



ICD-10-CM Implementation Planning Training for CDSAs

Presented on:

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Presented By:

DPH ICD-10 Implementation Team Members

Sarah Brooks (DPH)

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Training Objectives

- Review implementation activities that have occurred to date as part of the DPH ICD-10 Implementation Project
- Clarify what, when and how information will be communicated to ICD-10 contacts
- Provide an overview of ICD-10 Implementation Planning activities that local agencies are responsible for conducting
- Identify the DPH ICD-10 Implementation Project deliverables that have been and will be developed and shared with local agencies to assist them in their implementation efforts



Training Prerequisite

This training (for the most part) **will not** cover material addressed in the June 7, 2011 ICD-10 webinar, *Presentation for ICD-10 Contacts from DPH, Local Health Departments and CDSAs*

- Available at URL <http://his.dhhs.state.nc.us>, ICD-10-CM/Training folders
- Training includes:
 - Compliance information
 - Review of differences and similarities between ICD-9-CM and ICD-10-CM
 - Benefits of ICD-10-CM



DPH ICD-10 Implementation Project

- The goal of this project is to ensure that the staff and information systems that currently utilize ICD-9-CM for classification of disease and morbidity information within the Section/Branches of the Division of Public Health and local health departments seamlessly transition to the federally mandated ICD-10-CM effective October 1, 2013
 - Project Sponsor – Danny Staley
 - Project Supervisor – Joy Reed
 - Project Manager – Sarah Brooks

DPH ICD-10 Implementation Project ~ Deliverables

DPH ICD-10 Implementation Project Work Breakdown Structure

1.0 Initiation Phase

- 1.1 Project Charter
- 1.2 ICD-10 Contact List
- 1.3 ICD-10 Awareness Education to Key Stakeholders

2.0 Planning & Design Phase

- 2.1 Project Plan
- 2.2 Project Schedule
- 2.3 Implementation Plan
- 2.4 ICD-10-CM Training Plan
- 2.5 ICD-10-CM Training Materials

3.0 Execution Phase

- 3.1 System Impact Assessments
- 3.2 Business Impact Assessments
- 3.3 Clinical Documentation Assessment
- 3.4 Best Practices
- 3.5 ICD-10-CM Training Classes & User Registration
- 3.6 Readiness Assessments

4.0 Monitoring & Control Phase

- 4.1 Status Reporting to Stakeholders
- 4.2 Risk Matrix
- 4.3 Issues Log
- 4.4 Budget Tracking Materials
- 4.5 Implementation Team Meetings, Agendas & Minutes
- 4.6 DPH ICD-10 Website
- 4.7 Monitor Implementation of System Changes
- 4.8 Monitor Implementation of Interface Changes
- 4.9 Monitor Implementation of ICD-10-CM Related Business Process Changes

5.0 Closing Phase

- 5.1 Summary Report of ICD-10-CM Training Evaluation
- 5.2 Lessons Learned
- 5.3 Project Files Archived



Project Plan

- Documents baselines that will be used to measure project performance (e.g., scope, schedule, costs)
- Defines how the project will be managed (e.g., Project Supervisor, Project Manager, Implementation Team)
- Identifies the following:
 - Resources required to execute the plan (e.g., staff roles, funding)
 - Plan for communicating information with DPH stakeholders including the NCALHD (Monthly Status Reports are posted to website)
 - Plan for managing issues and risks (Internal to project and not posted on website)
- The Project Plan, approved on 8/17/11, is posted on the following website in the *ICD-10-CM/Project Deliverables* folders: <http://his.dhhs.state.nc.us>



Implementation Plan

- Defines approach to the planning and execution of all DPH ICD-10 Project implementation activities throughout all Project Phases and continuing through post implementation (as previously described in the Work Breakdown Structure)
- Implementation activities must be completed to successfully implement ICD-10-CM within DPH and its stakeholders
- The Implementation Plan is the primary resource for this presentation
 - The Implementation Plan, approved on 12/6/11, is posted on the following website in the *ICD-10-CM/Project Deliverables* folders:
<http://his.dhhs.state.nc.us>



DPH Implementation Team

- Review and provide feedback on project deliverables
- Monitor the status of project activities
- Assist in the development of implementation tools (e.g., business impact assessment, clinical documentation assessment)
- Participate in communication activities (e.g., Webinars) for local agencies and DPH Program staff
- Team members representing DPH Sections/Branches (including CDSA representatives) have been appointed by their Section Chief and/or Branch Head
- Team members representing the local health departments were solicited through the NC Association of Local Health Directors

