

# Top-10 for ICD-10: Essential Tasks for the First Phase of the Journey

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By Chris Dimick

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*It's a long journey to ICD-10 implementation. Organizations that need directions-or a jumpstart-can use a new checklist to map out 10 milestones for the first leg of the journey.*

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Healthcare facility staff unsure how to start the conversion to ICD-10 now have a ready-reference road map to jumpstart their planning.

A list of 10 to-dos developed by the AHIMA Clinical Terminology/Classification Practice Council outlines the essential first tasks organizations must accomplish to put their transition programs into gear.

The list distills the first phase of AHIMA's comprehensive four-part guide, the newly updated "ICD-10-CM/PCS Transition: Planning and Preparation Checklist." The top-10 list is intended to be used in tandem with the full checklist, which contains more detailed information.

Organizations already well into their implementation planning also can use the checklist to assess the tasks they have completed, says Ann Zeisset, RHIT, CCS, CCS-P, professional practice manager and coding expert at AHIMA.

The top-10 list provides measureable goals for all areas of a healthcare facility that are intended to keep an organization on track to a successful implementation of ICD-10, according to Therese M. Jorwic, MPH, RHIA, CCS, CCS-P, FAHIMA, assistant professor at the University of Illinois at Chicago and product specialist at MC Strategies.

"In that this is one of the most sweeping changes in healthcare, preparing for the ICD-10-CM/PCS transition can be an overwhelming task," says Jorwic, a member of the Clinical Terminology/Classification Practice Council. Identifying and organizing the steps helps facilities manage their implementations.

The practice council developed the top-10 list to be used in any healthcare setting, including hospitals, physician practices, payers, and vendors.

"The things on this top-10 list need to be done by everyone in the industry," says Cheryl D'Amato, RHIT, CCS, director of health information management, financial performance solutions, at Ingenix and a member of the practice council.

## Top-10 List: Phase 1, Plan Development and Impact Assessment

Phase 1 of the ICD-10 transition involves developing an implementation plan and assessing the transition's impact on the organization. The following list represents a high-level view of the 10 essential tasks in this phase.

The top-10 list is intended to be used in tandem with AHIMA's more comprehensive "ICD-10-CM/PCS Transition: Planning and Preparation Checklist." Although the tasks are numbered and ordered, they are interrelated and may need to be done simultaneously rather than sequentially.

### 1. Ensure Organizational Awareness

- a. Provide organization-wide ICD-10 awareness education to key stakeholders

- b. Include senior management, information technology personnel, clinical department managers, medical staff, and all currently involved with ICD data
- c. HIM managers and coding professionals should become familiar with the format, basic structure, and fundamentals of ICD-10-CM/PCS
- d. Establish and execute a communication plan for the entire healthcare organization

## **2. Establish Executive Leadership**

- a. Develop multidisciplinary steering committee to develop implementation strategy and oversee implementation process (provide oversight of the entire implementation timeline)
- b. Formulate transition strategies and identify goals
- c. Identify key stakeholders requiring awareness education and ensure education provided
- d. Identify key tasks and objectives and assign to appropriate departments for follow-up
- e. Prioritize concurrent projects both related and unrelated to ICD-10-CM/PCS to ensure timelines are met

## **3. Perform Impact Assessment**

- a. Identify range of impact on every department
- b. Analyze impact on operational processes
- c. Assess impact on documentation processes and work-flow
- d. Identify impacted internal and external reporting
- e. Assess the detail in clinical documentation to determine whether it is adequate to support ICD-10-CM/PCS

## **4. Conduct Systems Inventory**

- a. Inventory all databases and systems applications (including interfaces) using ICD-9-CM codes
- b. Perform detailed analysis of systems changes needed
- c. Request documentation from vendors on their plans to prepare for the transition

## **5. Complete Gap Analysis**

- 1. Perform gap analysis on the areas of impact
- 2. Develop a strategic organizational approach
- 3. Identify and rank risks and identify contingency plans

## **6. Establish Internal Timeline**

- a. Develop internal implementation timeline
- b. Specify resources required to complete identified tasks
- c. Monitor timeline and update as needed

## **7. Determine Plan for Training**

- a. Perform detailed assessment of current-day coding staff knowledge
- b. Identify the specific groups who need training (role-based)
- c. Identify at what level training needs to be provided to all categories of users
- d. Determine method and timeline for training

## **8. Prepare Multiyear ICD-10 Implementation Budget**

- a. Perform budget assessment and procurement of needed funds to staff the transition project
- b. In this project consider:
  - i. System, hardware, maintenance fee upgrades
  - ii. Training

- iii. Outsourcing or consultant fees
- iv. Temporary staffing needs
- v. Data conversion
- vi. Report redesign and reprinting paper forms
- vii. Additional tools or resources needed
- viii. Systems testing

#### **9. Manage Contractual Changes**

- a. Review vendor and payer contracts early and collaborate with external parties to determine modifications
- b. Identify any additional fees from vendors

#### **10. Correlate Continued Organizational Management of 5010 Implementation Processes and Planning**

(Required January 1, 2012)

- a. 5010 implementation and ICD-10 implementation are not sequential projects; they must be concurrent projects
- b. Begin external testing of 5010 by January 1, 2011

### **First Steps: Awareness, Buy-In, Assessment**

Though numbered, the top-10 list is not necessarily listed in order of recommended completion. The tasks are interrelated and may need to be done simultaneously rather than sequentially. Ultimately, all of the tasks should be accomplished by the recommended phase-1 deadline, which AHIMA has set at the end of June 2011.

