



Large Practices

ICD-10 Transition Checklist

The following is a checklist of ICD-10 tasks, including estimated timeframes for each task. Depending on your organization, many of these tasks can be performed on a compressed timeline or performed at the same time as other tasks.

This checklist is designed to provide a viable path forward for organizations just beginning to prepare for ICD-10. CMS encourages those who are ahead of this schedule to continue their progress forward.



Planning, Communication, and Assessment Actions to Take Immediately

To prepare for testing, make sure you have completed the following activities. If you have already completed these tasks, review the information to make sure you did not overlook an important step.

- Review ICD-10 resources from CMS, trade associations, payers, and vendors
 Inform your staff/colleagues of upcoming changes (1 month)
 Create an ICD-10 project team (1 month)
 Identify how ICD-10 will affect your practice (3 months)
 How will ICD-10 affect your people and processes? To find out, ask all staff members how/where they use/see ICD-9
 Include ICD-10 as you plan for projects like meaningful use of electronic health records
 Develop and complete an ICD-10 project plan for your organization (1 month)
 Identify each task, including deadline and who is responsible
- ☐ Estimate and **secure budget** (potential costs include updates to practice management systems, new coding guides and superbills, staff training) (2 months)

Develop plan for communicating with staff and business partners about ICD-10

- ☐ Ask your payers and vendors software/systems, clearinghouses, billing services about ICD-10 readiness (2 months)
 - Ask about systems changes, a timeline, costs, and testing plans
 - Ask when they will start testing, how long they will need, and how you and other clients will be involved

Large Practices ICD-10 Transition Checklist

	☐ Review trading partner agreements
	☐ Select/retain vendor(s)
	Review changes in documentation requirements and educate staff by looking at frequently used ICD-9 codes and new ICD-10 codes (ongoing)
0000 2013	Transition and Testing March 2013 to September 2014
	March 1, 2013 – December 31, 2013: Conduct high-level training on ICD-10 for clinicians and coders to prepare for testing (e.g., clinical documentation, software updates) (ongoing)
	April 1, 2013: Start testing ICD-10 codes and systems with your practice's coding, billing, and clinical staff (9 months)
	☐ Use ICD-10 codes for diagnoses your practice sees most often
	☐ Test data and reports for accuracy
	Monitor vendor and payer preparedness, identify and address gaps (ongoing)
	October 1, 2013: Begin testing claims and other transactions using ICD-10 codes with business trading partners such as payers, clearinghouses, and billing services (10 months minimum)
	January 1, 2014 – April 1, 2014: Review coder and clinician preparation; begin detailed ICD-10 coding training (6-9 months)
	Work with vendors to complete transition to production-ready ICD-10 systems
<u>სსსს</u> 2014	Complete Transition/Full Compliance October 1, 2014
	Complete ICD-10 transition for full compliance
	☐ ICD-9 codes continue to be used for services provided <i>before</i> October 1, 2014
	□ ICD-10 codes required for services provided <i>on or after</i> October 1, 2014

CMS consulted resources from the American Medical Association (AMA), the American Health Information Management Association (AHIMA), the North Carolina Healthcare Information & Communications Alliance (NCHICA) and the Workgroup for Electronic Data Interchange (WEDI) in developing this timeline.



Monitor systems and correct errors if needed

