

The Solo MD's Guide to Becoming ICD-10 Ready

Software Advice™ 

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Introduction: Why Solo M.D.s See ICD-10 Differently

The ICD-10 compliance deadline is Oct. 1, 2015—and some of the recent media coverage out there is enough to make a solo practitioner lose sleep:

- Necessary expenses for training and software tools could drive some small providers to bankruptcy.¹
- Additional hours spent mastering the new codes may result in loss of staff productivity.²
- Lawmakers are still hoping to adjust the terms of the switch, so more changes may be forthcoming.³

These concerns weigh especially heavy on single-physician practices, because they “don’t have extra staff to help get them prepared,” says Heather Bettridge, a practice consultant for the Texas Medical Association. “They realize that if ICD-10 is not used appropriately, they’re not going to get paid for what they do. So there is a fear factor here.”

However, fear shouldn’t dictate your experience implementing the new code set. Your practice’s bottom line doesn’t have to suffer because of ICD-10 conversion complications.

This guide will help you create, optimize and/or overhaul your transition strategy so it’s as stress-free as possible. It will also introduce you to affordable and effective ICD-10 software tools that can simplify your workflow.

To point you in the right direction for ICD-10 success, we’ve interviewed a mix of experts, consultants and actual solo-practice physicians. By the end of this guide, you should be able to answer the following questions:

- Which of the code set changes will **impact** my practice the most?
- What parts of my **clinical workflow** will need to be adjusted?
- Where do I start **training** my staff if they’re always busy?
- How should I go about practicing **test claims** with my payers?
- Is there **software** for my needs that’s budget-friendly?
- Do my **peers** have real-world advice for handling the switch?

Code Set Changes: What You *Really* Need To Know

ICD-10 consists of two parts: ICD-10-CM and ICD-10-PCS. Here we will focus only on ICD-10-CM, as it is most relevant to the solo-physician practice. The remainder of this guide will refer to ICD-10-CM simply as “ICD-10.”

Overview of Differences Between ICD-9 and ICD-10

It’s no surprise there’s anxiety about the compliance deadline: **There are nearly five times as many ICD-10 codes as ICD-9 codes.** But don’t worry—this all sounds much more intimidating than it really is. In fact, simple laterality (i.e., whether the area being treated is on the patient’s left or right side) accounts for nearly 40 percent of all the new codes.⁴

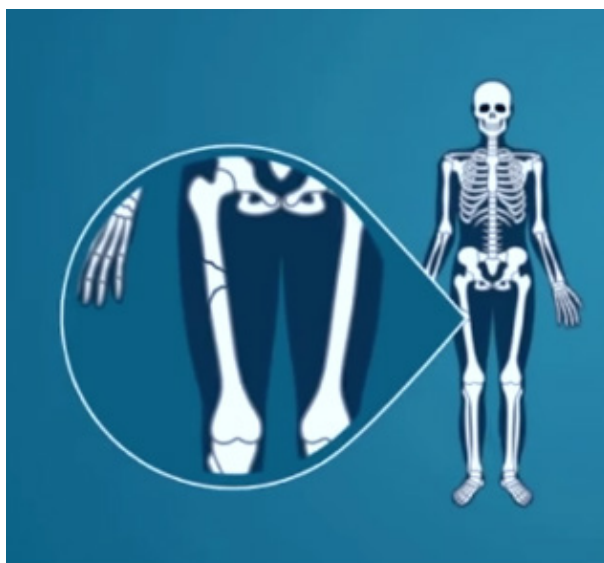
This chart sums up the main differences:

ICD-9	ICD-10
<ul style="list-style-type: none">• No way to specify laterality• 3 - 5 characters long• No placeholder characters• Less codes to note degree of severity• Less codes combining symptom, diagnosis• 1 type of excludes notes	<ul style="list-style-type: none">• Laterality specified in separate codes• 3 - 7 characters long• “X” placeholder characters exist• More codes to note degree of severity• More codes combining symptom, diagnosis• 2 types of excludes notes
14,000 codes	69,000 codes

Source: Centers for Medicare and Medicaid Services

Example of ICD-9 vs. ICD-10

Now that we have a bird's-eye view of the changes, we can use an example to really delve into the differences between ICD-9 and ICD-10. The picture below shows a femur fracture.



