



**ICD-10 ROADMAP
IMPLEMENTATION PLAN**



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1 Executive Summary

This Road Map implementation plan is designed to assist a practice in understanding their “ICD-10 Readiness”. It is not to be interpreted as a substitute for individualized consulting involving the ICD-10 transition, which is also available through Collaborative Practice Solutions. This Road Map will highlight and emphasize the tasks that need to be performed in order to make the ICD-10 transition as seamless as possible.

Collaborative Practice Solutions, LLC (CPS) is a full-scale practice management service company that provides comprehensive consultative advice on Meaningful Use, work flow designs, human resource management, legal matters, associates/ buy-ins/ acquisitions, super group administration, coding and compliance, ICD-10, chart audits, and practice data analysis and reporting.

SmartSheet10 Technology is a patent pending ICD-10 solution designed to not only translate or “map” ICD-9 codes to ICD-10 codes, but it also serves as an ongoing workflow solution to help ease the expense of the more complex coding system. This Road Map serves to assist in ICD-10 learning and training for the entire practice by leveraging the most commonly used ICD-9 codes of the practice. SmartSheet10 Technology ICD-10 project planning templates are CMS guidelines based project plan templates to create a step by step transition plan for the practice.

2 SmartSheet10 Technology, LLC

2.1 About SmartSheet10 Technology

SmartSheet10 Technology is an innovative ICD-9 conversion solution that will be a crucial asset to help prevent claims rejection. Replacing time-consuming, exhaustive, and expensive “searching” for the most specific code, the SmartSheet10 Technology makes it as simple as a “clicking” and finding the color coded green codes. The technology can easily be integrated into any EHR. Different than other Mapping tools, the SmartSheet10 Technology provides solutions for converting to the most specific ICD-10 code, the practice’s workflow, as well as simple click functionality to access an expansive resource center for additional details of the codes selected.

2.2 Why SmartSheet10 Technology

ICD-10 promises to be the most challenging change that any physician will ever endure. The coding of ambulatory diagnoses will become more complex with greater specificity and a greater risk of rejections. This could lead to serious cash flow problems for a typical medical practice.

2.3 Key Features of SmartSheet10 Technology

- Easily Explore ICD-10 chapters
- Search ICD-9 General Equivalence Mapping (GEM’s)
- One click access from GEM’s to ICD-10 code details
- Forward and backward GEM’s with two clicks
- Auto complete index search
- One click navigation from index to table
- Search directly in ICD-10 table
- One click navigation to exclude codes
- Color coding based on CMS guidelines
- Allows dual coding for dates of service prior to October 1st, 2015 (or carriers not ready for ICD-10)
- Allows for creation of provider-customized super bills (cheat sheets)

For more information and for videos on SmartSheet10 Technology, please visit www.SmartSheet10.com

3 ICD-10 Overview

The tenth revision of International Classification of Diseases (ICD-10) was approved by the World Health Organization (WHO) in 1990.

3.1 ICD-10 101

- **What is ICD-10?** ICD-10 is a method of coding patient state of health, medical diagnosis and institutional procedures. ICD-10 in U.S.A includes the following:
 - ICD-10-CM: Clinical Modification (CM) of WHO standard that is maintained by NCHS for specific use in U.S.
 - ICD-10-PCS: Inpatient procedures developed and maintained by CMS.
- **Why transition to ICD-10:** ICD-10-CM and PCS are complete revisions of ICD-9 codes that have been used in U.S. since 1979. ICD-10 will enable
 - More accurate coding
 - Reduce the need for attachments explaining the patient's condition
 - Better able to measure the quality, safety and efficacy of care
 - Improve clinical, administrative and financial and performance
 - Simpler to monitor resource utilization
 - Expeditious tracking of public health and risks
 - Better support for operational and strategic planning
- **Who is affected by the transition?** ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by Health Insurance Portability Accountability Act (HIPAA), not just those who submit Medicare or Medicaid claims. The change to ICD-10 does NOT affect CPT coding for outpatient procedures. Health care providers, payers, clearinghouses, and billing services must be prepared to comply with the transition to ICD-10. All electronic transactions must use Version 5010 standards, which have been required since January 1, 2012. Unlike the older Version 4010/4010A standards, Version 5010 accommodates ICD-10 codes. ICD-10 diagnosis codes must be used for all health care services provided in the U.S., and ICD-10 procedure codes must be used for all hospital inpatient procedures. Claims with ICD-9 codes for services provided on or after the compliance deadline cannot be paid.
- **What is the Compliance Date?** Starting **October 1, 2015**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures for healthcare services will be replaced by ICD-10 code sets. Ambulatory services will need to be reported in ICD-10 based on the Date of Service. Inpatient Services will be reported based on the Date of Discharge.