DPH Implementation Team

LHD Reps	Agency	LHD Reps	Agency
Sandra D. Cox – Computing System Admin I	Craven County Health Dept	Alice Salmons Mitchell – Billing Clerk	Yadkin County Health Dept
Dot McNeil – Admin Officer III	Cumberland County Health Dept	Donna Sawyer – Quality Assurance	Albemarle Regional Health Services
Kristie O'Neal – PHN Supervisor I	Wilson County Health Dept	Kaye Hall, RN – Director of Nursing	Warren County Health Dept
Carla Morgan – Nursing Supervisor	Jackson County Health Dept	Candy Tharrington - Accounting	Franklin County Health Dept
Marcia Robinson – Public Health Administrator	Durham County Health Dept	Missy Johnson – Clinical Mgmt Support Supervisor	Franklin County Health Dept
Diane Keener – HIM Coor/Billing	Macon County Health Dept	Lisa Hamilton, CPC – Coding Support	Mecklenburg County Health Dept
Sylvia Gentry, RN	Stokes Family Health Center		

DPH Implementation Team

DPH Representatives

Frances Taylor – LHD HIPAA Liaison	Eunice Inman – Nurse Consultant	Doug Busch – Early Intervention Branch
Bob Martin – HIPAA & BCP/COOP Coor	Pamela Serrell-Cochran – Nurse Consultant	Brenda Dunn – Women’s Health Regional Nurse Consultant
Eleanor Howell – SCHS Data Dissemination Unit Mgr	Lynn Conner – Nurse Consultant	Carol Tyson – School Health Unit Mgr
Taryn Edwards – HIS Nurse Consultant	Lillie Worsley – Admin Consultant	Tony Ivosic – State Lab QA
Ellen Shope – Nurse Consultant	Sarah Brooks – ICD-10 Implementation Project Mgr	Sharon Artis – Medical Examiner’s Office
Gay Welsh – Nurse Consultant	Joy Reed – Supervisor, ICD-10 Implementation Project	Lana Deyneka – Epidemiology/ Communicable Disease Branch
	Marcia Mandel – Raleigh CDSA Director	



Implementation Team Work Groups

- Training Work Group
 - To serve as a resource to the ICD-10 Implementation Project Manager to aid in the development and review of ICD-10 training deliverables and associated tools to include but not limited to:
 - Training Plan
 - Education Matrix
 - Identify Training needs
 - Define content for training
 - All training deliverables will be reviewed by the Training Work Group prior to submission to the DPH ICD-10 Implementation Team
- Members: Sarah Brooks (DPH), Dot McNeil (Cumberland Co HD), Lisa Hamilton (Mecklenburg Co HD), Frances Taylor (DPH), Gay Welsh (DPH), Taryn Edwards (DPH)



Implementation Team Work Groups

- **Clinical Documentation Work Group**
 - Prepare recommendations, document drafts and training related to Clinical Documentation Assessment for submission to the ICD-10 Implementation Team to include:
 - Clinical Documentation Assessment Process
 - Assessment Tool
 - Clinical Documentation Improvement Strategies
 - Provide guidance to local agencies, upon request
 - NOTE: Work Group activities on hold until members have been trained in ICD-10-CM
- **Members:** Sarah Brooks (DPH), Diane Keener (Macon Co HD), Lisa Hamilton (Mecklenburg Co HD), Frances Taylor (DPH), Ellen Shope (DPH), Taryn Edwards (DPH), Kaye Hall (Warren Co HD), Brenda Dunn (DPH)



Communication to Local Agencies

- Monthly status reports are presented to the NC Association of Local Health Directors ~ Technology Committee and are posted on the HIS website in the “Status” folder
- DPH does not recommend that local agencies participate in national webinars, CMS conference calls, etc.
 - Sessions are not targeted for public health
 - May not be a good use of time
 - May prove confusing ~ much of the information is geared to hospitals
 - DPH Project Manager will participate and send out pertinent communications
 - Information that will come from the DPH ICD-10 Implementation Project will be geared to meet the needs of Division staff, local health departments and CDSAs



Local Agency Implementation Planning

- DPH will provide resource materials and ICD-10 training
- CDSAs must perform implementation activities and verify that staff have been adequately trained and are ready for the transition
- Recommend each CDSA form an internal ICD-10 Implementation Team composed of at least:
 - Management Representation
 - Clinical Staff
 - Billing Staff
 - IT Staff
 - Staff responsible for Data Analysis



