Road to 10: The Small Physician Practice's Route to ICD-10

CMS ICD–10
CENTERS FOR MEDICARE & MEDICAID SERVICES

Official CMS Industry Resources
for the ICD–10 transition
www.roadto10.org

1 – Plan Your Journey

In the beginning stages of your ICD-10 journey you need to pinpoint where diagnosis codes are used in your practice. You also need to prepare an ICD-10 transition budget. To get you started, we have provided action steps and a pictorial roadmap.

2 – Train Your Team

To better assist your practice with the transition process, we have developed several tools and highlighted several training sources to get you started on the path to ICD-10 compliance.

Clinical documentation and coding materials can be found within the **Train Your Team** section of the Action Plan at *www.roadto10.org*.

3 – Update Your Processes

Incorporating more detail in clinical documentation is an important step in your ICD-10 transition. Updating your policies, procedures, forms, and templates is also crucial. To assist you, we have developed specific action steps for you to complete.

4 – Engage Your Vendors and Payers

Collaboration with your payers and vendors is a significant portion of the ICD-10 transition. Each one's approach to ICD-10 needs to be assessed so that system updates, set-up tasks, and compliance risks can be addressed. The following tools will guide you through these activities.

5 – Test Your Systems and Processes

Testing is a critical component of the ICD-10 transition. We have developed steps to outline the system, process, vendor testing, and payer testing activities that need to be completed. In addition, a list of options is provided to help you practice ICD-10 coding and validate supporting clinical documentation processes.

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1 Plan Your Journey

This timeline is designed to provide a viable path forward for organizations just beginning to prepare for ICD-10.
CMS encourages those who are ahead of this schedule to continue their progress forward.

	2014						2015										Oct
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept		Oct
Plan Your Journey																	
Understand the Impact	■	■	■														
Identify the Team	■	■	■														
Prepare a Budget and Forecast	■	■	■														
Arrange for Training and Education	■	■	■														
Train Your Team																	
Obtain Clinical Documentation Education	■	■	■	■	■	■	■	■	■	■	Ongoing Practice and Validation						■
Obtain Coding Education	■	■	■	■	■	■	■	■	■	■	Ongoing Practice and Validation						■
Obtain ICD–10 Overview Education	■	■	■	■	■	■	■	■	■								
Update Your Processes																	
Improve Clinical Documentation	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Revise Paper Forms and Templates				■	■	■	■										
Modify Policies and Procedures				■	■	■	■										
Engage Your Vendors																	
Engage Technology Vendors and Update Systems	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Engage Staffing/Billing Vendors and Evaluate Readiness	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Engage Clearinghouses and Evaulate Readiness	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Engage Payers and Evaluate Readiness	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Test Your Systems and Processes																	
Prepare Internal Testing of Systems and Processes	■	■	■	■	■												
Perform Internal Testing of Systems and Processes	■	■	■	■	■	■											
Conduct External Testing with Partners	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Check ICD–10 Readiness														■			

Deadline October 1, 2015

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1 *Plan Your Journey*

It is important to understand where your practice is on the road to ICD-10.
Use the following checklist to plan your journey.

Check the box when you have completed each step.

Understand the Impact

☐ **Review** the roadmap, action steps, checklists, and other materials included with your action plan to understand where you are in your journey and what you need to do next.

☐ **Isolate** where diagnosis codes are used in your practice today. Ask your team how and where they use/see ICD-9 codes. Record the processes, forms, and systems where your practice uses diagnosis codes by downloading and completing the Process and System Inventory Template in the Template Library at www.roadto10.org.

☐ **Pinpoint** the ICD-9 codes you use most frequently use by reviewing superbills, encounter forms, practice management system reports, and the Common Codes in your action plan.

