected and prepare a report for the provider.

2. Systems might include: practice management systems, billing systems, financial systems, encoders, coding lookup programs, electronic medical records, etc.

3. Contact system vendors to identify if the vendors will be able to update software in all needed areas with potential costs.

4. Review hardware requirements for new software and identify if hardware needs to be updated or replaced.

5. Conduct a review of current documentation and its impact on ICD-10-CM code selection.
   a. Based on audit results, develop documentation improvement guides for providers within the practice.

6. Identify funding for the project.

7. Establish approval from management or providers.

8. Determine sequencing of activities (i.e. 5010 project, EMR implementation).
   a. If using a practice management system that transmits electronic claims, contact the vendor for an update on how they will support transition.
   b. If introducing an EMR into the practice begin the research and analysis on systems available.
   c. Establish a coordination plan for 5010 conversion and/or EMR implementation.

9. Identify requirements for ICD-10-CM education (providers, clinical, administrative, coding and billing).

10. Review existing operations within the practice and considered areas of improvement—not just meeting the compliance data but developing better operations, performance, quality, etc.

11. Create a timeline for implementation.
   a. The timeline will include key elements for preparedness
   b. Timeline should also include metrics to identify if milestone are met.

Note: This step may be performed concurrently with step 1.
Step 4: Estimate Budget—timeline one month

Budget planning includes gathering data and costs for implementation and training. This may take some research.

1. The budget should include all costs associated with implementation including:
   a. Software
   b. Software license
   c. Hardware procurement
   d. Implementation/Deployment
   e. Possible EMR upgrade or new implementation
   f. Staff training
      1. Coding staff
      2. Clinical staff
      3. Physicians
      4. Administrative staff
   g. Overtime costs due to training and implementation
   h. Workflow process changes
   i. Testing

8. Communication of budget plans with physicians or decision maker.
9. Develop an on-going budget re-assessment process.

Note: Some of the preliminary budget data may be obtained during the impact analysis. The timeline depends on data obtained during previous steps. This step could be performed concurrently with step 3.
Step 5: Implementation Planning—timeline six months

This is the planning for how the project will be implemented by the medical practice. Breakdown implementation into Stages: (What gets implemented when and by whom. Some stages may overlap in timing.) This stage of implementation planning includes:

1. Identify overall impact of ICD-10-CM.
2. Review the new coding guidelines
3. Identify general impact of coding changes
4. Review crosswalks—government available; more enhanced vendor products
   a. Determine use of crosswalks internally
5. Identify changes to current reports/trending involving ICD-10
6. Identify any new processes needed because of ICD-10
7. Identify additional quality efforts needed to ensure proper coding specificity
8. Review opportunities that could impact reimbursement, value based purchasing, and pay for performance
9. Identify benefits of implementation.
   a. Identify specific benefits
   b. Identify how to achieve benefits
   c. Identify who else needs to help with achieving benefits—vendors, health plans, etc.

Step 6: Contact System Vendors—timeline one month

Work with systems vendors regarding upgrades from ICD-9-CM to ICD-10-CM. All practices should begin twenty-four months prior to implementation.

1. Preliminary assessment of system changes needed for ICD-10.
2. Determine if vendor will support changes to systems.
3. Determine timeline for implementation of changes.
4. Determine final costs for implementation.
5. Identify other changes to address issues identified in gap analysis.
6. Identify when testing will occur.
7. Determine anticipated testing time and schedule (when will they start, how long will they need, and what will be needed for testing (e.g. sample claims)).

Note: Systems vendors will not be ready to begin testing new software until approximately January, 2011, but early contact is critical.
Step 7: Development of the Training Plan—timeline two months

1. Identify staff training needs.
2. Identify resources needed for training:
   a. External training
   b. Training materials
   c. Internal resources available to support training
   d. Coordinate internal training
3. Phase I training general overview of ICD-10-CM, guidelines format and structure and Phase II training will be in-depth based on specialty.
   a. Clinical staff
   b. Coding and billing staff
   c. Administrative staff
   d. Physicians
   a. Establish a training schedule
   b. Identify materials needed for ongoing support after training
   c. Determine if temporary staff is needed during training
   d. Develop communication plan for staff on status of training

Note: This step should be performed concurrently with step 6.