This chart sums up the main differences: As the American Academy of Professional Coders explains in one of its videos, the ICD-9 code for the example above is relatively straightforward and substantially less detailed than its potential ICD-10 equivalent.⁵

If a patient walks into your office with a fractured femur, there are only 16 codes available in ICD-9 for you to describe it. But the new code set allows for more than 1,530 codes in different combinations to describe the fracture in as much detail as you're able to gather:

ICD-9 code	ICD-10 code
821.11	S72.351C
Open fracture of the shaft of femur	Displaced comminuted fracture of right femur, initial encounter for open fracture type IIIA, IIIB or IIIC
Total of 16 codes available to describe all potential femur fracture variations	1,530+ codes available to describe all potential femur fracture variations

Anatomy of a New Code

Let's keep using the example ICD-10 code from the last section describing a femur fracture in order to dissect the new code's components. Each character in the sequence conveys a unique piece of information:

S 7 2 . 3 5 1 C

Category Etiology
Site
Severity Extension

Displaced comminuted fracture of right femur, initial encounter for open fracture type IIIA, IIIB or IIIC

Category: The first three characters in an ICD-10 code identify the category of the patient encounter. For example, anything between S70 and S79 indicates injuries to the hip and thigh, while S72 refers to a fracture of the femur. Keep in mind that the first character will always be a letter, while the second and third can be either numbers or letters.

Decimal: ICD-10 codes must have at least three characters. If your code only has three, you don't need a decimal at the end. However, most of your codes will have more than three characters, and you must always place a decimal after the third one.

Etiology/Site/Severity: The fourth, fifth and sixth characters specify the following in relation to the area you've treated:

- **Etiology** (the cause of the disease)
- **Anatomical site** (location and/or laterality)
- **Severity**

For example, the "3" in our sample code stands for a fracture of the *shaft of the femur*. The "5" further describes the severity of the fracture: it's *comminuted*. Finally, the "1" lets us know this fracture was *displaced*.

Extension: The seventh character is here to note whether you're treating an initial or subsequent encounter—that is, whether it's the patient's first time experiencing this affliction. For example, the "C" above tells us this is the patient's initial encounter for [an] open fracture type IIIA, IIIB or IIIC.

(Sometimes you'll want to use the seventh "extension" character described above even if you don't have enough information to note the etiology, site or severity of a patient encounter. In those cases, simply use an "X" as a placeholder instead of the fourth, fifth and/or sixth character followed by the appropriate extender code.)



The Changes Most Likely to Affect You

The good news? **You're not expected to get ICD-10 codes *perfectly right* starting Oct. 1.** In fact, CMS is promising leniency for a full year post-transition if your codes aren't specific enough.⁶ This means Medicare claims will not be denied based solely on the specificity of the diagnosis codes—as long as the first three characters are correct.

However, there are a few code-set changes you must pay extra attention to:

Increased specificity. Even if you won't be penalized by CMS right away, you should still get in the habit of documenting your patient encounters in as much detail as possible, and reflect these details in your codes. Robert Tennant, senior policy advisor at the Medical Group Management Association (MGMA), predicts some health plans will be stricter about this than others.

Greater need for documentation. This goes hand-in-hand with our guidance to increase the specificity in your codes. It's not enough to simply add more characters—you must back up your code selection with detailed clinical notes, medical dictations and charting to support your selection. Study some common ICD-10 code descriptors (e.g., laterality, severity and accompanying conditions) and incorporate those into your patient encounter documentation.