☐ **Utilize** the list of your most frequent ICD-9 codes to help identify the ICD-10 codes relevant to your practice. Make special note of those conditions where the available number of diagnosis codes in ICD-10 is noticeably larger. The following sources of information will assist you in identifying the most pertinent ICD-10 codes:

- Tabular form of the 2014 release of ICD-10-CM codes and descriptions published by the National Center for Health Statistics (NCHS) - ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2014/

  Open the ICD-10CM_FY2014_Full_PDF.zip file then unzip and save the PDF document named "ICD10CM_FY2014_Full_PDF_Tabular" to your local device

- Online ICD-10-CM search tools/applications

- Hard copy or electronic publications of 2014 ICD-10-CM code books

- Common Codes from your action plan

- 2014 General Equivalence Mappings (GEMS) Diagnosis Codes and Guide from CMS - http://cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html

- Crosswalks from your system vendors and largest payers

- Note – Your practice should natively code in ICD-10. Only use crosswalks and mappings as a point of reference. By natively coding in ICD-10, your practice will be in a better position to select specific codes reflecting patient complexity of care.

Identify the Team

☐ **Select** the members of your practice who will be part of the ICD-10 journey.

☐ **Establish** accountability for the processes, forms, and information systems affected by ICD-10 and assign specific responsibilities to the members of your team.

Prepare Budget and Forecast

☐ **Estimate** your practice's monthly revenue for the 12 month period following the compliance date:

- Plan for an increase in aging A/R (accounts receivable), underpayments, denials, and rejections, all of which have the potential to reduce or delay collections. The increase for which you plan is subjective and will vary depending upon the:
  - Amount and type of external testing and preparation in which you engage to flush out potential issues.
  - Proficiency you have with the ICD-10 codes most common to your practice.
  - Steps you implement prior to the compliance date to enhance clinical documentation processes, where needed, to support ICD-10 code selection.
- Factor in potential changes in risk adjusted, condition based, or case mix adjusted reimbursement models in which your practice participates. Review your payer contracts and talk to your payers to validate whether your reimbursement structures will be impacted by ICD-10.

☐ **Budget** for the following expenses:

- Practice management, EHR, and/or other system upgrades or purchases you may need to help you achieve ICD-10 compliance.

- ICD-10 code selection support tools, books, and software you intend to purchase.

- ICD-10 updates to paper forms and documents which reference diagnosis codes.

- ICD-10 overview, documentation, and coding training for your practice staff.

- User training on the ICD-10 functionality included with system upgrades.

- Temporary staffing in cases where you anticipate a large reduction in productivity as a result of increased time your practice may need to prepare documentation, code encounters, and follow-up on claim issues. The productivity factors you use are subjective and will vary depending upon the:
  - Amount and type of external testing and preparation you engage in to flush out potential issues prior to the compliance date.
  - Proficiency you have with the ICD-10 codes most common to your practice.
  - Steps you implement prior to the compliance date to enhance clinical documentation processes, where needed, to support ICD-10 code selection.

Arrange for Training and Education

☐ **Review** the Train Your Team section of your action plan to understand the ICD-10 training and education resources available to your practice. Determine the type and source of training for each practice staff member based on the following general guidelines:

- Documentation training for physicians, nurse practitioners, physician assistants, and other staff who document in the patient medical record.

- Coding training for staff members who work with codes on a regular basis.

- Overview training for staff members engaged in administrative functions.

- User training on the ICD-10 functionality included with system upgrades.

☐ **Schedule** training for practice staff members who require it.

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3 *Update Your Processes*

Specific work flow activities need to be updated. To help get your practice started, we have developed key action steps for you to follow.

Check the box when you have completed each step.

Improve Clinical Documentation

☐ **Obtain** the following information from your clearinghouse, billing service, or system for the most recent twelve (12) month period:

- Your claim rejections and denials by ICD-9 diagnosis code and payer.

- The most common unspecified ICD-9 codes you submit by payer.

☐ **Pinpoint** the ICD-9 codes with the highest rate of rejections and denials, by claim count and dollar volume, for each of your largest payers:

- Categorize the primary reasons for the denials and rejections.