This report is focused only on ICD-10-CM. ICD-10 refers to ICD-10-CM unless specified otherwise.

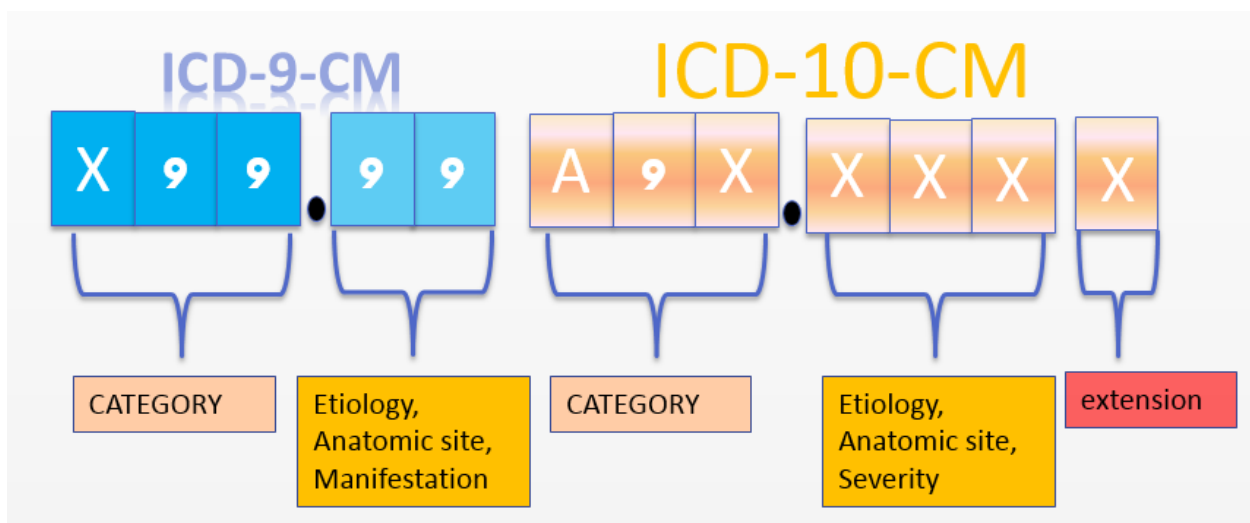
3.2 ICD-9 versus ICD-10

Numerous examples exist to highlight the differences between ICD-9 and ICD-10. The following table provides a high level structural comparison of ICD-9 and ICD-10 codes.

| ICD-9-CM(Vol. 1 &2) | ICD-10-CM |
|--|--|
| 17 Chapters (2 Supplements) | 21 Chapters |
| 3 to 5 characters | 3 to 7 characters |
| Approximately 14k codes | Approximately 69k codes |
| Digit 1 – numeric or alpha (V/E)* | Digit 1 is always alpha (All letters except U are used) |
| Digits 2 to 5 always numeric | Digit 2 always numeric Digits 3-7 alpha or numeric 7 th character may require placeholders |
| Does not identify Laterality | Laterality has been added to relevant codes |
| 813.15 - Open fracture of head of radius | S52.123C - Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB or IIIC |
| Use of 3 characters after decimal. | |

*The ICD-9-CM "V" codes will become "Z" codes, and "E" codes will change to "VWXY" codes.

The image below provides a comparison of the ICD-9-CM and ICD-10-CM code:



3.3 ICD-10-CM Basics

3.3.1 ICD-10-CM Books (3 Volumes)

Volume 1 is the tabular list of diseases, disease groups and health related problems in alphabetical order. It contains inclusion and exclusion rules. There are 22 chapters in the tabular list with over 114,000 four-character codes.