Emphasis on anatomy. When ICD-10 goes into effect, you'll likely reference a code book or electronic tool to look up potential code selections for each patient encounter. When doing so, keep in mind that ICD-10 has a greater emphasis on anatomical location than injury type.⁷ The index will be laid out by organ and bodily structure, so don't waste time searching any other way.

Practice Preparation: Where to Start and How to Succeed

Many solo physicians own their practice, and must shoulder the administrative and financial burdens of running a medical office while leading clinical operations. This makes ICD-10 planning with limited resources that much harder.

"In a four-doctor practice, you probably have several people who could specialize, so to speak, in ICD-10 and understand it for the group," says Dr. Jen Brull, a solo practitioner based in Kansas. "In a solo practice, those resources just aren't there. We don't have four billing staff [members]; we have one. We don't have five or six nurses; we have two."

Even with these challenges, solo practitioners can prepare for ICD-10 without totally disrupting their practice's workflow. The transition process can be broken up into five major stages:



Planning

Assess Your Needs

Your first step should be to evaluate the resources currently at your disposal and identify ones you may still need. Think about ways you can leverage your staff, their billing processes and your professional association memberships to help you make the change.

Pick an ICD-10 “champion” for your practice. While all staff will need to be trained, choose one person to become an ICD-10 expert: Brull suggests picking “the person who is most knowledgeable about billing to make sure you are getting things done in a timely manner.” This “champion” can help ensure all steps in your transition are completed, while helping others learn the new code set.

Customize your transition plan to account for current billing processes. Depending on how you handle billing and coding at your practice, your transition plan may look different than those of your peers. However, **if you don’t use software in your billing process, you may want to consider investing in a system to ease the transition.**

Use free or low-cost ICD-10 resources offered by professional organizations. Don’t underestimate the power of a medical association membership to support your transition. For example, the Texas Medical Association provides in-person seminars and on-demand webinars for members.⁸ The MGMA also offers affordable, ICD-10-ready software for members, Tennant notes.⁹

Plan Your Budget

Now that you've assessed your resources, it's time to create a transition budget so you can purchase what you need while also maintaining what you have in case of reimbursement shortfalls.¹⁰

Save for ICD-10-related costs. Your budget should cover the costs of any new software and/or training materials. It should also include enough to cover any reduced reimbursements that result from processing delays or claims rejections. **Tennant recommends setting aside three months of capital for your budget, in addition to a rough estimate of training/software expenses.**

Submit claims ASAP. In the weeks leading up to the conversion deadline, you should try to submit any claims that are still on your biller's desk, waiting to go out to payers. The idea is to generate as much cash flow as possible before the changeover.

Get a credit line through a local financial institution. "We're hearing from some of our [members] that the days of getting easy credit lines, even for physicians, have diminished," says Tennant. "So try to do that sooner rather than later." As the saying goes, it's better to have it and not need it than to need it and not have it.

Meet With Staff Regularly to Talk ICD-10

While your practice's designated ICD-10 champion will help lead the charge for your conversion, you must remember this is a team effort. The more transparent, clear and communicative you are about your plans, the easier it will be for staff to follow them.


Schedule periodic staff meetings. Brull says her staff meetings take place the first and third Mondays of every month. By making ICD-10 a standing agenda item, everyone in the practice has a chance to discuss the latest developments, ask questions and/or share concerns.



Learning

Familiarize Yourself With ICD-10

In chapter two of this guide, we broke down the major differences between ICD-9 and ICD-10. Now it's time to give the new codes a spin by examining which ones you're likely to use most frequently.



Try code mapping. In this exercise, you take your most commonly used ICD-9 codes and map them to their potential ICD-10 equivalents. This exercise is important since, as TMA's Betteridge points out, "codes often don't have one-to-one matches. A single ICD-9 code could map to more than 250 ICD-10 codes."

By taking a hard look at all the code match possibilities early on, your staff won't be caught off guard by the new code set's nuances. Software tools, which we'll cover in the next chapter, can help automate this process and give you easy access to a searchable list of all ICD-10 codes to validate your selections.

