UNIVERSITY OF WASHINGTON

OFFICE OF THE PRESIDENT

April 17, 2009

Dean Patricia W. Wahl
School of Public Health
Box 357230

Dear Patricia:

Based on the recommendation of its Subcommittee on Admissions and Programs, the Faculty Council on Academic Standards has recommended approval of the revised program requirements for the Bachelor of Science degree in Health Informatics and Health Information Management. A copy of the change is attached.

I am writing to inform you that the School of Public Health is authorized to specify these requirements beginning summer quarter 2009.

The new requirements should be incorporated in printed statements and in individual department websites as soon as possible. The *General Catalog* website will be updated accordingly by the Registrar's Office.

Sincerely yours,

Mark A. Emmert
President

Enclosure

cc: Ms. Gretchen Murphy (with enclosure)
Mr. Robert Corbett (with enclosure)
Dr. Deborah H. Wiegand (with enclosure)
Mr. Todd Mildon, J.D. (with enclosure HIHIM-20081230)

301 Gerberding Hall • Box 351230 • Seattle, Washington 98195-1230 • 206-543-5010 • FAX: 206-616-1784

UNIVERSITY OF WASHINGTON

CREATING AND CHANGING UNDERGRADUATE ACADEMIC PROGRAMS

MAR 0 1 2009

OFFICE USE ONLY

Control # HIHIM-20081230

After college/school/campus review, send a signed original and 8 copies to the Curriculum Office/FCAS, Box 355850.

For information about when and how to use this form: http://depts.washington.edu/uwcr/1503instructions.pdf

College/Campus Seattle | **Department/Unit** Health Services | **Date** 12/30/08

New Programs

- ☐ Leading to a Bachelor of _____ in _____ degree.
- ☐ Leading to a Bachelor of _____ degree with a major in _____.
- ☐ Leading to a _____ Option within the existing major in _____.
- ☐ Leading to a minor in _____

Changes to Existing Programs

- ☐ New Admission Requirements for the Major in _____ within the Bachelor of _____
- ☐ Revised Admission Requirements for the Major in _____ within the Bachelor of _____.
- ☒ Revised Program Requirements for the Major in Health Informatics and Health Inf I within the Bachelor of Science
- ☐ Revised Requirements for the Option in _____ within the major in _____.
- ☐ Revised Requirements for the Minor in _____.

Other Changes

- ☐ Change name of program from _____ to _____.
- ☐ New or Revised Continuation Policy for _____.
- ☐ Eliminate program in _____.

Proposed Effective Date: **Quarter:** ☐ Autumn ☐ Winter ☐ Spring ☒ Summer **Year: 20** 09

Contact Person: Gretchen Murphy	Phone: 543-8810	Email: gcmurphy@u.washington.edu	Box: 359455

EXPLANATION OF AND RATIONALE FOR PROPOSED CHANGE

For new program, please include any relevant supporting documentation such as student learning outcomes, projected enrollments, letters of support and departmental handouts. (*Use additional pages if necessary*).

The Commission on Accreditation for Health Informatics and health Information Management Education requires all accredited programs to begin teaching the International Classification of Diseases (ICD10) in 2009-2010. This new coding system will ultimately replace ICD-9-CM for health facilities. Billing, Data Capture/analysis and research are primary users of coded medical data. This newer system will be taught in the existing HIHIM 412 course following some modifications. This is a request for approval to:

1. Move the revenue cycle management portion of HIHIM 412 health Care Coding, Vocabularies and Revenue Cycle Management course (fall quarter) to HIHIM 454 Finance Concepts for Health Care Managers (winter quarter.) Increase HIHIM 454 from 4 to 6 credits to incorporate the change.

2. Acquire 1 credit from Independent Study and 1 credit from the HIHIM 455 Professionalism and Leadership course

The net result for students enrolled in the HIHIM major will be to reduce the Independent Study requirement from 2 to 1; but will not require additional credits.

OTHER DEPARTMENTS AFFECTED

List all departments/units/ or co-accredited programs affected by your new program or changes to your existing program and acquire the signature of the chair/director of each department/unit listed. Attach additional page(s) if necessary. *See online instructions.

Department/Unit:	Chair/Program Director:	Date:
Health Services		3/2/09
Department/Unit:	Chair/Program Director	Date:

2. Catalog Copy

A. Catalog Copy as Currently Written *(Include only sections/paragraphs that would be changed if your request is approved. Please cross out or otherwise highlight any deletions.)*

HIHIM 454 Finance Concepts for Health Care Managers (4)
Covers finance concepts applied to today's healthcare environment, financial management tools and budgeting

B. Proposed Catalog Copy, Reflecting Requested Changes *(Include exact wording as you wish it to be shown in the printed catalog. Please underline or otherwise highlight any additions. If needed, attach a separate, expanded version of the changes that might appear in department publications.)*

HIHIM 454 Finance Concepts for Health Care Managers (6)
Covers finance concepts and revenue cycle management applied to today's healthcare environment, financial management tools, and budgeting

3. Signatures *(required)*

Chair/Program Director	Date 12/30/08	Dean	Date 2/5/09
College Committee	Date 2.26.09	Faculty Council on Academic Standards	Date 4/10/09

CATALOG COPY

Catalog Copy as currently written. Include only sections/paragraphs that would be changed if your request is approved. Please cross out or otherwise highlight any deletions.

Catalog copy changes are not required for Independent Study HIHIM 499 or Professionalism and Leadership HIHIM 455.

HIHIM 454 Finance Concepts for Health Care Managers (4) Covers finance concepts applied to today's health care environment, financial management tools and budgeting.

PROPOSED CATALOG COPY

Reflecting requested changes (Include exact wording as you wish it to be shown in the printed catalog. Please underline or otherwise highlight any additions. If needed, attach a separate, expanded version of the changes that might appear in department publications). **Please note:** all copy will be edited to reflect uniform style in the General Catalog.

