

Deadline for ICD-10 Specificity Draws Renewed Attention to Physicians' Role [Sponsored article]

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On October 1, 2016, the Centers for Medicare and Medicaid Services (CMS) will require greater specificity for claims filed in ICD-10-CM/PCS, and payers will either follow suit or, as some already are doing, lead the way. This has put focus back on physicians and the critical role they play in maximizing use of the new coding structure for improved patient care.

The fact is that while physicians increasingly are getting on board with ICD-10 requirements, some still have serious concerns that stand between them and total acceptance of the new code set. Some of these concerns are listed below.

“It’s Too Big and Complex”

Yes, it’s a huge change and the number of codes is staggering, but—as the CMS has said—just as adding words to a dictionary doesn’t make it more difficult to use, the greater number of codes in ICD-10 doesn’t necessarily make it more difficult to navigate.

It’s all a matter of perspective.

First of all, there are many codes—and permutations of those codes—that individual physicians will never use. And specialists and other practitioners with defined populations will need to deal with far fewer codes than physicians with a broader range of patients and responsibilities.

In addition, a great deal of the angst can be removed by identifying the codes the practice or organization uses the most and putting initial focus there.

“It Will Change the Way I Practice Medicine”

ICD-10 codes are descriptors; they are not the stuff of a how-to manual. And, while it is important that new concepts inherent in ICD-10 be documented, this documentation is meant to create a more complete clinical picture. The additional, more specific information could, indeed, impact treatment decisions, but are more likely to promote more targeted and better care.

This could also lead to more focused evidence-based practice and a more effective relationship between a patient and a physician, who can now know more specifics about that patient as an individual, not just as a member of a group.

“There Are Too Many Other Competing Priorities”

True, providers have a lot on their plates in this era of healthcare reform, charged with putting electronic health records (EHRs) in place, meeting “meaningful use” EHR Incentive Program requirements, and so much more.

Though it could seem overwhelming, it’s perhaps comforting to note that many EHR systems and computer-assisted coding tools are designed with ICD-10 in mind, and ICD-10 codes help build the meaningful use of data. Thus, all these changes can be viewed as a confluence of factors to improve quality of care—rather than a cascade of discrete requirements.

“I Don’t Have the Time to Learn a New System”

For clinicians, time is an extremely important commodity. Thus, it is not surprising that some physician pushback on ICD-10 is based on the time it would take to get a full grasp of the new system.

Since clinical documentation stands at the hub of a healthcare organization's ability to effectively manage care, as well as protect its financial viability, it is important that everyone involved in documentation be trained in ICD-10—including physicians. And while training admittedly takes time, the right training can take far less time and be far less intrusive than clinicians might expect.

Such training solutions offer concise, practice-specific lessons delivered online for anytime access. The best of the breed focus on the necessary documentation elements for high-risk, high-cost, audit-related or ICD-10-related conditions and pinpoint the fundamentals needed to support admission; justify diagnostic workup, treatments, and services; and accurately reflect a patient's severity of illness.

More in-depth training can provide physicians with insight into why certain diagnosis codes are selected and help providers identify critical documentation requirements based on settings and type of service provided. Physicians who have not as yet availed themselves of such easily accessible and targeted training should do so—now.

Comprehensive, cohesive, role-based training across the organization teaches how to tell a story of what was done, get paid appropriately, and ensure that quality data is available for disease profiling, research, education, public health programs, development of standards and protocols, and much, much more.

Aspiring to Inspire

As leaders and role models, physicians can motivate others on staff to embrace ICD-10. Their acceptance of the benefits of the new coding structure's specificity and their willingness to get involved in its effective use can go far.

Appreciating the Big Picture

Finally, it is important to acknowledge that a lot has happened in medicine and technology during the past 30 years. ICD-9 couldn't reflect that change and promote ongoing improvement. ICD-10 is one way to advance medicine here and across the world. And that is another reason for physicians not only to engage but to be enthusiastic about the potential of the detail that will be derived.

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