ICD-10 PREPARATION: A CHECKLIST FOR UROLOGISTS

Mark Painter, CEO of PRS Urology, and **Jonathan Rubenstein,** MD, a urologist in Baltimore and member of the AUA's Coding and Reimbursement Committee, recommend this checklist for ICD-10 urology practice transition. For a printable version of this list, visit *bitly.com/UT-ICD10-checklist*

☐ **Create a team.** If you haven't already done so, start in November or December 2014 to develop a transition team to look at four practice departments: information technology (IT), clinical, billing and coding, and administration and finance. Small practices might have one champion. Larger practices might have groups of people assigned to analyze readiness in each of these areas.

☐ **Revisit ICD-9.** As soon as possible, take a look at how you're coding with ICD-9. Anything you're doing wrong in ICD-9 will come back to haunt you in ICD-10.

☐ **Be sure systems are ready.** IT staff should make sure a practice's clearinghouses, electronic medical record, and practice management system are ready to go. If your EMR system is not ICD-10 ready and might not be by Oct. 1, 2015, change your system now.

☐ **Learn new documentation.** Providers need to learn ICD-10 documentation requirements and start processing and documenting as early as possible, as though they were in an ICD-10 environment. Prepopulate your EMR system with ICD-10 codes so you can be ready for Oct. 1, 2015.

☐ **Test, test, test.** IT staff should test whenever possible throughout the year. CMS is offering a test Nov. 17-21, 2014. As the deadline for ICD-10 gets closer, test more. Consider testing where clinical staff code for ICD-9 and ICD-10 simultaneously a couple of times each month in April, June, and July. Step up the testing pace to about once or twice a week in August and September.

☐ **Book onsite training now.** Come August or September, the practice might need that last training session with the EMR vendor. But if you try to book the session close to crunch time, the vendor might be overwhelmed. Make the appointment now and make sure it can be canceled.

☐ **Check payers' readiness.** IT or administrative staff should check with your payers for their readiness or timelines for readiness. The goal is to find out if they've tested for ICD-10 readiness. If they have not tested and plan to go live without a test, plan for that payer's reimbursement to be disrupted. You can do this as late as April 2015.

☐ **Have a backup.** Develop a paper tool (an old-fashioned paper superbill) as a backup, just in case there is a glitch in communication between your EHR and practice management system. Add some cheat sheets for how to communicate diagnoses for services provided in a hospital setting. Those tools need to be designed and tested between January and April 2015.

☐ **Plan for glitches and reimbursement woes.** Either have a 60- to 90-day cash reserve or credit line available in case of cash flow problems beginning Oct. 1.

☐ **Conduct training.** Start training clinical and billing staffs on ICD-10 between April and August. Get urology-specific training. Training through a hospital system, for example, is generic. The AUA offers a basic ICD-10 training course on *www.auanet.org*. PRS Urology has ICD-10 webinars and live seminars scheduled starting in April 2015; for more information, visit *http://prsnetwork.com/icd10training/*. (Also see, "ICD-10 resources online," page 44.)