Step 8: Business Process Analysis—timeline nine months

Conduct assessment of needed changes along with a detailed review of the medical practice to determine how ICD-9-CM is currently used.

1. Identify all systems and processes that currently use ICD-9 and conclude if they need to be upgraded to ICD-10, including:
   a. Clinical
   b. Administrative (e.g. Practice Management and Registration)
   c. Billing (e.g. Computerized systems and Superbills)
   d. Other (e.g. Quality and Public Health)
2. Identify limitations in current use of ICD-9-CM, including:
   a. Not all diagnosis codes allowed by health plans
   b. More patients have complications and comorbidities may require several diagnosis codes to describe their condition
3. Review existing policies and procedures related to ICD-9-CM.
   a. Identify any changes needed in existing policy and procedures, including:
      - ICD-9-CM reporting
      - Auditing of clinical documentation
      - Review of specific clinical events—adverse events

4. Identify impact to reports involving ICD-10, including:
   a. Internal
      - Quality improvement
   b. External
      - Federal
         - Adverse drug events
         - Medical devices
         - Pay for performance
         - Research
      - State
         - Public health
         - Newborn screening

5. Identify impact of ICD-10 on payer/health plan contracts.
   Identify contracts where reimbursement is tied to particular diagnoses
   Contact payers and discuss potential changes to existing contracts
   Determine timing of contract negotiations
   Modify agreements as needed
   Communicate contract changes to appropriate staff

6. Conduct a gap analysis to determine specific areas to improve/update.
Step 9: Phase I Education and Training—timeline 12 months

1. Begin Phase I training for:
   a. Coding and billing staff
   b. Physicians and other practitioners
   c. Clinical Staff
   d. Administrative Staff
   e. Managerial Staff

2. Begin Phase I general training including:
   a. Audio conferences
   b. Local chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. AAPC Curriculum

Step 10: Policy Change Development—timeline four months

1. Identify opportunities to improve processes.
2. Make changes to policies as identified in step 6.5.
3. Obtain approval from appropriate source(s) for policy changes.
4. Educate staff and physicians on policy changes.

Note: You will want to wait to begin this process after insurance carrier develops payment policy changes.
Step 11: Education and Training, Phase II—timeline 12 months

1. Begin Phase II of specialty specific training including:
   a. Audio conferences
   b. Local chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. Specialty Specific Training Sessions

2. Training Should include:
   a. Coding and billing staff
   b. Physicians and other practitioners
   c. Clinical Staff
   d. Administrative Staff
   e. Managerial Staff

3. Take AAPC Proficiency Test to maintain certification.

Note: Proficiency testing will be available beginning Oct. 1, 2012 and ending Sept. 30, 2014. All Certified Coders must have passed the proficiency test on ICD-10-CM in order to maintain certification.

Step 12: Outcomes Measurement—timeline three months

1. Measure coder productivity when using ICD-10-CM.

2. Re-evaluate the medical record documentation to ensure ICD-10-CM coding can be achieved.

3. Internal testing of coding and billing staff in ICD-10-CM proficiency.

4. Provide additional education and training if deficiencies are identified.
Step 13: Deployment of Code by Vendors to Customers—timeline nine months

This step is when the Vendor delivers the software update with ICD-10-CM and the ICD-9-CM mapping to install on medical practice systems. The system should be tested more than once to ensure delivery of claims on the “Go-Live” date.

1. Integrate software program(s) into your systems.
2. Make internal customization after deployment of code by vendor.
3. Integrate changes into production systems.
4. Test systems with clearinghouses, payers, electronic claims transmission with each individual system (end to end).
5. Ensure vendors will maintain updates to code during transition period.

Step 14: Implementation Compliance—timeline 12 months

2. Resolution of claim errors and denials.
3. Review insurance carrier payment policies.
4. Conduct medical record documentation re-assessment.
5. Measure training and productivity outcomes.
6. Provide retraining when needed.
Medium Medical Practices (11–49 providers)

In the medium medical practice many of these steps will be performed by various staff members simultaneously based on the Executive’s Committee project distribution.

