

TRICARE Information Management (IM) and the Military Health Services are preparing for the transition to International Classification of Diseases, 10th Revision (ICD-10) on October 1, 2013. Misconceptions about the implementation of ICD-10 could jeopardize the Military Health System's ability to successfully implement ICD-10 by the compliance date. This issue outlines some possible misconceptions and explores the associated realities.

ICD-10 Misconceptions

#1: Transitioning to ICD-10 will simply be an "IT" or "Medical Records" problem. Information Management will execute the implementation alone.

Reality: It is true that the implementation of ICD-10 will affect IT and Medical Records. Those functions will play key roles in the conversion. However, ICD-10 is a transition that will impact most everyone involved in the clinical and revenue cycle areas. Clinical staff will need training to learn the new code sets for diagnosis and procedure reporting. Providers may need enhanced documentation training. Non-clinical and clinical staff will need training on system changes.

#2: We don't need to plan now. We can wait until 2012 to begin preparations for ICD-10.

Reality: Conducting impact analysis, requirements development, and testing are extensive tasks. The Workgroup for Electronic Data Interchange (WEDI) [timeline](#) estimates that the Impact Analysis could take 9 to 12 months. Persons that will conduct these tasks should review information about the ICD-10 code sets to gain a basic understanding. This information will be helpful when conducting the analysis. Complete an inventory of all systems (electronic and manual) that use ICD-9 codes. WEDI estimates that development of requirements may require 9 months (depending on the impact analysis findings). Internal testing by vendors requires up to 12 months. When performing external testing, you may want to allow an additional 8 months to resolve any issues. It is better to begin your implementation process sooner, rather than later, to reduce the risk of not meeting the compliance date. In fact, it should have already begun.

#3: MHS system developers will manage the implementation.

Reality: Program offices and software vendors will contribute to conversion activities for ICD-10, but only to address the technical aspects of their applications. They will ensure that systems can support the expanded character sets, code descriptions, and software business rules for ICD-10. *(Continued)*

However, much of the labor will rest with those in the organization that are responsible for business processes, staff training and overall workflow integration across applications.

#4: Unnecessarily detailed medical record documentation will need to be developed once the industry moves from ICD-9 to ICD-10.

Reality: As with ICD-9 diagnosis coding, ICD-10 coding should be based on medical record documentation. While documentation supporting accurate and specific codes will result in higher-quality data, nonspecific codes are still available for use when documentation does not allow for a higher level of specificity. Quality documentation can be taught during the training for your clinical staff. Results of having more detailed documentation can improve quality of patient care in your facility. Why not start practicing detailed documentation now? Challenge your clinical staff to submit reports with more information; therefore, when the industry moves to ICD-10, your staff will be ready to provide more detail as required in the new code sets.

Upcoming Events!!

Sept. 7-9, 2011 - Nashville, TN

AAPC Regional Conference

<http://www.aapc.com/medical-coding-education/conferences/index.aspx>

Sep 14-15, 2011 - Baltimore, MD

CMS ICD-9 Coordination & Maintenance Committee Meeting

<http://www.cms.gov/apps/events/>

Sep 20-22, 2011 - Alexandria, VA

TRICARE Data Quality Training Course (Free) Marriott Courtyard Alexandria Pentagon, South Hotel

<http://www.tricare.mil/ocfo/mcfs/dqmcp/registration.cfm>

Note that the above ICD-10 related links are provided as informational resources only and do not constitute an endorsement of any non-Government site or entity.