Volume 2 is the instruction manual. It contains the introduction to the classification and instructions explaining how to use the classification to code hospital medical records, death certificates and other forms of health information. It specifically contains guidelines for certification and rules for mortality coding and guidelines for recording and coding morbidity data.

Volume 3 is the alphabetical index of the diseases and conditions articulated in Volume 1, the tabular list. This has more entries than the tabular list because some diseases have more than one name and some diseases are grouped under one code. This volume contains guidance on selecting the appropriate codes for many conditions not displayed on the tabular list, a table of neoplasms, and index of external causes of injury and a table of drugs and chemicals.

SmartSheet10 Technology includes a digital copy of Volume 1 & Volume 3 of ICD-10 CM. Users will be shown during the SmartSheet10 Technology training sessions how to use the Volume 1 & Volume 3 within SmartSheet10 Technology.

(You do NOT need to buy ICD-10 books to understand this section.)

3.3.2 ICD-10-CM Chapters

This pattern drives the chapters of ICD-10. The classification is divided into 21 chapters. The first character of ICD-10 code is a letter. All letters except U are used. The letters I and O are only used in the 1st character position. Each letter is associated with a specific chapter except for letter D and H. Letter D is used in both Chapter II - Neoplasms, and Chapter III - Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism. Letter H is used in both Chapter VII - Diseases of the eye and adnexa and Chapter VIII - Diseases of the ear and mastoid process. Four chapters (Chapters I, II, XIX and XX) use more than one letter in the first position of their codes.

Each chapter contains sufficient three-character categories to cover its content. Not all available codes are used, allowing space for future revision and expansion.

| Chapter | Title |
|---------|---|
| 1 | Certain infectious and parasitic diseases (A00-B99) |
| 2 | Neoplasms (C00-D49) |
| 3 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89) |
| 4 | Endocrine, nutritional and metabolic diseases (E00-E89) |
| 5 | Mental, Behavioral and Neurodevelopmental disorders (F01-F99) |
| 6 | Diseases of the nervous system (G00-G99) |
| 7 | Diseases of the eye and adnexa (H00-H59) |
| 8 | Diseases of the ear and mastoid process (H60-H95) |
| 9 | Diseases of the circulatory system (I00-I99) |
| 10 | Diseases of the respiratory system (J00-J99) |
| 11 | Diseases of the digestive system (K00-K95) |
| 12 | Diseases of the skin and subcutaneous tissue (L00-L99) |
| 13 | Diseases of the musculoskeletal system and connective tissue (M00-M99) |
| 14 | Diseases of the genitourinary system (N00-N99) |
| 15 | Pregnancy, childbirth and the puerperium (O00-O9A) |
| 16 | Certain conditions originating in the perinatal period (P00-P96) |
| 17 | Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99) |
| 18 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) |
| 19 | Injury, poisoning and certain other consequences of external causes (S00-T88) |
| 20 | External causes of morbidity (V00-Y99) |
| 21 | Factors influencing health status and contact with health services (Z00-Z99) |

3.3.3 Blocks

Chapters are subdivided into homogeneous blocks of three-character categories. Within each block, some of the three-character categories are for single conditions, selected because of their frequency, severity or susceptibility to public health intervention, while others are for groups of diseases with some common characteristic. There is usually provision for 'other' conditions to be classified, allowing many different but rarer conditions, as well as 'unspecified' conditions, to be included.

3.3.4 Subcategories

Most of the three-character categories are subdivided by means of a fourth numeric character after a decimal point, allowing up to 10 subcategories. When a three-character category is not subdivided, it is recommended that the letter X is used to fill the fourth position so the codes are standard length for data processing.

The fourth character .8 is generally used for 'other' conditions and .9 is mostly used to convey the same meaning as the three-category title, without additional information.

3.3.5 Subdivision at the fifth or subsequent character level

The fifth and higher levels are usually classifications along a different axis from the fourth character. They are found in Chapter XIII – subdivisions by anatomical site and Chapter XIX – subdivision to indicate open and closed fractures as well as intracranial, intrathoracic, and intra-abdominal injuries with and without an open wound.