- Note changes you can make to your documentation and billing processes to address the fundamental causes for the denials and rejections.

☐ **Modify** your processes, where applicable, to address the underlying causes of the claim denials and rejections. Isolate the earliest link in the revenue cycle where the error occurred, and target your fixes at this sticking point.

☐ **Identify** your commonly billed unspecified ICD-9 codes, by claim count and dollar volume, for each of your largest payers. Strive to reduce the number of unspecified codes you submit, where appropriate. Instead, look for diagnosis codes which better capture patient complexity of care.

☐ **Gain** familiarity with the ICD-10 codes you will most frequently use by reviewing the following sources of information:

- Tabular form of the 2014 release of ICD-10-CM codes and descriptions published by the National Center for Health Statistics (NCHS) - ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2014/

  Open the ICD-10CM_FY2014_Full_PDF.zip file then unzip and save the PDF file named "ICD10CM_FY2014_Full_PDF_Tabular" to your local device

- Online ICD-10-CM search tools/applications

- Hard copy or electronic publications of 2014 ICD-10-CM code books

- Common Codes, which can be found within your action plan in the "Train Your Team" section

- 2014 General Equivalence Mappings (GEMS) Diagnosis Codes and Guide from CMS
  http://cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html

- Crosswalks from your system vendors and largest payers

Note – Your practice should natively code in ICD-10. Only use crosswalks and mappings as a point of reference. By natively coding in ICD-10, your practice will be in a better position to select specific codes reflecting patient complexity of care.

☐ **Evaluate** a sample of your clinical documentation. The sample should include common conditions seen at your practice where the underlying ICD-9 codes map to multiple ICD-10 codes. Determine if all key concepts relevant to patient care were captured in sufficient detail within the sample to support the selection of appropriate ICD-10 codes.

☐ **Review** documentation best practices for common conditions in your area of practice. Refer to the Primer for Clinical Documentation Changes and Clinical Scenarios provided with your action plan.

☐ **Increase** your level of documentation in those instances where key concepts are not being captured in sufficient detail to support the selection of an ICD-10 code which best reflects the patient complexity of care.

Revise Paper Forms and Templates

☐ **Incorporate** ICD-10 codes into paper forms and tools which reference diagnosis codes:

- Pre-admission/Pre-certification

- Referral

- Authorization

- Orders

- Superbills/Patient Encounters

- Inpatient and Outpatient Scheduling

- Quality Reporting

- Public Health Reporting

- Other paper forms and tools you use which capture diagnosis code information.

☐ **Review** the Primer for Clinical Documentation Changes included with your action plan and adjust the following templates to accommodate all the necessary information:

- Patient Registration and History

- Assessments

- Care Plans

- Other documentation templates used by you practice.

Modify Policies and Procedures

☐ **Add** steps to determine if a patient is eligible for dual/supplemental coverage for special clinical programs which are condition/diagnosis based:

- End Stage Renel Disease (ESRD)
- Black Lung Disease
- Other Conditions

☐ **Identify** your most common services that may trigger reviews or denials related to medical necessity. Adopt procedures to isolate the ICD–10 diagnosis codes needed to make a coverage determination for these common servies prior to claims submission.

☐ **Track** patient complaints, payment delays, denials, and increases in authorization volume for at least (3) months beginning on the compliance date. By logging this information, your practice will be in a better position to spot and address problems more quickly.

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4 *Engage Your Vendors and Payers*

Effective coordination is an important part of the ICD-10 transition. To assist you with your coordination efforts, we have provided action steps for you to follow based upon the type of vendors and payers with whom your practice works.

Billing Services

With the advent of ICD-10 come many changes to the billing process. It is imperative to reach out to your billing service in order to ensure that on the compliance date, they will be ready to handle ICD-10 diagnosis codes.

Here you can enter all the vendors you will need to engage. Check the appropriate box when steps are taken to keep track of your progress.

