Ensuring a Successful Transition to ICD-10-CM and ICD-10-PCS for Post Acute Care Settings

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Recent National Developments

• Transition to newer HIPAA Standards
  – Next version of standards – 5010
  – Adoption of ICD-10
• Health Information Technology – American Recovery and Reinvestment Act (ARRA) of 2009
• Health Reform Legislation
  – Patient Protection and Affordable Care Act
  – Changing Models of Care
    • Accountable Care Organizations
Changes Underway

• Continuation of payment reforms
  – Refinements in DRGs, HCCs, and any other payment models
  – Consolidated payments
  – Controls over fee-for-service
• Increase in audits
• Performance adjustments
  – Erroneous surgeries
  – Adverse events
  – Outcomes
  – Operations
Clinical Coding Diagnosis vs. Procedure

• ICD-9-CM – Volumes 1 and 2, HIPAA standard diagnosis coding for all clinical care settings (e.g. hospitals, physicians, home health, skilled nursing, insurance, etc.)
  – Upgrade to ICD-10-CM

• ICD-9-CM – Volume 3, HIPAA standard coding for hospitals to report inpatient services
  – Upgrade to ICD-10-PCS

• CPT/HCPCS – HIPAA standard for reporting outpatient services by hospitals and both inpatient and outpatient services by non-hospital providers (physicians, therapists, clinics, insurance, etc.)
  – No change
HIPAA Code Set Rule: ICD-10 Implementation

An Executive Briefing

Available on www.aha.org and www.ahacentraloffice.org

Regulatory Advisory
February 27, 2009

ADOPTION OF ICD-10-CM AND ICD-10-PCS

At a Glance

The Issue:
On January 15, the Secretary of the Department of Health and Human Services released a final rule modifying the medical data code set standards and adopting ICD-10-CM for coding of patient diagnoses and ICD-10-PCS for coding of hospital procedures. The final rule, available at http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf, was published in the January 16 Federal Register. This rule affects health plans, health care providers, and health care providers that transmit any electronic health information in connection with the Health Insurance Portability and Accountability Act (HIPAA) Transaction Standards. The compliance date is October 1, 2013. Federal: The Centers for Medicare and Medicaid Services (CMS), within the Department of Health and Human Services (HHS), is providing guidance to health care providers and payers on implementation of the new code sets along with updated versions of the electronic transaction standards (Version 5010) on January 1, 2012.

Our Take:
An update to the ICD-10-CM code set, which has been in use for almost 30 years, is long overdue, and hospitals are strongly advocated for upgrading the nation’s coding system to ICD-10-CM and ICD-10-PCS. In recent years, ICD-9-CM has proven incapable of meeting the increased level of detail needed for reimbursement, value-based purchasing and quality reporting. Coding that accurately describes the diagnoses and procedures is critical to improving health care quality. Adoption of ICD-10-CM and ICD-10-PCS will enable the study of the cost of treating diverse specific conditions, treatment options, and will facilitate the adoption of health information technology.

Successfully transitioning to ICD-10-CM and ICD-10-PCS will require careful planning and coordination of resources. A large number of provider and health plan databases and applications will be affected – every application where diagnostic or procedure codes are captured, stored, analyzed or exported. Health information coding professionals will need to become proficient in this new system. However, this change is welcome and long overdue since ICD-9-CM has no longer able to meet the pressing need for more granular and specific codes in a hospital coding system.

What You Can Do:
- Share this advisory with your senior management team.
- Share this advisory with your health information department.
- Consider appointing an ICD-10 transition team leader.
- Inventory your databases to determine the applications affected.
- Work with your information system vendors to ensure they are aware of the change and are making preparations to update their systems.

Further Questions:
If you have questions, please contact Kelly Leek-Chesnain, RHIA, director of coding and classification, at Kelly.Leek-Chesnain@aha.org or George Jepson, senior director health data management group, at (312) 422-3398 or george@aha.org.