3.3.6 Instructional Notations

Includes: The word 'Includes' appears immediately under certain categories to further define, or give examples of, the content of the category.

Excludes Notes: The ICD-10 has two types of excludes notes. Each note has a different definition for use but they are both similar in that they indicate that codes excluded from each other are independent of each other.

Excludes1: A type 1 Excludes note is a pure exclude. It means 'NOT CODED HERE'. An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Excludes2: A type 2 excludes note represents 'Not included here'. An Excludes2 note indicates that the condition excluded is not part of the condition it is excluded from, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code it is acceptable to use both the code and the excluded code together.

3.3.7 7th Character

Many ICD-10 codes require a 7th character. This varies by chapter. For example, a multiple childbirth might require a 7th character to identify the fetus that is getting coded as follows:

- 0 – not applicable or unspecified
- 1 – fetus 1
- 2 – fetus 2
- 3 – fetus 3
- 4 – fetus 4
- 5 – fetus 5
- 9 – other fetus

If the ICD-10 code is not already six characters long, a placeholder **X** is added to pad the code to 7 characters. Sometimes the X is used as the 5th character for some 6 character codes. Examples include:

- T46.1X5A – Adverse effect of calcium-channel blockers, initial encounter
- T15.02XD – foreign body in cornea, left eye, subsequent encounter

Episode of Care 7th Digit

- A – Initial encounter
- D – Subsequent Encounter
- S – Sequela (late effects). For example a scar resulting from a burn.

Episode of Care - Fractures

- A – initial encounter of closed fracture
- B – initial encounter of open fracture
- D – subsequent encounter of fracture with routine healing
- G – subsequent encounter of fracture with delayed healing
- K – subsequent encounter for fracture with nonunion
- P – subsequent encounter for fracture with manunion
- S – sequel

3.3.8 New Clinical Concepts

Some new concepts included in ICD-10 that are not in ICD-9 include:

- Underdosing
- Blood type
- Blood alcohol level

3.3.9 Expanded Codes

Some codes have been expanded:

- Injuries
- Diabetes
- Substance abuse
- Postoperative complications

4 SmartSheet10 Technology Workshops Summary

This section provides a summary of the key discussions that the practice should internally engage in:

4.1 Ignore the buzz around increase in number of codes:

ICD-9 contains about 13,000 codes. ICD-10-CM contains approximately 68,000 codes that are alphanumeric in nature. The level of detail and complexity in ICD-10 is substantially higher. SmartSheet10 Technology significantly **reduces** both the search for the code, the **accuracy** of its complexity, as well as the workflow surrounding the claims submission when SmartSheet10 Technology is integrated into your current EHR or practice management system.

4.2 CMS guidelines for ICD-10

An overview of the CMS guidelines is available at

http://www.cms.gov/Medicare/Coding/ICD10/downloads/7_Guidelines10cm2010.pdf

Adherence to these guidelines when assigning ICD-10 codes is required under HIPAA.

The SmartSheet10 Technology patent pending SmartSelect provides a simple but powerful way using visual cues to ensure that you always pick the most detailed level codes required per CMS guidelines.

4.3 Dual Coding

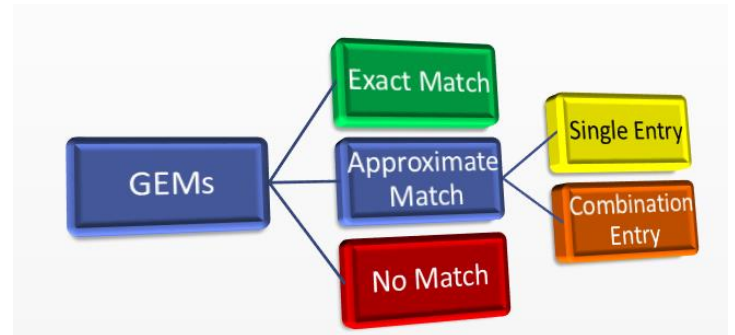
October 1, 2015 is the compliance date for implementation of ICD-10-CM and ICD-10-PCS. Unlike most healthcare technology initiatives, **THIS IS NOT A PHASED IMPLEMENTATION**. There is a single implementation date for all users. CMS and many other payers will not accept ICD-9 codes for **Healthcare services provided on or after October 1, 2015**. However, claims for services prior to this implementation date will continue to flow through systems for up to two years. This is further exacerbated by the fact that some payers might still require ICD-9 codes. There is also a need to practice and test ICD-10 codes prior to the implementation date.

