

Track and Improve Your Progress



To start, identify key performance indicators, or KPIs



Establish a baseline for each KPI



Compare baseline and post-transition KPIs





DAYS TO FINAL BILL

number of days from time of service until provider generates and submits claim



ADDRESS Your Findings

Develop ways to gather and address feedback



Verify all your system upgrades are installed



Check <u>clinical</u> <u>documentation</u> and code selection



Work with payers to resolve any billing issues



- See our <u>contact list for fee-for-service Medicare or Medicaid issues</u>
- Contact your payer, clearinghouse, or billing service for other issues

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MAINTAIN Your Progress

Keep your coding tools and systems up to date

- Like ICD-9, ICD-10 is updated annually on October 1
- The ICD-10 Coordination and <u>Maintenance Committee</u> makes the updates with public input



Review the ICD-10 General Coding Guidelines regularly

 Hospitals should also review the <u>General Coding</u> <u>Guidelines for ICD-10</u> <u>inpatient procedure coding</u>