AHA’s Regulatory Advisories are produced whenever there are significant regulatory developments that affect the work you do in your community. A six-page, six-box examination of this issue follows.
Medical Coding Sits Right In The Middle

Decision-making

Clinical
- Quality
- Appropriateness
- Utilization
- Performance improvement

Financial
Risk-adjustment
Care monitoring

Clinical Care → Med Record Document → Medical Coding → Reporting

- Public Health Epidemiology
- Healthcare Policy
- Reimbursement
- Benchmarking/Quality
- Research

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Risks of Failure to Implement

- The failure to successfully implement ICD-10-CM/PCS can
  - Create coding and billing backlogs
  - Cause cash flow delays
  - Increase claims rejections/denials
  - Bring about unintended shifts in payment
  - Place payer contracts and/or market share arrangements at risk due to poor quality rating or high costs

- Inaccuracy in clinical coding creates distorted or misinterpreted information about patient care which can also result in faulty investment decisions to improve health delivery.

- Potential cash flow disruptions if trading partners are not ready to process
Implementation is divided into four phases:

- **Phase 1**: Organizing the Effort
- **Phase 2**: Planning and Impact Analysis
- **Phase 3**: Implementation
- **Phase 4**: Post-implementation Evaluation and Ongoing Efforts
When Will the U.S. Change to ICD-10?

• October 1, 2013?
• October 1, 2014?
• Another date?

• Single implementation date for all users
  – Date of service for ambulatory and physician reporting
  – Date of discharge for hospital claims for inpatient settings
What about Non-HIPAA Covered Entities?

• Assessment instruments
  – OASIS
  – IRF-PAI
• Workmen’s Comp
• Automobile insurance
Context for Change

- ICD-9-CM is almost 30 years old
  - No room to add new codes to keep pace with current classification of medical conditions or technological advances
  - Not always precise or unambiguous

- Many countries have already adopted ICD-10

- U.S. mortality data (vital health statistics) already being reported using ICD-10 – difficulty comparing mortality vs. morbidity data

- HIPAA Electronic Transactions and Code Sets notice of proposed rule 1998:
  - “It is inevitable that there will be changes to coding and classification standards after the year 2000. For example ICD-10-CM may replace ICD-9-CM.”
• Greater interest in more specific coding system
  – Increasing interest in using administrative data for quality reporting, value-based purchasing, biosurveillance
  – Reimbursement: would enhance accurate payment for services rendered
  – Quality: would facilitate evaluation of medical processes and outcomes
  – Provide better data to support performance measurement, outcome analysis, cost analysis and monitoring of resource utilization
Benefits of Adopting the New Coding System

- Incorporates much greater specificity and clinical information, which results in
  - Improved ability to measure health care services
  - Increased sensitivity when refining grouping and reimbursement methodologies
  - Enhanced ability to conduct public health surveillance
  - Decreased need to include supporting documentation with claims
Opportunities

- More accurate information
- Better data
- Improved documentation processes
- Improved cash flow
- Decreased administrative burden
- Improved workflow
Changes – Classifications
ICD-9-CM Structured Format

Numeric or Alpha (E or V)

8 0 5

Category

3 – 5 Characters

Etiology, anatomic site, manifestation

0 0
Changes – Classifications
ICD-10-CM Structured Format

Category
Etiology, anatomic site, severity

Added code extensions (7th character) for obstetrics, injuries, and external causes of injury

3 – 7 Characters

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Number of ICD-9 and ICD-10 Codes for Diagnoses and Procedures

So Where is the Additional Detail?
Greater Specificity – Laterality Example

CMS, Hospital Acquired Condition: Pressure ulcer

ICD-9-CM
- 707.05 Pressure ulcer buttock
- 707.22 Pressure ulcer stage II
- 707.24 Pressure ulcer stage IV

ICD-10-CM
- L89.312 Pressure ulcer of right buttock, stage II
- L89.324 Pressure ulcer of left buttock, stage IV
- OR
- L89.322 Pressure ulcer of left buttock, stage II
- L89.314 Pressure ulcer of right buttock, stage IV

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Greater Specificity – Precision Example

Patient noncompliance: Information may be useful to identify reasons for readmissions and prevent readmissions