HIHIM 454 Finance Concepts foe Health Care Managers (6)
Covers finance concepts and revenue cycle management applied to today's health care environment, financial management tools, and budgeting.

APPROVALS

Chair/Program Director:	Date: 12/30/08
College/School/Campus Curriculum Committee:	Date: 2/25/09
Dean/Vice Chancellor:	Date: 2/5 08
Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:

POST TRI-CAMPUS APPROVAL (when needed)

Faculty Council on Academic Standards/ General Faculty Organization/Faculty Assembly Chair:	Date:

Current Catalog copy

1. General Education Requirements
    a. English Composition and Additional Writing (15 credits): English composition (5 credits); additional writing (W courses) (10 credits)
    b. Quantitative & Symbolic Reasoning (4-5 credits): Depending on course taken, may be satisfied by the statistics prerequisite requirement.
    c. Areas of Knowledge (60 credits): Minimum 20 credits each in Visual, Literary, & Performing Arts (VLPA), Individuals & Societies (I&S), and Natural World (NW). (BIOL 118 and BIOL 119 may count toward both the prerequisite and NW requirements.)
2. Program Requirements (57 credits)
    a. Disease concepts (4 credits): HIHIM 409 (4)
    b. Information systems (16 credits): HIHIM 410 (6), HIHIM 420 (5), HIHIM 421 (5)
    c. Coding and vocabulary (5 credits): HIHIM 412 (5)
    d. Management (24 credits): HIHIM 450 (3), HIHIM 454 ~~(4)~~, HIHIM 455 ~~(5)~~, HIHIM 456 (5), HIHIM 470 (3), HIHIM 480 (4)
    e. Internships and projects (8 credits): HIHIM 460, HIHIM 462, HIHIM 499
3. Additional electives to complete minimum of 180 credits required for a degree.

Proposed Catalog copy

1. General Education Requirements
    a. English Composition and Additional Writing (15 credits): English composition (5 credits); additional writing (W courses) (10 credits)
    b. Quantitative & Symbolic Reasoning (4-5 credits): Depending on course taken, may be satisfied by the statistics prerequisite requirement.
    c. Areas of Knowledge (60 credits): Minimum 20 credits each in Visual, Literary, & Performing Arts (VLPA), Individuals & Societies (I&S), and Natural World (NW). (BIOL 118 and BIOL 119 may count toward both the prerequisite and NW requirements.)
2. Program Requirements (57 credits)
    a. Disease concepts (4 credits): HIHIM 409 (4)
    b. Information systems (16 credits): HIHIM 410 (6), HIHIM 420 (5), HIHIM 421 (5)
    c. Coding and vocabulary (5 credits): HIHIM 412 (5)
    d. Management (25 credits): HIHIM 450 (3), HIHIM 454 (6), HIHIM 455 (4), HIHIM 456 (5), HIHIM 470 (3), HIHIM 480 (4)
    e. Internships and projects (7 credits): HIHIM 460 (3), HIHIM 462 (3), HIHIM 499 (1)
3. Additional electives to complete minimum of 180 credits required for a degree.

Q: *What date will we have to start using ICD-10-CM and ICD-10-PCS?*

A: The Notice of Proposed Rule Making (NPRM) to implement ICD-10-CM and ICD-10-PCS was published in the August 22, 2008 *Federal Register.* Comments are requested until 10/21/08. The proposed implementation date isOctober 1, 2011.

[Back to top]

Q: *Will the benefits of ICD-10-CM and ICD-10-PCS really outweigh the costs of implementation?*

A: An independent study conducted by RAND concluded that the benefits of ICD-10-CM and ICD-10-PCS are likely to exceed initial implementation costs within just a few years. Furthermore, the cost of doing nothing may be greater than actual implementation. Any delay in adoption of ICD-10-CM and ICD-10-PCS will cause an increase in future implementation costs as the management of health information becomes increasingly electronic and the costs of implementing new coding systems increase due to required systems and applications upgrades.

[Back to top]

Q: *Will all providers and payers begin using ICD-10-CM at the same time?*

A: In the ICD-10 NPRM, the Department of Health and Human Services (HHS) proposes a single compliance date for all covered entities. They believe it is in the industry's best interest to have a single compliance date for ICD-10-CM and ICD-10-PCS. This would reduce burden on both providers and insurers who would be able to edit on a single new coding system for claims received for encounters and discharges occurring on or after the implementation date. Hospitals and many other providers have requested that ICD-10-CM and ICD-10-PCS be implemented at the same time and not phased in. They have stated that it would be least disruptive to conduct all training, systems changes, and other administrative changes at the same time for both new coding systems.

[Back to top]

Q: *Will there be a phase-in time period for ICD-10-CM and ICD-10-PCS where providers can use either ICD-9-CM or the ICD-10 based coding systems?*

A: The ICD-10 NPRM proposes a set date on which all providers, payers, and data users will implement ICD-10-CM and ICD-10-PCS for the prescribed date of service. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Transactions and Code Sets Rule requires that medical data codes that are valid at the time health care is furnished be used for reporting services. For inpatient claims, the date of discharge is used as the date to determine valid medical codes and other codes that are dependent upon service date for validity. For outpatient claims, the actual date that the service was rendered is reported with the service item at the line level and used to determine valid medical codes and other codes that are subject to service date for validity.

[Back to top]

Q: *After the implementation of ICD-10-CM and ICD-10-PCS, will providers stop reporting ICD-9-CM codes on claims?*

A: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Transactions and Code Sets Rule requires that medical data codes that are valid at the time health care is furnished be used for reporting services. For inpatient claims, the date of discharge is used as the date to determine valid medical codes and other codes that are dependent upon service date for validity. For outpatient claims, the actual date that the service was rendered is reported with the service item at the line level and used to determine valid medical codes and other codes that are subject to service date for validity.

