The long delayed and controversial implementation of ICD-10-CM scheduled for October 1, 2015 is just around the corner. The information included is compiled from various sources to provide your practice with a comprehensive checklist. Coding backlogs and increased denials resulting from the ICD-10 transition will impact reimbursement, and the need for your organization to develop a contingency plan which focuses on cash flow decreases are more important than ever.

As of July 2015, CMS and other major payers have announced that on October 1, 2015 they will only accept ICD-10 coding. The guidelines stress the importance of compliant coding, including use of specific codes, even if general ones exist. This has contributed to the broader concern that lack of specificity, or even unintentional mistakes could result in claim rejections, denials, and interruptions in cash flow. CMS has addressed these concerns in a guidance document which states:

- For one year, CMS contractors will not deny claims solely on the basis of lack of specificity, as long as the code is generally correct (from the right family).
- For 2015, CMS will not impose a penalty under any of its quality reporting programs on the basis of lack of specificity, as long as the code is generally correct (from the right family).
- When contractors cannot process a claim due to internal administrative problems, an advance partial payment may be applied for.

Top 5 Risks of ICD-10 Conversion - athenahealth

1. Lack of preparation by your billing, practice management, and EMR vendor
2. Lack of preparation by your payers
3. Insufficient training for your staff
4. Reduced physician and staff productivity
5. Financial risk associated with high transition costs.

“Financial risk will be associated with high transition costs. The two biggest intangible costs will come after implementation from lost productivity and denied or delayed claims due to coding mistakes.” - Avery Hurt for Physicians Practice

How Much Cash Should You Have Available During the First Few Months Following the Implementation of the ICD-10 Coding System?

Industry experts suggest practices should have three to six months of operating cash set aside, or available in the form of a line of credit.

Have You Set a Goal to Clear Out All ICD-9 Billings Before Starting to Bill ICD-10 Effective October 1, 2015?

Compare your days to pay prior to October 1, and then post October 1 to verify if you are experiencing any delays receiving payments.
Is Your Practice Ready?

To get a sense of where your practice currently stands, see how many of the following questions you can answer.

**Encounter Documentation**
- What is your EHR vendor’s readiness plan?
- Can you name all the vendors with which you exchange diagnosis information?
- Will your providers’ documentation workflows be specific enough for ICD-10?
- Do you have a training plan for MAs, physicians, and billing staff?

**Quality Measurement**
- Do you know when you’ll need to generate the necessary reporting updates?
- How will your utilization review or population management reports change?

**Revenue Cycle Impact**
- How many certified medical billers do you have? Do they need to re-certify?
- Do you know which ICD-9 codes are commonly used on your claims?
- How are they changing in ICD-10?
- What rules might payers implement, and what are some errors you might see?

**CMS ICD-10 Quick Start Guide**

**CMS ICD-10 FAQ’s**
http://www.ahima.org/topics/icd10/faqs

**CMS ICD-10: Are you Ready?**
http://dc.cn.ubm-us.com/i/530145-pulse-icd-10-ebook-2016/2

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**The Time To Start Is Yesterday - Roberta Buell, OnPoint Oncology**

- Determine where change needs to happen and what it will cost
- Aligning your vendors is key to success
- Do not be conservative when allocating a budget
- Physicians must be trained as well - ICD-10-CM is very different
- Examine your payer policies; some are already translated!
- Utilize 5010 experience to transition into ICD-10
- Take advantage of resources that are available at no charge
- Create a list of the top 75 diagnoses codes* for your practice and make sure your staff is most familiar with these

*Nucleus crosswalk reference list included in resources section
Have You Developed an ICD-10 Implementation Plan?

Divide Plan Into Sections- Roberta Buell, OnPoint Oncology

Planning- Organize Implementation Effort & Establish Communication Plan

Vendors- Contact System Vendors

Budgeting- Estimate Budget

Training- Develop Training Plan, Analyze Business Processes & Policy Change Development

Testing- Deployment of Code

Payers- Communicate and Assess Their Readiness

Go-Live/Monitoring- Implementation Compliance

CMS ICD-10: Get Ready Now

Organize an Implementation Effort

Look at all areas that will impact your practice and identify each area that will be affected.

