



ICD-10 Action Plan: Your 12-Step Transition Plan for ICD-10

Written by the AMA CPT Medical Informatics Department



This resource is for educational purposes only and does not necessarily reflect the AMA's position on ICD-10.

Now is the time to increase your awareness of one of the biggest changes to hit health care—the transition from ICD-9-CM to ICD-10-CM. And the American Medical Association (AMA) is ready to help you learn, implement, and code.

"We've gained an additional year [to transition to] ICD-10... The additional time is desperately needed by physicians and most health care venues," says coding expert and AMA ICD-10-CM workshop speaker Robin Linker, CHCA, CHCAS, CPC-I, CPC-H, CCS-P, MCS-P, CPC-P, CHC.

"But delaying transition preparation any longer than 2012 could seriously hinder readiness in 2014. The year prior to 2014 should be dedicated to fine tuning any final steps to readiness and should include learning time for a deeper understanding of the ICD-10 code set.

My greatest concern is for those who will wait until the last minute to start their transition and training. The possibility of a practice's revenue stream becoming paralyzed is a true reality. Months of payment delays would be inevitable."

AMA author and workshop speaker Susan Garrison, CHC, CHCA, PCS, FCS, CCS-P, CPAR, CPC, CPC-H, also notes that the steps you take to prepare for ICD-10 serve to improve your coding for ICD-9-CM. Regardless of any implementation delays, Garrison suggests that physicians and coders determine how their coding and documentation skills can be strengthened for ICD-10 and start training in those areas.

Excel Format

Tables similar to what are provided in this AMA Practice Tool can be accessed and customized for your use by clicking this link:

[ICD-10 Project Plan Template—Steps to Take to Implement ICD-10.](#)

"Believe it or not, those areas for improvement will absolutely help your current documentation and coding. For example, if you find that your coding personnel need anatomy and physiology training to transition to the granularity of ICD-10-CM, they probably need that training to code properly for ICD-9-CM and CPT. So ICD-10 training immediately helps your practice today."

Don't delay. Start the process now with this handy reference that outlines the three phases and 12 steps necessary to plan and analyze, implement, and train for ICD-10. Read through each step, making note of the tasks involved. Select task leaders and document start dates. Chart your progress by making notes as you progress through each task. As each task is completed, record that date also.



Phase 1: Plan and Analyze

Step 1: Organize the implementation effort

Estimated time to complete: 2–4 weeks

Task	Task Leader	Date Started	Date Completed	Notes
Become familiar with the ICD-10 requirements				
Identify a project manager				
Identify key personnel involved in the project				
Set a schedule for project meetings				
Set a preliminary budget for the work				

Step 2: Analyze the impact of ICD-10 implementation

Estimated time to complete: 2–3 months

Task	Task Leader	Date Started	Date Completed	Notes
List all work processes that use ICD-9 (see page 16)				
List current electronic systems that use ICD-9 (see page 16)				
Identify staff who work with ICD-9 and how their job relates to ICD-9				
Identify possible work flow changes needed to implement ICD-10 (e.g., data collection forms, encounter forms, superbills)				
Determine if hiring a consultant is needed as a part of your implementation process				



Phase 1: Plan and Analyze

Step 3: Contact your systems vendors

Estimated time to complete: 1–2 months and ongoing

Task	Task Leader	Date Started	Date Completed	Notes
Contact your various systems vendors to determine their timeline for updating their products for ICD-10				
Establish when your vendors will upgrade your system and set dates for when installation will begin and when upgrades will be completed				
Estimate system downtime during the installation				
Review your contracts to determine if there are charges for upgrading systems or software (upgrades to meet mandatory requirements may be free)				
Determine how you will handle transactions for services provided prior to Oct. 1, 2014, that were submitted after that date. Will your system handle dual coding?				
Identify new hardware that you will need to support ICD-10				

Step 4: Budget for implementation costs

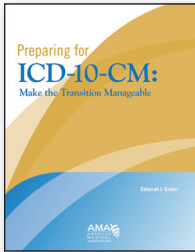
Estimated time to complete: 2–4 weeks and ongoing

Task	Task Leader	Date Started	Date Completed	Notes
Budget for the implementation costs based on your impact analysis and discussions with system vendors				
List factors that might alter your budget during the course of the project				



Phase 1: Plan and Analyze

Resources from the AMA

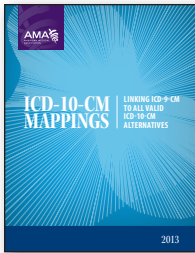


Preparing for ICD-10-CM: Make the Transition Manageable

Plan and prepare now. Designed to help you prepare for the switch to ICD-10-CM, this all-inclusive resource provides valuable information to help you migrate to the new coding system and understand the costs associated with the change; develop the knowledge to identify budget needs, create timelines, and implement the process; and identify the differences between

diagnosis coding with ICD-9-CM versus ICD-10-CM with the help of coding guidelines, crosswalks and mapping, and documentation tips.