Take stock of your payers and partners. Preparing your practice for ICD-10 is only half the battle. Ensuring your payers (i.e., health plans) and partners (e.g., software vendors and clearing house) are ready for the changeover is just as important. Reach out to them at this stage with the following questions to learn how their transition strategies may affect yours.

Health plans/clearing house:

- Will you be prepared to receive ICD-10 claims by Oct. 1?
- Do you have testing options/practice dates available to submit test claims before then? If so, will you let me know whether the test claims were successfully received?

Outsourced revenue cycle management/billing service (if applicable):

- Has your team been trained in ICD-10?
- Will you be revising any workflow changes in light of ICD-10?
- Is there additional information you will need from me to submit my claims using ICD-10?

Software vendor(s):

- Are you prepared at this point to generate/submit ICD-10 claims? If not, when will you be prepared?
- Do you have a contingency plan to help clients get their claims out if your software is not ready for ICD-10 by Oct. 1?
- Which of the software functions will be impacted by ICD-10?
- Are there software/server updates that need to be installed for ICD-10 and, if so, are any additional fees required?
- Will your system be able to handle both ICD-9 and ICD-10?



Practicing

Generate Test Claims

Testing can help ensure you are using the new codes correctly before the deadline. Solo practitioner Dr. Jen Brull says the process of lining up test dates hasn't been hard for her practice.

"We found people were very happy to do testing with us," she says. "Everyone knows they have to be on ICD-10 by Oct. 1, and the more people they can get to try it before then and work out the bugs before then, the less of a disaster they'll have on that day."

Here are the sources you can use to generate test claims internally and externally:

Your own staff. This the best starting point. During your next patient encounter, ask staff to assign an ICD-10 code in addition to the usual ICD-9 code. Note any challenges they face and whether you provided sufficient documentation to support that code.

CMS. CMS officials encourage providers of any size to submit acknowledgement test claims, which are ICD-10 coded test claims that are similar to the claims that you currently submit.¹¹ They will tell you whether the claim was accepted or rejected in the system.

Your software vendor. Ask for any opportunities to practice with the vendor's software system. This could encompass anything from "test driving" an unreleased ICD-10-ready feature to using the system for submitting sample claims.

Your clearing house. Most clearing houses can be especially helpful; they can take a test claim and point out problems that could lead to a rejection, and provide guidance as to how to fix a rejected claim.¹²

Health plans. Doctors can also request help from individual health plans to test sample ICD-10-coded claims directly through them. According to the WEDI study cited earlier in this piece, more than 50 percent of health plans have begun external testing.



Troubleshooting

Anticipate Challenges and Implement Solutions

There are going to be pain points on the way to ICD-10 compliance, but you can catch some of them well before Oct. 1.

Identify shortcomings in your documentation. MGMA's Tennant recommends trying to optimize your clinical process before submitting claims. To do this, set aside 20 or 30 claims that have already gone through the adjudication process and been paid. Assess the documentation and ask yourself if it's comprehensive enough to assign an appropriate ICD-10 code (e.g., did you specify laterality?).



Submitting

Remain Compliant and Stay Agile

Congratulations, you made it to Oct. 1! Now that you've practiced with test claims and improved your documentation, it's time to submit actual ICD-10 claims to payers.

As you do, keep in mind that you may encounter entirely new challenges, so it's important for your team to stay agile.

Schedule regular staff meetings. Continue to meet with staff regularly after the conversion deadline. Use these meetings as an opportunity to address unforeseen obstacles, such as processing delays, and suggestions for improving workflows.

Update all office forms to reflect ICD-10 codes. You may not realize just how many forms and templates in your office have ICD-9 codes on them. TMA's Bettridge advises practices to pay close attention to pre-admission paperwork, test request forms, superbills and the like.

"All of those are going to have to be changed," she says. "For example, many specialty physicians have template forms in their practice that say the top 10 codes they report. Those codes will have to be updated to ICD-10."