[Back to top]

Q: *Won't switching to using ICD-10-CM and ICD-10-PCS be complicated for coders?*

A: An American Health Information Management Association/American Hospital Association (AHIMA/AHA) field testing study shows that ICD-10-CM can be implemented without excessive staff training costs or changes in documentation practices. Due to the logical structure and standardized terminology, ICD-10-PCS is easier to learn than ICD-9-CM procedure coding. Training ICD-9-CM users to use ICD-10-CM and ICD-10-PCS has been shown to be relatively straightforward.

[Back to top]

Q: *How long will it take coders to become proficient in using ICD-10-CM?*

A: Proficiency in use of the system will be dependent on a number of factors, including level of coder education and experience. However, it is anticipated that most coders will have a high level of proficiency within 6 months of use of ICD-10-CM and ICD-10-PCS.

[Back to top]

Q: *Why does electronic transaction standard version 5010 have to be implemented before ICD-10-CM and ICD-10-PCS?*

A: The current version of the standard for electronic healthcare transactions, known as version 4010/4010A1 does not accommodate the

ICD-10 code sets, whereas the updated version, known as version 5010, does. Additional information regarding version 5010 is available at http //www cms hhs gov/TransactionCodeSetsStands/02_TransactionsandCodeSetsRegulations.asp.

[Back to top]

Q: *How will the implementation of ICD-10-CM and ICD-10-PCS change the Medicare prospective payment systems (PPS)?*

A: CMS has indicated that, initially, PPS case mix groups that rely on diagnosis and procedure codes (e.g., Medicare severity diagnosis-related groups, Home Health Resource Groups) may not fundamentally change. Mapping methodologies will be used to map the ICD-10-CM and ICD-10-PCS codes to the case mix group where the corresponding ICD-9-CM code was assigned. In cases when there is not a straightforward map, CMS will select the case mix group that is believed to be the "best fit." Once CMS has collected sufficient claims data coded in ICD-10-CM and ICD-10-PCS, appropriate refinements will be made to the case mix groups as warranted.

[Back to top]

Q: *Will the State Medicaid Program be required to update their computer systems to utilize ICD-10-CM and ICD-10-PCS codes?*

A: Yes. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that there be one official list of national medical code sets.

[Back to top]

Q: *Will all providers have to renegotiate their contracts with payers if ICD-10-CM and ICD-10- PCS are implemented?*

A: No, payers could continue to reimburse providers based on existing payment policies. They would simply update these policies using ICD-10-CM and ICD-10-PCS codes. Payers routinely update their existing payment policies each year as a result of the annual updating of the coding system. CMS is planning to map the new coding systems into its current diagnosis-related group (DRG) system. Therefore, hospitals should arrive at the same MS-DRG assignment even though a new coding system is used. There may be a small number of cases where this is not possible because of combination codes within the ICD-10-CM diagnosis system. These cases will be handled on an individual basis, and the most appropriate MS-DRG assignment will be proposed.

[Back to top]

Q: *How will software vendors manage to implement ICD-10-CM and ICD-10- PCS within their software?*

A: Many major software vendors have indicated that they have already made provisions for ICD-10-CM and ICD-10-PCS and need only a reasonable implementation schedule to make the transition. Several vendors already have experience with this process since they have worked with other countries that have implemented ICD-10.

[Back to top]

Q: *Are there lessons to be learned from other countries that have implemented ICD-10?*

A: Yes, other countries can help the U.S. prepare. Some of the "lessons learned" are:
- Begin now - take advantage of lead time
- Adequate planning and preparation are very important
- There is likely to be a 6-month learning curve
-Training should not exceed 6 months before implementation and use
- Vendor readiness is extremely important
- Communication is critical
- Appropriate education targeted at the various stakeholder groups is critical
- Expect significant ICD-9/ICD-10 data comparability issues due to the fundamental differences in the coding schemes

[Back to top]

Q: *What can facilities do now to help prepare for ICD-10-CM and ICD-10-PCS?*

A: Organizations and facilities can plan for implementation of ICD-10-CM and ICD-10-PCS by developing an organizational plan that includes:
Situational Analysis:
- Identify stakeholders
- Impact assessment
- Strategy formation/goal identification
- Educational plan for employees at all levels
- Develop information systems/technology systems change implementation plan that includes testing and "go live" dates
- Plan for documentation changes

Strategic Implementation/Organizing:
- Acquire resources to implement the plan

- Evaluate financial impact on organization

Planning for Strategic Control:
- Develop objectives
- Plan measurement tools
- Plan evaluation strategies
- Plan action steps for implementation

Many professional organizations and business have resources available to help with ICD-10-CM and ICD-10-PCS implementation planning. AHIMA has an ICD-10 Preparation Checklist available at http://www.ahima.org/icd10/icd-10PreparationChecklist.mht.

[Back to top]

Mapping

Q: *Are maps available between ICD-9-CM and ICD-10-CM diagnosis codes?*

A: Yes, maps are available between ICD-9-CM and ICD-10-CM and between ICD-10-CM and ICD-9-CM. These maps will facilitate longitudinal data analysis. To access the maps, visit http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm.

[Back to top]

Q: *Are maps available between ICD-9-CM and ICD-10-PCS procedure codes?*

A: Yes, maps are available between ICD-9-CM and ICD-10-PCS and between ICD-10-PCS and ICD-9-CM. These maps will facilitate longitudinal data analysis. To access the maps, visit http://www.cms.hhs.gov/ICD10/.

[Back to top]

Q: *Are there any guidelines that assist with the mapping between ICD-9-CM and ICD-10-CM and ICD-10- PCS?*

A: Yes, General Equivalence Mappings (GEM) documents, also referred to as crosswalks and mappings, are available for diagnoses and procedures. These documents are a 2007 Version Documentation and User's Guide that are available at http://www.cms.hhs.gov/ICD10/ and http://www.cdc.gov/nchs/about/otheract/icd9/icd10cm.htm on the Internet.

