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Conducting an ICD-10 Impact Assessment
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The nation is transitioning from ICD-9 to ICD-10 medical coding. All health care providers covered by HIPAA must make the switch by the **October 1, 2014**, compliance deadline. ICD-10 will affect every aspect of how your organization provides care—from registration and referrals, to new code sets, software upgrades and clinical documentation—so it's important to start planning now. A critical step to help with ICD-10 planning is conducting an impact assessment.

Impact Assessment Checklist
An impact assessment will help you determine how the transition to ICD-10 will affect your organization so you can schedule and budget for all ICD-10 activities. Use the checklist below as a guide. If you've already completed an assessment, review the information to make sure you didn't overlook an important step.

Your impact assessment should evaluate how ICD-10 will affect:

- ❒ **Business practices** – ICD-10 will change certain aspects of your everyday business processes. Once you have implemented ICD-10, you will need to assess the impact of the new code sets on your processes for referrals, authorization/pre-certification, patient intake, physician orders, and patient encounters.

- ❒ **Documentation changes** – ICD-10 codes are more specific and detailed than ICD-9 codes. This increased specificity will yield more clinical data, but involve more precise and complete clinical documentation with each encounter, requiring:

  - ❒ Training for staff to accommodate the substantial increase and specificity in code sets added with ICD-10
  - ❒ Increased anatomical and clinical detail with each patient encounter
  - ❒ Consideration of physician work flow and patient volume changes
  - ❒ Changes to forms and documents to improve specificity for input with ICD-10
  - ❒ Revisions to superbills and other forms that will change to reflect new patient coverage policies and payment limitations
  - ❒ Changes to prior authorizations to reflect new policies
  - ❒ Greater specificity in both ordering and reporting lab services to health plans

- ❒ **Reimbursement structures** – ICD-10 will cause changes in reimbursement schedules. Coordinate with payers on contract negotiations and new policies based on the expanded code set.

- [ ] **Systems and vendor contracts** – Check with your vendors to make sure they can accommodate your ICD-10 needs. Coordinate with vendors on their readiness and timelines for completing system updates:

    - [ ] Establish a tracking system and timelines for milestones
    - [ ] Review existing and new contractual obligations with vendors
    - [ ] Coordinate vendor capabilities and work with your organization's needs and expectations
    - [ ] Evaluate searchability of code sets and ease of use of vendor products

ICD-10 will affect nearly all areas of your practice, but with a thorough impact assessment, you can keep your day-to-day activities running smoothly while you transition to ICD-10.

Resources
The CMS ICD-10 website at www.cms.gov/icd10 offers resources to help you make a successful transition.

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