# National Birth Defects Prevention Network

# ICD-10-CM Implementation Plan Template

The ICD-10-CM Implementation Plan template was developed to help you in planning and organizing your program’s transition to ICD-10-CM. The template includes tips for drafting each section. If you have any questions, e-mail standards@nbdpn.org.

1. **Identify the areas within your organization that will be affected by the change to ICD-10-CM coding and make a list below.**
2. These can include data collection, such as modification of forms and procedures; changes to regulation that mentions ICD-9; data processing, such as revision of computer programs, data edits, and incorporation of alphanumeric codes; and data analysis, such as the format and content of data tables and reports, and the assessment of trends over time.

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1. **Identify the resources needed to implement the plan and make a list below.**
2. This can include time and resources needed for training abstractors and coders on the use of ICD-10-CM; the time and expertise of programmers and information technology specialists to modify programs and systems; and the consultation of statisticians and epidemiologists.

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1. **Assemble a multidisciplinary team to manage the issues that will arise from transition to ICD-10-CM.**
2. List members of this team and their contact information below.

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1. **Plan for special procedures and analyses that will be needed to ensure a smooth transition to ICD-10-CM, such as:**
2. Simultaneous coding of defects in ICD-9-CM and ICD-10-CM for a period
3. Translation of codes in ICD-10-CM (4th quarter) back to ICD-9-CM (1st through 3rd quarters)
4. Comparison of defect prevalences from data coded in ICD-9-CM with those from data coded in ICD-10-CM for quality control
5. Write one to two paragraphs below addressing the previous points below.

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1. **Develop a timeline for preparing and implementing ICD-10-CM changes for your program**
	1. Assess the time frame for when data coded in ICD-10-CM will first be received, collected, and used by the birth defects program. This may be later than implementation date.
	2. Plan the realistic implementation of changes to coincide with these processes.
	3. Write one to two paragraphs below addressing the previous points.

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1. **Seek leadership support for the plan and needed resources.**
2. Create a list below of people in leadership positions that you can reach out to, as well as their contract information.

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1. Identify additional resources you may need. Make a list below.

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1. Be prepared to describe the impact that the change to ICD-10-CM will have on your program
2. Advocate for the resources needed to implement the transition plan as soon as possible
3. Leverage existing communications network in your organization to spread the message that ICD-10 is coming
	1. Ensure inclusiveness
	2. Prevent siloed efforts
4. Write one to two paragraphs below addressing the previous points

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1. **Contact data sources early to coordinate implementation of ICD-10-CM activities**
2. Schedule meetings with key staff at the data sources (e.g., Health Information Management director, coding manager). Create a list below of key staff and their contact information.

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1. Identify the steps they are taking to implement ICD-10-CM. List and describe these steps below.

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1. Explain your program’s needs in transitioning to ICD-10-CM. Write one to two paragraphs below. Keep in mind your audience for these paragraphs are the data sources.

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1. Become familiar with how the staff at data sources will be trained in ICD-10-CM coding to identify discrepancies with program needs. Write your plan and notes below.

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1. Offer to conduct seminars or training sessions for personnel at data sources about program needs and procedures. Write your plan and notes below.

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1. Offer to help pilot their ICD-10-CM system as it pertains to reporting birth defects data. Write your plan and notes below.

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1. **Have a contingency plan in place in case your program is not ready by the implementation date.**
2. This may be an unavoidable reality
	1. Programs have competing priorities (e.g., staff involved with Meaningful Use activities)
	2. Declining budgets and resources
	3. Implementation may be particularly difficult for smaller programs
3. Delayed readiness for ICD-10-CM will affect programs’ ability to function
	1. Delayed incorporation of new data into existing databases
	2. Delayed analysis of defect prevalences, trends, risk factors, and subpopulations
	3. Delays in referral of children with birth defects for services
	4. Delayed participation in research studies
	5. Delayed response to cluster investigations
4. The actual effect may vary depending on:
	1. The nature of the data collection (passive reporting vs. active medical record review)
	2. Whether you receive data already coded or do your own coding
	3. The program’s relationships with its data sources
	4. The frequency with which data are provided to the program or with which access to records at data sources is allowed
	5. The timeliness of programmatic needs for data for different uses (e.g., referral to services vs. annual prevalence reports)
5. Data sources that are transitioning to ICD-10-CM will have their own priorities
	1. The first priority of data sources will be their own record-keeping, processing of medical claims, and billing procedures
	2. Provision of data to public health programs, and access of program staff to records, may be delayed as they implement changes
		* In particular, data access for birth defects programs may not be an immediate priority
6. Birth defects programs must plan for these delays and their potential effect on the timeliness of data for their uses. Create a detailed contingency plan below addressing each of the previous points.

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1. **Identify useful tools and references.**
2. Examples include:
* Code Translation from ICD-9-CM to ICD-10-CM for Birth Defects Surveillance (Excel file) – Developed for NBDPN: <http://www.nbdpn.org/icd9_icd10_code_translation.php>
* NBDPN Coding Tools Work Group Message Board - NBDPN members can post questions about ICD-10-CM coding, share experiences and tips, discuss common concerns, etc. Check it regularly! <http://www.viethconsulting.com/members/forum/board_list.php>
* ICD-10-CM Code, Guidelines, Addenda, and General Equivalence Mapping files: <http://www.cdc.gov/nchs/icd/icd10cm.htm>
* ICD-10-PCS Code, Guidelines, Addendum, and General Equivalence Mapping files: <http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-PCS.html>
* CDC Website on Public Health Transition to ICD-10-CM/PCS – Transition Planning, Trainings, Resources, FAQs: <http://www.cdc.gov/nchs/icd/icd10cm_pcs.htm>
* AHIMA ICD-10-CM: <http://www.ahima.org/topics/icd10>
	+ Planning and Preparation Checklist

[ICD-10 Implementation Toolkit](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_049431.hcsp?dDocName=bok1_049431)

[ICD-10 Preparation Checklist](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_048737.pdf)

1. Identify additional tools and resources:

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