- List of codes
- Practice management system
- Electronic medical record (if applicable)
- Superbills
- Clinical areas & pharmacy

Schedule regular meetings to share information with physicians and discuss progress and barriers of implementation

AMA ICD-10 Implementation Project Plan Template:
https://download.ama-assn.org/resources/doc/washington/icd-10-project-plan-template.xls

Make Sure You Understand Testing is Essential - You Must Be Aggressive

30% of healthcare payers plan to test with most of their healthcare providers
60% plan to test with a sample of their providers
10% plan to test clearinghouses only

IDC-10 Readiness Survey Results (1174 participants)- Posted Feb. 2015 by Workgroup Electronics Data Interchange (WEDI)

Establish Communication Plan

Plan must be written and disseminated as to how and when things will happen, such as:

- Training
- Systems testing
- Chart audits
- Dual coding
- Testing
- Go-live date
- Monitoring
- Shut down of ICD-9-CM
Have You Created an ICD-10 Budget?

Budget considerations should include:
- New hardware cost
- New software cost and licensing
- Training
- Parallel coding
- Physician query
- Productivity loss
- Temporary workers
- Jeopardy to cash flow
- Printing and document change
- Transcription
- Lending/charge cards
- Overtime

Cost breakdown example:
- Education $2,500
- Process Analysis $7,000
- Superbill Changes $3,000
- IT Costs $7,500
- Increased Doc. $44,000
- Cash Flow Disrupt. $20,000
- TOTAL $84,000


Have You Contacted Your Top Three Payers?

Lack of preparation by your payers is going to happen. It’s happened with other big industry transitions such as NPI and ANSI-5010, and it’s bound to happen with ICD-10.

New Payer contracts (perhaps some even before the ICD-10 deadline) will need to be re-negotiated using ICD-10, and practices need to fully understand ICD-10 to determine if contracts are favorable.

Payer Question Checklist:
- Are your top payers ready for ICD-10?
- Other than CMS, can you do any testing? What date can you begin testing?
- What specifically are they testing?
- Will testing provide you with what you need to know about compliance?
- How disruptive is testing?
- What type of rejections/denials might you expect?
- Do your payers see any increase in days to receiving payment?
- Will it cost you money in software, staffing or claim delays?
- Have you confirmed how your systems/payers will handle billing pre October 1st ICD-9 claims and post Oct 1st ICD-10 claims at same time?

CMS Payer Assessment

Medicare Testing includes two types: Acknowledgement testing and End-to-end testing.

Some of these opportunities are limited in your MAC jurisdiction.
- Query your vendors and ask if they participated, and if so, what were the results?

To access the CMS MCD, visit:
Develop a reasonable timeline that can be accomplished in your practice.

- Map out a project plan using a MS Excel spreadsheet with benchmarks and status of completion. Develop a plan for Systems, Processes, Departments, and Training.

- Managers and/or coders should get physician approval for the project plan and its impact on the practice. Make sure you show and tell them the level of work it will take.

**Impact Analysis Worksheet**

Use this worksheet to track the various systems and processes that use ICD-9 today. The assumption is that all current systems that use ICD-9 will need to be upgraded to ICD-10. Review your current systems, and consider converting manual processes to electronic processes.

<table>
<thead>
<tr>
<th>Work Process</th>
<th>People</th>
<th>Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing System</td>
<td></td>
<td></td>
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<tr>
<td>Posting Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Documentation, e.g., patient reports, EMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Registration system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking patient’s eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verifying Referral/prior authorization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Orders</td>
<td></td>
<td></td>
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<tr>
<td>Encounter Forms</td>
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<tr>
<td>Coding Tool, e.g., “superbills”, programs, books, resource materials</td>
<td></td>
<td></td>
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<tr>
<td>Quality Reporting</td>
<td></td>
<td></td>
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<tr>
<td>Public Health Reporting</td>
<td></td>
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<tr>
<td>Disease registry/disease management</td>
<td></td>
<td></td>
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<tr>
<td>Health Insurance Contracting</td>
<td></td>
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<tr>
<td>Laboratory systems</td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who Should Be Trained?

