

# Road Map to ICD-10-CM

## Planning Your Route Before You Start the Journey

## Budgeting a Plan for Successful Implementation

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In the September 2007 issue, I stressed the importance of performing a baseline ICD-10-CM readiness audit to identify current documentation deficiencies. Assuming you have since detected documentation deficiencies, the next step is to formulate a plan for improvement. To begin making process improvements, start by forming a committee or task force to review budget requirements, office systems, and deficiencies. Even if you are a small practice, it is a good idea to involve several staff members, including the physicians and other practitioners, in the plan for change. The most successful implementations are those that begin early and operate strategically.

The committee should identify the target and risk areas in your practice. This will promote discussion and resolution for your committee. They should also develop a project strategy and description. Then, they should define a timeline for completion of the project. For example, if your practice decides on a two-year implementation timeline, the committee might want to focus on system issues the first year and education and training the second year. Keep in mind that a six-month period to test and “rehearse” ICD-10 prior to actual implementation is recommended. This test period is helpful to identify any deficiencies in your management systems, EMRs, crosswalks, training, etc.

### Where to Begin?

In formulating a successful plan for implementation, your committee needs to consider several key factors. These include, but are not limited to, the following:

- Budget planning
- Adoption and implementation timeline
- Systems affected (practice management system, EMR, etc.)

- Education requirements
- Development of a crosswalk to ICD-10-CM
- Orientation for information systems or vendors related to coding specifications (i.e. sixth- and seventh-digit character extensions, alpha numeric, etc.)
- Orientation for physicians and clinical staff
- Impact and expectations on documentation
- Software update expectations
- Operational transition
- Assessment of coding personnel's skill to identify knowledge gaps and ensure expanded clinical knowledge meets ICD-10-CM requirements

### Establish a Budget

After analyzing the documentation, you can begin budget planning. This task might take some research and discussion with various vendors. Remember HIPAA implementation and how costly that was? In this early stage of implementation, your budget is a projection or estimate of potential costs. It can be as simple as creating a spreadsheet with items and services necessary for implementation. Keep in mind you may complete your project in phases, so a two-year budget plan would be less painful to the practice than waiting until the last minute for the conversion.

Think about how you use diagnosis codes in your medical practice. Typically, the medical practice uses diagnosis codes in their management system, electronic medical record (EMR), charge tickets, etc. There will be two major expenditures: IT system conversion and training.

Contact your practice management software vendor to obtain the estimated cost for getting your system ICD-10-CM ready. If you are using EMR, contact

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your software vendor to find out software update costs. You also need to consider other systems that might affect coding. Once you have a good idea of potential costs for your systems, look at the costs for education and training. Who will require training? First and foremost are the physicians, nurse practitioners, physician assistants, and other care-givers. What about nurses and medical assistants, don't they sometimes use diagnosis codes? Of course the coders and billers and managers will need training, as well as the front office and ancillary staff. You might even want to include the costs for additional chart audits to make sure the documentation will support diagnosis coding for ICD-10-CM once your practitioners receive the appropriate education and training.

Decide on how much training is needed and determine the costs. To do this, you will need to determine how many days of training will be required. You will also need to consider lost revenue if the physicians and non-physician practitioners need to be out of the office for training—not to mention that productivity might be affected. When looking at training costs, you must determine the extent of training each department and/or each staff person needs. As a rule, physicians, non-physician practitioners, coders, and billing staff will need more extensive training than ancillary staff (e.g., nurses, MAs, managers, etc.).

### Create a Timeline

Once you have a good handle on your estimated costs, it is time for your committee to develop a timeline for ICD-10-CM implementation. One idea is to map out on a spreadsheet a two-year plan for completing this monumental project. Get everyone

involved in the implementation project by informing all members of your organization as to why you need to move to ICD-10-CM; why a timeframe is necessary for implementation, and how the new coding system will affect the practice. Keep your discussions positive and to the point. Once your timeline is developed, it is time to begin the next step. When next we meet...development of a training plan [»](#)

### ICD-10-CM Update

In October 2007, the American Health Information Management Association (AHIMA) was awarded the contract for the ICD-10-CM impact analysis for CMS. AHIMA will be assessing the impact on CMS in replacing ICD-9-CM with ICD-10-CM. CMS acting Administrator Kerry Weems said, "While we are still assessing the implementation and timing of ICD-10-CM, our proactive approach should send a signal to hospital and other stakeholders who use the ICD." This should be an indicator that every hospital, health care facility, and medical practice should begin preparing now.



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