Contacted	Responded	Billing Service	Contact Name	Email	Phone
☐	☐				
☐	☐				

Download Billing Service Assessment in the Template Library at www.roadto10.org

Please utilize the following checklist in order to coordinate with your billing service regarding the transition to ICD-10:

☐ **Evaluate** your contract. It's essential to understand if there are additional ICD-10 related technology expenses for which you need to allocate funds. Check to see whether customer service and training regarding ICD-10 implementation, as they relate to outsourced billing, are included in your service fee.

☐ **Download** a copy of the Billing Service Assessment from the Template Library at www.roadto10.org. Email a copy of the assessment to your billing service representative. Ask them to complete the assessment and return it to you promptly.

☐ **Review** the completed Assessment returned by your billing service. Follow-up with them within a week of receiving the completed Assessment to discuss questions you have regarding their responses.

☐ **Complete** tasks for your practice that will ensure compliance and compatibility with the ICD-10 updates your billing service has made/is making. Refer to the Assessment to identify the specific set-up activities for which you are responsible.

☐ **Perform** ICD-10 testing with your billing service. Refer to the Test Your Systems and Processes section of your action plan.

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Commercial Payers

With the advent of ICD-10 come many changes to the billing process. It is imperative to reach out to your payers in order to ensure that on the compliance date, they will be ready to handle ICD-10 diagnosis codes. Here you can enter all the payers you will need to engage.

Check the appropriate box when steps are taken to keep track of your progress.

Contacted	Responded	Payer Name	Contact Name	Email	Phone
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				

Please utilize the following checklist in order to coordinate with your clearinghouse regarding the transition to ICD-10:

☐ **Evalute** your payer contracts. Although it is unlikely your reimbursement is contingent on diagnosis codes, it is important to understand if the transition to ICD-10 will affect your fee schedule or payment methodologies.

☐ **Download** a copy of the Payer Assessment from the Template Library at www.roadto10.org. Email a copy of the assessment to your payer representative. Ask each payer to complete the assessment and return it to you promptly.

☐ **Review** the completed Assessments returned by your payers. Follow-up with your largest payers within a week of receiving the completed Assessment to discuss questions you have regarding their responses. Note any ICD-10 related policy and/or reimbursement changes your largest payers are making.

☐ **Request** a copy of the ICD-9/ICD-10 crosswalk used by each of your largest payers. Examine the most common ICD-9 diagnosis codes you bill today and identify potential ICD-10 mapping concerns you need to address with each payer.

☐ **Perform** ICD-10 testing with your payers. Refer to the Test Your Systems and Processes section of your action plan.

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Medicare

Please utilize the following checklist to coordinate with your Medicare Administrative Contractor (MAC) regarding their ICD-10 transition:

- [ ] **Review** your MAC's ICD-10 website. For ICD-10 information specific to MAC jurisdiction, please see the chart in the "Engage Your Vendors and Payers" section of your action plan at www.roadto10.org. For general CMS information on Medicare Claims Processing Guidance for ICD-10, please see http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7492.pdf.

- [ ] **Complete** tasks for your practice that will ensure compliance and compatibility with CMS ICD-10 policy as well as the ICD-10 updates your MAC is instituting.

- [ ] **Review** your MAC's updated LCDs as well as CMS's NCDs for ICD-10. Updated LCDs and NCDs are currently available. Please see http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx to search for specific National and Local Coverage Documents.

- [ ] **Enroll** your practice for testing with your MAC, if you directly submit claims to them. All MACs provide pre-registration for testing.

- [ ] **Perform** ICD-10 testing with your MAC. CMS conducted a national testing week in March of 2014 and is planning future testing events for direct submitters (providers and clearinghouses). Please note that providers participating in testing week will receive electronic acknowledgement confirming that the submitted test claims were accepted or rejected.

