Six Critical Steps to a Successful ICD-10-CM/PCS Transition

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By Jeff Strauss

Implementation of the new ICD-10-CM/PCS (ICD-10) codes has proved an enormous tactical and strategic effort for healthcare payers and providers alike. Many organizations are searching for a strategy that will allow them to implement the new codes with the least disruption to their business and their mission to provide appropriate care to millions of people.

Getting Implementation Right

There are six key steps that payers and providers should consider as they undertake the transition to ICD-10:

1. ***Create a plan to identify where and how ICD-10 affects the organization.*** Because ICD-10 will affect almost every core process, system, interface, and associate in the organization, surveying impacted staff and observing day-to-day operations to ensure the organization creates a complete inventory is an absolute necessity.
2. ***Communicate with external advisers and trading partners.*** Even if the organization believes it can go it alone, it should consult external advisers and understand the perspective gained from working with other organizations. These advisers can provider payers and providers with knowledge on the financial implications of ICD-10, as well as share improvement opportunities for processes impacting coding, such as clinical documentation. Because a successful ICD-10 transition cannot occur without vendor collaboration, healthcare organizations should identify all vendors and service/maintenance contracts and track all potential downstream issues. Define all inputs and outputs for each vendor that may require modification. Responsible parties, tasks, and timelines should be monitored and completed on schedule.
3. ***Consider the impact education will have on existing operations.*** A comprehensive, customized ICD-10 education program for each of the affected populations within your organization is crucial for success and will position you for maximized productivity and efficiency. All staff will not require the same level of education. There are emerging technology platforms to assist with ICD-10 education efforts. Management and the existing ICD-10 implementation team should understand the education resources needed and what is available to them. To mitigate costs, the education plan could be integrated into current training programs, focusing on those who require it and when. Training clinical and administrative staff to use the new ICD-10 code set may require up to 16 hours for coding staff, eight hours for administrative staff and 12 hours for providers.
4. ***Remember your physician network.*** Employed physicians and their staff will be part of the plan; consider how independent physicians and their staff might participate in your organization's training. Not only does the new code set include five times as many codes as the ICD-9 code set, but the different arrangement of codes will require more documentation, revised forms, retraining of staff and physicians, and changes to software and other information technology. Changes in reimbursement patterns may also result from the increased specificity of the new code set.
5. ***Think about contingency planning.*** There will be many challenges during the implementation process. Conduct a project risk assessment and scenario plan. Understand the potential for increases in unbilled accounts receivable, delays in reimbursement, reduced coder productivity, and increased denials.
6. ***Don't overlook managed care contracts.*** Expect to see "recoding" analysis efforts to gauge the impact of historical information using ICD-10, and expect managed care companies to use this information in negotiations. Payers and providers will be looking at all contracts where reimbursement is based on specific codes.

In addition to these critical considerations, another key to implementing ICD-10 is to establish a steering committee tasked with overall responsibility for implementation. The committee should include representatives from every group affected. Subcommittees under the direction of the steering committee can work on the requirements of specific job functions and their needs for IT support, training, and processes.

Every payer and provider should have an interdisciplinary steering committee, working together to plan and implement ICD-10 with as much awareness as possible of the needs and constraints of all functions affected. The old model of every department working in its own isolated silo must shift to a new collaborative model to ensure successful ICD-10 implementation with the least pain and the most gain possible.

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