Step 1: Organize the Implementation Effort—timeline four months

This is organizing the project, project team, and resources to complete the project.

1. Review ICD-10 Final Rule.
2. Senior management briefing and organization buy-in.
   a. Complete preliminary analysis of system impact
   b. Prepare briefing materials for providers and staff to review related to the work and scope of work that needs to be accomplished.
   c. Identify senior manager project supporter
   d. Establish senior management’s role in completing project
3. Obtain support from all providers and senior management.
   a. Talk with providers about ICD-10-CM and the impact it will have on the practice.
4. Identify all areas that will impact the practice such as the clinical areas, systems, documentation etc, and share this information with providers.
5. Establish regular schedule to report progress to senior management.
6. Coordinate briefing with the ICD-10 5010 project team.

Step 2: Develop Communication Plan—timeline one month

1. Develop materials to disseminate to managers, staff and providers.
   a. Include preliminary information on timeframe and training
2. Conduct periodic briefings for staff or include information in other briefing/communication formats (i.e. newsletters, e-mails, etc).
Step 3: Conduct Impact Analysis—timeline six months

Before you can develop a budget, all practices must perform a Preliminary Impact Analysis.

1. This is an in-depth impact analysis to identify resources needed to implement ICD-10-CM which should include:
   a. Conduct a review of regulatory requirements for ICD-10-CM implementation.
   b. Identify at a high level existing systems processes and technology that will be impacted by ICD-10-CM

2. Determine requirements and educational expectations by:
   a. Departments
   b. Users
   c. Systems, including internal and external vendor information systems

3. Contact system vendors to identify if the vendors will be able to update software in all needed areas with potential costs.

4. Review hardware requirements for new software and identify if hardware needs to be updated or replaced.

5. Identify funding for the project.

6. Identify project manager

7. Establish approval from management or providers.

8. Determine sequencing of activities (i.e. 5010 project, EMR implementation).
   a. Coordinate with 5010 project team
   b. Coordinate with EMR implementation project team

9. Review existing operations within the practice and consider areas of improvement—not just meeting the compliance data but developing better operations, performance, quality, etc.

10. Create a timeline for implementation.
    a. The timeline will include key elements for preparedness
    b. Timeline should also include metrics to identify if milestone are met.

Note: This step may be performed concurrently with step 1.
Step 4: Organize Cross Functional Efforts—timeline six months
1. Identify staff to represent cross functional areas.
2. Establish lines of communication for cross functional team.
   a. Identify who has decision making authority
   b. Establish schedule for ongoing updates on work status
3. Establish meeting schedule and reports, including frequency of briefings with senior management and/or providers of progress and problems.
4. Establish Executive Steering Committee.
   a. Should consist of senior managers, physician, coders, and other staff
5. If the practice uses a consultant to help with coding or billing issues, invite them to participate with the committee.
6. Establish Project Management Office to coordinate and monitor efforts.
7. Establish workgroups to execute technical or department specific efforts.
8. Identify areas impacted by the ICD-10 code set – GAP analysis.
9. Review existing operations and consider areas for improvement – not just meeting the compliance date but developing better operations, performance, quality, etc.
10. Establish a coordination plan with 5010 project team.

Note: This step should be performed concurrently with step 1 and 2.

Step 5: Estimate Budget—timeline two months
1. The budget should include all costs associated with implementation including:
   a. Software
   b. Software license
   c. Hardware procurement
   d. Implementation/Deployment
   e. Possible EMR upgrade or new implementation.
2. Staff training.
   a. Coding staff
   b. Clinical staff
   c. Physicians
   d. Administrative staff
3. Overtime costs due to training and implementation.
4. Workflow process changes.
5. Testing.
6. Communication of budget plans with physicians or decision maker.
7. Develop an on-going budget re-assessment process.

**Note:** Some of the preliminary budget data may be obtained during the impact analysis or during organization the cross functional effort. Timeline depends on data obtained during previous steps. This step should be performed concurrently with step 3.