Project Schedule

- DPH Project Schedule will impact local agency scheduling
- Establishes timelines for
 - Availability of deliverables (e.g., assessment tools)
 - Training timelines
 - Readiness assessment
- DPH must ensure deliverables are provided in sufficient time for CDSAs to carry out their implementation activities
- CDSAs are responsible for establishing their internal project schedule

Project Schedule



STATUS	WBS	DPH ICD-10 Implementation Project Work Breakdown Structure	DURATION	PLANNED START DATE	PLANNED FINISH DATE	ACTUAL START DATE	ACTUAL FINISH DATE	RESOURCE NAMES
	1.0	Initiation Phase						
√	1.1	Project Charter	36 days	4/19/2011	5/24/2011	4/19/2011	5/24/2011	
√		Develop Draft		4/19/2011	4/20/2011	4/19/2011	4/20/2011	Sarah Brooks
√		Draft Reviews		4/20/2011	5/23/2011	4/20/2011	5/23/2011	Sarah Brooks, Joy Reed
√		Finalize Charter		5/23/2011	5/24/2011	5/23/2011	5/24/2011	Sarah Brooks, Joy Reed
√		Sponsor Approval Received		5/23/2011	5/24/2011	5/23/2011	5/24/2011	Joy Reed, Danny Staley
√		Post to Website		5/25/2011	5/25/2011	5/25/2011	5/25/2011	Kris Joyce
	1.2	ICD-10 Contact List						
√		Draft Memo and Contact List spreadsheet to send to phleaders (including Health Directors) - introduce new federal regs and request names of internal ICD-10 contacts	34 days	5/11/2011	5/11/2011	5/11/2011	5/11/2011	Sarah Brooks
√		Send Memo and spreadsheet to phleaders		5/11/2011	5/12/2011	5/11/2011	5/12/2011	Joy Reed



Code Books

- ICD-10-CM Codes Sets
 - 2012 CMS updates available on CMS website (https://www.cms.gov/ICD10/11b14_2012_ICD10CM_and_GEMs.asp#TopOfPage)
 - Code books from one vendor will be available Feb 2012
 - Even though code freeze is now in place, some changes could occur before Oct 2013 so do not purchase large volumes at this time


A stethoscope is positioned over a computer keyboard, symbolizing the intersection of healthcare and technology. The stethoscope's chest piece is centered over the keyboard, with its tubing extending towards the top left. The keyboard keys are visible, with some colored keys like blue, red, and yellow. The background is a soft, out-of-focus light color.

System Impact Assessments

- State owned/operated/contracted systems have been assessed by DPH and DPH will manage/monitor system remediation
 - Birth Defects Monitoring Program Registry Database
 - CareWare
 - Health Information System (HIS)
 - CSDW Interface
 - Batch Interface
 - MMIS Interface
 - Secure EDI Clearinghouse
 - Medical Examiner Information System
 - NC DETECT
 - NCHES Interface
 - PreMis Interface
 - Occupational Surveillance
 - NCEDSS
 - POMCS
 - StarLims



System Impact Assessments

- For impacted databases/systems/software, further assessment is necessary
 - Understand plans for remediation to accommodate ICD-10-CM
 - Follow up assessments will be done periodically until all DPH impacted database/software/systems are deemed remediated and ready for ICD-10 transition
 - Tool *Baseline System/Software Readiness Questionnaire* is on the ICD-10-CM website
- 



Training Plan

- DPH will develop a training plan that addresses DPH, CDSA and LHD staff training
 - If funding is available, DPH will send one RN to the AHIMA ICD-10 Academy so DPH developed training can be validated
 - Training will be geared to public health staff
 - DPH will not be responsible for training providers that contract with public health (e.g., physician offices, mental health resources, business associates, etc.)
- Locally available training opportunities (e.g., AHECs, Community Colleges)
 - Community College training will be geared for individuals that want to be certified coders
 - Anticipate much of the training will be hospital focused



Education Matrix

- Training Plan will include Education Matrix
- Sample representation of matrix
- CDSA Matrix draft is complete
- Entire matrix being drafted by Implementation Team members
- Will be posted to website as a guide for Local agencies to plan training for staff
- Will be further enhanced as Training Plan is developed

