There is no single silver bullet for ICD-10 training. Apply a multi-faceted approach—in-person, hands-on, online, mobile apps, tip sheets, roundtables and more—to training (and retraining). Physicians, coders and impacted stakeholders to reinforce ICD-10 tenets that will facilitate accurate coding and documentation, lending to more accurate reimbursement.

Replicate ICD-9 bill edits for ICD-10 to hold claims that span the go-live date and require splitting, and create new edits that will evaluate sufficient, appropriate specificity of the code structure (e.g., laterality, gender). Finally, test edits to minimize billing work queues post-go-live.

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GEMs and encoder tools do not ensure data comparability between ICD-9 and ICD-10, and could impact core measure reporting, population health research, disease management as well as financial analyses. Scrutinize the comparability between ICD-9 and ICD-10 code assignments to really understand ICD-10’s impact on longitudinal data.

Early collaboration results showed up to 10-20% DRG variances for high risk inpatient cases. ICD-10 sequencing and grouping rules are expected yield some DRG shifting, but recent surveys also found instances of inaccurate code selection, missing and/or improper sequencing of codes.

Testing is one of the most complex activities, but is often underestimated and undervalued. Continually track timelines, maintain inventories and employ testing rigor across all ICD-10-specific scenarios.

For many organizations, the implementation of ICD-10 has been a multi-year endeavor requiring extensive effort across all facets of the enterprise. What can we expect across the industry as the October 1, 2015, compliance date looms closer?