**Business and Revenue Cycle Checklist for the ICD-10 Transition**

The National Business Office Committee, the Office of Resource Access and Partnership, the Health Information Management Consultants, the Area ICD-10 Coordinators, and the National ICD-10 Team have collaborated on this checklist of important activities for a successful ICD-10 transition. Use the checklist to ensure that all preparation activities are performed prior to the impending compliance date of October 1, 2015.

Intended Audience: (I/T/U) Chief Executive Officers, Administrative Officers, Business Office Coordinators, Business Office Managers, Health Information Management, Finance Directors

**Revenue Cycle**

* Look at current and historical collection levels, trending analysis, and project future collection levels
* Anticipate a decrease in revenue – track what is attributed to ICD-10
* Ensure providers are aware of changes needed in clinical documentation and that any outstanding visits are complete
* Review any policies and procedures that are affected by the transition to ICD-10
* Review staffing levels for impact from ICD-10 and plan for contingencies
* Be aware of any new adjustment codes related to ICD-10 that you will need to post against or see on incoming remittance advices
* Clear up the revenue cycle (billing, coding, pended claims, and posting) backlog prior to the transition
* Consider contract and/or alternative staff for clearing up backlogs
* Assess coding productivity and anticipate impacts to coding volume

**Payer Readiness and Testing**

* Obtain testing/readiness status from payers and prioritize for top payers
* Maintain a current list of payer status
* Be aware of the readiness of secondary and tertiary payers and develop a process for handling payers that are not ready for the transition
* Identify the types of claims that will be tested. Not all payers may have the same testing process.
* Look at the impact to Accounts Receivable if the claim is a valid claim and there is a delay in the receipt of payment due to the testing.
* Involve Clearinghouses in payer testing to ensure the full process is tested
* Work with the local/Area Business Office on errors in testing with payers

**Communication and Collaboration**

* Inform Chief Executive Officer and/or Administrative Officer of changes in Accounts Receivable due to payer testing, testing progress and overall ICD-10 progress
* Work with coding staff/health information management/providers to review and adjust denial management processes and monitor workload
* Work with health information management to identify dual coding needs
* Ensure business office is providing input to the ICD-10 local team and Area Business Office Coordinator
* Develop and/or strengthen relationships among providers/coders to ensure an effective query process

**Training and Software Updates**

* Pursue intensive ICD-10 training for coders and as appropriate for billers and accounts receivable technicians
* Ensure that RPMS installs are current – over 70 patches will be released
* Attend the RPMS training sessions and/or familiarize yourself with recent changes from Meaningful Use and ICD-10 as software is available
* Purchase the official (not draft) 2015 coding books when available

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