Physicians, Coders, Billing Staff, Administration, Nurses, MAs, Pharmacists

- Determine the required number of hours per role, dependent on tasks and coding interface. Coders must pass proficiency test.

- Establish a training schedule or ‘train the trainer’ and choose a trusted coding employee to communicate necessary information to clinicians.

- Your coding point person should flag any claims that have not been paid as the filing deadline draws near, in case the payer never received it or rejects it with no time to resubmit.

Insufficient training for your staff presents a HIGH risk. Learning all new information will be a significant challenge for providers and their staff, and if not handled efficiently and effectively, ICD-10 could become very costly for your practice.

ICD-10 is far more complex than ICD-9, breaking diagnosis codes down to a much finer level of granularity. Ensure you are staffed for the change.

Conversion of Codes to ICD-10:

- All primary solid tumors that you treat
- Leukemia and lymphoma
- Common hematology code
- Common side effects (anemia, dehydration, neuropathy, fatigue, renal failure, CINV, etc.)

Uses of GEMs vs. RMs:

GEMs map ICD-9 forward to ICD-10. Problems with GEMs include:

- No bilateral coding; all map to unspecified
- Many combination codes are included while only some may be applicable

RMs map backwards from ICD-10 to ICD-9:

- New concepts in ICD-10 have no mapping
- Some of the mapping may not be applicable to a specific drug (e.g. mesothelioma vs lung cancer)

Have You Conducted ICD-10 Training Sessions with Your Staff?

- Who will be responsible for training staff?
- Have you determined who will code for ICD-10 and extra training required?
- Have you identified a physician champion expert for the practice who will assist with initial and future training needs?

  This expert should be trained on all aspects of ICD-10 including the general equivalence mappings (GEMs)- what GEMs are, and understand why GEMs are not a substitute for appropriate coding, but should be utilized only as a mapping tool between ICD-9 and ICD-10.

- Have you reviewed your workflow?  (Note: temporary coders may impact your workflow)
Three Training Approaches to Consider - Angie Comfort for *Physicians Practice*

**Awareness Training**
Office managers, schedulers, and non-clinical personnel are examples of roles that may need only basic ICD-10 training. Engage these employees with small doses of what they need to know throughout the next few months.

**Intense Training**
Quality Managers, Compliance Officers, Physicians, PAs, NPs, Registered Nurses, Medical Assistants, Imaging or Lab Managers fall into the intense training category.

These employees need training for ICD-10 awareness, but would additionally need to have targeted training based on the practices’ top 20 billed diagnosis codes. Main points to be communicated are the differences between ICD-9 and ICD-10, code structure, and conventions review. Some of the areas will need to be reviewed again at different intervals in order to retain the information and changes between the two code sets.

**Extensive Training**
This training includes any practice employee whose role includes assigning ICD-9 codes for ordering tests, reimbursement, or quality initiatives.

One valuable exercise would be to have the expert trainer review the current clinician documentation and identify gaps that need to be remedied for ICD-10 readiness.

**Do Your Physicians Understand the Impact of ICD-10?**

“Reassure physicians the conversion is not a bureaucratic change that will only fall in the hands of the administrator... Schedule regular meetings to share information with physicians and discuss progress and barriers of implementation. Do not joke about this or tell them it will be delayed.” - Roberta Buell

The transition to ICD-10 will be disruptive, and may well impact cash flow in your practice.

Make sure lines of credit are in place. Perform a “blitz” and get rid of as much A/R as you can by September 30th.

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**Diagnostic codes are used everywhere- used by every person, every process, every system. Superbills, Payments/EOBs/ERAs, Referrals, Contracts, EMRs/Order Entry, Payer Policies.**

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**Potential Impacted Areas - Roberta Buell, OnPoint Oncology**

**Clinical Area**
- Patient coverage
- Disability requests
- Superbills
- ABN's

**Physicians**
- Documentation
- Code Specialty
- Problem Lists

**Managers**
- Policies & procedures
- Vendor/payer contracts
- Budgets
- Training plan

**Lab**
- Documentation
- Reporting

**Billing**
- Policies & procedures
- Training

**Coding**
- Code set
- Clinical Knowledge
- Concurrent use

**Front Desk**
- Referrals/history codes
- Systems

**Nurses**
- Forms
- Documentation
- Prior Authorization

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Oncology Supply ICD-10 Guide
Have Your Physicians Participated in Training?

