

International Classification of Diseases 10th Revision (ICD-10)

Are you ready?* The deadline for transitioning to ICD-10 is October 1, 2015. Don't wait to start this important process.

	Description	Owner	Start Date	Due by	Date Completed
Complete between October – December 2014	Select internal champion and/or committee.	_____	_____	_____	_____
	Set a schedule for project meetings (hard dates and times).	_____	_____	_____	_____
	Identify and list all work processes and systems that utilize ICD-9 today.	_____	_____	_____	_____
	Conduct inventory of current coding tools/resources.	_____	_____	_____	_____
	Become familiar with ICD-10. Obtain code set and guidelines (electronic files available form http://www.cdc.gov/nchs/icd/icd10cm.htm).	_____	_____	_____	_____
	Research ICD-10 training. Research training programs/resources (e.g., online courses, local or regional seminars). Determine level of staff training needed by role (comprehensive, intermediate, or basic).	_____	_____	_____	_____
	Review status of and impact to electronic systems (see AAFP ICD-10 Systems Checklist). Appoint staff to act as primary/secondary contact with system vendors.	_____	_____	_____	_____
	Cost for temporary help or overtime cost during training and go-live.	_____	_____	_____	_____
	If using an outside source for coding and/or billing, learn vendor's ICD-10 implementation plan.	_____	_____	_____	_____
	Budget - Identify ICD-10 related internal costs (see AAFP Cost Calculator www.aafp.org/icd10).	_____	_____	_____	_____
	Introduce concept and plans for ICD-10 to staff.	_____	_____	_____	_____
Complete between January – April 2015	Evaluate current cash flow (age of account balances, billing lag time). Set goals and plan to correct and prevent recurring errors/issues and optimize cash flow.	_____	_____	_____	_____
	Determine impact, if any, on quality initiatives (e.g., PQRS, EHR). Should 2014 reporting be completed prior to system upgrades?	_____	_____	_____	_____
	Complete ICD-10 training at all levels.	_____	_____	_____	_____
	Follow-up with electronic system vendors. Are upgrades completed or scheduled? Is training on upgraded system necessary and if so, scheduled?	_____	_____	_____	_____
	Note payer news regarding ICD-10 claims testing requirements/opportunities.	_____	_____	_____	_____
	Review insurance contracts for diagnosis-based payment impact (if any).	_____	_____	_____	_____
	Revise/develop/purchase internal coding resources (encounter forms, coding quick references).	_____	_____	_____	_____
Complete between April – August 2015	Re-evaluate cash flow. Are goals met and current processes efficient?	_____	_____	_____	_____
	Review budget for any changes and accuracy. Consider opening a line of credit to offset potential cash-flow disruption.	_____	_____	_____	_____
	Review and ensure physicians and coders have completed training.	_____	_____	_____	_____
	Test ability to apply ICD-10 codes to documentation as a training exercise. Do coding resources support efficient and accurate coding?	_____	_____	_____	_____
	Follow-up with system vendors and/or outsourced business partners. Complete internal testing. Investigate options for external testing with clearinghouse/payers. Review and update contact information for support services.	_____	_____	_____	_____
	Review payer ICD-10 communications (include non-covered entities such as worker's compensation). Watch for and disseminate ICD-10 changes in payment policies (e.g., Medicare local coverage decisions).	_____	_____	_____	_____
	_____	_____	_____	_____	_____
September 2015	Develop and assign workflow and processes effective 10/01/15. Verify that all testing was successfully completed.	_____	_____	_____	_____
	Consider direct-to-payer or other alternative claims submission resources (if testing has not been successful).	_____	_____	_____	_____
	Monitor payer news regarding readiness and changes to payment policies.	_____	_____	_____	_____
October 2015 and ongoing	Monitor all claims acknowledgement (997) and acceptance/rejection (277) reports. Promptly correct and resubmit all rejected/denied claims.	_____	_____	_____	_____
	Evaluate post-implementation cash flow until claims filed with ICD-10 are consistently paid.	_____	_____	_____	_____
	Evaluate need for contingency activities (e.g., overtime, consultant, credit line).	_____	_____	_____	_____
	Monitor payer news regarding claims adjudication issues and resolutions.	_____	_____	_____	_____
	Monitor reimbursement accuracy and timeliness of payer per contract. Conduct coding review for accuracy and compliance.	_____	_____	_____	_____

*This timeline is a generalized resource for use in creating an individualized timeline specific to the needs of your practice. Successful ICD-10 transition may require different approaches based on practice size and resources.