[Back to top]

Training and Resources

Q: *Who needs education on ICD-10-CM and ICD-10-PCS?*

A: The following may need some amount of education on the structure, benefits and changes seen in ICD-10-CM and ICD-10-PCS:
- Health information management staff responsible for health record services
- Billing or financial office professionals
- Accounting professionals
- Corporate compliance office staff
- Auditors and/or consultants who perform documentation or coding review
- Clinicians
- Clinical department managers
- Quality management staff
- Utilization management staff
- Patient access and registration staff (if they are involved in medical necessity determinations)
- Ancillary department staff (e.g., physical therapists, occupational therapists, respiratory therapists)
- Visiting nurses
- Hospice professionals
- Nursing facility personnel
- Outpatient service billing personnel
- Data quality management staff
- Data security personnel
- Data analysts working both inside and outside the organization
- Researchers
- Other data users (e.g., performance improvement)
- Information technology and information systems personnel

[Back to top]

Q: *Who will offer training on ICD-10-CM and ICD-10-PCS, and what type of training will be offered?*

A: A number of professional organizations and vendors will likely offer training on ICD-10-CM and ICD-10-PCS. Organizations may offer training on ICD-10-CM and ICD-10-PCS in various formats such as web-based training courses; in-person training classes; audio sessions;

and CD-ROM, downloadable, and print materials. AHIMA is developing a targeted educational model with education specifically marked toward educators, trainers, HIM leadership, the industry, students, data managers and users, coding personnel and providers.

[Back to top]

Q: *How difficult will it be for coders to learn to use ICD-10-CM and ICD-10- PCS?*

A: The American Health Information Management Association (AHIMA) and the American Hospital Association (AHA) have conducted field tests of ICD-10-CM and found that training ICD-9-CM users to use ICD-10-CM is relatively straightforward. ICD-10-CM retains the traditional ICD format and many of the same conventions. New training methods and the internet should support cost-effective retraining of coders. AHIMA, AHA, and CMS contractors have tested ICD-10-PCS and found that while it is significantly different from ICD-9-CM procedures because of logic of the system and standardized terminology, training can be accomplished within several days.

[Back to top]

Q: *How many hours of intense coding training will be required?*

A: As a result of the American Hospital Association/American Health Information Management Association (AHA/AHIMA) ICD-10-CM Field Testing Project, the conclusion was that a maximum of 16 hours of training may be sufficient for experienced coding professionals on ICD-10-CM. Physician practices may not need as much training due to the fact that they may utilize a limited number of codes. To access the ICD-10-CM Field Testing Project Report on Findings, visit http://www.ahima.org/icd10/documents/FinalStudy_000.pdf on the Internet. It is estimated that the ICD-10- PCS will likely require an additional 16-24 hours of training.

[Back to top]

Q: *How long before implementation, should intense coder training be provided?*

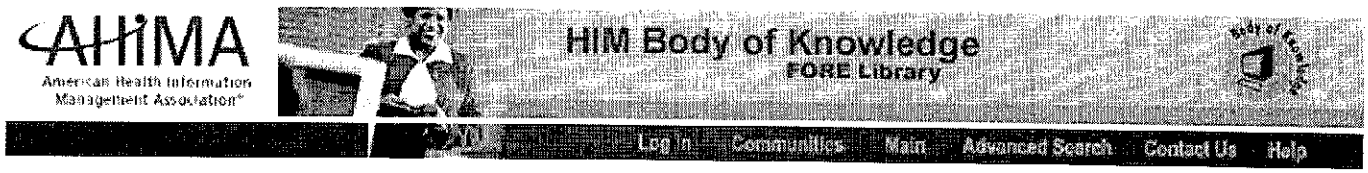
A: According to the American Hospital Association/American Health Information Management Association (AHA/AHIMA) ICD-10-CM Field Testing Project, the majority of participants believed training should be provided 3-6 months prior to ICD-10-CM implementation as supported by the Field Testing Report. To access the ICD-10-CM Field Testing Project Report on Findings, visit http://www.ahima.org/icd10/documents/FinalStudy_000.pdf on the Internet.

[Back to top]

Q: *How difficult will it be for physicians and their staff to learn how to use ICD-10-CM in order to bill for their services?*

A: ICD-10-CM is not a radical departure from ICD-9-CM in its organization and structure. It has a maximum of seven digits as opposed to a range of three to five digits as is found in ICD-9-CM. ICD-10-CM has significantly more codes because of the greater detail. The American Hospital Association and the American Health Information Management Association (AHA/AHIMA) have performed some field testing on ICD-10-CM and found that 16 hours of training in ICD-10-CM would be required for a coding professional to learn the entire system. However, many physician offices will not need this level of training, as they will only be using a limited range of codes. Specialists may continue their practice of preparing lists of the most frequent conditions they treat, along with the appropriate ICD-10-CM codes, which can be used to check off the more common conditions. When a physician treats a condition that is not on the list, the office staff will need to look up the diagnosis code in the ICD-10-CM coding book or the encoder software. Physicians can still utilize a charge ticket, superbill, fee ticket, or encounter form as they have done previously. The previous ICD-9-CM codes would be replaced with ICD-10-CM codes. Also, ICD-10-CM reflects increased specificity and logical placement of codes that medical specialty groups requested as well as improvements in current medical terminology. Examples of charge tickets updated to ICD-10-CM are available at http://www.ahima.org/icd10/understand.asp.

[Back to top]



ICD-10 Preparation Checklist

by Sue Bowman, RHIA, CCS, and Ann Zeisset, RHIT, CCS, CCS-P

Editor's note: This article updates information contained in "ICD-10 Preparation Checklist, parts 1 and 2," originally published in the June and July-August 2004 issues of the Journal of AHIMA.

Although the implementation date for ICD-10-CM and ICD-10-PCS (jointly referred to as "ICD-10" throughout the rest of this document) may still be several years away, it is not too early to begin planning for the transition, and even putting some of those plans in motion. A well-planned, well-managed implementation process will increase the chances of a smooth, successful transition. Experience in other countries has shown that early preparation is key to success. The best way to manage the challenges inherent in making a transition of this magnitude is to tackle them in a phased approach.

