Countdown to ICD-10: preparation checklist

The ICD-10 deadline is quickly approaching, but practices can still adequately prepare for the Oct. 1, 2015, coding change — if they use their time wisely.

The coming transition means many changes for medical practices, including increased expenses, higher rates of claims denials, adjusted workflows and decreased productivity. However, it also promises many benefits, including reduced medical errors, improved quality and outcomes measurement, and more accurate clinical documentation.

Practices that have not completed preparations for the transition should start immediately to take advantage of the benefits of ICD-10 and lessen the potential negative impact to office operations.

Complete the items below to keep your practice profitable and productive through the ICD-10 transition.

1. Identify your systems and processes that use ICD-9 codes
   - Make a list of how your practice uses ICD-9 codes, including:
     - Clinical documentation
     - Encounter forms/superbills
     - Practice management system
     - Electronic health record (EHR) system
     - Contracts
     - Public health and quality reporting protocols

2. Discuss implementation plans with vendors
   - Ask the following vendors about their plans for ICD-10 compliance, if they have completed testing with payers and what support they will offer during the transition:
     - Clearinghouses
     - Billing Services
     - Software solution providers

3. Upgrade your software solutions
   - Check to see if you’re on the latest version of your practice management and EHR systems.
   - If not, schedule your upgrades to ICD-10-ready versions before Oct. 1, 2015, so your staff has time to practice using the new codes.
   - Ask your software vendor how they can help you prepare for ICD-10.
4. **Discuss implementation plans with payers**
   - Contact your insurance companies and other payers to inquire about their readiness to process claims coded in ICD-10 and ask whether ICD-10 implementation will affect your contracts.
   - When reasonable, align your processes to your payers to help receive timely payments.
   - Develop a denials strategy — payment delays and denials are expected to increase during and after the transition.

5. **Implement or increase training**
   - Many practices have already started ICD-10 training, but if your practice has not yet begun or doesn’t feel up to speed, now is the time to implement or increase training efforts.
   - Make a list of your staff members who code or have a need to know the new codes. Then, select a training method that corresponds with your practice’s unique needs and available resources. Consider training offered by professional associations, online courses and webinars.
   - Expect training to increase as the transition date gets closer. You may even decide to begin using the new code set prior to the transition, called dual coding, which allows you to practice coding correctly and can help make the transition easier.

6. **Create a budget**
   - Account for time and money related to ICD-10 implementation, including:
     - Expenses for system changes
     - Resource materials
     - Training
     - Software or hardware updates
     - Reprinting of paper documentation tools (encounter forms, superbills, etc.)
     - Increased cash reserves to help your practice stay afloat in case of payment delays

7. **Test ICD-10 code submissions**
   - Contact your partners or payers to inquire about their testing options, procedures and necessity. For example, if you send claims through a clearinghouse, the clearinghouse may have already completed necessary testing with payers.
   - Create a testing timeline.
   - Test transactions using ICD-10 codes with your:
     - Payers
     - Billing service
     - Clearinghouses

**Additional Sources**