Will the physician be assigning codes in ICD-10?
✓ Demonstrate the differences in coding using internal or external resources.
✓ If the physician is selecting the ICD-10 code, either on a superbill or within an EHR, a detailed course/training covering guidelines and conversions may be in order.
✓ If the physician is coding, then train specifically on their patient population disease site (i.e., if MD sees breast patients then concentrate on this area and not lung cancer).
✓ Train physician on the use of key terms per disease site when dictating or completing assessment (i.e., breast cancer – must explain quadrant, laterality, ER/PR status).
✓ When training, make sure you have a post test (use coding examples from your charts).
✓ Consider training on specific medical terminology for updated coding (i.e., not colon but cecum, ascending or sigmoid colon).

If the physician has coding staff that assign the diagnosis codes based on the documentation, the focus of training should be on the nuances of documentation for ICD-10.

“Perhaps the best way to help physicians improve their coding accuracy is to spend 10 minutes at physician meetings having them read a blinded note and coding it together with a certified coder.” - Shelly Schwartz

Road To 10: Physician Champion Tips
http://www.roadto10.org/physician-champion-tips/

The following simplified example illustrates the changes that could occur in reporting the same encounter for the physician office-based administration of an oncolytic in the treatment of breast cancer.

**Scenario 1: Office-based infusion of an oncology therapy for breast cancer**

<table>
<thead>
<tr>
<th>Coding through September 30, 2015</th>
<th>Coding beginning October 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast Cancer</strong></td>
<td></td>
</tr>
<tr>
<td>ICD-9 code 174.1, Malignant neoplasm, central position of breast, female</td>
<td>ICD-10 code C50.111, Malignant neoplasm, central portion of right breast, female. 6th digit specifies right breast, detail not represented in ICD-9</td>
</tr>
<tr>
<td><strong>Drug Therapy</strong></td>
<td></td>
</tr>
<tr>
<td>HCPCS code J9267, Injection, Paclitaxel</td>
<td></td>
</tr>
<tr>
<td><strong>IV infusion, first hour</strong></td>
<td></td>
</tr>
<tr>
<td>CPT code 96413, Chemotherapy administration, intravenous infusion technique; up to 1 hr, single or initial substance/drug</td>
<td></td>
</tr>
<tr>
<td><strong>Each additional hour</strong></td>
<td></td>
</tr>
<tr>
<td>CPT code 96415, each additional hour</td>
<td></td>
</tr>
</tbody>
</table>

In this example, the 6th digit of the ICD-10 code specifies the right breast of the patient, a detail not represented in the ICD-9 code set.

To accurately code the patient’s diagnosis under ICD-10, the coder must be able to review the patient’s chart for the information to make the appropriate code assignment based on laterality.

Two other ICD-10 codes would be selected to report a diagnosis of the left breast, or an instance where the laterality was not specified.
Have You Developed a Plan to Train Your Coding Staff?

(AHIMA) estimates that approximately 16 hours of hands on coding training in ICD-10 will be needed in order for an individual to learn the new code set.

Coders must understand how to:

- Utilize all resources available to ensure continued accuracy of coded data
- Identify the differences between ICD-9 and ICD-10 coding guidelines
- Ensure accurate and compliant ICD-10 coding on claims

CMS’ website provides a list of the mappings of ICD-9 to ICD-10 codes called the General Equivalence Mappings (GEMs); view it here:


This tool is helpful as a first step for practices to compare the commonly used ICD-9 codes to the related ICD-10 codes. However, the user must keep in mind GEMs are not a crosswalk. The full list of ICD-10 codes, including coding guidelines and conventions, must be reviewed to determine the appropriate code assignment.

Initial Training Exercise:

Have coders and billing staff use existing documentation to code patient encounters prior to the ICD-10 transition. Be sure to monitor every claim prior to submission for code compliance. - Greg Vap for Physicians Practice

Do You Plan to Start Coding After Training, but Before October 1, 2015 to Minimize Impact and Maintain Office Efficiency?