Dual coding refers to the concept where both the ICD-9 and ICD-10 codes are coded in the patient chart. *As per industry estimates, there will be the need for dual coding for up to 2 years. Because of the reasons defined above, dual coding will be required by almost all practices during the ICD-10 transition.*

Dual coding is the center piece for a successful ICD-10 transition.

General Equivalence Mappings (GEMs):

GEMs are a group of mapping files provided by CMS that include all valid relationships between codes in the ICD-9-CM and the ICD-10-CM diagnosis classification. SmartSheet10 Technology leverages GEMs in a unique way to leverage the ICD-9 knowledge of your practice to simplify transition to ICD-10



Please be advised: *GEMs are not crosswalks. They are reference mappings, to help the user navigate the complexity of translating meaning from one code set to the other. They are tools to help the user understand, analyze, and make distinctions that manage the complexity, and to derive their own applied mappings if that is the goal. The GEMs are more complex than a simple one-to-one crosswalk, but ultimately more useful. They reflect the relative complexity of the code-sets clearly so that it can be managed effectively, rather than masking it in an oversimplified way.*

4.4 Follow up Resources

SmartSheet10 Technology Videos

<http://www.SmartSheet10 Technology.com>

Primary CMS ICD-10 Website

<http://www.cms.gov/icd10>

Introduction

[http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413\[1\].pdf](http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413[1].pdf)