EXECUTIVE STAFF	CDSAs	What	When	How	Learning Level
	Director	Intro		WEB	H
		Imp		WEB	H
		Fin		WEB	H
		Best		WEB	H
		GEM		WEB	H
		Basic		WEB	H
		CDI		WEB	H
MANAGERS	CDSAs				
	Business Officer	Intro		WEB	M
		Imp		WEB	M
		Fin		WEB	M
		Best		WEB	M
		GEM		WEB	M
		Basic		WEB	M
SUPPORT STAFF	CDSAs				
	Billing Specialists	Intro		WEB	M
		Spec		WEB	M
		CDI		WEB	M



Education Matrix

- What Type of Training is needed
 - Introduction to Transition from ICD-9 to ICD-10
 - Implementation Activities
 - ICD-10-CM Coding
 - Comprehensive
 - Specialized
 - Basic (general understanding of ICD-10-CM)
 - Clinical Documentation Improvement
 - Financial Impacts
 - General Equivalence Mappings (GEMS) and Data Analysis
 - Best Practices for Business Process Changes



Education Matrix

- When will Training be needed
 - Defined by Quarters
 - Q1-12 = First Quarter 2012 (Jan-March 2012)
 - Q2-13 = Second Quarter 2013 (Apr-June 2013)
- Learning Levels
 - High Level of Understanding
 - Requires familiarity and awareness of impact of the changes between ICD-9-CM and ICD-10-CM
 - Moderate Level of Understanding
 - Requires a moderate understanding to interpret and use ICD-10-CM
 - Detailed Level of Understanding
 - Requires a detailed or expert understanding to apply and interpret ICD-10-CM



Education Matrix

- How Will Training be delivered
 - Webinars and Webcasts (Conference Call may or may not be used)
 - Face to Face
 - Meeting (e.g., Nursing Director regional meetings; HIS User Group)
 - Train the Trainer
 - Publications
 - Learning Management System
 - Videoconferencing
 - Social Networking and Media (e.g., e-mails, blogging)
 - ICD-10-CM Fair (e.g., local agency event to promote the transition to ICD-10 internally)



Business Impact Assessments

- Assessments must be done to identify all business processes that currently utilize ICD-9-CM and ascertain business impacts for the ICD-10-CM transition
 - evaluation of current data and work flows
 - What staff members are assigning diagnosis codes?
 - How are diagnosis codes being determined?
 - Where does diagnostic data originate?
 - operational processes and forms/reports in various business environments (e.g., encounter forms, reports, policies/procedures)
 - impact on longitudinal data analysis (e.g., research, auditing)



Business Impact Assessments

- The DPH ICD-10 Implementation Project will develop an ICD-10 Business Impact Assessment tool
- The Assessment tool will be shared with local health agencies who are responsible for conducting their own internal assessments
 - Including Business Impact assessments with any business associates





Clinical Documentation Assessments

- ICD-10-CM includes more robust definitions of severity, sequelae, comorbidities, complications, manifestations, causes and a variety of other important parameters that characterize a client's condition
- Clinical documentation must support the assigned ICD-10-CM codes
- Clinical Documentation Assessments must be done to determine the adequacy of documentation to support the necessary level of detail essential with ICD-10-CM
 - Identify current documentation deficiencies
 - Develop a priority list of diagnoses requiring more granularity or other changes in data capture and recording
 - Development of documentation improvement strategies



Clinical Documentation Assessments

- The Clinical Documentation Work Group, under direction of the DPH ICD-10 Implementation Team, will:
 - Develop a draft Clinical Documentation Assessment tool
 - Define the Clinical Documentation Assessment Process
 - How many records should be included in the sample?
 - What client characteristics should be included in the sample (e.g., different age groups, services provided by program)?
 - How many agencies will need to participate in the initial assessment done by the Work Group?
 - How will agencies be selected for initial assessment done by the Work Group (must be onsite reviews)?
 - For EMR systems (e.g., My Avatar), include an analysis of the level of specificity included in the clinical documentation derived from the EMR (e.g., pull down selections)



Clinical Documentation Assessments

- Clinical Documentation Work Group members must be trained in ICD-10-CM before initial assessment can be conducted
- Initial assessment will
 - provide a test of assessment tool and process before disseminating to DPH and local agencies
 - mirror actual coding practices by assigning ICD-10-CM codes that mirror the ICD-9-CM assignment. Gaps in current documentation will be identified that prevent the complete and accurate assignment of the most appropriate ICD-10-CM codes
 - acquire examples to be used when training local agencies on the assessment tool
 - develop a findings report with recommendations for Clinical Documentation Improvement Strategies