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Medicaid

Please utilize the following checklist to coordinate with your State Medicaid Agency regarding their ICD-10 transition:

☐ **Review** your agency's ICD-10 website. For ICD-10 information specific to your State Medicaid Agency, please see the chart in the "Engage Your Vendors and Payers" section of your action plan at www.roadto10.org. While the breadth and depth ICD-10 information provided by Medicaid agencies may vary from state to state, ensure that you note ICD-10 related deadlines, testing information, and FAQs. Although it is unlikely your reimbursement is directly contingent on diagnosis codes, it is important to understand if the transition to ICD-10 will affect their fee schedule or payment methodologies.

☐ **Complete** tasks for your practice that will ensure compliance and compatibility with the ICD-10 updates your Medicaid agency is instituting. Refer to your Agency's website for specific dates, guidelines, policies, and other claims processing manuals.

☐ **Enroll** your practice for testing with your Medicaid agency, if possible. Many agencies require pre-registration for testing. Contact your agency if you are unsure how to do so.

☐ **Perform** ICD-10 testing with your agency. Refer to the Test Your Systems and Processes section of your action plan.

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Military Payers

Please utilize the following checklist to coordinate with your military payers regarding their ICD-10 transition:

☐ **Review** your military payers' ICD-10 websites. For ICD-10 information specific to VA, CHAMPVA, and your TRICARE Regional Contractor, please see the charts in the "Engage Your Vendors and Payers" section of your action plan at www.roadto10.org. While the breadth and depth of ICD-10 information provided by each administrator may vary, ensure that you note ICD-10 related deadlines, testing information, and FAQs. Although professional TRICARE, VA, and CHAMPVA reimbursement is not directly contingent on diagnosis codes, it is still important to understand how ICD-10 may impact electronic claims submission and processing for your military payers.

☐ **Complete** tasks for your practice that will ensure compliance and compatibility with the ICD-10 updates your military payers are instituting. Refer to your military payers' websites for specific dates, guidelines, policies, and claims processing manuals.

☐ **Enroll** your practice for testing with your military payers, if your practice directly submits claims to them. Many payers provide pre-registration for testing. Contact your administrator for testing details.

☐ **Perform** ICD-10 testing with your military payers. Refer to the Test Your Systems and Processes section of your action plan.

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5 Test Your Systems and Processes

Testing of key systems and processes is essential to your ICD-10 transition success! To this end, your practice should:

1
Prepare test cases to validate.

2
Perform internal testing of systems and work flow processes using ICD-10 diagnosis codes.

3
Conduct external testing with partners using data that contains ICD-10 diagnosis codes.

4
Practice coding in ICD-10 and validate supporting clinical documentation processes.

1 Prepare Test Cases

Real world test cases need to be assembled before you start testing. The following checklist provides you with suggestions on how to prepare these test cases.

Complete	Action Step	Description/Notes
☐	Identify test scenarios.	Isolate the ICD-9 diagnosis codes you use the most. Superbills, encounter forms, system reports, and the Common Codes in your action plan can help you pinpoint this information.
☐	Find encounters which represent the scenarios.	Locate at least ten (10) existing encounters/claims which include the ICD-9 diagnosis codes you identified in step one.
☐	Prepare test cases.	Prepare test cases using the encounters identified in step two. Utilize the ICD-9 codes found in the encounters/claims to help identify relevant ICD-10 codes for each scenario. Refer to the following sources of information:

• Tabular form of the 2014 release of ICD-10-CM codes and descriptions published by the National Center for Health Statistics (NCHS)– ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2014/ Open the ICD-10CM_FY2014_Full_PDF.zip file then unzip and save the PDF file named "ICD10CM_FY2014_Full_PDF_Tabular" to your local device