Available as a softbound, 8 1/2" x 11" print book or an e-book, 300 pages

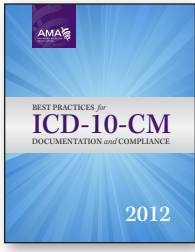


ICD-10-CM Mappings, 2013

The higher degree of specificity needed to code with ICD-10-CM will require more documentation and coding precision. With the help of this book, you can map your practice's most frequently used ICD-9-CM codes to their corresponding ICD-10-CM codes. And that first step allows you to identify areas needing increased documentation and evaluate the impact on your revenue.

ICD-10-CM Mappings 2013 delivers the information you need to perform impact analysis, plan for implementation, and update coding and billing tools.

Available as a softbound, 8 1/2" x 11" print book, 1,088 pages



Best Practices for ICD-10-CM Documentation and Compliance, 2012

Understanding that ICD-10-CM requires more detailed documentation for assignment of the most specific diagnosis code is vital. This book identifies these requirements and provides tools for an effective documentation analysis along with a corrective action plan. Also included is a comparison of code categories and subcategories for ICD-9-CM to ICD-10-CM, checklists to help identify documentation deficiencies, and comparison tables that show the ICD-10-CM codes for the same condition.

Available as a softbound, 8 1/2" x 11" print book, 430 pages

Go to ama-assn.org/go/ICD10Phase1 to learn more and purchase.



Phase 2: Implement

Step 5: Contact your trading partners

Estimated time to complete: 1–2 months and ongoing

Task	Task Leader	Date Started	Date Completed	Notes
Contact your clearinghouses, billing services, and payers to understand their implementation timeframe				
Develop an understanding of the testing processes that will be used by your clearinghouses, billing services, and payers				
Coordinate any other activities in which your clearinghouses, billing services, and payers may play a part				

Step 6: Implement system and/or software upgrades

Estimated time to complete: 3–6 months

Task	Task Leader	Date Started	Date Completed	Notes
Ask trading partners when they will be ready to send and receive test transactions with ICD-10 codes (see pages 17-18)				
Ask payers if contracts will need to be renegotiated and, if yes, when				
Ask payers how ICD-10 will affect your payment schedules, medical reviews, audits, and coverage				



Phase 2: Implement

Step 7: Conduct internal testing

Estimated time to complete: 1–2 months

Task	Task Leader	Date Started	Date Completed	Notes
Test the use of ICD-10 codes within your systems to ensure that your systems can accept and process the codes				
Identify days and times for vendors to conduct internal testing				
Review test results				
Correct any identified issues				

Step 8: Update internal processes

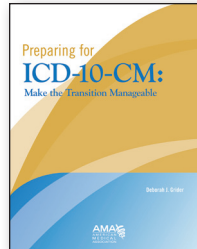
Estimated time to complete: 1–2 months

Task	Task Leader	Date Started	Date Completed	Notes
Update electronic and manual processes used to conduct administrative transactions				
Update data collection tools and forms				
Update data reporting processes				
Update processes for writing orders, referrals, clinical reports, etc.				
Update processes for clinical data				
Review and compare existing clinical documentation to the clinical details needed to code for ICD-10				
Review and compare existing documentation for orders, referrals, and reports to the clinical details needed to code for ICD-10				
Complete a review of documentation for required reporting				



Phase 2: Implement

Resources from the AMA

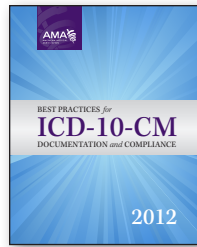


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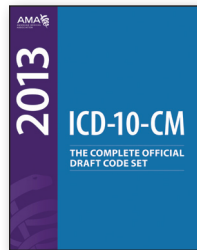


Best Practices for ICD-10-CM Documentation and Compliance, 2012

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identify documentation deficiencies, and comparison tables that show the ICD-10-CM codes for the same condition.

Available as a softbound, 8 1/2" x 11" print book, 430 pages



ICD-10-CM 2013: The Complete Official Draft Code Set

Prepare for the future of diagnostic coding with this latest and most comprehensive version of the official government draft of the ICD-10-CM code set. ICD-10-CM conventions and guidelines educate you on appropriate and consistent coding. Color coding alters you to fourth, fifth, sixth, and seventh character requirements as well as to instructional notes and deactivated codes. Indexes to diseases and injuries and to external causes, a table

of drugs and chemicals, and a neoplasm table improve navigation of the code set and aid in accurate coding.

