

# Final Push to ICD-10 Implementation

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By Cassi Birnbaum, MS, RHIA, CPHQ, FAHIMA

Chills run up and down my spine as I write this article, knowing how hard we have worked as a profession, association, and industry to get to this red letter date for ICD-10-CM/PCS.

Just before I wrote this column, I was on the edge of my seat along with the rest of industry, watching as ICD-10 passed through the second major advocacy hurdle this year on April 15th with the passage of H.R. 2, the Medicare Access and CHIP Reauthorization Act. This bill repealed the sustainable growth rate (SGR) formula that adjusts Medicare payments to physicians. As many will remember, last year it was a “patch” bill to temporarily fix the issues with the SGR that included language that delayed ICD-10 implementation until October 1, 2015. Even with this major hurdle overcome, it’s important for us as health information management professionals to continue to step up and advocate for ICD-10 while volunteering to assist unaffiliated physician groups as we get closer to the finish line.

Now the fun begins: planning for implementation, remediation, and addressing anticipated opportunities post-ICD-10 go-live.

## ICD-10 Prep Reaches Final Stages

As I check in with AHIMA members, physician groups, and other healthcare industry leaders, I know that we are collectively in great shape with our comprehensive implementation roadmaps, project plans identifying the impact and gaps, preparing and deploying our educational plans, dual coding and implementing new technology, designing processes and systems to better support the transition, and comprehensive testing and remediation strategies.

We are now at the point where we need to be planning for the critical tasks associated with our cutover and post-implementation planning. Many organizations are staffing their ICD-10 command centers, have set up ICD-10 coding hotlines, and are ensuring they have proactive revenue and denial management strategies.

It’s important for us to be aware of the potential contingencies we need to address, from lining up additional coding and clinical documentation improvement resources to addressing the post-implementation productivity gap and remediating unanticipated documentation integrity issues and payer denials.

## Implementation is the Beginning

It has been a long road to reach this point, but the implementation of ICD-10-CM/PCS is just the beginning. After the dust begins to settle, it will be time to plan for the ICD-10 code thaw on October 1, 2016. HIM professionals will also need to gear up to take advantage of the new opportunities ICD-10-CM/PCS will present.

There is a huge light at the end of the proverbial ICD-10 tunnel, with improvements in clinical documentation and robust data to fuel the granularity needed to support disease management programs, accountable care organizations, medical research, public health efforts, outbreak investigation, and population health improvement.

As we move from volume-based to value-based reimbursement, it is essential that we have the health intelligence necessary to manage patients from the acute care setting to the medical home.

Now is the time to make the final push toward realizing our ICD-10 vision!

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