- When you start practicing coding after training consider:
  - Week 1 - Coding 1 chemo patient per MD per day
  - Week 2 - Coding 2 chemo patients per MD per day

- Where will you be able to store the ICD-10 codes before October 1st?
  - Find data needed for coding in pathology reports, radiation notes, office dictation, operative reports

The list of ICD-10 codes can be overwhelming; therefore, you should ensure your staff is familiar with your top 50-75 codes. Do not attempt to only use a crosswalk, you may need to code with greater specificity.

Below are the ICD-9 code classifications by top 5 disease sites:

- Breast: 174.0-175.9
- Lung: 162.0-162.9
- Colon: 153.0-154.9
- Prostate: 185
Will You Conduct Any Pre-October 1st Coding Audits?

- Who will audit the coding by physician, by coder, etc., and check for accuracy?
- Will you be coding your problem list effective October 1st with ICD-10?

   - Start with only the codes that are needed for billing, and then work your way to coding all problems. For coding problems, review the Continuity of Care Document that you may receive from other providers.

Coding Tools:
EncoderPro
https://optumcoding.com/Product/20510
Supercoder
http://www.supercoder.com
CodeItRightOnline
http://www.codeitrightonline.com

Are You Using a Superbill?
If yes, what method will you be using with ICD-10? (i.e, ICD-10 manual, Phone App)
- Create Superbills per disease site and for symptom management.
- Do NOT convert superbills/charge documents too early as things can change.
- Assign ICD-10 CM codes directly, not by applying ICD-9 CM to ICD-10 CM map, or use a tool that has REMS and GEMS.

http://www.physicianspractice.com/icd-10/superbill-and-forms-revision-icd-10

Billing Services Assessment
Evaluate your billing department:
Diagnosis Code Impact Inventory Template

The ICD-10 set contains about 68,000 codes with three to seven characters. There are only 13,000 codes in the ICD-9 set, each three to five characters long. Of course, no single provider will be using all 68,000 new codes when reporting why a patient sought care and how the patient was treated. However, it’s equally important to recognize that all providers will be facing an increase in the number of potentially relevant codes used within their practices. While the increased specificity allows for more information to be conveyed in a code—such as reporting what side of the body or limb is being evaluated—many in the healthcare industry have voiced concern that there is no simple translation between ICD-9 and ICD-10 diagnosis code sets. There are some one-to-one correspondences, but often a single ICD-9 code can map to a number of ICD-10 codes, or several ICD-9 codes match with one ICD-10 code—increasing the likelihood of potential miscoding.
Are Your Vendors ICD-10 Ready?

In order to assess whether your vendor is prepared, ask these questions:

- What date will you be ready for ICD-10?
- When will you be able to show me how ICD-10 will function in my system?
- Will you be able to fully support ICD-10?
- Is your software going to run on the same platform and database currently used?
- Will I need to re-customize my templates and content for ICD-10 compliance?
- When can I begin testing?
- Will you support both ICD-9 and ICD-10 codes?
- Will I be able to search for ICD-9 and ICD-10 codes?
- Will you help me test ICD-10 compliance with my payers?
- Are there any upgrade costs or fees associated?
- What tools training and support will you provide?
- Will you be able to run test claims prior to October 1, 2015?
- How will existing interfaces with other vendors be upgraded?
- Do you know when most payers will begin accepting ICD-10 codes for pre-authorizations for dates of services that will take place after October 1, 2015?

Technology Vendor Assessment:

Additional Vendor Questions to Consider:

- Have you spoken with your clearinghouse and inquired if they are ready to handle your ICD-10 feed? Have they tested, and if so, with whom?
- What issues do they foresee? Is there anything that you can do to assist on the practice side?
- Did you or your clearinghouse participate in any of the CMS testing periods (last period was June 1-5)?
- If your EMR and PM systems support both ICD-9 and ICD-10 codes, where will they be located?

This is important because dual compatibility is required since not all insurance claims will be forced to submit ICD-10 coding. An example of this is Workers’ Compensation.

- Is your coding translated to incentive programs? (e.g., PQRS, EHR)
- Will your practice require new hardware due to updates? (computers, servers, etc.)


Do You Have a Lab Interface?