Clinical Documentation Assessments

- Local Agency Responsibilities
 - Identify a limited number of staff to conduct internal Clinical Documentation Assessment
 - DPH will provide ICD-10-CM training needed to conduct the assessment
 - Implement Clinical Documentation Improvement (CDI) strategies
 - Consider changes in documentation capture processes (such as prompts in electronic health record systems) to facilitate improvements in documentation practices.
 - Educate clinical staff about findings from documentation review and the documentation elements needed to support ICD-10 codes
 - Designate a clinician champion to assist in clinical staff education and promote the positive aspects of the ICD-10 transition



Best Practices

DPH will develop and share a variety of materials following completion of various assessments and training that will reflect best practices for the business and clinical change from ICD-9-CM to ICD-10-CM. Some examples may include:

- Development of Business Process Improvement Plan following completion of Business Impact Assessments and analysis of the impacts (e.g., business process changes to assign new codes at the most efficient point)
- Sample encounter forms
- Recommendations on how to handle the coding of diagnoses when a diagnosis is not on a list of the agency's most common diagnoses (e.g., is the best practice for clinicians to learn how to code or train a few staff in the agency to code the outlier diagnoses?)
- Recommendations on the use of Computer Assisted Coding (CAC)



Readiness Assessments

- Assessment tools will be developed so DPH and local agencies can gauge the level of preparedness for ICD-10-CM compliance
- Assessments will highlight areas and activities that may need adjustment in order to fulfill compliance objectives
- Local agencies will be responsible for conducting the readiness assessments appropriate for their agency
 - Database/System/Software Readiness Assessments (periodic reassessments)
 - Assess readiness of organizations that receive diagnostic data (e.g., local providers)
 - Communicate with business associates about their progress toward ICD-10-CM preparedness



Risk Management

- The overall goal of risk management is to progressively reduce the project's exposure to events that threaten the timely delivery of project objectives by:
 - Incorporating approaches into the project plan that minimize, mitigate, or avoid identified and potential risks
 - Developing proactive, contingency plans or risk response plans
 - Ensuring timely risk responses based on the concise identification of risk occurrence and risk opportunity
- The DPH ICD-10 Implementation Team has identified (and will continue to identify) risks and risk mitigation activities as they relate to the DPH project and these are in a Risk Matrix
- Local agencies should do the same



Risk Management

Sample from DPH Risk Matrix

#	Risk Category	Description of Risk	Likelihood (1-least likely to 5-most likely)	Severity (1-least impact to 5-highest impact)	Level of Control (1-high level of control to 5-lowest level of control)	Significance	Approach to Risk/Mitigation	Assigned To	Due Date	Date Closed	Risk Mitigation/Resolution
1	Operational	Productivity of business and clinical staff may be significantly impacted by the transition to ICD-10-CM due to: more detailed documentation in client records; additional time required to translate codes; increase in provider queries; increased delays in authorizations; increase in claim rejections; more time to research/resolve reimbursement issues.	5	5	3	13	1. Training appropriate for individual staff members must be completed and time allocated to practice using new ICD-10 codes and improving clinical documentation. 2. Readiness assessments must be completed several months prior to transition and problem areas identified and resolved. 3. Budget staff and resources during first 6 months to avoid negative impacts to client services. 4. Assess the time spent coding under ICD-9-CM to establish a baseline so productivity issues resulting from the transition can be identified. 5. Reduce clinics by 50% October 1-15, 2013. 5. Clinical staff work off of standing orders - need to make sure clinical staff know how to enter orders correctly.				



Risk Management

- Other types of identified risks
 - Financial ~ revenues will decrease as a result of increased denials, cash flow slow down due to longer time to code clinical information
 - Technical ~ Internal systems will not be remediated to accommodate ICD-10-CM by 10/1/2013
 - Financial ~ Clinical documentation will be insufficient to support more specific ICD-10-CM codes thus impacting the quality of the data and possibly reducing revenue
 - Organizational ~ All local agencies may not dedicate resources to ensure local agency compliance with ICD-10-CM by 10/1/2013
 - Resource ~ Staff that perform coding may not possess the knowledge/skills required for the transition to ICD-10-CM