**Step 6: Development of the Education and Training Plan—two months**

1. Identify staff training needs.
   a. Identify resources needed for training:
      1. External training
      2. Training materials
   b. Internal resources available to support training
2. Coordinate internal training
   a. Identify staff to receive training on ICD-10-CM in two Phases.
3. Phase I training general overview of ICD-10-CM, guidelines format and structure and Phase II training will be in-depth based on specialty.
   a. Senior management
   b. Cross functional teams
   c. Clinical staff
   d. Coding and billing staff
   e. Financial staff
   f. Administrative staff
   g. Physicians
5. Establish a training schedule.
6. Identify materials needed for ongoing support after training.
7. Determine if temporary staff is needed during training.
8. Develop communication plan for staff on status of training.

**Note:** This step should be performed concurrently with step 5.
Step 7: **Contact System Vendors—timeline two months**

Work with systems vendors regarding upgrades from ICD-9-CM to ICD-10-CM. All practices should begin 24 months prior to implementation.

1. Preliminary assessment of system changes needed for ICD-10-CM conversion.
2. Determine if vendor will support changes to systems.
3. Determine timeline for implementation of changes.
4. Determine final costs for implementation.
5. Identify other changes to address issues identified in gap analysis.
6. Identify when testing will occur.
7. Determine anticipated testing time and schedule (when will they start, how long will they need, and what will be needed for testing (e.g. sample claims).

**Note:** System vendors will not be ready to begin testing new software until approximately January 2011, but early contact is critical.

Step 8: **Implementation Planning—timeline nine months**

This is the planning as to how the project will be implemented by the medical practice. Breakdown implementation into Stages: (What gets implemented when and by whom. Some stages may overlap in timing.) This stage of implementation planning includes:

1. Identify overall impact of ICD-10-CM.
2. Review the new coding guidelines.
   a. Identify general impact of coding changes
3. Review crosswalks—government available; more enhanced vendor products.
   a. Determine use of crosswalks internally
4. Identify changes to current reports/trending involving ICD-10.
5. Identify any new processes needed because of ICD-10.
6. Identify additional quality efforts needed to ensure proper coding specificity.
7. Review opportunities that could impact reimbursement, value based purchasing, and pay for performance.
8. Identify benefits of implementation.
   a. Identify specific benefits
   b. Identify how to achieve benefits
   c. Identify who else needs to help with achieving benefits—vendors, health plans, etc.
Step 9: Phase I Education and Training—timeline 12 months

1. Begin Phase I training for:
   a. Senior management
   b. Cross functional teams
   c. Coding and billing staff
   d. Physicians and other practitioners
   e. Clinical Staff
   f. Administrative Staff

2. Phase I general training may include:
   a. Audio conferences
   b. Local AAPC Chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. AAPC Curriculum

Note: This step can overlap with previous steps.

Step 10: Business Process Analysis—timeline 12 months

Conduct assessment of needed changes along with a detailed review of the medical practice to determine how ICD-9-CM is currently used.

1. Identify all systems and processes that currently use ICD-9-CM and conclude if they need to be upgraded to ICD-10-CM, including:
   a. Clinical (e.g. Laboratory and Radiology)
   b. Administrative (e.g. Practice Management and Registration)
   c. Billing (e.g. Computerized systems and Superbills)
   d. Other (e.g. Quality and Public Health)

2. Identify limitations in current use of ICD-9-CM, including:
   a. Not all diagnosis codes allowed by health plans
   b. More patients have complications and comorbidities may require several diagnosis codes to describe their condition

3. Review existing policies and procedures related to ICD-9-CM. Identify any changes needed in existing policy and procedures, including:
   a. ICD-9-CM reporting
   b. Auditing of clinical documentation
   c. Review of specific clinical events—adverse events
4. Identify impact to reports involving ICD-10-CM, including:
   a. Internal
      - Quality improvement
   b. External
      - Federal
        - Adverse drug events
        - Medical devices
        - Pay for performance
        - Research
      - State
        - Public health
        - Newborn screening

5. Identify impact of ICD-10 on payer/health plan contracts.
   a. Identify contracts where reimbursement is tied to particular diagnoses
   b. Contact payers and discuss potential changes to existing contracts
   c. Determine timing of contract negotiations
   d. Modify agreements as needed
   e. Communicate contract changes to appropriate staff