Available as a softbound, 8 1/2" x 11" print book, 1,156 pages



Phase 2: Implement



ICD-10-PCS 2013: The Complete Official Draft Code Set

Code for inpatient hospital procedures with the latest, most comprehensive and illustrated version of the official government draft of ICD-10-PCS. Color coding and symbols for the Medicare Code Edits (MCEs) provide the most comprehensive coverage of MCEs for procedures. Detailed information on the structure and conventions of ICD-10-PCS introduces you to the new coding system with its unique structure of specific definition and functions for each character. Coding scenarios and exercises help you develop basic coding skills, increase your understanding through step-by-step instruction, and test your proficiency. Official coding guidelines teach appropriate use of the code set by section. *Available as a softbound, 8 ½" x 11" print book, 648 pages*

Go to ama-assn.org/go/ICD10Phase2
to learn more and purchase.



Phase 3: Train

Step 9: Conduct staff training

Estimated time to complete: 1–2 months and ongoing

Task	Task Leader	Date Started	Date Completed	Notes
Identify staff members (including clinical staff) who need training on ICD-10				
Identify the level of training needed for staff				
Identify an office expert on ICD-10				
Create a training plan (see pages 19-20)				
Begin staff training				
Complete staff training				
Incorporate ICD-10 training into new employee orientation				
Implement monthly or quarterly ICD-10 review sessions after training is complete				

Step 10: Conduct external testing of transactions with ICD-10 codes

Estimated time to complete: 1–2 months

Task	Task Leader	Date Started	Date Completed	Notes
Test various transactions with your trading partners to ensure that the ICD-10 codes can be properly transmitted and interpreted by the various systems				
Review test results from trading partners				
Correct any issues identified during testing				



Phase 3: Train

Step 11: Implement ICD-10

Implementation date: October 1, 2014

Task	Task Leader	Date Started	Date Completed	Notes
Establish a line of credit prior to the implementation date to cover any interruptions or delays in claims processing and reimbursement				
Begin using ICD-10				

Step 12: Monitor use of ICD-10

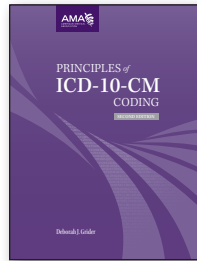
Estimated time to complete: 3–6 months

Task	Task Leader	Date Started	Date Completed	Notes
Monitor the use of ICD-10 codes to ensure proper submission and receipt				
Analyze reimbursements to determine if they are the expected amounts for the services provided based on previous reimbursements in ICD-9				
Monitor communications from trading partners for possible code errors				
Conduct audits of ICD-10 coding to ensure that proper codes are being used				



Phase 3: Train

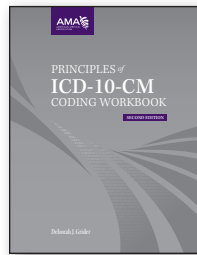
Resources from the AMA



Principles of ICD-10-CM Coding

This educational resource teaches how to code diagnoses properly using ICD-10-CM. Written for new and experienced coders, Principles of ICD-10-CM Coding provides real chart notes to enhance understanding and the tools needed to move from ICD-9-CM to ICD-10-CM. Understand and apply coding conventions when assigning codes, interpret basic coding guidelines for outpatient care, and properly sequence ICD-10-CM codes to the highest level of specificity.

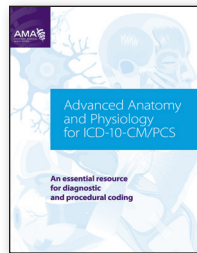
Available as a spiralbound, 8 1/2" x 11" print book or an e-book, 550 pages



Principles of ICD-10-CM Coding Workbook

Written for all health care professionals who diagnose patients, assign diagnosis codes to patient encounters, or code, this workbook provides practical experience using more than 150 real-life coding case studies rather than simple diagnosis statements. Each chapter contains exercises and case studies that correspond to each chapter in the ICD-10-CM codebook.

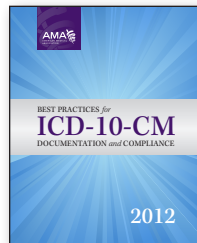
Available as a spiralbound, 8 1/2" x 11" print book or an e-book, 350 pages



Advanced Anatomy and Physiology for ICD-10-CM/PCS

This illustrated resource helps you to identify the differences between ICD-9 and ICD-10 and develop a better understanding of anatomy, body systems, and disease processes. The addition of chapter quizzes allows you to test your knowledge about key topics.

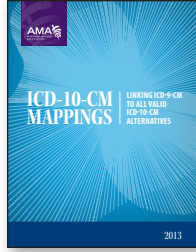
Available as a softbound, 8 1/2" x 11" print book, 542 pages



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Phase 3: Train

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to learn more and purchase.