• Online ICD-10-CM search tools/applications

• Hard copy or electronic publications of 2014 ICD-10-CM code books

• Common Codes from your action plan

Complete	Action Step	Description/Notes
		• 2014 General Equivalence Mappings (GEMS) Diagnosis Codes and Guide from CMS – http://cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html
		• Crosswalks from your system vendors and largest payers Note – Your practice should natively code in ICD-10. Only use crosswalks and mappings as a point of reference. By natively coding in ICD-10, your practice will be in a better position to select specific codes reflecting patient complexity of care.
☐	Include different dates of service in your test cases.	For most of the cases, use ICD-10 codes and simulate a date of service on or after the compliance date.
		Incorporate at least one case using an ICD-9 code and simulate a date of service on or after the compliance date. This case should fail since ICD-10 codes are required with dates of service on or after the compliance date.
		Include at least one case using an ICD-10 code and simulate a date of service before the compliance date. This case should fail since ICD-9 codes are required for dates of service before the compliance date.

2 *Perform Internal Testing*

Internal testing helps to validate that your vital systems function properly when ICD-10 codes are used. It also helps in verifying that workflow processes incorporate ICD-10. Internal testing should start soon after you have:

- Gained access to an ICD-10 compliant version of your practice management, clinical, and/or other systems affected by the ICD-10 transition.

- Completed the system specific set-up and configuration activities for which your practice may be responsible.

Following are suggested action steps for your practice to undertake:
Check the box when you have completed each step.

Complete	N/A	Action Step	Description/Notes
☐	☐	Test systems which store, process, send, receive, or report diagnosis code information.	Use your test cases to verify the following system functions and processes work properly: • Perform eligibility & benefits verification. • Process a referral. • Process an authorization. • Schedule an office visit. • Schedule an outpatient procedure. • Schedule an inpatient admission. • Prepare to submit quality data. • Prepare to submit public health data. • Update a patient's history & problems. • Enter and process an order. • Verify that diagnosis dependent clinical decision support rules issue alerts. • Prepare clinical notes for an encounter. • Code an encounter. • Generate and process a claim. • Perform a claim status inquiry. • Reconcile and post a payment. • Run frequently used reports. • Perform other key tests as needed.
☐	☐	Document test results and retest as needed.	Document your test results. Investigate the cause (data entry, process, system, other) for tests that failed unexpectedly. Report potential system issues to the applicable technology vendors. Test fixes installed and changes made to address the problems you identified.

3 Conduct External Testing

External testing with vendors and payers helps you to:

• Verify that you can submit, receive, and process data containing ICD-10 codes.

• Understand the impact ICD-10 updates to clearinghouse and payer edits and rules
  will have on the transactions (claims, authorizations, etc.) you submit.

• Identify and address specific issues prior to the compliance date.

Testing with your vendors and payers should commence once:

• Internal testing is finished. Although sequential testing is preferred, consider conducting
  internal and external testing in parallel if your ICD-10 transition is behind schedule.

• Action steps in the Engage Your Vendors and Payers section of the action plan have been completed.

• A vendor or payer is ready to test with you. If a vendor or payer is not ready to test yet,
  follow-up with them on a regular basis until they are ready to schedule testing.

The following action steps will help guide you through the external testing process:
Check the box when you have completed each step.

Complete	N/A	Action Step	Description/Notes
☐	☐	Prioritize the stakeholders with whom you need to perform external testing.	Plan to test with the vendors or payers that have the greatest revenue impact on your practice first. Schedule a time to test with each vendor or payer.
☐	☐	Submit test data to your clearinghouse, billing service and/or payer(s).	Submit data to your vendors or payers using your test cases: • Send the data electronically if you have a system with the capability to do so. • If your system is unable to send electronic test transactions, submit test data using a mutually acceptable medium such as paper, a spreadsheet Excel file, or direct entry through the vendor's or payer's website. Billing services and clearinghouses should take the data you submit and: • Generate electronic test transactions. • Send electronic test transactions to applicable payers on your behalf • Forward test results to you once the transactions have been processed. Consider direct testing with payers when: • Your practice currently submits claims and other transactions directly to payers. • Your clearinghouse or billing service can't assure you that they will be ICD-10 compliant and/or they are unwilling to test with you. Direct payer engagement may help to mitigate this risk.