Some of the preparation activities necessary for implementation provide benefits to the organization even before ICD-10 is implemented, such as medical record documentation improvement strategies and efforts to expand coding staff knowledge and skills. Also, an early start allows for resource allocation, such as costs for systems changes and education as well as staff time devoted to implementation processes, to be spread over several years. Thus, many of the costs can be absorbed by existing annual budgets rather than requiring a large budgetary investment at one time.

The following checklist and proposed phased approach to implementation were prepared to guide healthcare organizations in planning and managing the transition toward ICD-10.

Phase 1--Impact Assessment

The first stage of preparation involves assessing the impact of the change to new coding systems and identifying key tasks and objectives. Major tasks in this phase include creating an implementation planning team; identifying and budgeting for required information system (IS) changes; and assessing, budgeting, and implementing clinician and code set user education.

Target Audience

Health information management (HIM) leadership team
Coding professionals
Senior management
Medical staff
Financial management (including accounting and billing personnel)
IS personnel
Clinical department managers
Other data users (e.g., quality management, utilization management, case management, performance improvement, tumor registry, trauma registry, research)
Vendors (contract coding, software developers)
Business associates (including payers)

Goals

Organizationwide Implementation Strategy

1. Establish an interdisciplinary steering committee to oversee ICD-10 implementation.

- The committee should include representation from HIM, including both an HIM services manager and a representative from the staff responsible for code assignment; senior management; medical staff; financial management; and IS.
- The leader of this committee should serve as the project manager throughout the course of the implementation process; an HIM background would be advantageous for this role.
- This project manager should serve as a positive change agent for ICD-10 implementation.
- The steering committee would develop the organization's ICD-10 implementation strategy and identify the actions, persons responsible, and deadlines for the various tasks required to complete the transition. In addition, this plan should include estimated budget needs for each year leading up to implementation, as well as any post-implementation budgetary issues (such as additional training needs or the need for contractors to assist with coding backlogs or resolution of identified post-implementation problems), for early financial planning.
- Conduct regularly scheduled standing meetings on a consistent basis to ensure communication among key stakeholders.

2. Create ICD-10 code set impact awareness throughout the organization.

- Educate senior management, IS personnel, clinical department managers, and medical staff on the coming transition to ICD-10 and the necessity for this transition (e.g., department managers' meetings, medical staff meetings, specialized meetings with senior management and IS).
- Educate senior management on:
  - value of new code sets
  - adoption and implementation process (including timeline)
  - preparation and transition effects on organizational operations (e.g., systems changes, processes, policies and procedures)
  - impact on coding productivity and accuracy
  - budgetary considerations
- Educate the organization's clinical department managers about the:
  - value of new code sets
  - expected timeline for approval and implementation
  - differences between ICD-10-CM and ICD-10-PCS and how each is used
  - differences between legacy and new coding systems
  - impact on each particular department and budgetary considerations
- Educate medical staff on:
  - value of new code sets
  - expected timeline for approval and implementation
  - differences between legacy and new coding systems
  - implementation plan and how it can be adapted for use in their own practices
  - impact on individual physicians and their budgetary considerations
  - impact on documentation practices and the importance of a strategy for documentation improvement
- Once the notice of proposed rule-making (NPRM) is published that establishes the timeline and expected implementation date, educate all of the above on key provisions of this rule.

3. Employ change management strategies to minimize "fear of change" factor.

4. Assess organizational readiness for data standard changes, considering the impact on:

- Affected staff
- Information systems (affected systems, applications, databases)
- Documentation process and work flow
- Data availability and use
- Organizational capacity (including budget)

5. HIM managers and coding professionals should:

- Educate themselves on the benefits and value of ICD-10--particularly within the context of national

healthcare data quality measurement initiatives.

- Understand the regulatory process for adoption, anticipated implementation timeline and variables affecting the timeline, and the ICD-10 implementation process so they can facilitate discussions, answer questions and act as a resource for others.
- Learn how ICD-10 fits within the overall electronic health record (EHR), the nationwide health information network (NHIN), and data quality initiatives.
- Learn the structure, organization, and unique features of ICD-10-CM and ICD-10-PCS and gain a moderate level of familiarity with the coding systems. Methods include, but are not limited to:
  - Attending educational sessions
    - audio conferences
    - convention presentations
    - local conference presentations
    - online training
  - Reading *Journal of AHIMA* and other pertinent publications, including but not limited to:
    - Pertinent feature articles
    - "Word from Washington" columns
    - E-alerts
    - E-HIM® Fundamentals columns
    - AHIMA Practice Briefs
    - CodeWrite newsletter
    - ICD-10 educational materials, such as the AHIMA book *ICD-10-CM and ICD-10-PCS Preview*
  - Reviewing ICD-10 materials on Centers for Medicare & Medicaid Services (CMS) and National Center for Health Statistics (NCHS) Web sites:
    - ICD-10-CM coding guidelines
    - ICD-10-PCS reference manual
    - Documentation and User's Guide for the general equivalence map between ICD-10-PCS and ICD-9-CM
  - Participating in the AHIMA ICD-10 Implementation Community of Practice (CoP) (limited to AHIMA members).
  - Monitoring the ICD-10 page of the AHIMA Web site, the AHIMA HIPAA CoP, and the AHIMA Coding CoP for important news and other relevant information (limited to AHIMA members).
  - Reading the 2003 report "ICD-10-Field Testing Project, Report on Findings: Perceptions, Ideas, and Recommendations from Coding Professionals Across the Nation" by the American Hospital Association (AHA) and AHIMA in the FORE Library: HIM Body of Knowledge (BoK).
  - Staying abreast of news/announcements provided by AHIMA in order to keep up-to-date on status of adoption/implementation.

6. Develop a budget for ICD-10 implementation.

- Identify the specific departmental budget(s) that will be responsible for the cost of systems changes, hardware and software upgrades, and education.
- Determine whether there will be a need for increased staffing or consulting services to assist with IS changes, coding backlogs, monitoring of coding accuracy, or to support other aspects of implementation.
- Total implementation costs should be allocated over a several year time frame to allow for the absorption of the costs.