Terms to Know

administrative code set See *nonmedical code set*

Centers for Medicare and Medicaid Services (CMS) Office of e-Health Standards and Services (OESS) CMS is a federal government agency responsible for enforcement of the HIPAA transactions and code sets regulation, and OESS is the office within CMS that is specifically charged with these oversight responsibilities.

code set Any set of codes used for encoding data elements, such as medical concepts, diagnoses, or procedures.

compliance date All services and discharges on or after October 1, 2014, are required to use the ICD-10 diagnosis and/or procedure codes. ICD-9 codes will not be compliant and will be rejected by the receiver (i.e., clearinghouse or health plan).

Health Insurance Portability and Accountability Act (HIPAA) of 1996

A federal law passed in 1996 that addresses many aspects of the health care system. Included in this law is Title II, Subtitle F, Part C that contains provisions on "Administrative Simplification" aimed at simplifying administrative processes of health care and protecting patients' health information.

HIPAA covered entity Any health care provider, health plan, or health care clearinghouse that conducts electronic transactions named under HIPAA is considered a covered entity and is required to follow the regulations set forth in HIPAA.

HIPAA transactions Specific administrative transactions that were named in HIPAA and, if conducted electronically, must be sent using the ASC X12 standard transaction. These transactions include submitting a claim, receiving a remittance advice, checking patient eligibility, checking the status of a claim, etc.

ICD-10 International Classification of Diseases, Tenth Revision contains a clinical modification for diseases (ICD-10-CM) and a procedure code set (ICD-10-PCS). ICD-10 is required to be implemented and used to code all services and discharges on or after October 1, 2014.



medical code set ICD-9-CM, ICD-10-CM, CPT®, and HCPCS are types of medical code sets. See *ICD-10*.

nonmedical code set A set of codes used for encoding nonmedical data, including ZIP code, state abbreviation, administrative billing information. Also known as *administrative code set*.

trading partners These are the outside organizations you work with to submit and receive administrative transactions. They include software vendors, billing services, clearinghouses, and health plans.



ICD-9 Tracking

Use this worksheet or recreate a worksheet like this one to track the various systems and work processes that use ICD-9 today. The assumption is that all current systems that use ICD-9 will need to be upgraded to ICD-10. As you review your current systems, you may want to consider converting manual processes to electronic processes.

Systems and Work Processes	Name of System Used to Conduct Transaction or Work Process	Notes
Claims submission		
Billing system		
Posting payments		
Clinical documentation, e.g., patient reports, electronic medical record		
Patient registration system		
Checking patient's eligibility		
Verifying referral/prior authorization		
Writing referrals		
Writing orders		
Encounter forms		
Coding tools, e.g., "superbills", programs, books, resource materials		
Quality reporting		
Public health reporting		
Disease registry/disease management		
Health insurance contracting		
Laboratory systems		
Other:		
Other:		
Other:		



Trading Partner Tracking

Software Vendors

Vendor Name	System Name	Software Version	Contact Person	Date Contacted	Expected Date of Installation	Date Installed	Notes

Billing Service

Billing Service Name	Contact Person	Date Contacted	Expected Date of Upgrade	Date Upgrade Completed	Notes

(continued on next page)



Trading Partner Tracking *(continued from previous page)*

Clearinghouse

Clearinghouse Name	Contact Person	Date Contacted	Expected Date of Upgrade	Date Upgrade Completed	Notes

Health Plans

Health Plan Name	Contact Person	Date Contacted	Expected Date of Upgrade	Date Upgrade Completed	Notes



Preparing for Staff Training

Answer the following questions before you begin to undertake staff training.

On which ICD-10 code sets do we need to receive training: ICD-10-CM (diagnoses), ICD-10-PCS (inpatient procedures), or both?

Who should be trained on the ICD-10 code set?

How long will it take to train the staff?

Which training method will work best for our staff: classroom training, web-based training, written materials, or hiring a consultant? Why is this the best method?

Would a "Train the Trainer" system (i.e., one staff member receives training, then trains the rest) work for our staff? Why or why not?

(continued on next page)



Preparing for Staff Training *(continued from previous page)*

Where can we obtain the training?

Training provider information	Cost for training

Will there be downtime during the training? If yes, approximately how long?
What action will we need to take?

What resources do we need to support the staff after training?

When should training be completed?



Always remember that it is the policy of the AMA to help educate physicians and their staff on topics and issues that will allow them to manage their practices most effectively. It is with that thought in mind that we strive to offer some of the best and most accurate books, e-books, online products, and workshops on ICD-10.

Depend on the AMA and our resources to guide you through the ICD-10 transition.

amabookstore.com