6. Conduct a gap analysis to determine specific areas to improve/update.

Note: This step should overlap with step 8.
Step 11: Education and Training, Phase II—timeline 12 months

1. Begin Phase II of specialty specific training including:
   a. Audio conferences
   b. Local AAPC Chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. Specialty Specific Training Sessions

2. Training Should include:
   a. Coding and billing staff
   b. Physicians and other practitioners
   c. Clinical Staff
   d. Administrative Staff
   e. Managerial Staff

3. Take AAPC Proficiency Test to maintain certification.

Note: Proficiency testing will be available beginning Oct. 1, 2012 and ending Sept. 30, 2014. All Certified Coders must have passed the proficiency test on ICD-10-CM in order to maintain certification.

Step 12: Policy Change Development—timeline six months

1. Identify opportunities to improve processes.
2. Make changes to policies as identified in the gap analysis.
3. Obtain approval from appropriate source(s) for policy changes.
4. Educate staff and physicians on policy changes.

Note: You will want to wait to begin this process after insurance carrier develops payment policy changes.

Step 13: Outcomes Measurement—timeline three months

1. Measure coder productivity when using ICD-10-CM.
2. Re-evaluate the medical record documentation to ensure ICD-10-CM coding can be achieved.
3. Internal testing of coding and billing staff in ICD-10-CM proficiency.
4. Provide additional education and training if deficiencies are identified.
Step 14: Deployment of Code by Vendors to Customers—timeline nine months

This step is when the Vendor delivers the software update with ICD-10-CM and the ICD-9-CM mapping to install on medical practice systems. The system should be tested more than once to ensure delivery of claims on the “Go-live” date.

1. Integrate software program(s) into your systems.
2. Make internal customization after deployment of code by vendor.
3. Integrate changes into production systems.
4. Test systems with clearinghouses, payers, electronic claims transmission with each individual system (end to end).
5. Ensure vendors will maintain updates to code during transition period.

Step 15: Implementation Compliance—timeline 12 months

2. Resolution of claim errors and denials.
3. Review insurance carrier payment policies.
4. Conduct medical record documentation re-assessment.
5. Measure training and productivity outcomes.
6. Provide retraining when needed.
Large Medical Practice (50+ providers)

In the large medical practice many of these steps will be performed by various staff members simultaneously based on the Executive’s Committee project distribution.

Step 1: Organize the Implementation Effort—timeline four months

This is organizing the project, project team, and resources to complete the project

1. Review ICD-10 Final Rule.
2. Senior management briefing and organization buy-in.
   a. Complete preliminary analysis of system impact
   b. Prepare briefing materials for providers and staff to review related to the work and scope of work that needs to be accomplished.
   c. Identify senior manager project supporter
   d. Establish senior management’s role in completing project
3. Obtain support from all providers and senior management.
   a. Talk with providers about ICD-10-CM and the impact it will have on the practice.
4. Identify all areas that will impact the practice such as the clinical areas, systems, documentation etc, and share this information with providers.
5. Establish regular schedule to report progress to senior management.
6. Coordinate briefing with the ICD-10 5010 project team.

Step 2: Develop Communication Plan-timeline one month

1. Develop materials to disseminate to managers, staff and providers.
   a. Include preliminary information on timeframe and training
2. Conduct periodic briefings for staff or include information in other briefing/communication formats (i.e. newsletters, e-mails, etc).
Step 3: Conduct Impact Analysis-timeline six months

Before you can develop a budget, all practices must perform a Preliminary Impact Analysis

1. Perform in-depth impact analysis to identify resources needed to implement ICD-10-CM which should include:
   a. Conduct a review of regulatory requirements for ICD-10-CM implementation
   b. Identify at a high level existing systems, processes and technology that will be impacted by ICD-10-CM

2. Determine requirements and educational expectations by:
   a. Departments
   b. Users
   c. Systems, including internal and external vendor information systems
   d. Contact system vendors to identify if the vendors will be able to update software in all needed areas with potential costs.

3. Review hardware requirements for new software and identify if hardware needs to be updated or replaced.

4. Identify funding for the project.

5. Identify project manager.

6. Establish approval from management or providers.

7. Determine sequencing of activities (i.e. 5010 project, EMR implementation).
   a. Coordinate with 5010 project team
   b. Coordinate with EMR implementation project team

8. Review existing operations within the practice and considered areas of improvement—not just meeting the compliance data but developing better operations, performance, quality, etc.