**ICD-9-CM**

**V15.81**
Noncompliance with medical treatment

**ICD-10-CM**

**Z91.11** Patient's noncompliance with dietary regimen

**Z91.120** Patient's intentional underdosing of medication regimen due to financial hardship

**Z91.128** Patient's intentional underdosing of medication regimen for other reason

**Z91.130** Patient's unintentional underdosing of medication regimen due to age-related debility

**Z91.138** Patient's unintentional underdosing of medication regimen for other reason

**Z91.14** Patient's other noncompliance with medication regimen

**Z91.15** Patient's noncompliance with renal dialysis

**Z91.19** Patient's noncompliance with other medical treatment and regimen

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ICD-9-CM vs. ICD-10-CM Sample Codes

ICD-9-CM

- **438.11** Late effect of cerebrovascular disease, speech and language deficits, aphasia
  - NOTE: Category 438 is to be used to indicate conditions in 430-437 (subarachnoid hemorrhage, intracerebral hemorrhage, infarction cerebral arteries, infarction precerebral arteries), as the cause of late effects

ICD-10-CM

- **I69.020** Aphasia following nontraumatic subarachnoid hemorrhage
- **I69.120** Aphasia following nontraumatic intracerebral hemorrhage
- **I69.220** Aphasia following other nontraumatic intracranial hemorrhage
- **I69.320** Aphasia following cerebral infarction
- **I69.920** Aphasia following unspecified cerebrovascular disease
ICD-9-CM

- **Category V57**, Care involving use of rehabilitation procedures

ICD-10-CM

- Guideline for Admissions/encounters for rehabilitation has been removed from ICD-10-CM
  - Code condition instead.
ICD-9-CM

- Fractures are coded using the aftercare codes (subcategories V54.0, V54.1, V54.8, or V54.9) for encounters after the patient has completed active treatment of the fracture and is receiving routine care for the fracture during the healing or recovery phase.

ICD-10-CM

- The aftercare Z codes should not be used for aftercare of injuries. For aftercare of an injury, assign the acute care injury code with the appropriate 7th character for subsequent encounter (e.g. S72.002g Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with delayed healing).
Change: ICD-10-PCS – Structured Format

ICD-9-CM

5 1 . 2 3

ICD-10-PCS

0 F T 4 4 Z Z
ICD-9-CM
• 92.27 Implantation or insertion of radioactive elements

ICD-10-PCS
• 0BH071Z Insertion of radioactive element into tracheobronchial tree, via natural or artificial opening
  - Multiple codes based on site (e.g., right eye, breast, pancreas) and approach (external, open, percutaneous, percutaneous endoscopic, via natural or artificial opening)
Implementation Phases

Implementation is divided into four phases:

- Phase 1: Organizing the Effort
- Phase 2: Planning and Impact Analysis
- Phase 3: Implementation
- Phase 4: Post-implementation Evaluation and Ongoing Efforts
Develop ICD-10 Strategy

- Communicate
- Plan
- What will it take?
  - Working on systems
  - Time to test internally
  - Time to test with external partners
  - Training
    - Determine training needs (different levels)
  - Documentation improvement

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Strategic Planning and Opportunities

• Successful transition requires careful strategic planning and coordination of resources across the entire hospital
• Begin by examining every application where diagnosis or procedure codes are captured, stored, analyzed or reported
• Engage executive leadership
• Address challenges across a wide-range of functional areas
• Address implications to current and future information systems
• Review current work flow and medical documentation practices
Phase I - Organizing the Implementation Effort

• This phase will involve:
  – Organizing your cross functional Steering Committee
  – Selecting a Steering Committee leader
  – Developing a meeting schedule
  – Identifying required tasks and developing timelines
  – Assigning tasks and responsibilities
Organizing Your Cross Functional Steering Committee

- Not just a “coding thing”
- Who is in charge?
- Collaboration among departments will be necessary to identify information systems affected
- Members across clinical, financial and information systems area
- Get support from administration
- Be sure to involve both HIM department leaders as well as coders
Cross-functional Team

• Convene a cross functional Steering Committee to:
  – Identify system applications affected
  – Assign tasks and responsibilities to carry-out the necessary changes