Complete	N/A	Action Step	Description/Notes
☐	☐	Review test results for the data you submitted to your clearinghouse, billing service, and/or payer(s).	Verify test results for each type of test transaction which was processed: • Eligibility • Authorizations • Claims • Remittances • Quality and/or Public Health Reporting Evaluate test results for accuracy. Examine payments, rejections, and denials: • Categorize the primary reasons for denials and rejections. • Note claim payments that are different from what you expected. • Review the test results with your vendor or payer to address your questions and gain a better understanding of the rules and edits that were applied. Address areas of concern.
☐	☐	Update your processes to address issues uncovered during testing.	Where appropriate, revise your documentation and billing processes to reduce rejections, denials, and payment errors moving forward.
☐	☐	Submit test data to hospitals, HIEs/RHIOs, disease registries, public health organizations, and government agencies.	Conduct testing if you exchange data containing diagnosis codes with these stakeholders. Submit data using your test cases: • Send the data electronically if you have a system with the capability to do so. • If your system is unable to send electronic test transactions, submit test data using a mutually acceptable medium such as paper, a spreadsheet/Excel file, or direct entry through the vendor's or payer's website.
☐	☐	Review test results for the data you submitted to your hospital, HIE, registry, public health, and government agencies.	Verify the following entities can accept ICD-10 data submitted by you. • Hospitals • HIEs/RHIOs • Disease Registries • Public Health Organizations • Government Agencies (Federal, State, Local) Validate you can process ICD-10 diagnosis codes you receive in exchange. Address areas of concern with these entities.

4 Practice and Validate

Practice and validation involves the internal simulation of native ICD-10 coding on select encounters for a period of time before the compliance date. Although you will not bill using ICD-10 codes until the compliance date, practicing can help increase your proficiency with ICD-10 coding and verify your clinical documentation contains sufficient detail to support ICD-10 code selection. The following action steps will help you apply a practice and validation strategy:

Check the box when you have completed each step.

Complete	N/A	Action Step	Description/Notes
☐	☐	Determine if your practice management system can capture ICD-9 and ICD-10 diagnosis codes for a single encounter.	Refer to the Engage Your Vendors and Payers section of your action plan. Review the responses your practice management system vendor provided to the Technology Vendor Assessment. Verify if you can capture ICD-9 and ICD-10 codes on the same encounter but only bill using ICD-9 codes for dates of service prior to the compliance date. Open a dialog with your vendor on this topic if additional clarification is needed.
☐	☐	Identify the type and amount of practice and validation you will perform.	Define the conditions you wish to code: • All conditions OR • The most common conditions seen by your practice – top 5 to 20 diagnosis codes. Determine if you want to practice on a daily basis or a couple of times per week. Identify the length of time you wish to practice and validate.
☐	☐	Select the tools to use for practice and validation activities.	Determine if you will practice and validate on paper or through your system (EHR and/or practice management system).

Complete	N/A	Action Step	Description/Notes
☐	☐	Complete prerequisite activities.	Complete the following prior to starting practice and validation activities: • Update your system to a version that supports ICD-10. Perform the "Improve Clinical Documentation and Revise Paper Forms and Templates" steps outlined in your action plan's Update Your Processes checklist. • Start ICD-10 training and education. • Perform an initial round of external testing with your vendors or payers.
☐	☐	Explore expanding external testing to include ICD-10 coding practice and clinical documentation validation activities.	Contact your billing service, clearinghouse, or largest payer(s) to see if they will review and provide feedback on encounters which you code in ICD-9 and ICD-10 prior to the compliance date.
☐	☐	Start to validate and practice.	Begin to practice coding in ICD-10 and validate supporting clinical documentation processes based on the guidelines you defined in this section of your action plan.