9. Create a timeline for implementation.
   a. The timeline will include key elements for preparedness
   b. Timeline should also include metrics to identify if milestone are met.

Note: This step may be performed concurrently with step 1.
Step 4: Organize Cross Functional Efforts—timeline six months

1. Identify staff to represent cross functional areas.
2. Establish lines of communication for cross functional team.
   a. Identify who has decision making authority
   b. Establish schedule for ongoing updates on work status
3. Establish meeting schedule and reports, including frequency of briefings with senior management and/or providers of progress and problems.
4. Establish Executive Steering Committee.
   a. Should consist of senior managers, physician, coders, and other staff
   b. If the practice uses a consultant to help with coding or billing issues, invite them to participate with the committee.
5. Establish Project Management Office to coordinate and monitor efforts.
6. Establish workgroups to execute technical or department specific efforts.
7. Identify areas impacted by the ICD-10 code set—GAP analysis.
8. Review existing operations and consider areas for improvement—not just meeting the compliance date but developing better operations, performance, quality, etc.
9. Establish a coordination plan with 5010 project team.

Note: This step should be performed concurrently with step 1 and 2.
Step 5: Estimate Budget—timeline two months  
1. The budget should include all costs associated with implementation including:
   a. Software  
   b. Software license  
   c. Hardware procurement  
   d. Implementation/Deployment  
   e. Possible EMR upgrade or new implementation.  
   f. Staff training  
      1. Coding staff  
      2. Clinical staff  
      3. Physicians  
      4. Administrative staff  
2. Overtime costs due to training and implementation. 
   a. Workflow process changes  
   b. Testing  
3. Communication of budget plans with physicians or decision maker.  
4. Develop an on-going budget re-assessment process. 

Note: Some of the preliminary budget data may be obtained during the impact analysis or during organization of the cross functional effort. Timeline depends on data obtained during previous steps. This step should be performed concurrently with step 3.

Step 6: Internal System Design and Development—timeline three years  
This step is only to be used for medium and large medical practice that have internal IT personnel and maintain their own design and development. If not skip this step.

This process should begin no later than August 2010 after budget development. This step should be coordinated with implementation planning and cross functional efforts. 

1. Complete design work.  
2. Complete programming.  
3. Complete internal testing.
Step 7: Development of the Education and Training Plan—two months

1. Identify staff training needs.
   a. Identify resources needed for training:
      1. External training
      2. Training materials
   b. Internal resources available to support training

2. Coordinate internal training.

3. Identify staff to receive training on ICD-10-CM in two Phases.

4. Phase I training general overview of ICD-10-CM, guidelines format and structure and Phase II training will be in-depth based on specialty.
   a. Senior management
   b. Cross functional teams
   c. Clinical staff
   d. Coding and billing staff
   e. Financial staff
   f. Administrative staff
   g. Physicians

5. Develop Training Plan.

6. Establish a training schedule.

7. Identify materials needed for ongoing support after training.

8. Determine if temporary staff is needed during training.

9. Develop communication plan for staff on status of training.

Note: This step should be performed concurrently with step 5.

Step 8: Contact System Vendors—timeline three months

Work with systems vendors regarding upgrades from ICD-9-CM to ICD-10-CM. All practices should begin 24 months prior to implementation.

1. Preliminary assessment of system changes needed for ICD-10.

2. Determine if vendor will support changes to systems.

3. Determine timeline for implementation of changes.

4. Determine final costs for implementation.

5. Identify other changes to address issues identified in gap analysis.

6. Identify when testing will occur.

7. Determine anticipated testing time and schedule (when will they start, how long will they need, and what will be needed for testing (e.g. sample claims).

