

ICD-10 Timeline: Meeting the Compliance Date

This is the third fact sheet in a series and is focused on the timeline and work for implementing the ICD-10 code set. Collectively, the fact sheets will provide information, suggestions, guidance, and checklists to assist you with understanding what you need to do to implement the ICD-10 code set.

On October 1, 2013, the health care industry will be required to use the ICD-10 code set to code all diagnosis and hospital inpatient procedures in administrative transactions and for various other uses.

The following is an overview of the work and timeframes to help you complete the activities to implement ICD-10. Some activities may be done at the same time. The timeframes will guide you, but the amount of time it takes you to complete the various activities will depend on the size of your practice and available resources.

Follow these timeframes as you work with your vendors on upgrading your system and your clearinghouses, billing service, and payers to test and transition to the ICD-10 code set. A successful transition will ensure you are able to use the ICD-10 codes on the compliance date and will help you avoid rejected claims and cash flow interruptions.

Be aware that some of these activities for implementing the ICD-10 code set will need to occur while you are working on the implementation of the upgraded HIPAA electronic administrative transactions, Version 005010 (5010). To learn more about the requirement to move from Version 004010 to 5010 by the mandated date of January 1, 2012, visit www.ama-assn.org/go/5010 for more information.

Step 1 – Impact Analysis:

Estimated Time to Complete: 3 – 6 months

Review information about the ICD-10 code set in order to gain a basic understanding of the changes from ICD-9 to ICD-10. This understanding will be needed in order to conduct an impact analysis and determine how the move to ICD-10 will affect your business practices and systems. You will also need to complete an inventory of all your systems, electronic and manual, that use the ICD-9 codes. These same systems will need to be upgraded to ICD-10.

This activity should be started early and will overlap with your work to implement the 5010 HIPAA transactions. Understanding the full scope of the work ahead and its impact will help you focus on the important tasks.

Step 2 – Contact your Vendors:

Estimated Time to Complete: 2 – 3 months

Contact your vendors for specific details on the installation of the ICD-10 upgrades to your systems, including dates and any costs. You can include the discussion of ICD-10 in your conversations with them about the upgrades and installation of the 5010 HIPAA transactions.

Be sure to ask your vendor if they will maintain updates to the ICD-9 and ICD-10 code sets during the transition period and if they will be providing any crosswalk tools between the two code sets.

Step 3 – Contact your Payers, Billing Service and Clearinghouse:

Estimated Time to Complete: 2 – 3 months

Contact your clearinghouses and/or billing service, if you use either, and payers for preliminary information on when they expect their ICD-10 upgrades will be completed and when they will be ready to

begin testing transactions using the ICD-10 codes. You will want to contact them again when you have a date for the installation of your system upgrades.

You also should talk to your payers about any possible contract negotiations that may need to be done as a result of moving to the ICD-10 code set. Be sure to ask about any changes they may be making to their review, auditing, coverage, and medical policies and how the changes will impact coverage decisions and reporting requirements.

**Step 4 – Installation of Vendor Upgrades:
Estimated Time to Complete: 3 – 6 months**

Undergo installation of upgrades from your vendor. Keep in mind that the timing of the system upgrades will be dependent on your vendor's readiness, both with respect to product development and scheduling.

Talk to your vendor about the ICD-10 upgrades while they are preparing your system upgrades for the 5010 HIPAA transactions. They may be able to install the necessary upgrades for ICD-10 at the same time they complete the upgrades for 5010 and it may help reduce your ICD-10 transition costs.

Other systems not related to your administrative transaction systems, such as quality or public health reporting, will need to have any necessary upgrades for ICD-10 completed as well.

**Step 5 – Internal Testing:
Estimated Time to Complete: 2 – 3 months**

Once the upgrades are completed, you will need to conduct internal testing of your systems to ensure you can generate necessary transactions with the ICD-10 codes. Allow extra time to resolve any issues that may arise and work with your vendor to address these.

**Step 6 – Update Internal Processes
Estimated Time to Complete: 2 – 3 months**

Any internal processes used to support coding need to be updated, such as "superbills", encounter forms, quality data collection forms, public health data collection forms, etc. Take this time to review clinical documentation to ensure it captures the necessary details of the patient's diagnosis. Practices may want to look at the most common diagnoses reported in the practice.

**Step 7 – Conduct Staff Training:
Estimated Time to Complete: 2 – 3 months**

Coding staff will need to receive training on the ICD-10 code set prior to the compliance date. You will want to determine the best time to have staff trained so they are well prepared when the implementation date arrives. You may also need to consider staggering staff training to prevent down time in the practice. Coding staff may wish to practice internally using the ICD-10 codes on sample claims, such as current claims, prior to the compliance date.

Clinical staff must also receive training on ICD-10, although it does not need to be at the same detail as training for the coders. Due to the greater level of detail in the ICD-10 code set, clinical staff will need to provide sufficient details about the patient's condition so the coder can accurately code.

**Step 8 – External Testing with Clearinghouses, Billing Service, and Payers:
Estimated Time to Complete: 6 – 9 months**

Contact your clearinghouses, billing service, and payers to conduct external testing with them. Testing with your trading partners (e.g., clearinghouses and payers) will ensure that you can properly send and receive the ICD-10 codes in transactions.

Step 9 – Make the Switch to ICD-10:

October 1, 2013

All services and discharges on or after October 1, 2013 must be coded using the ICD-10 code set. Transactions that continue to use the ICD-9 codes will be rejected.

ICD-10 codes cannot be used prior to the October 1, 2013 compliance date. Unlike the 5010 HIPAA transactions that can be used prior to the compliance deadline, transactions containing ICD-10 codes prior to October 1, 2013 will be rejected

After October 1, 2013:

Monitor the submission and receipt of transactions to ensure they are working properly with the use of the ICD-10 codes. You will also want to review your reimbursements to determine if they are what you expect for the services you billed.

Summary

As you can see from the activities and timeframes, there is much work to be done in a short period of time. Getting started today on the work to implement the ICD-10 code set is the best way to ensure you meet the October 1, 2013 deadline and do not suffer claim payment interruptions.

Use the AMA's "ICD-10 Project Plan Template" to track more specific activities for implementing the ICD-10 code set.

Upcoming HIPAA Dates:

January 1, 2012 – Compliance with version 5010 transactions

October 1, 2013 – Compliance with ICD-10 code sets

**Visit the AMA's website for more resources for
implementing the ICD-10 code sets.**

www.ama-assn.org/go/ICD-10