• The approach taken will differ among hospitals based on the size and organization of the hospital, level of automation, the number of electronic databases and the functional areas affected
ICD-10 Steering Committee Composition

• Leadership
  – Sponsorship and support from a senior level manager to ensure coordination across departments

• Core Steering Committee Members
  – Health Information Management
  – Information Systems and Technology
  – Billing
  – Finance
  – Compliance
  – Revenue Cycle Management
ICD-10 Steering Committee Composition

- Ad Hoc Team Members
  - Quality
  - Registration
  - Nursing
  - Clinics
  - Emergency Department
  - Pharmacy
  - Medical Staff Affairs
  - Outpatient Surgery
- Ancillary services such as:
  - Imaging
  - Laboratory Services
  - Cardiology
  - Rehabilitation
  - Home Health
  - Urgent Care
  - Therapies
  - Utilization Review
Tasks
- Develop implementation goals
- Develop plan for assessing implementation impact
- Develop implementation strategy
- Develop tools to assess impact on affected functional areas
- Identify Steering Committee’s required tasks
- Develop timelines
- Assign responsibility for tasks
- Educate IS staff on code sets
Implementation Phases

Implementation is divided into four phases:

- **Phase 1** Organizing the Effort
- **Phase 2** Planning and Impact Analysis
- **Phase 3** Implementation
- **Phase 4** Post-implementation Evaluation and Ongoing Efforts
Phase II - Planning and Impact Analysis

• This phase will involve performing an organizational assessment and developing an implementation schedule including:
  – Conducting an information systems inventory
  – Assessing vendor readiness and support
  – Conducting staff awareness sessions
  – Assessing and planning for staff training needs
  – Identifying necessary tools
  – Identifying areas requiring operational and policy changes
  – Evaluating health plan contract implications,
  – Budget planning
  – Identifying gaps in health record documentation
Organize Departmental Assessment

- ICD-10 will impact different departments differently
- Each department should conduct internal assessment and report findings back to the ICD-10 Steering Committee
- Develop a detailed “master to-do list”
- Departmental assessment to include
  - Inventory of information systems
  - Assessment of training needs
  - Identification of areas requiring operational and policy changes
  - Identification of necessary tools
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<th>Vendor</th>
<th>Application Maintainer</th>
<th>Frequency of Regular Updates</th>
<th>Under Maintenance Contract</th>
<th>Diagnosis or Procedure Codes, or Both</th>
<th>Codes Entered Directly Into Application or Downloaded from Other Systems?</th>
<th>Lead Person</th>
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<td>IS&amp;T</td>
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<td>Annual</td>
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</tr>
</tbody>
</table>
Conducting Information Systems Inventory

- Survey all departments to conduct an inventory of the applications used.
- Commercial vs. in-house application
  - Diagnosis vs. procedure codes or both
  - Codes entered directly into application or transferred from another application
  - Interfaces
  - Frequency of updates
  - Updates included as part of maintenance contract
- Storage capability
- Field size changes
Assessing Legacy Systems

- Currently in use?
- What is it used for?
- Is the system still currently in use?
- What is the system used for?
- Does the system work satisfactorily?
- Is there another application currently available that can perform a similar function as the current system?
- Is there current staff capable of redesigning the system?
- Is the system documented fully enough to allow another designer to update the system?
- On what hardware does the system run?
- On what software platform does the system run?
Assessing Legacy Systems

• Is the system difficult to maintain or improve?
• Can the system be integrated with newer systems?
• What is the cost of updating the system?
• What is the cost of replacing the system with a new application?
• With what other systems or programs does the legacy system interface?
• What impact would a change in the legacy system have on these other systems or programs?
• With how many legacy systems is your organization contending?
• If multiple systems, what is the priority among the legacy systems?
Systems Likely To Be Affected

- Accounting systems
- Advanced Beneficiary Software
- Birth defect registries
- Billing
- Case management system
- Claims submission
- Clinical data reporting
- Clinical department systems
- Clinical protocols
- Clinical reminder systems
- Compliance checking systems
- Databases
- Decision support systems
- Disease management
- DRG grouper
- Electronic processing systems
- Encoder software
- E-prescribing
- Financial systems
- Hospital information system
- Interface engines
- Inpatient rehab facility patient assessment instrument data collection
Systems Likely To Be Affected (cont.)