Note: Systems vendors will not be ready to begin testing new software until approximately January 2011, but early contact is critical.
Step 9: Implementation Planning—timeline 12 months

This is the planning for how the project will be implemented by the medical practice. Breakdown implementation into Stages: (What gets implemented when and by whom. Some stages may overlap in timing.) This stage of implementation planning includes:

1. Identify overall impact of ICD-10-CM.
2. Review the new coding guidelines.
   a. Identify general impact of coding changes
3. Review crosswalks—government available; more enhanced vendor products.
   a. Determine use of crosswalks internally
4. Identify changes to current reports/trending involving ICD-10-CM.
5. Identify any new processes needed because of ICD-10-CM.
6. Identify additional quality efforts needed to ensure proper coding specificity.
7. Review opportunities that could impact reimbursement, value based purchasing, and pay for performance.
8. Identify benefits of implementation.
   a. Identify specific benefits
   b. Identify how to achieve benefits
   c. Identify who else needs to help with achieving benefits—vendors, health plans

Step 10: Phase I Education and Training—timeline 12 months

1. Begin Phase I training for:
   a. Senior management
   b. Cross functional teams
   c. Coding and billing staff
   d. Physicians and other practitioners
   e. Clinical Staff
   f. Administrative Staff
2. Phase I general training may include:
   a. Audio conferences
   b. Local AAPC Chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. AAPC Curriculum

Note: This step can overlap with previous steps.
Step 11: Business Process Analysis—timeline 12 months

Conduct assessment of needed changes along with a detailed review of the medical practice to determine how ICD-9-CM is currently used.

1. Identify all systems and processes that currently use ICD-9-CM and conclude if they need to be upgraded to ICD-10-CM, including:
   a. Clinical (e.g. Laboratory and Radiology)
   b. Administrative (e.g. Practice Management and Registration)
   c. Billing (e.g. Computerized Systems and Superbills)
   d. Other (e.g. Quality and Public Health)

2. Identify limitations in current use of ICD-9-CM, including:
   a. Not all diagnosis codes allowed by health plans
   b. More patients have complications and comorbidities may require several diagnosis codes to describe their condition

3. Review existing policies and procedures related to ICD-9-CM. Identify any changes needed in existing policy and procedures, including:
   a. ICD-9-CM reporting
   b. Auditing of clinical documentation
   c. Review of specific clinical events—adverse events

4. Identify impact to reports involving ICD-10-CM, including:
   a. Internal
      - Quality improvement
   b. External
      - Federal
        - Adverse drug events
        - Medical devices
        - Pay for performance
        - Research
      - State
        - Public health
        - Newborn screening

5. Identify impact of ICD-10 on payer/health plan contracts.
   a. Identify contracts where reimbursement is tied to particular diagnoses
   b. Contact payers and discuss potential changes to existing contracts
   c. Determine timing of contract negotiations
   d. Modify agreements as needed
   e. Communicate contract changes to appropriate staff

6. Conduct a gap analysis to determine specific areas to improve/update.

Note: This step should overlap with step 9.
Step 12: Education and Training, Phase II—timeline 12 months

1. Begin Phase II of specialty specific training including:
   a. Audio conferences
   b. Local AAPC Chapter and AAPC Regional Conferences
   c. AAPC National Conference
   d. Workshops
   e. Distance Learning
   f. Specialty Specific Training Sessions

2. Training Should include:
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3. Take AAPC Proficiency Test to maintain certification.

Note: Proficiency testing will be available beginning Oct. 1, 2012 and ending Sept. 30, 2014. All Certified Coders must have passed the proficiency test on ICD-10-CM in order to maintain certification.

Step 13: Policy Change Development—timeline nine months

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2. Make changes to policies as identified in the gap analysis.
3. Obtain approval from appropriate source(s) for policy changes.
4. Educate staff and physicians on policy changes.

Note: You will want to wait to begin this process after insurance carrier develops payment policy changes.

Step 14: Outcomes Measurement—timeline three months

1. Measure coder productivity when using ICD-10-CM.
2. Re-evaluate the medical record documentation to ensure ICD-10-CM coding can be achieved.
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Step 15: Deployment of Code by Vendors to Customers—timeline nine months

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Step 16: Implementation Compliance—timeline 12 months

Implementation.

2. Resolution of claim errors and denials.
3. Review insurance carrier payment policies.
4. Conduct medical record documentation re-assessment.
5. Measure training and productivity outcomes.
6. Provide retraining when needed.