

10 Steps for Providers to Get Ready for ICD-10

These 10 steps will help your organization get ready for the transition to the ICD-10 code sets.

1. **Establish governance and responsibility:** Identify a project manager and set up a multidisciplinary team and governance steering committee. Communicate the financial ramifications of not being ready to gain buy-in and funding from the executive team.
2. **Launch your ICD-10 compliance initiative:** Hold your kick-off meeting and communicate time lines and impacts of the change to all staff. Ensure coders, physicians and other billing staff understand the effect that incorrectly coded or substantiated claims have on reimbursement and days in accounts receivable.
3. **Conduct a readiness assessment:** Assess the impact to policies and procedures, payor contracts, training needs, staff augmentation or outsourcing, and determine software vendor readiness.
4. **Create an integrated project plan detailing essential components for success:** Include a communications plan, department training and a software roadmap.
5. **Identify clinical documentation required for coding:** Reinforce the requirements in your organization's policies and procedures.
6. **Schedule and implement updated IT solutions:** Ensure your implementation schedule provides time to perform any system upgrades, test releases and install updates. Determine when and how long you need dual-coding systems.
7. **Train coders on new code sets:** Review coder experience — the new code set will require increased familiarity with medical procedures, anatomy and pharmacology.
8. **Train physicians on new documentation requirements:** Educate physicians on areas that require increased clinical documentation.
9. **Perform service line assessments and potential impact to cash flow:** Review coding that supports your key service lines and most commonly assigned and highly reimbursed DRGs.
10. **Use enterprise intelligence analytical tools and reporting to monitor compliance and financial performance:** Check first-time submission claims success rate, reimbursement turnaround time, days in accounts receivable, source of claim edits, source of denials, and staff compliance/productivity.

Start Now! While the date to comply may seem far in the future, don't underestimate the amount and complexity of change that will be required.

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