### ICD-10 will change everything.

#### **Physicians**

• Documentation:

The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.

· Code Training:

Codes increase from 17,000 to 140,000. Physicians must be trained.

#### Nurses

· Forms:

Every order must be revised or recreated.

Documentation:

Must use increased specificity.

• Prior Authorizations:

Policies may change, requiring training and updates.

#### Lab

Documentation:

Must use increased specificity.

Reporting:

Health plans will have new requirements for the ordering and reporting of services.

#### **Clinical Area**

Patient Coverage:

Health plan policies, payment limitations, and new ABN forms are likely.

Superbills:

Revisions required and paper superbills may be impossible.

· ABNs:

Health plans will revise all policies linked to LCDs or NCDs, etc., ABN forms must be reformatted and patients will require education.

#### **Managers**

New Policies and Procedures:

Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.

Vendor and Payer Contracts:

All contracts must be evaluated and updated.

Budgets:

Changes to software, training, new contracts, new paperwork will have to be paid for.

· Training Plan:

Everyone in the practice will need training on the changes.

#### Front Desk

· HIPAA:

Privacy policies must be revised and patients will need to sign the new forms.

Systems:

Updates to systems are likely required and may impact patient encounters.

#### Billing

• Policies and Procedures:

All payer reimbursement policies may be revised.

• Training:

Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

#### **Coding**

Code Set:

Codes will increase from 17,000 to 140,000. As a result, code books and styles will completely change.

Clinical Knowledge:

More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.

Concurrent Use:

Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.

## Will you be ready?

AAPC can help every aspect of your practice's transition to ICD-10. Whether you just want the basics or need complete implementation training, AAPC has a solution to fit your needs.

For more information, visit www.AAPC.com/ICD-10



# Coder's Roadmap to ICD-10

Below is a full curriculum to prepare coders for the Oct. 1, 2013 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**

2011



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

2012

Step 3

PHASE I ICD-10-CM Code Set Training

- · General code set training
- Complete guidelines with ICD-10-CM hands-on exercises
- Pre-requisite to PHASE II Specialty Code Set Training
- 8 hours
- Available Q2, 2012

Step 4

PHASE II ICD-10-CM Specialty Code Set Training

Multi-Specialty Specialty Specific

- Multi-specialty or single-specialty
- Advanced, real-world, hands-on coding
- Pre-requisite: PHASE I ICD-10-CM Code Set
- 8 16 hours
- Available O3, 2012

2013

Step 5

ICD-10 Proficiency Assessment ICD-10
Implementation

- 75 questions
- Open book, online, unproctored, use any resource available
- Two attempts to pass over a two year window
   (Oct. 1, 2012 – Sept. 30, 2014)

OCTOBER 1, 2013



Learn more at

www.aapc.com/icd-10coder