ICD-10 Readiness and Adoption

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The Department of Health and Human Services has issued a final rule on HIPAA electronic standards that would replace ICD-9 code sets with the greatly expanded ICD-10 code sets for claims, remittance advice, eligibility inquiries, referral authorizations, and other transactions.

This shift, effective October 1, 2013, represents a major change for the health care industry and without a solid upfront strategy in place prior to implementation, health care organizations could fall behind.

With ICD-10, all systems, tools, and interfaces—responsible for submitting claims, receiving remittances, exchanging claim status, or conducting eligibility inquiries and responses—must be analyzed to identify software and business process impacts.

Health care organizations should take inventory of their current systems and underlying IT infrastructure to determine each application's life cycle phase and then map out transitions to other systems and subsequent reporting processes.

If your organization intends to upgrade and maintain its current systems, the software vendor should be contacted now to find out what a transition plan looks like. It's important to determine whether current software licenses include regulation updates, and if they do, when the vendor will upgrade the respective systems.

Many health care organizations utilize systems that have been highly customized or have been developed internally from scratch. Customized systems may not have a simple upgrade path available. Internally developed software systems will require substantial reengineering of applications, underlying databases, reports, and system interfaces to support the new ICD-10 codes.

Data conversion is another key consideration for ICD-10 adoption. The Centers for Medicare & Medicaid Services and the Centers for Disease Control have created General Equivalence Mappings (GEM) to ensure that consistency in national data is maintained. GEMs will be updated annually, as will ICD-10-CM and ICD-10-PCS during the transition period prior to ICD-10 implementation. While coding individual claims, it's im-

portant to remember that GEMs are simply helpful tools for converting larger system databases to ICD-10-CM and ICD-10-PCS.

In addition to operational system and data conversion considerations, many organizations have extensive processes for meeting both internal and external reporting needs. A data warehouse often supports these processes, which can require an extensive effort to extract, transform, load, and format information that's aggregated across multiple systems. With ICD-10, the aggregation, processing, and reporting of historical and active information will need to be accounted for.

While many C-level hospital executives have recently sought process improvement initiatives, typically only large hospitals can afford the implementation costs of lean methodology. Organizations that can implement a robust business intelligence strategy are well positioned to take advantage of additional metrics that ICD-10 provides.

Many organizations have projects already underway to support their ICD-10 adoption program. Organizations need to assess their current program and make sure all underlying projects have been properly defined and are on track. In addition, all project dependencies should be clearly defined, and each project should have its own risk tracking process. Finally, it's crucial to proactively communi-

cate with vendors, partners, and other external entities to align project timelines, process and system changes, and test plans.

It's important to remember that technology isn't the only ICD-10 challenge. Coders will need refreshed biomedical training that includes medical terminology, anatomy, physiology, pathophysiology, and pharmacology. This can be done through online or classroom instruction, or independent study.

Biomedical education can be divided into "body systems." For example, coders from the cath lab should cover cardiovascular and pulmonary topics in depth, but they could skip or skim obstetrics.

Whenever possible, facilities and providers should work together developing and delivering this education. By offering this education to the provider community, a facility will hopefully gain cooperation in clinical documentation improvement projects.

Once biomedical education is completed, ICD-10 education can begin in earnest. The American Health Information Management Association estimates it takes about 16 hours to learn the ICD-10-CM system and 40 hours for the ICD-10-PCS system.

Health care organizations face numerous technical challenges and considerations as they contemplate ICD-10 adoption. Since

ICD-10 transition planning has now started, the following outline represents a suggested timeline to follow:

1. June 2011—Assess current systems and processes and develop an implementation plan and impact assessment.

2. June 2013—Upgrade, replace, and implement operational and reporting systems.

3. January 2013 through September 2013—Conduct pilot testing, "go live" preparation, and systems cut-over.

4. January 2013 through September 2013—Ensure staff has received appropriate ICD-10 education and, most importantly, hands-on practice with ICD-10 code application.

5. October 2013 through December 2014—Perform post-implementation follow-up.

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