Frequently Asked Questions

<http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs2013.pdf>

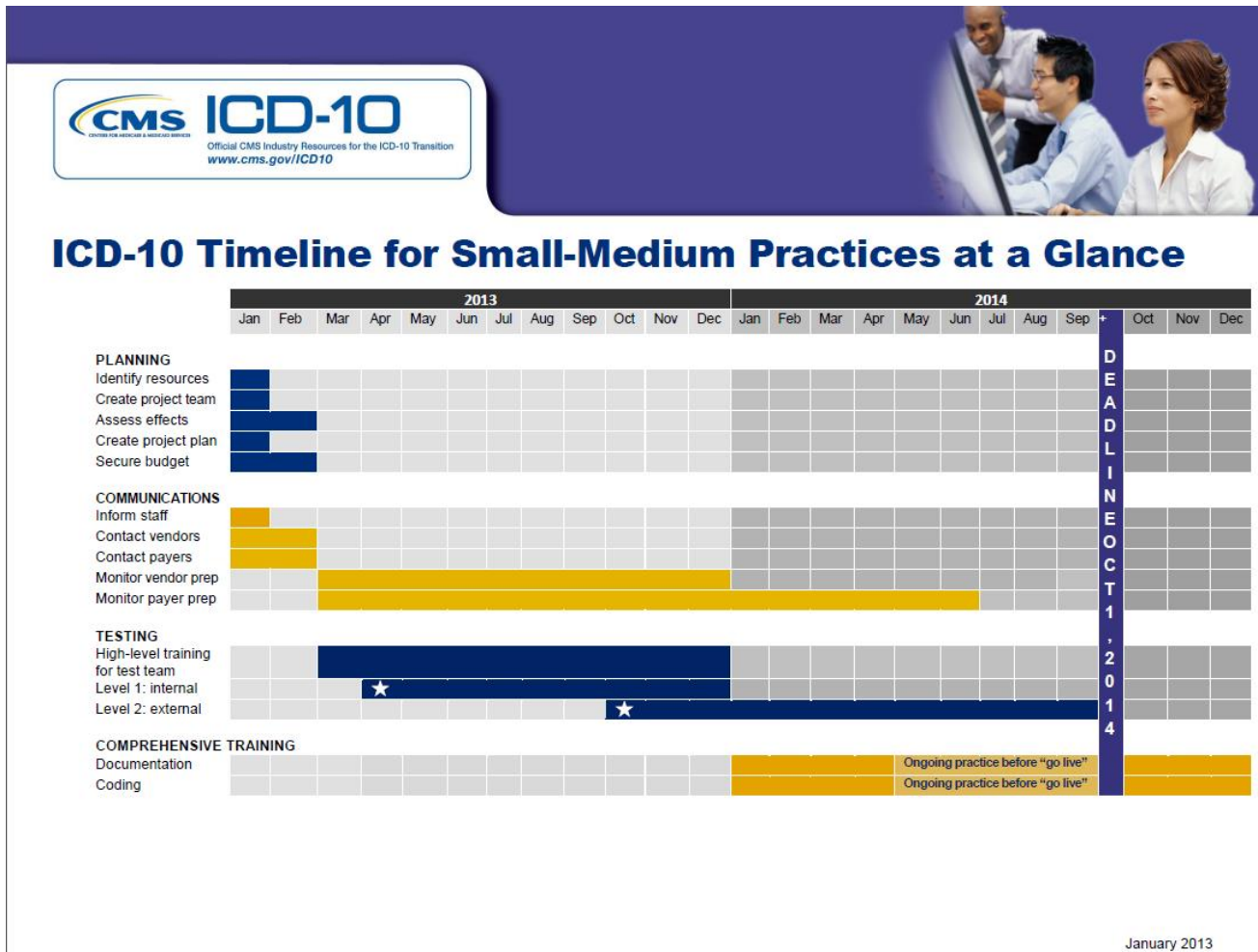
Provider Resources

<http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

5 An ICD-10 Transition Project Plan Overview

5.1 CMS ICD-10 Timeline for Small-Medium Practices

The Centers for Medicare & Medicaid Services (CMS) has published resources to help transition from ICD-9 to ICD-10. These are a great starter set of documents and charts, but they are based on starting date of January 2012.



5.2 An ICD-10 Timeline

Below is an example of a recommended timeline that your practice might choose to utilize

| ICD-10 Timeline | | | | | | | | |
|-------------------------------|-----|-----|-----|-----|---|-----|-----|--|
| Month | Jul | Aug | Sep | Dec | Oct | Nov | Dec | |
| Planning | | | | | D e c e m b e r O c t o b e r N o v e m b e r D e c e m b e r | | | |
| Identify Resources | | | | | | | | |
| Create Project Team | | | | | | | | |
| Assessment | | | | | | | | |
| Create Project Plan | | | | | | | | |
| Secure Budget | | | | | | | | |
| Communications | | | | | | | | |
| Inform Staff | | | | | | | | |
| Contact Vendors | | | | | | | | |
| Contact Payors | | | | | | | | |
| Monitor Vendor Preparation | | | | | | | | |
| Monitor Payor Preparation | | | | | | | | |
| Testing | | | | | | | | |
| Level 1: Internal | | | | | | | | |
| Level 2: External | | | | | | | | |
| Comprehensive Training | | | | | | | | |
| High-level ICD-10 Training | | | | | | | | |
| Documentation | | | | | | | | |
| Coding | | | | | | | | |

5.3 Project Plan Overview

After defining the overall timeline, the detailed steps of the project plan should be discussed within your practice.

The ICD-10 transition process does not need to be a daunting nor threatening task. It requires judicious use of checklists, attention to detail, and relentless follow-through. Our first recommendation requires you appoint a project manager/coordinator with the authority to drive tasks to completion. The transition to ICD-10 could cause a disruption if not approached proactively. Some staff members will embrace this transition and move forward rapidly. Others will have to be monitored closely. Since time is of the essence to ensure a smooth migration to ICD-10, the project manager will have to possess great leadership skills. Assuming this step to be complete, the next steps include:

