

# ICD-10 Taskforce Bulletin

A Newsletter from the NCHICA ICD-10 Taskforce

June 2011

## Lessons Learned

ICD-10 is used internationally by more than 100 countries for cause of death reporting and statistics and has been used in the U.S. for mortality reporting since January 1, 1999. Work on ICD-10 began in 1983 and was completed in 1992. Adoption was relatively swift in most of the world.

Some countries have created their own clinical modification versions to ICD to better capture health information for reimbursement and resource allocation. Here are a few:

- Sweden has used its modification since 1997 and has omitted some international codes from use.
- Australia introduced its version, ICD-10-AM, in 1998.
- Germany's modification, ICD-10-GM, began in 2000.
- Canada implemented its version in 2000 called ICD-10-CA.
- France introduced its version in 2005.
- A Thailand version has been in use since 2007.
- Korea has been using its modification since 2008.

In an effort to learn from those who have gone before us, listed below are several main points for stakeholders to consider as they begin to implement and work with ICD-10-CM. These topics can be used to mitigate the risks of ICD-10-CM implementation.

### **Begin Preparing Now** (September 2010 Bulletin)

- Don't put off until 2012/2013 what you can start today.
- Take advantage of the lead time available.
- Establish a [timeline](#) and assign responsibility of tasks.

### **Adequate Planning is Vital to the Success of the Implementation**

- Business operations and IT must work together.
- Take the opportunity to evaluate business processes for re-engineering.
- Don't forget about 4010 X12 standards migration to 5010 X12 standards -- pre-requisite for ICD-10-CM.

### **Appreciate Informational Issues** (February 2011 Bulletin)

- Understand comparability concerns and differences in logic.
- Use this opportunity to re-evaluate reports and their usefulness.
- Post-implementation tasks should be planned:
  - Monitor coding accuracy for reimbursement and other data management.
  - Monitor coding productivity.

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**RED ALERT  
COUNTDOWN  
850 Days**

*(As of June 3, 2011)*

### **ICD-10-CM Training**

#### **NCHIMA ICD-10 Summit**

August 25, 2011

Raleigh, NC

[www.nchima.org](http://www.nchima.org)

#### **NCHIMA ICD-10-CM Training and Implementation Issues for the Provider Office**

- June 16, 2011  
Rocky Mount, NC
  - June 30, 2011  
Raleigh, NC
  - July 20, 2011  
Charlotte, NC
- [www.nchima.org/ICD-10](http://www.nchima.org/ICD-10)

### **ICD-10-CM Resources**

- **CMS Website**  
[www.cms.gov/ICD10/](http://www.cms.gov/ICD10/)
- **HIMSS Playbook**

*Content provided by the  
NCHICA ICD-10 Taskforce.  
For more information on  
ICD-10 and to read past  
Bulletins, visit  
[www.nchica.org](http://www.nchica.org) and click  
on ICD-10.*

## Lessons Learned (continued from page 1)

### Appreciate Informational Issues

- Partial code freeze for ICD-9-CM and ICD-10 finalized:
  - 10/1/11: Last day for regular update to both ICD-9 and ICD-10.
  - 10/1/12: Limited updates to ICD-9 and ICD-10 to capture new technology and new diseases.
  - 10/1/13: Updates to ICD-10 only.

### Sufficient Education is Critical

Expect a large investment in education for all, including but not limited to:

- **Coders:** American Health Information Management Association (AHIMA) is recommending a total of 50 hours of training for each coder and plan for at least a six-month learning curve. AHIMA offers E-Assessment & E-Learning modules on its [website](#) for your consideration.
- **Physicians:** Physician documentation, while a challenge at times under ICD-9-CM, will become even more critical due to the increased specificity required of ICD-10-CM to accurately collect valid statistics and to ensure appropriate reimbursement.
- **Documentation Improvement:** Clinical documentation improvement activities need to begin now to help support more rigorous coding under ICD-10-CM. Check out AHIMA's [website](#) for options on flexible assessments and learning opportunities.

### Financial Impact

- Costs can be classified in three main categories:
  - Costs of training
  - Productivity losses
  - System changes/upgrades
- The Medical Group Management Association (MGMA) conducted a survey that resulted in estimates of:
  - Roughly \$84,000 for the average small physician practice.
  - Nearly \$3 million for large practices.
  - Between \$500,000 and \$14 million for health plans, depending on size.

### Understand the Potential Impact on Productivity

- **Physician Productivity Impact:** MGMA reports estimates of physicians seeing up to four *fewer* patients a day.
- **Coder Productivity Impact:** One Canadian hospital's pre- and post-ICD-10 implementation experience:

Coding Productivity charts completed per hour	ICD-9 April 2002	Start ICD-10 July 2002	ICD-10 April 2003
Inpatient	4.62	2.15	3.75
Day Surgery	10.68	3.82	8.53
Emergency	10.37	6.49	8.83

*Data from Humber River Regional Hospital (HRRH), Toronto, Ontario, Canada  
Source: 2004 IFHRO Congress & AHIMA Convention Proceedings, October 2004*

### Plan for the Testing Phase at the Beginning

Begin with the go-live date of October 1, 2013, and plan backwards to understand how to best establish internal testing deadlines and to plan for how best to plan for testing with external partners.

### Assess Vendor Readiness for Data, Workflow, and/or Software Functionality (March 2011 Bulletin)

- Communicate early and often.
- Good project management and change management is critical to address operational issues.