What if you're still not ready?

We asked experts what you should do in the worst-case scenario: It's after Oct. 1, and you're unable to send ICD-10 claims.

"One of the options—and it's not a pretty one—is to think about submitting claims to health plans via the health plan Web portal. You'll need to sign up for the portal ahead of time so there are no delays. Make sure you're set up with your major payers: the ones that comprise the majority of your health care claims. It's inefficient, but at least it's a way to keep the claims moving." —Robert Tennant, Senior Policy Advisor for MGMA

Tackling the Transition With Tech: Systems for Every Budget

Software can help automate many parts of the ICD-10 transition process, from planning to practicing. However, many solo physicians are hesitant to spend money on such tools. Dr. Nitin Desai, an internist in Columbus, Georgia, explains why.

"We try to keep our expenses very low compared to the big offices," he says. "We were extremely worried about ICD-10 and how much it would cost us to get ready for it."

His staff is already stretched pretty thin—Desai's wife is the office manager, biller and coder—so they wanted technology that could help her get the hang of the new code set without putting a dent in the practice's profits.

Luckily, Desai's son Parth stepped in and helped create a Web-based software system called ICD-10 Charts.¹³ The software converts ICD-9 codes to ICD-10 and helps practitioners make chart templates. While the software was initially created to ease the conversion for mom and dad, Parth's system is now available to all practitioners free of charge.

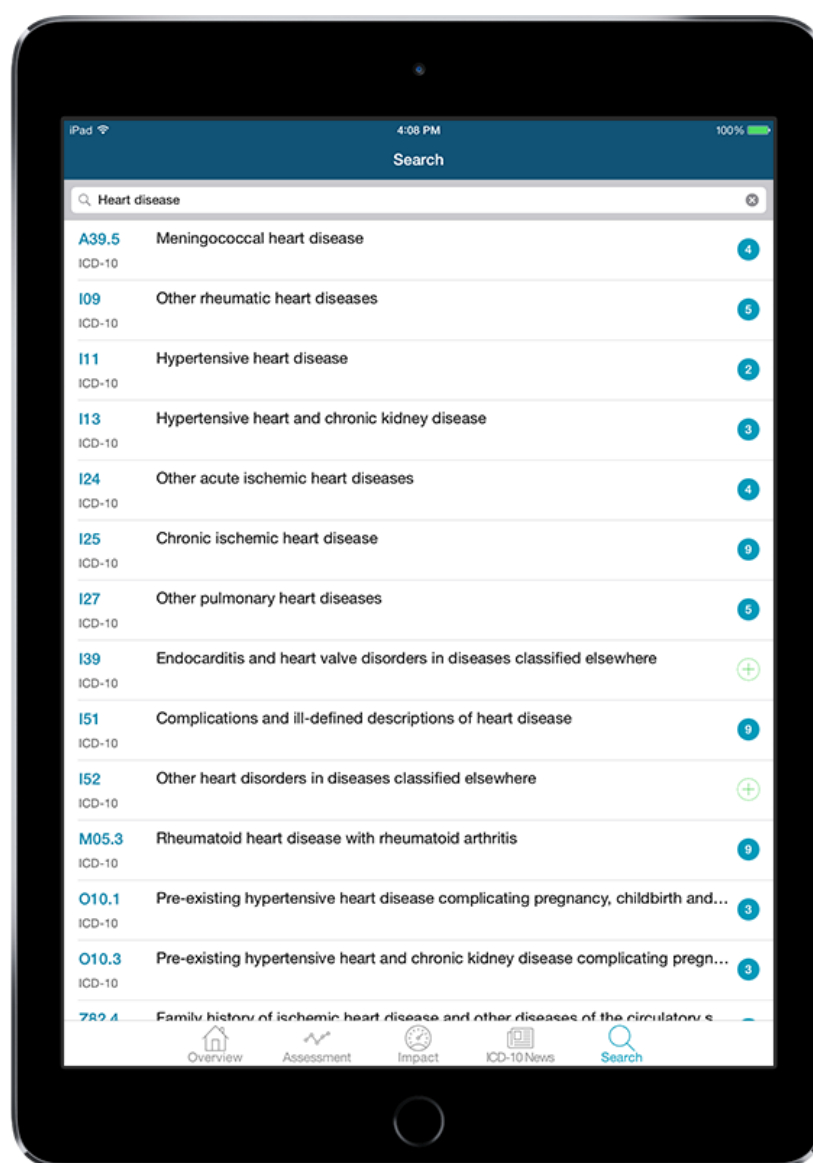
"Parth has been in medical school while working on the software, and he has put a lot of hours into it," says Desai. "I told him not to worry about charging for it and to instead use it to help the [medical] community. There are many solo physicians who are struggling financially."