7. Conduct a detailed assessment of staff education needs (for all staff) and determine budgetary estimates.

- Identify educational needs of staff and determine the following:
  - Who needs education?
  - What type and level of education do they need?
- The multiple categories of users of coded data require varying levels of education on the new coding systems. These categories of users include:
  - Coding professionals
  - Other HIM staff responsible for health record services
  - Billing
  - Accounting

  - Corporate compliance office
  - Auditors and/or consultants performing documentation or coding review
  - Clinicians
  - Clinical department managers
  - Quality management
  - Utilization management
  - Patient access and registration (if they are involved in medical necessity determinations)
  - Ancillary departments
  - Data quality management staff
  - Data security personnel
  - Data analysts working both inside and outside the organization
  - Researchers
  - Other data users (e.g., performance improvement)
  - IS personnel
  - Prepaid contract managers and negotiators
- Determine the best method, in terms of a balance between effectiveness and cost, of providing education. There are numerous methods of providing education today, such as:
  - traditional face-to-face classroom teaching
  - audio conferences
  - CD-ROM or downloadable materials (self directed learning)
  - Various forms of Web-based instruction (self-directed or instructor-led)
- Determine whether education will be provided through internal or external mechanisms, or both.

8. Evaluate current data flow, work flows, and operational processes to identify processes and reports that will be affected and determine opportunities for improvement.

9. Assess extent of changes to systems, processes, policies/procedures, and education needs; determine associated budgetary assessments and compare to initial budget estimates and make note of variances for planning purposes.

10. Assess impact on organizational operations of change to new coding systems, such as implementation costs beyond the investment associated with education and systems changes; this would provide an assessment of the total cost of ownership for this change.

- Assess loss of code assignment and claims submission productivity during the learning curve period for users of code sets.
- Educate data users (e.g., case management, utilization management, quality management, data analysts) on data comparability issues and impact on longitudinal data analysis.
- Educate data users on differences in classification of diseases and procedures in the new coding systems, including definitions and code category composition, in order to assess impact on data trends.

11. Assess status of payers' and other business associates' progress toward ICD-10 preparedness by confirming when they expect to be ready.

12. Provide senior management with regular updates as to project status.

13. Keep affected staff informed through frequent updates regarding progress, next steps, and issue identification and resolution.

Information Systems

1. Orient IS personnel on the specifications of the code sets that they will need to know to implement systems changes, including the logic and hierarchical structure of ICD-10-CM and ICD-10-PCS. The following questions should be addressed:

- What is the character-length specification for ICD-10-CM and ICD-10-PCS codes?
- Is it alphabetic, numeric, or a combination of both?

- Are the alphabetic characters case-sensitive?
- Does the code format include a decimal?
- Can codes, descriptions, and applicable support documentation and guidelines be obtained in a machine-readable form?
- What coding systems will it replace and when will it replace them?
- Are forward and backward maps available between the legacy and new coding systems? If so what is the defined use case for each?
- How many data management systems will be affected and what types of systems changes will need to be made? (see list of specific examples under no. 2 below)

2. Perform a comprehensive systems audit for ICD-10 compatibility

- Inventory all databases and systems applications that use ICD-9-CM codes, giving consideration to:
  - Use of application service provider vs. internally developed system interface and other affected software programs
  - How are ICD-9-CM codes used in each system? Will ICD-10-CM or ICD-10-PCS codes serve the same purpose and will a change in code sets impact the results?
  - Where do the codes come from (e.g., manually entered versus imported from another system)?
  - How quality of data is checked
  - Interfaces between systems
- Map electronic data flow to inventory all reports that contain ICD-9-CM codes.
- Perform a detailed analysis of systems changes that need to occur. Prioritize sequence of systems changes and estimate cost of changes. Refine previous budgetary estimates as necessary.
  - Determine required software changes:
    - Field size expansion
    - Change to alphanumeric composition
    - Use of decimals
    - Complete redefinition of code values and their interpretation
    - Longer code descriptions
    - Edit and logic changes
    - Modifications of table structures
    - Expansion of flat files containing diagnosis codes
    - Systems interfaces
  - Assess changes to the various systems and applications that use coded data will need to be made, including:
    - EHR systems
    - Decision support systems
    - Billing systems
    - Clinical systems
    - Encoding software
    - Computer-assisted coding applications
    - Medical record abstracting systems
    - Registration and scheduling systems
    - Aggregate data reporting
    - Utilization management
    - Quality management systems
    - Case mix systems
    - Accounting systems
    - Case management systems
    - Disease management systems
    - Provider profiling systems
    - Clinical protocols
    - Test ordering systems
    - Clinical systems
    - Clinical reminder systems
    - Performance measurement systems
    - Medical necessity software

- Determine length of time both legacy and new coding systems will need to be supported and whether system storage capacity will need to be increased. Types of support to be considered include:
  - Systems vendors--is support for both legacy and new coding systems addressed in the contract? How long is support for both coding systems anticipated? What kind of support is needed?
  - Internal IS department--how long will the ICD-9 coding system continue to be accessible and to whom will it be accessible (e.g., data analysis personnel may require access for a longer period of time than the coding or billing staff)? Is system storage capacity adequate or will it need to be increased?
  - Data users--how long will legacy data need to be available for data analysis, research, etc.?
  - Billing--legacy system will still be needed for old claims and re-bills.
  - Coding professionals--knowledge of both coding systems will continue to be needed.
- Determine which reports will require modification of format or layout.
- Determine which forms will require redesign.
- Conduct a data mapping overview.
- Identify new or upgraded hardware/software requirements and determine budgetary implications (e.g., larger computer monitors, more powerful hard drive)
  - If the coding process is currently manual (use of hard-copy code books), consideration should be given to using electronic tools (such as an encoder) when ICD-10 is implemented, which will result in additional hardware and software requirements; although it would be technically possible for coding professionals to use a paper-based version of ICD-10, given the size and structure of these systems, they would be easiest to use in an electronic format.
  - Will hardware upgrades be needed to ensure optimal system performance?

