Medi-Cal ICD-10 Transition Checklist

Background
Due to the enhanced specificity and level of detail of the International Classification of Diseases, 10th Revision (ICD-10) code set, the transition from ICD-9 is anticipated to have a significant impact on Medi-Cal, health plans, health care providers and trading partners. The ICD-10 Clinical Modification (CM) and Procedure Coding System (PCS) codes will improve the ability to govern reimbursement, monitor a population's health, track trends in disease and treatment, and optimize health care delivery.

ICD-10 codes will be required on all HIPAA transactions. In general, outpatient, professional and pharmacy claims with a date of service on or after October 1, 2015, and long term care and inpatient claims with through dates on or after October 1, 2015, will need to be submitted with ICD-10 codes. Instructions completing a specific claim form to be compliant with ICD-10 mandates can be found on the Medi-Cal website.

Resources/References
The Centers for Medicare & Medicaid Services (CMS) and American Health Information Management Association (AHIMA) have created checklists of action items to assist providers in their preparation for the ICD-10 implementation. The ICD-10 Implementation Timelines page of the CMS website has several checklists for small and large practices and hospitals (http://www.cms.gov/Medicare/Coding/ICD10/ICD-10ImplementationTimelines.html). Providers can access the AHIMA checklist from the ICD-10 Overview page of the AHIMA website (http://www.ahima.org/topics/icd10).

Medi-Cal recommends that providers review and follow the checklists in order to prepare themselves for ICD-10 implementation and offers a Medi-Cal-specific checklist below.

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Xerox State Healthcare, LLC, the Fiscal Intermediary for the Medi-Cal program, has outlined a checklist in anticipation for the ICD-10 code transition, which is scheduled to implement on October 1, 2015. Medi-Cal recommends that providers follow this checklist in order to prepare themselves for the ICD-10 implementation.

Getting Ready for the ICD-10 Transition: **Plan, Communicate and Review** **Requires Immediate Attention**	☐ Review ICD-10 resources from Medi-Cal, CMS, vendors/billing contractors and other resources.
	☐ Notify your staff of the future ICD-10 code change.
	☐ Assemble an ICD-10 project team to handle tasks and oversee the transition. Be sure to include individuals from different business units affected by the ICD-10 transition.
	• Assign individual tasks to different members of the ICD-10 project team. At group meetings, assess progress of the transition.
	☐ Assess the effects of ICD-10 on your organization.
	• Assess the effect on all business units.
	• Locate current learning/skill gaps for coding staff.
	☐ Create a plan of action to tackle the ICD-10 transition.
	• Identify goals and develop a strategy to undertake the transition.
	• Keep concise and consistent messages as part of a communication strategy to educate stakeholders (upper management, IT staff, and other transitory staff).
	☐ Business Partner Preparedness: Assess the timeframe it will take payers

	and other billing service contractors to get ready for ICD-10 (three months, five months, etc.). • Assess contractor preparedness by using a timeline for upgrading the system.
ICD-10 Transition and Testing **(March 2014 to September 2015)**	☐ Conduct high-level training with clinicians and coders between March 1, 2014, and December 2014. • Offer designated coders and other personnel comprehensive training early for training, mapping and auditing. ☐ August 2014 – September 2014, start testing claims and other transactions using ICD-10 codes with business trading partners such as payers, clearinghouses, and billing services. • Begin internal testing and validate the system changes for ICD-10. • Begin external testing with payers, vendors and other contractors. ☐ January – April 1, 2015, start reviewing coder and clinician preparation and start detailed ICD-10 coding. ☐ Get vendors to complete transition to production-ready ICD-10 systems. ☐ Develop a back-up plan for continuing operation if a critical system fails or has any problem during ICD-10 implementation. ☐ Create a communication plan for post ICD-10 implementation. ☐ Continue progress updates with the ICD-10 implementation team and upper management.
Preparing for Go-Live	☐ Confirm with system contractor(s) that upgrades/enhancements in the contractor system have been completed. ☐ Finalize all internal system upgrades and testing. ☐ Make any adjustments to results of testing responses and do regression testing. ☐ Revisit and conduct a test of the back-up plan, in case the implementation of ICD-10 poses any problems, to remain operational. ☐ Finalize external testing with outside contractors. ☐ Coding staff should complete their comprehensive ICD-10 training prior to the go-live date. It is recommended for training to begin six to nine months before implementation. ☐ Resolve any problems/issues that may arise during testing that may have been overlooked. ☐ Enact the ICD-10 implementation communication plan. ☐ GO-LIVE: Implement ICD-10 by October 1, 2015.

Completing the ICD-10 Transition and Post-Compliancy **(Must be completed by October 1, 2015)**	☐ Complete ICD-10 transition full compliance: October 1, 2015. ICD-10 codes are required for services provided on or after October 1, 2015. ☐ Monitor any errors as they occur. ☐ Continue any coding staff training if learning gaps still exist.

The Latest News for ICD-10 is available on the CMS website. Providers and submitters are encouraged to check this page periodically for new information.