This story just goes to show there is ICD-10 software out there for every practice, regardless of budgetary constraints. **We recently published a [comprehensive resource guide](#) on ICD-10 software functionalities that can help with each transition stage.**

For those who would rather evaluate software by the level of investment required, though, we've compiled a list sample systems. While all of the software vendors listed here offer products in a range of price points, we've highlighted one solution from each to serve as an example:

Level of Investment: **Low**

Example: [AdvancedMD](#) offers its ICD-10 Toolkit app to the public free of charge. It allows users to assess their ICD-10 readiness, compare ICD-9 codes with ICD-10 equivalents, search for ICD-10 codes through keywords of diagnoses, view educational materials (e.g., related news articles) and more.



Search function in AdvancedMD's ICD-10 Toolkit app

Level of Investment: **Medium**

Example: Looking Glass Computer Assisted Coding by Streamline Health is a software module that scans your documentation from a patient encounter, then presents coding suggestions in both ICD-9 and ICD-10 based on the diagnoses/symptoms recorded.

The screenshot displays the Looking Glass software interface, which is a computer-assisted coding module. The interface is divided into two main windows. The left window, titled 'Looking Glass - Streamline Health', shows a patient's medical history and coding suggestions. The right window, titled 'Document Viewer - Windows Internet Explorer', displays a 'Progress Note' for the patient.

Patient Information:

- Pt. Name: Rogers, Theodora
- DOB: 07/15/1961
- MRN: 0000059952
- Encounter: 59952
- Admit: 01/01/2013

Diagnoses:

ICD-9	ICD-10	Dx Type	Code	Description	POA
			J45909	Unspecified asthma, uncomplicated	Y
			Z90710	Acquired absence of both cervix and uterus	Y
			R1310	Dysphagia, unspecified	Y
			R61	Generalized hyperhidrosis	Y
			J069	Acute upper respiratory infection, unspecified	Y
			D649	Anemia, unspecified	Y
			K565	Intestinal adhesions w obst (postprocedural) (postinfection)	Y
			I10	Essential (primary) hypertension	Y
			F329	Major depressive disorder, single episode, unspecified	Y
			R110	Nausea	Y
			I509	Heart failure, unspecified	Y
			K835	Other specified diseases of biliary tract	Y

ICD Procedures:

Code	Description
001K02M	Bypass Ascending Colon to Descending Colon, Open Approach

Progress Note:

DATE: 01/03/2013 TIME: 5:00 p.m.
CHIEF COMPLAINT: SOB x 3 days and abdominal pain
HISTORY OF PRESENT ILLNESS:
Onset- 4 days ago
Time course- SOB consistent; abdominal pain
Severity- high
Pt admitted today via ambulance to ED; complaining severe abdominal pain; dyspnea and upon exam reveals lower leg edema, ejection fraction <30%. Positive for nausea and sweating and difficulty swallowing. No vomiting or chest pain.
Similar SOB 1+ years ago.
Patient is status post abdominal surgery 6/2009. Pt has hypertension, CHF, Anemia and reports unstable mental status depression.
Stress test- negative 2 yrs ago; EKG pending
PAST SURGICAL HISTORY: Abdominal surgery - 6/2009; Hysterectomy C-section- 2001
MEDICATIONS: Lasix 20 mg p.o. daily
ALLERGY: NKDA
SOCIAL HISTORY: Independent, married x 30 years; husband at bedside. Alcohol: occasion wine; Smoker: no
IMPRESSION: Intestinal Adhesions with Obstruction