3. Determine vendor readiness and timelines for upgrading software to new coding systems and determine if upgrades are covered by any existing contracts.

- Communicate with vendors of software that incorporates ICD codes to determine when upgrades reflecting the new coding systems will be ready and whether any cost for the upgrades will be passed on to the organization, and if so, the projected cost and in what year it will be incurred.
- If necessary, include costs of upgrade in ICD-10 budget.
- Contract renewals
- Determine the anticipated timeline for testing the performance of the new code sets in your systems environment.
- Work with vendors to coordinate installation of new or upgraded software.
- Actively participate in any vendor user group meetings regarding ICD-10 implementation.

4. Build flexibility into systems currently under development to ensure ICD-10 and, when possible, the next version of ICD compatibility.

Education of Coding Professionals

1. Assess adequacy of staff knowledge and skills for translation of clinical data into codes for secondary use.

- Evaluate coding personnel's baseline knowledge in skills to identify knowledge gaps in the areas of medical terminology, anatomy and physiology, pathophysiology, and pharmacology. Measuring coding professionals' baseline knowledge will shorten the learning curve, improve coding accuracy and productivity, prepare for educational needs, and accelerate the realization of benefits of the new coding systems. AHIMA plans to provide self-assessment tools and other resources suitable for skill assessment.
- Review ICD-10-CM coding guidelines, ICD-10-PCS reference manual, and other ICD-10 educational materials to identify areas where increased clinical knowledge will be needed.
- Use information from coding professional knowledge gap assessment to develop individualized education plans for improving clinical knowledge to ensure it meets the requirements of ICD-10-CM and ICD-10-PCS.
- If outsourced staff are used for coding, communicate with the companies that provide these services concerning their plans for ICD-10 related training.
- Consider having the coding personnel practice coding a few records using ICD-10-CM and ICD-10-PCS to increase familiarity with the new coding systems.
  - Download ICD-10-CM information at http://www.cdc.gov/nchs/about/otherct/icd9/icd10cm.htm

- Download ICD-10-PCS information at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/08_ICD10.asp

Documentation Improvement

1. Conduct medical record documentation assessments through an internal or external review process.

- Evaluate random samples of various types of medical records to determine adequacy of documentation to support the required level of detail in new coding systems. (AHIMA will be developing a clinical documentation assessment tool to assist with this process).
- Identify documentation deficiencies and develop a priority list of diagnoses and procedures requiring more granularity or other changes in data capture and recording.
- Identify target segments of medical staff that would benefit from focused education to adapt their documentation practices to what is required for the new systems.

2. Implement a documentation improvement program to address deficiencies identified during the review process and a plan to prevent recurrence.

- Designate a physician champion to assist in physician education.
- Identify target segments of medical staff that would benefit from focused education about their documentation practices.
- Educate medical staff about medical record documentation requirements required by the new coding systems through specific examples, emphasizing the value of more concise data capture for optimal results and better data quality.
- Monitor documentation for evidence of improvement, identify areas still requiring assistance, and educate medical staff to eliminate remaining deficiencies.

3. Report summary of documentation assessment related to the use of ICD-10 and the achieved progress in improvements, to senior management.

Phase 2--Overall Implementation

This stage involves three major tasks: implementation of required IS changes, follow-up assessment of documentation practices, and increasing education of the organization's coding professionals. Also include any items carried over from Phase 1.

Target Audience

HIM managers
IS personnel
Medical staff
Coding professionals
Business associates
Vendors
Data users

Goals

Organizationwide Implementation Strategy

1. Follow-up with readiness status of payers and other business associates by contacting payers and other business associates for an updated status on their progress toward preparing for ICD-10 implementation.

2. Develop strategies to minimize problems during transition.

- Assess impact of reduced code assignment productivity on the organization's accounts receivable status.

    - What is the anticipated impact on code assignment through-put? (Implementation variables that can affect productivity include the amount and level of preparation, extent of coding staff education and credentials, individual code assignment experience and knowledge of anatomy and disease processes, extent of training, quality of medical record documentation, and organizational size and complexity.)
    - How long is coding professional productivity expected to be reduced?
    - What steps could be taken to reduce the impact of decreased coding professional productivity?
        - Eliminate coding backlogs prior to ICD-10 implementation.
        - Use outsourced personnel for coding to assist with workload during the initial implementation period.
        - Prioritize medical records to be coded.
        - Additional training prior to implementation to improve confidence levels and minimize slow downs.
        - Additional efforts to improve the clarity of medical record documentation.
        - Use of electronic tools to support the code assignment process.
- Assess impact of decreased coding accuracy.
    - What is the anticipated impact on coding accuracy with the new code sets?
    - How long is it expected to take for the coding professionals to achieve the same level of proficiency as with ICD-9-CM?
    - What steps could be taken to improve coding accuracy?
        - Additional education
        - Increased monitoring of during the initial implementation period. (It is important to consider whether the increased monitoring duties be assumed by staff, or if it will it be necessary to contract with a consultant and how use of existing personnel for more frequent and complex assessment of code assignment impacts the overall workflow.)
- Miscellaneous issues--Identify other potential problems during the transition and implement strategies to reduce potential negative impact.

3. Continue to assess the impact of changing coding systems.

- Educate data users (e.g., case management, utilization management, quality management, data analysts) on differences in classification of diseases and procedures in the new coding systems, including definitions and code category composition, in order to assess impact on data trends (If not completed in Phase 1).

4. Revise processes, policies, and procedures as appropriate.

5. Provide senior management with regular updates.

6. Keep affected staff informed through frequent updates regarding progress, next steps, and issue identification and resolution.

7. Develop a detailed schedule leading up to the point of go-live in order to clearly articulate all key stakeholders' roles and responsibilities.

Information Systems

1. Follow up with system developers or suppliers regarding their readiness for incorporation of the new code sets.

- Projected availability of upgrade (still on target with date indicated in Phase 1?)

