ICD-10 Impact Analysis Checklists of Policies, Processes, and Systems
Version 1.0

Background

Transitioning to ICD-10 begins with stakeholder understanding of the ICD-10 mandate. Critical to this implementation is evaluating the processes, policies, systems, and interfaces where diagnosis codes are captured, exchanged, and reported.

Purpose

The purpose of this document is to provide a checklist to assist the SMA in identifying which policies, processes, and systems use ICD codes and how ICD codes are used. An assessment of processes, policies, and systems should identify impacts to the functional processes (e.g., case management, utilization management, enroll member, price/edit claim), policies (e.g., legislative, state, waivers) and the systems that enable those processes.

The items in

Table 1 provide a listing of the trigger items for SMAs to consider as they prepare to identify the policies, processes, and systems to transition to ICD-10.

The chart in Table 3 provides a mechanism for the SMA to track the items that impact the ICD-10 transition.

Table 1: Key Considerations to Identify Processes and Policy Using ICD codes

Completed	Key Considerations for Process and Policy
☐	Which business rules structure and control the process?
☐	Which functional areas are impacted (i.e., enroll member, price claims)
☐	How are diagnosis codes used in each process?
☐	Which diagnosis codes influence policies?
☐	Where are the policies implemented in the system?
☐	What are the necessary decisions or resolutions in order to implement the new code set?
☐	Who will make decisions related to the implementation?
☐	What historical information needs to be retained?
☐	What is the impact to the current benefit structure?
☐	What is the impact to Disease Management programs? Medical Management?
☐	What is the extent of change required to achieve implementation and compliance at the process and procedure level?
☐	How will implementation and compliance gaps be prioritized for remediation?
☐	What are the additional resources necessary to support implementation and transition?
☐	Which managed care contracts (i.e., provider, vendor, contractor) need renegotiation; how will the organization monitor contract compliance and track reimbursement?
☐	What risk identification, monitoring, and response plans need to be developed for ICD-10 implementation?

Table 2: Key Considerations to Identify Systems Using ICD-10 Codes

Completed	Key Considerations For Systems
☐	Which applications, databases, interoperability feeds, and reporting will ICD-10 impact?
☐	Which functional areas depend on ICD-9 codes? What information systems and tools do those functional areas use?
☐	Will the ICD-10 update be vendor-supported or require in-house changes?
☐	For vendor-supported systems, is there an acceptable upgrade/remediation path, or is system replacement necessary?
☐	How will dual payment processing under ICD-9 and ICD-10 impact financial reporting?
☐	What is the impact to system generated reports?
☐	What are the vendor-related and internal actions required to prepare for and conduct the migration?
☐	What is the estimated timeline? Level of effort? Anticipated costs?
☐	What are the necessary staffing resources to support multiple replacements/upgrades?
☐	How will the IT department sequence system replacements/upgrades and conduct unit and integration testing?
☐	How are diagnosis codes used in each system? Will the codes serve the same purpose and will a change impact results?
☐	What are the impacts and risks associated with trading partners?
☐	How is Quality Assurance and data checked?
☐	What are the systems interfaces? Are diagnosis codes used?

Table 3: Listing of the Policies, Processes, and Systems to Consider for ICD-10 Impact

No.	Process, Policy, or System Name	Yes	No
1		☐	☐
2		☐	☐
3		☐	☐
4		☐	☐
5		☐	☐
6		☐	☐
7		☐	☐
8		☐	☐
9		☐	☐
10		☐	☐
11		☐	☐
12		☐	☐
13		☐	☐
14		☐	☐
15		☐	☐
16		☐	☐
17		☐	☐
18		☐	☐
19		☐	☐
20		☐	☐
21		☐	☐
22		☐	☐
23		☐	☐
24		☐	☐
25		☐	☐
26		☐	☐
27		☐	☐
28		☐	☐
29		☐	☐
30		☐	☐
31		☐	☐
32		☐	☐
33		☐	☐
34		☐	☐
35		☐	☐