The computer-assisted coding module in Looking Glass

Level of Investment: **High**

Example: NueMD's medical billing software lets you perform dual coding, or when both ICD-10 and ICD-9 codes are added simultaneously to a record. Since doctors must keep submitting claims using ICD-9 until Oct. 1, you should only consider solutions that can submit claims in either code set.

NueMD Options Setup Modules Support

Home Patient Ticket Appt. Live Help Exit

Diagnosis Code Setup

Diagnosis: Group:

ICD9: ☐ No ICD9 mapping for this code
Description:

ICD10: ☐ No ICD10 mapping for this code
Description:

SNOMED:

← Back 🔍 Find 💾 Save 🆕 New 🗑️ Delete ✏️ Edit

Dual coding with NueMD's billing application

Solo-M.D. Survey: ICD-10 Preparation Progress

In order to gauge how prepared single-physician practices are for ICD-10, we conducted an online survey with a small panel of solo M.D.s. The results are not intended to be representative of this entire group's readiness, but rather serve as a snapshot of the progress that's been made and the challenges that are yet to be addressed within our survey sample.

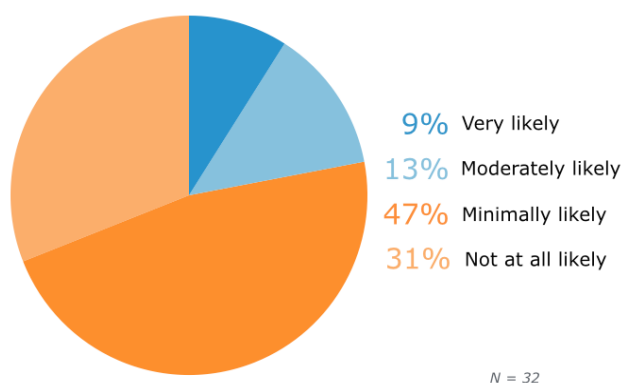
We asked respondents about a variety of topics that have been addressed in this e-book, from staff training strategies to financial planning initiatives. The following charts represent our key findings:

Solo M.D.s and ICD-10

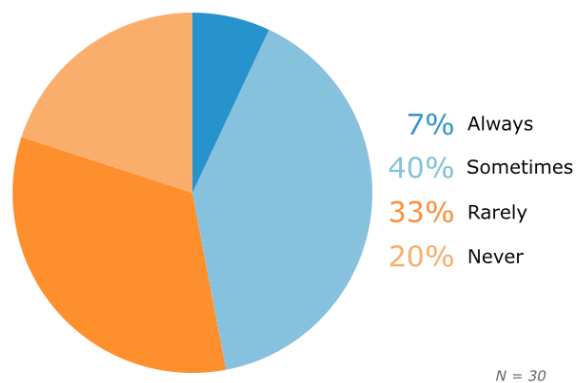
71%

have not taken any financial planning measures to mitigate potential reimbursement losses (e.g., increased credit line or cash reserves).

Likelihood to Replace Software Due to ICD-10



Frequency of Dual Coding (With or Without Software)



54%



Only one in two solo practitioners have developed an ICD-10 training plan for their staff.



Conclusion: Best Practices for Achieving Compliance

It's clear that ICD-10 will bring about some big changes. Unfortunately, as a solo doctor, it's not always easy to see the benefits of these changes.

"Depending on what that solo practitioner needs to do and what software upgrade they require, it could be a very expensive proposition trying to get ready for ICD-10," Tennant says. "And there's very little evidence that the investment will be returned, either through an increase in number of patients or improved outcomes for patients."

