

Transitioning a Physician Practice to ICD-10

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In August 2012, the Department of Health and Human Services (HHS) announced its much-anticipated final ruling on the implementation deadline for the ICD-10-CM/PCS classification system-October 1, 2014.¹ The transition to this highly awaited coding system will require appropriate planning, proper training, and effective resources.

This article focuses on ICD-10-CM in the physician practice, providing a brief refresher on the International Classification of Diseases (ICD) system, its background, and its significance. ICD-10 timelines, implementation, and resources are also discussed in further detail.

ICD-9: Time to Move On

For over 30 years, the ICD-9-CM classification system has been used as the lifeline for diagnosis, treatment, billing, and reimbursement in the US health system. The capacity of ICD-9 to properly reflect and represent the practice of medicine in today's healthcare industry has run out. The endless amount of medical and health technology advances-not to mention the volume of new diseases and treatments needing codes-since 1979 has long surpassed the vocabulary built within ICD-9-CM. The result has been a lack of the specificity and detail necessary to accurately capture episodes of care.

Perspective on the ICD-10 Delay

With the new implementation deadline confirmed, the following timeline outlines the expected ICD-10 update schedule.

Date	Code Updates
10/1/2012	Limited updates to ICD-9-CM and ICD-10-CM/PCS for medical and technology advancements
10/1/2013	Limited updates to ICD-9-CM and ICD-10-CM/PCS for medical and technology advancements
10/1/2014	Limited updates to ICD-10-CM/PCS for medical and technology advancements; ICD-9-CM will be retired
10/1/2015	First regular update to ICD-10-CM/PCS

Taking the Next Step

ICD-10 was developed and adopted by the World Health Organization (WHO) in 1990. The United States will follow suit 24 years after the code set's inception. The US clinical modification (ICD-10-CM) was developed by the National Center for Health Statistics (NCHS). ICD-10-CM consists solely of diagnosis codes and will replace volumes one and two of ICD-9-CM. Countries such as Canada and Australia, like the US, have developed their own versions of ICD-10. ICD-10-PCS has been designed to replace the ICD-9-CM procedure coding system (volume three) altogether. The ICD-10-PCS set was developed under contract by the Centers for Medicare and Medicaid Services (CMS) and is exclusive to the US.

Important notes regarding the ICD-10 transition:

- CPT/HCPCS II will remain in use in its current form and practice with no changes to its current use.
- Physician practices and part B providers will only have to transition to ICD-10-CM. ICD-10-PCS is required for use in facility reporting of inpatient hospital procedures only.

ICD-10-CM was developed to help align healthcare in the US with the rest of the world. ICD-10 has already been in use for many years in several other countries. The new system recognizes advances in medicine, thus allowing for a higher degree of coding accuracy and specificity. These benefits will not only help reduce coding errors, but will also allow for the measuring and reporting of higher quality information. For example, the implementation of ICD-10-CM/PCS is included in the HIPAA regulation with the adoption of 5010.

Other benefits include meeting the HIPAA transaction and code set requirements as well as adding value to the electronic health record (i.e., billing, coding, reporting). More importantly, it supports and promotes one of the federal government's key initiatives-health information exchange. ICD-10-CM/PCS is a natural fit with the use of electronic health records and platforms. Its format and structure supports the level of detail needed for health information exchange and the successful exchange of data across multiple types of providers.

The detailed nature of ICD-10-CM will lead to higher quality data, resulting in higher quality information for measuring healthcare quality, safety, and efficiency. Unlike ICD-9-CM, ICD-10-CM allows for wider expansion and provides space to accommodate many additional codes for new medicine and technology developed in the future.

The Road to ICD-10

Whether implementing a new lab information system or a new coding system, the planning, preparation, education, training, and communication steps taken to prepare for implementation are crucial to the success of any new health information system project.

At a minimum, the following factors must be adequately planned for in order to achieve optimum outcomes in the course of implementation.

- **Senior leadership support:** Support from senior leadership is essential for any implementation project. It is crucial that senior leadership is in full support of moving forward with an ICD-10 implementation plan as scheduled. Support must be shown throughout the plan's progress as well as following the project's completion.
- **Multi-disciplinary steering committee:** The initial step of any implementation plan is to identify key stakeholders and how they will be impacted by ICD-10-CM. ICD-10-CM will impact all staff, so it is imperative that the steering committee reflects representation from all areas of the practice. The steering committee will become the leadership for guiding and planning the implementation.
- **Development of Implementation Plan, Identification of Goals, and Setting of Expectations:** The steering committee (with senior leadership approval) is responsible for defining the overall implementation plan for the practice. Realistic goals must be outlined, including a timeline that is designed to meet the required deadline. The plan is a critical tool that helps in tracking the progress of the implementation and should also be used as a tool to manage the budget in addition to providing communication to staff.
- **Budget:** A thorough analysis of the funds required for a successful implementation must be completed to ensure appropriate allocation.
- **Communication plan:** Staff must be kept in the loop with timely alerts and notifications of all changes and developments in the plan's progress. Communication is key to reducing confusion and keeping staff involved as changes occur.
- **Readiness assessments:** Review and analysis of workflows and processes must be conducted to determine practice readiness levels and what remains to be done.
- **Education and training:** It is crucial to identify necessary staff and ensure their knowledge and skill set are qualified to use this new coding system (see above sidebar).

ICD-10 Preparation Tips

To ensure success, physician practices should take advantage of the extra time provided by the ICD-10 implementation delay to set up and streamline their implementation efforts. Listed below are suggestions for how physician practices can take advantage of the extra year to prepare their practices.

- Assess training needs for coding staff and clinicians-do clinicians require focused training?
- Provide educational options-include anatomy and physiology refresher courses, biomedical sciences, and a review of ICD-10-CM guidelines and code sets, to name a few.
- Documentation Improvement-assess workflows, conduct reviews of current practices, and compare to the changes ICD-10-CM will bring. Identify common diagnoses treated in the practice that may require additional documentation with ICD-10-CM.
- Readiness assessment-conduct, at a minimum, an information systems assessment (i.e., electronic health records, practice management systems), documentation assessment, impact assessment, and staff skill set assessment.
- Clinician engagement-start to educate clinicians and provide some awareness materials. The more staff understand, the more they can help and provide suggestions.

Resources

AHIMA has developed the ICD-10 Implementation Toolkit to provide guidance for this monumental change. The toolkit breaks out the implementation process into four phases.² The toolkit also includes a preparation checklist that identifies critical factors that need to be met for each phase and is a useful tool for all organizations, regardless of type or size.

Other resources offered include (not inclusive):

- ICD-10-CM Coding-Online Course Collection
- Coder Workforce Training for ICD-10-CM/PCS (in-person meeting)
- Academy for ICD-10-CM/PCS to become a certified trainer (in-person meeting)

AHIMA also offers many complimentary resources to the public, available at www.ahima.org/icd10, that cover various aspects of ICD-10-CM/PCS.

Some topics include:

- Transitioning ICD-10-CM/PCS Data Management Processes
- Planning Organizational Transition to ICD-10-CM/PCS
- Role Based Model for ICD-10 Implementation: Timeline for Physician's Office.

Notes

1. Centers for Medicare and Medicaid Services. "Administrative Simplification: Adoption of a Standard for a Unique Health Plan Identifier; Addition to the National Provider Identifier Requirements; and a Change to the Compliance Date for the International Classification of Diseases, 10th Edition (ICD-10-CM and ICD-10-PCS) Medical Data Code Sets." <https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-21238.pdf>.
2. AHIMA. "[ICD-10 Implementation Toolkit](#)."

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