5.3.1 Planning

- 1) **Identify the resources** who will be impacted by ICD-10. This includes the obvious resources such as the practice manager, physicians, and coders. It also includes other resources such as the EMR, Billing, and practice management systems vendors, the IT staff, the clinical staff, and others who either use ICD-10 or support systems that use ICD-10.
- 2) **Create the project team** and let them know their roles and responsibilities. Everyone identified in the previous step is a stakeholder in this project. They all have specific tasks and many are dependent of others completing tasks before they can proceed. The ICD-10 Project Manager should document these tasks and be prepared to explain this to the team at the ICD-10 kickoff meeting.
- 3) **Assess your current systems** for ICD-10 readiness.
- 4) **Create the project plan** with specific steps and dates. Document the tasks, owners, dependencies, and due dates for each step in the process.
- 5) **Secure the budget** for the ICD-10 migration project. Budget both time and money for training, systems upgrades, books and tools, and sufficient cash reserves to continue running the business while reimbursements are withheld. Some billing systems partners are suggesting practices get a line of credit and/or set aside cash reserves to cover their costs for up to six months. A SmartSheet10 Technology analyst would work with the project manager through the all steps of the ICD-10 transition to mitigate the risks associated with the transition.

5.3.2 Communications

- 1) **Inform the Staff** of the upcoming ICD-10 transition project. It is crucial to have a team kickoff with all stakeholders present. This way they can ask questions, get information, and the project manager can look them in the eye and ask for their commitment to the success of this project. During this meeting, you should explain why ICD-10 is important to each of those attending, what is ICD-10 and how does it differ from ICD-9, what tools are available for them to start learning ICD-10 and their individual roles, responsibilities, and task dates.
- 2) **Contact your vendors** and ask them immediately if they are prepared to support dual coding. If they do not give you a definitive answer with a firm date, it is prudent to start working on plan B. Practices using systems that are not ICD-10 ready long before October 1, 2015 should start preparing to work with no income until this gets resolved.
- 3) **Contact your payers** and determine when they are going to be ready to start testing dual coding. Revise your tasks and timelines based on their input.
- 4) **Monitor vendor preparation** and continue to let them know you are monitoring. The stakes are too high for vendor surprises. Ask them every 2 weeks to describe their progress on supporting dual-coding and when/how you will upgrade your systems to begin testing this.
- 5) **Monitor payer preparation** just like your vendors. Since the payers are the ultimate consumer of ICD-10, you must push them to be sure they are prepared to handle dual codes and continue reimbursement.

5.3.3 Testing

- 1) **Internal** testing will ascertain several factors.
 - a. Is your EHR ready for dual coding
 - b. Does the patient chart data contain sufficient details to enable the coders to select the codes with the highest level of detail?
 - c. **Can your EHR exchange dual codes with the billing system?**
 - d. Can your EHR and/or Billing system determine the date of service and switch to ICD-9 or ICD-10 as appropriate?
- 2) External testing to be sure outside vendors are compatible with internal systems.
 - a. Can the billing system send dual coded information to the payer?
 - b. Can the payer receive dual coded information?
 - c. Is there a mechanism in place for resolution?

5.3.4 Comprehensive Testing

- 1) **High-level ICD-10 training** should be offered to all stakeholders. This can be in the form of webinars, classes, books, videos, or other media as appropriate. Ask each stakeholder to commit to completing this training by an early date.
- 2) **Documentation** of systems and process. Identify where ICD-10 will be required and who will need to respond with this. Clearly document the workflow for creation and, more importantly, resolution as needed.
- 3) **Coding of ICD-10 and ICD-9.** Dual coding will be required for up to two years after 01 October 2015. Be sure you have thoroughly confirmed the systems and people support this.

6 References

6.1 Introduction to ICD-10

<http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10Introduction.pdf>

6.2 Structure and Principles of Classification

http://www.who.int/classifications/icd/ICD10Volume2_en_2010.pdf

6.3 Primary CMS ICD-10 Website

<http://www.cms.gov/icd10>

6.4 Introduction

[http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413\[1\].pdf](http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413[1].pdf)

6.5 Frequently Asked Questions

<http://cms.gov/Medicare/Coding/ICD10/Downloads/ICD10FAQs2013.pdf>

6.6 Provider Resources

<http://cms.gov/Medicare/Coding/ICD10/ProviderResources.html>

6.7 SmartSheet10 Technology Website

<http://www.SmartSheet10Technology.com>

6.8 SmartSheet10 Technology How-to Site

<http://www.SmartSheet10Technology.com/how-to>

For a customized ICD-10 Road Map preparation program for your organization, please contact Collaborative Practice Solutions at sales@collaborativepracticesolutions.com

For more information about the SmartSheet10 Technology, please contact sales@SmartSheet10.com