If you're having a tough time coming to grips with the transition, keep in mind why it's happening in the first place. ICD-9 is old. It dates back to 1978, and has no more room for new codes. Plus, **ICD-10 should yield better clinical data** for researchers worldwide to analyze health outcomes and explore disease patterns. After all, most countries in the World Health Organization are already using a local variation of ICD-10.¹⁴

Some news outlets are suggesting the changeover could spell "the end of the solo practice" as we know it.¹⁵ But solo physician Brull hopes the increased specificity in ICD-10 codes could eventually raise—not lower—reimbursement rates for the solo practitioner.

"The codes in ICD-10 do a lot more to tell insurers how sick the people are that we are taking care of," Brull says. "I hope all providers will be reimbursed more appropriately for the work they are doing, because the data is more transparent in the code we are transmitting."

Furthermore, the conversion shouldn't be as intimidating if you have the right support tools in place. There are plenty of software systems available at every financial level. From free mobile apps to full billing applications, you can control how much of the process you automate—without dipping too deep into your transition budget.

ICD-10 Preparation Checklist

To conclude, here is a list of best practices to follow to get your solo practice ICD-10-ready:

- ☐ **Assess your needs and create a transition plan**
- ☐ **Prepare a budget**
- ☐ **Familiarize yourself with ICD-10**
- ☐ **Meet with staff regularly to talk about ICD-10**
- ☐ **Take stock of all your payers and partners**
- ☐ **Practice generating test claims with staff, payers and partners**
- ☐ **Troubleshoot errors by anticipating challenges and implementing solutions**
- ☐ **Stay agile in case more workflow changes are needed once you begin**



Additional Resources

- If you ever have questions on the best code to use for a patient encounter, you can always refer to the [ICD-10-CM Official Guidelines for Coding and Reporting](#).
- For a more extensive rundown of the differences between ICD-9 and ICD-10, including details on the new excludes notes, check out [this fact sheet](#) from CMS.
- For more information on submitting acknowledgment test claims to CMS, contact your [Medicare Administrative Coordinator](#).
- WEDI has an excellent [whitepaper](#) on ICD-10 testing best practices.

Survey Methodology

To collect the data in the research used for chapter five, we conducted a two-day online survey of 26 questions, and gathered 48 responses from random physicians within the United States. We screened our sample to only include respondents who are the sole physician in their practice. Software Advice performed and funded this research independently.

Examples of ICD-10 Ready Systems

PracticeSuite™

NueMD®
See Patients. Get Paid.

 **AMERICAN**
Medical Software®

 practice fusion

 **Cerner**™

MediTouch®

 **kareo**™
Go Practice

 Allscripts™

 **advancedmd.**

 **athenahealth**

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References

1. <http://www.clinical-innovation.com/topics/policy/state-medical-societies-icd-10-looming-disaster>
2. <http://www.fortherecordmag.com/archives/0214p10.shtml>
3. <http://www.fiercehealthit.com/story/congress-members-propose-icd-10-dual-coding-bill/2015-07-13>
4. <https://community.intermedix.com/entry/laterality-and-icd-10>
5. <https://www.youtube.com/watch?v=ZPDgtDDTc8k>
6. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-guidance.pdf>
7. http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_038084.hcsp?dDocName=bok1_038084
8. <http://www.texmed.org/icd10/>
9. <http://www.mgma.com/store/store-news/april-2015/icd-10-preparation-resources>
10. <http://medicaleconomics.modernmedicine.com/medical-economics/news/icd-10s-financial-impact-and-after-oct-1?page=full>
11. <http://blogs.aafp.org/fpm/gettingpaid/category/ICD-10>
12. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10RoleOfClearinghouses1.pdf>
13. <http://www.icd10charts.com/about>
14. <http://www.beckershospitalreview.com/healthcare-information-technology/15-things-to->