However, those organizations looking for an initial entry point to the list should start by obtaining the support of the facility's executive leadership, establishing a steering committee to oversee the transition, and conducting an impact assessment, D'Amato says. The top-10 list and full implementation checklist can be used to demonstrate the project's scope and the need to estimate and budget resources.

"Awareness is important. You can't do your assessment until you have executive buy-in, and you can't get buy-in unless you know what the impact is going to be," D'Amato says. "So it is multistep, and these [first steps] happen at the same time."

An impact assessment is important because it determines the scope of the project-how much work will be necessary to implement ICD-10 organization-wide. A manager cannot budget for a project without knowing how much work will be involved, and a multidisciplinary ICD-10 steering committee can spread the word while determining the operations that will be affected by the transition. One area of increasing concern to organizations is changes in documentation that will be required to support the new code set.

A systems inventory will identify all databases and applications (including interfaces) that use ICD-9-CM codes and will require conversion. This step has been one of the most difficult for organizations to complete due to the unexpected places that ICD-9 codes can hide, Jorwic says.

Creating awareness of the ICD-10 transition in the organization is also a vital first step, D'Amato says. Though many in HIM have been hearing about ICD-10 for years, others in the organization may be unfamiliar with the transition, such as IT staff, clinicians, and even senior management. Developing a communication plan gets information to all stakeholders and creates a more organized transition.

### **Full Checklist Updated**

AHIMA staff have also updated and revamped the full ICD-10-CM/PCS planning and preparation checklist, which offers a comprehensive guide to the complete ICD-10 implementation.

The update includes an expanded list of transition steps and project planning tips. A new timeline, added to the implementation plan and impact assessment, lists the year and fiscal quarter in which the tasks should be completed.

The timeline is an important addition, Jorwic says. "It is just such a huge, overwhelming, daunting task getting ready for this. If you don't have a list of things to do and a due date on it, it can make the whole thing just seem impossible," she says.

A top-10 list for phase 2 of the full checklist will be available this summer, Zeisset says.

## Download the Checklists

Both the top-10 checklist and the full planning and preparation checklist are available for download on the *Journal* Web site, <http://journal.ahima.org/icdsummit>. Look under "Downloads" in the right-hand column.

This special site includes coverage of AHIMA's 2011 ICD-10 Summit, which took place April 11 and 12 in Baltimore, MD. The summit featured presentations on implementation planning, impact assessments, and system inventories.

Additional resources, including audio recordings from the summit and a video recap, are also available on the site.

## Don't Delay

With the ICD-10 implementation deadline more than two years away, procrastination can seem like an option. But it isn't, says Sue Bowman, RHIA, CCS, director of coding policy and compliance at AHIMA. The change to ICD-10 is so complex that organizations should already be well into conversion plans.

Some providers are waiting until their version 5010 implementations are done before starting ICD-10 implementation. However, both ICD-10 and 5010 implementations need to be worked on simultaneously. Do not dedicate exclusive time and resources to 5010 and then start work on ICD-10, Jorwic says.

Although implementing the 5010 transaction standards are a prerequisite to using ICD-10-and the 5010 deadline comes first-completion of 5010 is not a prerequisite to working on ICD-10 preparation and planning.

ICD-10 and 5010 are not the only projects facing healthcare organizations. RACs, the meaningful use program, healthcare reform, and other priorities can seem like good reasons to put off the ICD-10 transition.

Organizations that are behind in their ICD-10 planning typically have not delayed the effort "for a lack of thinking it is important," Jorwic says. "I just think there is an awful lot of things that are coming at the HIM profession right now."

However, ICD-10 is not a competing priority, Zeisset says. It relates to other current initiatives facing healthcare, including meaningful use and accountable care organizations, because of the code set's impact on data quality.

ICD-10 is not a project for the future, even for coders, cautions Jorwic. While coders won't necessarily need training on ICD-10 code use until closer to October 1, 2013, brushing up on anatomy and physiology-the base knowledge needed for using ICD-10-should begin now.

"Using this lead time wisely will result in a smoother transition, a shorter learning curve, and we will be able to take advantage of the many improvements that the ICD-10-CM/PCS system will bring," Jorwic says.

In the end, all this work will not just be to use a different code set. The improvements to healthcare processes that come with ICD-10 will make the work worth it, according to Jorwic.

"Once we get over the implementation and start to really understand and use ICD-10, we are going to be very happy with having a system that is in this century, that can get us the data that we need," she says. "It is going to take some time, it is

going to take some effort, but the reward will come at the end."

## Four Phases of the ICD-10 Implementation

### 1. PLAN DEVELOPMENT, IMPACT ASSESSMENT

First quarter 2009 to second quarter 2011

### 2. IMPLEMENTATION PREPARATION

First quarter 2011 to second quarter 2013

### 3. "GO-LIVE" PREPARATION

First quarter 2013 to third quarter 2013

### 4. POST-IMPLEMENTATION FOLLOW-UP

Fourth quarter 2013 to fourth quarter 2014

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