Workgroup for Electronic Data Interchange (WEDI):
Eight ICD-10 tasks for Providers to Complete Now

The ICD-10 compliance date is creeping closer and closer, and providers are still finding it challenging to plan and complete their transition preparations. A list of eight tasks that Jim Dale, Director of IT Risk and Compliance at BlueCross BlueShield of South Carolina and the Chairman of WEDI advises providers to complete in order to be ready for ICD-10 follows:

1. **Read background info and understand what ICD-10 is.**
   
   Some organizations still haven’t gone very far in this regard. They know it’s a new code set, but you need to understand what it’s about.

2. **Put someone in charge of leading the effort.**
   
   Obviously, in a one or two physician shop, it’s not a big deal to say, “You’re in charge.” But in a larger practice, you need someone in charge to make sure the practice stays focused on making sure this happens.

3. **Compile a list of everything you need to do.**
   
   Get that action list together, because it will point you to everything you need to test. You should be looking at what your biggest risks are, your high-volume items or your high-dollar procedures, and your most critical training partners. For example, look at your biggest payers. At least validate that everything is going to work well with them.

4. **Identify every single place the office uses ICD diagnosis or procedure codes, and look at the impact.**
   
   Obviously people are looking at the systems, but what about the forms you use? What about the contracts you have? The derivatives of that information? You might use data complied with ICD-10 codes in some other summary statistics you use for practice management. Determine if there are any clinical documentation implications. Certainly laterality is a big one that people are always talking about.

5. **How does the use of unspecified codes occur in your practice?**
   
   Do you plan to use them? There’s a big debate over what “unspecified” is because sometimes you don’t know the diagnosis when you send something out to a lab. You’re trying to hone in on the specific diagnosis. Some codes that don’t say “unspecified” really are, because they deal with a general ailment. Some codes that say “unspecified” may actually be fairly detailed and the best you can do. You really have to understand when it’s appropriate and not appropriate to use them.
6. Talk to your vendors.

Talk to your software vendors, and certainly your billers and clearinghouses and business associates to determine their state of readiness and how that’s going to impact your situation. Very few are in a position where they’re totally ready. Everyone is dependent on everyone else in this process.

7. You have to determine what your vendor can and can’t do for you

You may need software upgrades. If so, when are you going to have those available? In most cases, the software is not “plug and play” ready. Some vendors offer software as a service (SaaS), so when the vendor updates the software, you’re automatically accessing the updated version. But there are many others that must be customized to meet your needs. So it’s not just sufficient to say, “Well, the software’s ready so I’m good to go.” There might be some customization needed, and that takes time.

8. Look at budget impacts.

If you need to purchase software or training, that needs to be accounted for. You should also look into establishing a little reserve fund in case there are disruptions at implementation time. If a payer isn’t ready, do you have cash reserves so you can handle a temporary shortfall in payments while the payer is getting ready? Certainly we hope that any disruption is minor and short term, but one never knows with something this large.

For the complete article, visit http://ehrintelligence.com/2013/08/22/wedi-eight-icd-10-tasks-for-providers-to-complete-now/.