Risk Management

- Other types of identified risks
 - Organizational ~ Competing priorities may result in agencies concentrating their efforts toward other activities and delaying work related to ICD-10-CM implementation
 - Financial ~ Sustainability in the face of potential financial impacts resulting in: delayed payments due to utilization of new codes and/or coding errors resulting in reduced cash flow, higher denial rates and increase in account receivables
- The DPH Risk Matrix will not be posted on the website since it is a public website



Issues Management

- **Issues Management** is the process of identifying and resolving issues in a project or organization
- The Issues Log will provide a tracking mechanism for identified issues, their evaluation and who has been assigned for resolution. Issue resolutions or decisions will also be documented in the Issues Log and communicated to all affected parties.
- The DPH Issues Log will not be posted on the website since it is a public website



Issues Management

- Sample from DPH Issues Log

#	Short Description	Issue Description	Priority (High, Med, Low)	Category	Assigned To	Date Opened	Date Resolved & Closed	Status (Open, Closed, Defer)	Last Status Date	Resolution/Comments
Statewide Issues										
1	Historical Data	The issue with remediation of historical data, how will it be handled. Also historical data as it impacts financial reporting and data analytics. How will reporting of data that includes diagnoses be handled when the data spans the compliance dates? For DPH reporting to Legislature, Feds, etc. and local level reporting - will be issue for all.	High	Data	Implementation Team	10/1/11		Open		Consider data/reports that span the compliance date. Implementation Team may need to develop a guide for agencies to use containing things to be considered when making these decisions. Joy Reed expressed concerns about using the crosswalk (GEMS) since this is, in many cases, a one to many relationship so users would need to review the documentation to determine the appropriate ICD-10 code to use. HIMSS recommends the use of data warehouse –apply GEM maps within the warehouse; merge financial data with clinical data; cover 3 years of history; project per-service, per payer gross margins. Add GEMS and Data Analysis training as one of the training programs on the Education Matrix. Need to understand how HIS will use the data - will it be converted? for CDSAs, when the change is made, how will the service coordinators know the correct codes



Issues Management

- Other types of identified issues
 - Contracting Issues ~ Provider contracts will require updates if the contracts contain diagnosis codes
 - Local agencies need to evaluate their current contracts to determine if there are any issues
 - Consider Clearinghouses, POMCS
 - Pre-Authorizations Spanning the compliance date
 - Pre-Authorizations based on ICD-9 diagnosis code but claim contains ICD-10 diagnosis code
 - Do CDSAs see this as a potential problem?
- An Issue Log and Risk Matrix Template in Excel format has been sent to the ICD-10 contacts



Monitoring Progress

- Monitoring the progress in achieving defined deliverables and project deliverables is essential to ensure a smooth transition and compliance by 10/1/2013
 - DPH will monitor implementation of system changes (e.g., HIS input and output)
 - Completion of fully configured and customized databases/systems/software and the training of users impacted by the changes
 - DPH will monitor implementation of interface changes
 - Completion of system interface changes and the training of users impacted by the system interface changes
 - CDSAs need to monitor the implementation of ICD-10-CM related business process changes
- For HIS, CDSAs will be informed of system remediation progress through participation in HIS User Group meetings



Next Steps

- Organize Local Agency ICD-10 Implementation Team
- If applicable, conduct Database/System/Software Impact Assessment
 - For impacted databases/systems/software, send the Readiness Assessment to the ‘owner/vendor’ – this will be the baseline for the Readiness Assessment
- Develop Local Agency Issue Log and Risk Matrix
- Review DPH ICD-10 Implementation Plan deliverable on the website
 - Primary resource for planning internal activities
- After the DPH Project Schedule is sent out, develop local agency schedule



Resources

- DPH ~ <http://his.dhhs.state.nc.us> (left side of page, choose “ICD-10-CM”)
 - Sarah.Brooks@dhhs.nc.gov
 - 919-707-5067
- CMS ~ <http://www.cms.gov/ICD10>
- Centers for Disease Control and Prevention (CDC) ~ <http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>
- NC Healthcare Information & Communication Alliance
<http://www.nchica.org/HIPAAResources/icd10.htm>
- American Health Information Management Association
<http://www.ahima.org/ICD10/default.aspx>
- American Academy of Professional Coders
<http://www.aapc.com/ICD-10/> (Note: Free Code Translator using General Equivalency Mappings - GEMS)
- Health Information and Management Systems Society
http://www.himss.org/asp/topics_icd10playbook.asp



Questions

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Submit Questions to:

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