2. Determine impact of coding system change on longitudinal data analysis.

- Where will data mapping occur to link data between the legacy and new coding systems and will outside assistance be needed to create specific mapping applications beyond the maps or crosswalks supplied by the code set developers? Mapping will be needed to cross-reference between pre- and post-crossover periods in order to understand the correlation of ICD-9-CM and ICD-10 data.

3. Modify the report formats and redesign the forms identified in Phase 1.

4. Implement and test systems changes, including both in-house and proprietary systems changes.

- Implement identified in-house systems changes.
- Begin testing both in-house and proprietary systems changes in a coordinated manner.
- Test completed in-house changes.
- Test information systems changes once the system developers have completed the changes.

Education of Coding Professionals

1. HIM coding staff should increase familiarity with the new coding systems and the associated coding guidelines.

- Increase intensity of coder training on the new coding systems and coding guidelines.

Documentation Improvement

1. Continue to assess and improve medical record documentation practices.

- Monitor medical record documentation practices.
- Continue to work with clinicians to improve documentation in areas where deficiencies affect data integrity.

Phase 3—Go-Live Preparation

This stage involves several major tasks: finalization of systems changes, testing of claims transactions with payers, intensive education of the organization's coding professionals, monitoring coding accuracy and reimbursement with prospective payment systems results, including the Diagnosis Related Group (DRG) assignment. Also include any items carried over from Phase 2.

Target Audience

HIM managers
Information systems personnel
Payers
Coding professionals
Vendors
Financial management (including accounting and billing personnel)

Goals

Organizationwide Implementation Strategy

1. Conduct testing of claims transactions with payers.

- Six months prior to implementation, test ICD-10 components of claims transactions with payers.

2. Assess potential reimbursement impact of new coding systems.

- Evaluate potential DRG shifts.
- Evaluate changes in case mix index.
- Communicate with payers on anticipated changes in reimbursement schedules or payment policies.

3. Provide senior management with regular updates as to project status.

4. Keep key staff informed through frequent updates regarding progress, next steps, and issue identification and

resolution. This could be initially conducted through weekly meetings, e-mail communications, with more frequent communication (perhaps daily) as the go-live date gets closer.

5. Review and modify the detailed schedule leading up to the point of go-live in order to clearly articulate all key stakeholders' roles and responsibilities during the last couple of weeks.

Information Systems

1. Finalize systems changes and complete testing of these changes.

- Complete all necessary in-house systems changes.
- Confirm with vendor(s) that changes/upgrades in vendor systems have been completed.
- Finish testing the changes.
- Make modifications in response to the results of the testing and conduct regression testing.

Education of Coding Professionals

1. Complete intensive coding professional education and education of other users previously identified as requiring education.

- Three to six months prior to implementation, all coding staff should complete intensive education on applying the new coding systems (the estimated amount of training is 24-40 hours, depending on whether coding professionals require both ICD-10-CM and ICD-10-PCS education).
- Document completion of this training in personnel files.
- To ensure the quality and consistency of ICD-10 education, it is recommended that training be conducted by an AHIMA-certified trainer.
- Sources of training include:
    - Distance education courses
    - Audio seminars or Web-based in-services
    - Self-directed learning using printed materials or electronic tools
    - Traditional classroom training by a certified trainer
- Communicate with companies supplying contracted coding staff to ensure they have received the necessary education and ask for documentation to confirm that training has occurred and has been provided by a qualified source (e.g., AHIMA-certified trainer).
- Implement the identified education plan for users of coded data and document completion of the training in their personnel files.

GO LIVE!

Phase 4 - Post-implementation

This phase consists of monitoring coding accuracy for reimbursement, and other data management impact, coding productivity and continuing with appropriate coding professional training.

Target Audience

HIM managers
Information systems personnel
Payers
Coding professionals
Medical staff
Senior management
Others, depending on identified problems to be resolved
Financial management (including accounting, and billing personnel

Goals

Organizationwide Implementation Strategy

1. The ICD-10 steering committee should continue to meet regularly to share information regarding implementation progress, including monitoring of the status of issue resolution, discussing lessons learned, and identifying best practices. These meetings should continue until the committee feels they are no longer necessary.

2. Keep key staff informed regarding issue identification and resolution through weekly updates or institution of a Web-based issue tracking system that would allow staff to check the status of an issue at any time.

3. Train or re-train staff; continue budgetary planning for training of staff.

- Train new staff.
- Train staff unavailable during previous training.
- Provide re-training or additional training as needed.

4. Assess the reimbursement impact of the new system, provide education to staff on reimbursement issues, and monitor case mix and reimbursement group (e.g., DRGs) assignment.

- Work closely with payers to resolve payment issues, such as claims denials or rejections.
- Communicate with payers on anticipated changes in reimbursement schedules or payment policies.
- Analyze changes in case mix index.
- Concurrently review case mix or reimbursement groups (e.g., DRGs, HHRGs) and diagnosis and procedure code assignments.
- Analyze shifts in reimbursement groups.
- Provide education and feedback regarding reimbursement issues to staff.

5. Resolve post-implementation problems as expeditiously as possible.

- The interdisciplinary steering committee should follow up on post-implementation problems, such as claims denials or rejections or coding backlogs.
- Work with internal staff or external entities as appropriate to resolve problems as expeditiously as possible.

6. Monitor coding professional productivity.

- Develop plans to address coding professional backlogs such as contracting to outsource coding professionals.

7. Maintain communication with payers and resolve any problems.

8. Keep senior management informed of identified issues and progress in resolving them through pre-scheduled standing meetings or weekly updates.

Information Systems

1. Monitor and respond to any information systems problems or issues.

Education of Coding Professionals

1. Post-implementation, monitor coding accuracy closely and initiate corrective action as necessary, such as providing additional education.

Documentation Improvement

1. Continue to monitor medical record documentation and work with medical staff on documentation

improvement strategies if needed.

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