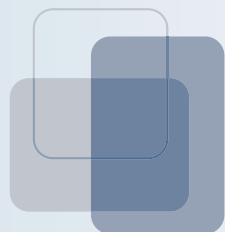


Coder's Roadmap to ICD-10

Below is a full curriculum to prepare coders for the Oct. 1, 2014 implementation of ICD-10. All AAPC members and industry coders are strongly encouraged to consider all steps in the plan as each one provides the foundation for the next.

ICD-10 TIMELINE

2012



ICD-10

Step 1

**ICD-10-CM
Implementation
Training**

- Everything you need to know to implement ICD-10-CM in your practice
- Areas of ICD-10-CM impact, working with vendors and GEMS
- Documentation challenges of ICD-10-CM
- Templates, tools and checklists to simplify the transition
- 16 hours

Step 2

**ICD-10-CM
Anatomy and
Pathophysiology
Training**

- Advanced training for increased specificity requirements
- How to identify the appropriate diagnosis or condition
- Key areas of challenge posed in ICD-10-CM
- 14 hours

2013

Step 3

**PHASE I
ICD-10-CM
Code Set Training**

- General code set training
- Complete guidelines with ICD-10-CM hands-on exercises
- Recommend prior to PHASE II Specialty Code Set Training
- 16 hours
- Available 2nd Quarter, 2013

2014

Step 4

**PHASE II
ICD-10-CM
Specialty
Code Set Training**

**Multi-
Specialty**

or

**Specialty
Specific**

- Multi-specialty or single-specialty
- Advanced, real-world, hands-on coding
- 4 - 8 hours
- Available January, 2014

Step 5

**ICD-10 Proficiency
Assessment**

- 75 questions
- Open book, online, unproctored, use any resource available
- Two attempts to pass over a two year window (Oct. 1, 2013 – Sept. 30, 2015)

ICD-10 Implementation

OCTOBER 1, 2014



Learn more at

www.aapc.com/icd-10coder

Coder's Roadmap FAQs

Do I need every training step in this roadmap?

The steps listed on this roadmap are strongly recommended for coders preparing for ICD-10. However, some training steps may be skipped with prior experience or knowledge. For example, coders who do not wish to learn the implementation process of ICD-10 may want to skip Step 1: *ICD-10 Implementation Training*.

Why should I take Step 2: ICD-10 Anatomy and Pathophysiology training?

Due to the clinical nature of ICD-10-CM it is recommended that those without a very strong understanding of, or experience in anatomy and/or physiology strongly consider a refresher course. AAPC's *ICD-10 Anatomy and Pathophysiology* training covers all body systems in 14 modules and helps coders prepare for the advanced specificity and stronger clinical knowledge requirements of ICD-10.

Do I need Specialty ICD-10 Code Set training? I don't work in a specialty.

Specialty ICD-10 Code Set training is divided into a single multi-specialty training course or twenty (20) specialty-specific trainings. It is recommended for those that want more detailed training for a particular specialty or more advanced multi-specialty training. Specialty code set training is not required to pass the *ICD-10 Proficiency Assessment* (Step 5).

What is the ICD-10 Proficiency Assessment and is it required?

The *ICD-10 Proficiency Assessment* is the only step of this roadmap required for all certified AAPC members. You should prepare yourself as you would for other exams or assessments. To ensure employers continue to have confidence in a certified coder's ability to accurately code the current code sets, AAPC certified members will have two years to pass an open-book, online, unproctored assessment.

It will measure your understanding of ICD-10-CM format and structure, groupings and categories of codes, ICD-10-CM official guidelines, and coding concepts.

- Required for AAPC credentialed coders, (excluding CPPM®, CPCO™, and CIRCC®), recommended for all others working with the new code set.
- Two (2) years to take and pass the assessment, beginning October 1, 2013 (one year before implementation of ICD-10) and ending September 30, 2015 (one year after implementation)
- 75 questions, open-book, online, and unproctored
- Coders will have two (2) attempts at passing for the \$60 administration fee
- ICD-10-CM only (ICD-10-PCS will not be covered in the assessment)
- No CEUs given

What about ICD-10-PCS?

ICD-10-PCS is a procedural coding system developed for reporting hospital procedural services. After implementation of the new classifications, physicians will still report their services with CPT® codes. But the hospitals which provide the operating rooms, nursing services, and hospital beds for patients will report the procedures their patients undergo using ICD-10-PCS.

ICD-10-PCS will not affect coding of physicians' services in their offices. However, physicians should be aware that documentation requirements under ICD-CM-PCS are quite different, so their inpatient medical record documentation will be affected by this change.



Learn more at
www.aapc.com/icd-10coder