- Managed care (HEDIS) reporting system
- Medical abstracting system
- Medical necessity
- Minimum data set collection system
- OASIS system
- Outpatient Code Editor
- Pharmacy systems
- POA systems
- Provider profiling

- Quality management
- Reports
- Registration and scheduling
- Research databases
- State birth registration systems
- State reporting systems
- Test ordering systems
- Utilization management
Assessing Vendor Readiness and Support

- Identify which vendor systems are affected
- Develop a master list of all vendors affected
- Contact vendors to determine whether changes to existing systems are forthcoming and when they plan to have available upgrades to support ICD-10
- Determine whether the upgrade to ICD-10 is included with your maintenance agreement
- Ask vendor to share their plans for readiness
- Make certain that the vendor intends to continue to provide support for the application
- Determine whether the application requires any special or custom developed edits
- Identify special terms in contracts to cover custom edits, if any
Assessing and Planning for Staff Training Needs

Clinical department managers
Compliance
Patient access & registration
Data analysts
Infection control
Medical staff
Other HIM department employees

Accounting
Ancillary departments
Auditors
Performance improvement
Business office
Claims analysts
Clinicians

Coders
Information systems
Billing
Quality management
Senior management
Utilization review
Evaluate Health Plan Contract Implications

• Prepare list of largest health plans
• Review existing health plan contracts
  – Diagnosis or procedure based?
  – DRG based?
  – Other basis?
• Contact health plans and schedule meetings (can be done collectively with other providers; if possible work with state associations to schedule meetings)
• Share hospital plans for readiness and dates when hospital will be ready to begin external testing
• Host periodic follow-up meetings to share implementation progress and to validate plans for future testing
Payer Interactions

- Payers have been busy planning how they will convert their adjudication logic to ICD-10.
- Have you planned to devote time and energy to ensure their translations are accurate and you’re not adversely affected?
- Is the payer using the general equivalence mappings (GEMs)?
- What methodology is the payer using for situations where it is not possible to map to ICD-10 codes because the concepts don’t exist in ICD-9-CM or vice-versa?
What is the Impact to Reimbursement?

• Once sufficient data coded in ICD-10-CM/PCS becomes available, CMS and other payers will likely use the increased specificity of ICD-10-CM/PCS to enhance their payment models
  – Providers losing money under current payment models/ICD-9-CM due to lack of higher specificity/documentation will continue to lose money under ICD-10-CM/PCS

• Payers have not stated they will remain budget neutral
  – Payer market is very active and ahead of provider market in preparing for ICD-10-CM/PCS
  – Some payers see this as an opportunity – but in reality it is an opportunity for both provider and payer
Provider Costs

- Personnel costs -- lost productivity, training
- Hardware and software changes
  - Commercial vs. homegrown systems
  - Vendor awareness
  - Technical issues
  - Contractual issues
  - Costs
- Data conversion
  - Decisions, decisions, decisions
    - Cost/benefit analysis regarding database uses
    - Convert?
    - Cross-walk?
    - Dual systems?
Don’t Forget the Medical Staff

• Collaboration is key
  – Training
  – Documentation changes
  – ICD-10 requires more detailed documentation to specify aspects of diagnoses and procedures required for more detailed codes

• Partnering
  – Help them understand the impact
  – Include their office staff in training
  – Assist them to convert their “super bills”
Case of the Missing Documentation

- **Paper vs. electronic**
- **Hybrid**
- **Documentation in multiple locations**
  - Difficult to find
  - Coders may need to log into multiple systems or paper
  - Easy to miss important information
  - Coders are too valuable to spend time playing detectives

- **Centralized records**
  - Scanning
  - Electronic health records

- Technology can be a coder’s best friend (if done right)
- Enable remote chart reviews and audits
- Dealing with shortage of qualified coders