Are ICD-10 codes imported or exported and are both systems ready?
Determine when they allow for test submissions of ICD-10 claims, which will assist in the identification of problems with both provider and payer systems that may delay reimbursement.
Know Your Vendors’ Plan - **athenahealth**

Your billing, practice management, and EHR vendor should be working hard right now, with you and your payers, to adapt your processes and systems for the changeover to ICD-10. Your vendor should have the software, knowledge, and services to make the transition as smooth as possible.

**Software**
- Continuously updated as the industry moves toward the ICD-10 cutover
- Flexibility to support a variety of vendor requirements and timelines

**Knowledge**
- Leverage learning from ANSI 5010 conversion for the smoothest possible ICD-10 conversion
- Conduct extensive and ongoing payer readiness surveys
- Reaffirm the relationships with payers that enable proactive creation of updated coding rules

**Service**
- Conduct individual payer and vendor testing, when available
- Establish cross-functional teams monitoring and responding in real-time to changes in the performance of clients, vendors, and payers
- Streamline triage workflow to provide quick prioritization and problem resolution

**Your Billing, Practice Management, and EHR Vendor Should Provide:**
- Support for diagnosis code selection
- Dual billing workflows to support coding staff
- Testing with payers and vendors on ICD-10, as available
- Movement of payers and vendors to ICD-10
- Management of highly specified implementations (e.g., payers, labs, interfaces, reports)
- Updates to all relevant rules (e.g., billing, coding, utilization)
- Ongoing communications on the progress of the conversion
- Tips and reporting tools to minimize productivity loss during transition (e.g., guidance on metrics to track, workflows to review, timelines, etc.)
- Training and consideration of a period of reduced productivity as your practice adapts to the new codes

Prepare for costly software upgrades and lost or delayed revenue due to delayed preparation for ICD-10 by some payers—which, as we’ve already established, is highly likely.

It is important to recognize that the complexity of the ICD-10 transition will make it virtually impossible for you to go it alone. In order to make the transition successful, it is essential that your billing, practice management, and EHR vendor help you plan and execute the changes that need to be made to your practice processes and systems.

October is not a good time to schedule vacations!
<table>
<thead>
<tr>
<th>Title</th>
<th>Recording</th>
<th>Date</th>
</tr>
</thead>
</table>

**ICD-10 Will Change Everything Will You Be Ready?**

** 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 increased from 17,000 to 140,000. Physicians must be trained.
- 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 review 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 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.

** Coders **
- 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.

AAA PC 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.
Resources

American Medical Association Quick Start Guide

CMS ICD-10 Quick Start Guide

CMS ICD-10 FAQs
http://www.ahima.org/topics/icd10aqs

CMS ICD-10 ‘Are You Ready?’
http://dc.cn.ubm-us.com/i/530145-pulse-icd-10-ebook-2016/2

CMS Payer Assessment Template

Diagnosis Code Impact Inventory Template

ICD-10-CM Online
http://www.cdc.gov/nchs/icd/icd10cm.htm

GEMs Mapping Files

CMS ICD-10 Information
https://www.cms.gov/ICD10/

CMS Road to 10: The Small Physician Practice’s Route to ICD-10
http://www.roadto10.org/

Coding Tools EncoderPro
https://optumcoding.com/Product/20510

Supercoder
http://www.supercoder.com

CodeItRightOnline
http://www.codeitrightonline.com

Hospitals - 3M Coders

Impact Analysis Worksheet

Superbill and Forms Revision for ICD-10
http://www.physicianspractice.com/icd-10/superbill-and-forms-revision-icd-10

Billing Services Assessment
<table>
<thead>
<tr>
<th>ICD 9 - CM Code</th>
<th>ICD 10 - CM Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>174.9</td>
<td>Malignant neoplasm of breast (female) unspec site</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>162.9</td>
<td>Malignant neoplasm of bronchus &amp; lung unspec</td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>153.9</td>
<td>Malignant neoplasm of colon unspec site</td>
</tr>
<tr>
<td>174.4</td>
<td>Malignant neoplasm of upper-outer quadrant of female breast</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>162.3</td>
<td>Malignant neoplasm of upper lobe bronchus or lung</td>
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