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Implementation Phases

Implementation is divided into four phases:

Phase 1
Organizing the Effort

Phase 2
Planning and Impact Analysis

Phase 3
Implementation

Phase 4
Post-implementation Evaluation and Ongoing Efforts
Phase 3: Implementation

- This phase will involve executing, monitoring and overseeing the implementation schedule including:
  - Outlining specific tasks and monitoring timeline for completion
  - Reviewing budget requirements
  - Developing metrics and monitoring progress
  - Routine reporting of progress towards completion
  - Implementing changes to system design and development
  - Testing and validation of system changes
  - Conducting the staff training
  - Conducting physician training to address documentation gaps
Roles by Function

• HIM/Coding
  – Participate as a member of ICD-10 Steering Committee
  – Conduct ICD-10 awareness training throughout organization
  – Complete information systems assessment inventory
  – Identify training and budgeting issues for department
  – Determine physician documentation areas requiring improvement
  – Identify areas in coding and documentation requiring operational and policy changes
  – Identify gaps in health record documentation
Roles by Function

• **Billing**
  – Participate as a member of ICD-10 Steering Committee
  – Attend ICD-10 awareness training sessions
  – Complete information systems assessment inventory
  – Identify training and budgeting issues for department
  – Identify areas requiring operational and policy changes
Roles by Function

• **Finance**
  – Participate as a member of ICD-10 Steering Committee
  – Attend ICD-10 awareness training sessions
  – Complete information systems assessment inventory
  – Identify training and budgeting issues for department
  – Identify areas requiring operational and policy changes
  – Review current contractual agreements with health plans
  – Analyze impact of ICD-10 on health plan agreements
Roles by Function

• **Information Systems**
  – Participate as a member of ICD-10 Steering Committee
  – Attend ICD-10 awareness training sessions
  – Complete information systems assessment inventory
  – Assess vendor readiness and support
  – Review contractual agreements with software vendors
  – Ensure ICD-10 implementation is considered in all future software application purchases
  – Identify training and budgeting issues for department
  – Identify areas requiring operational and policy changes
Roles by Function

• Quality
  – Participate as a member of ICD-10 Steering Committee
  – Attend ICD-10 awareness training sessions
  – Complete information systems assessment inventory
  – Identify training and budgeting issues for department
  – Identify areas requiring operational and policy changes
  – Identify areas where physician documentation improvement may be necessary
  – Assess opportunities with availability of granular data for quality improvement

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Roles by Function

• **Medical Staff Liaison**
  – Participate as a member of ICD-10 Steering Committee
  – Attend ICD-10 awareness training sessions
  – Complete information systems assessment inventory
  – Identify training and budgeting issues
  – Participate in documentation improvement training
Implementation is divided into four phases:

- **Phase 1**: Organizing the Effort
- **Phase 2**: Planning and Impact Analysis
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- **Phase 4**: Post-implementation Evaluation and Ongoing Efforts
Phase 4: Post Implementation Evaluation and Ongoing Efforts

- This phase will involve an evaluation to determine the success of the implementation, as well as fine-tuning any additional changes required including:
  - Evaluating software upgrades
  - Reviewing quality of coded data
  - Conducting additional staff training
  - Reinforcing physician documentation training
  - Assessing case mix impact
AHA Resources

• AHA ICD-10 Advisory Task Force
• ICD-10 audioseminar series
• ICD-10 CEO Briefing
• ICD-10 Member Regulatory Advisories
• ICD-10 Chapters in Faye Brown’s *ICD-9-CM Coding Handbook*
• *Coding Clinic for ICD-10 (in development)*
• *ICD-10 Coding Handbook*
• AHA Central Office ICD-10 Resource Center
  http://www.ahacentraloffice.org/ICD-10
Other ICD-10 Resources

- Centers for Medicare & Medicaid Services (CMS)
  http://www.cms.gov/ICD10/

- National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC)
  http://www.cdc.gov/nchs/about/otheract/icd9/abticd10.htm

- American Health Information Management Association (AHIMA)
  www.ahima.org/icd10
Questions?