

Embracing ICD-10 Advocacy: HIM Professionals Must Offer Implementation Help to Physicians

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Members of the AHIMA staff and ICD-10 Implementation Coalition recently met with the incoming House of Representatives Energy and Commerce Committee and Health Subcommittee Vice Chairman, Michael Burgess, MD. Discussion included considerations for how to reach out to those physician groups that have spoken in favor of either delaying or skipping the ICD-10-CM/PCS implementation. Burgess's recommendations included developing advocacy efforts and support at the grass-roots level and working with individual physicians and local organizations.

The congressman's recommendation is on target, as evidenced by some of the recent successes seen by state health information management (HIM) associations. When state HIM associations and AHIMA members have engaged physicians directly, they have often seen the value of the ICD-10-CM classification and subsequently supported it. Likewise, meetings between AHIMA members and physicians, one-on-one or in small groups, have facilitated conversations regarding the value of the classification system to the physicians themselves.

ICD-10 Assistance Needed

Physician practices need assistance with ICD-10 implementation and testing. HIM professionals need to be involved and help other members of the healthcare industry set aside skepticism and hesitation. The Centers for Medicare and Medicaid Services (CMS) has informally announced that they will be ready to test the ICD-10-CM/PCS coding systems on October 1, 2013. While this October date is a year before the actual compliance date, previous Health Insurance Portability and Accountability Act-based implementations have shown the need to begin testing as early as possible.

Physicians are only required to use ICD-10-CM, not ICD-10-PCS. They will remain using CPT for procedures, but like all providers, health plans, and clearinghouses, they must be ready to test the code set in late 2013 or early 2014 in order to effectively identify compatibility with other trading partners. Early testing also allows health plans the opportunity to ensure that physician payments are not inappropriately modified due to an adjudication system or coding error.

Physician practices are besieged by many federal government mandates. Indirectly, practices are often the target of bundled payments or accountable care organization development. It is therefore not surprising that many have not taken the time to examine the benefits of moving to a more contemporary and comprehensive classification system-especially when they are told that conversion will leave their documentation practices open to more scrutiny.

Physician practices are also under pressure to operate "lean." This involves increasing their number of patient visits to make up for the reduced reimbursement created by revised reimbursement programs-which were designed to cut the cost of care. An inherent danger that accompanies a delay in mandates, such as ICD-10, lies in the temptation for lobbying associations to push for further delays or-as some members of the US healthcare industry have suggested-the possibility of skipping this classification system altogether in favor of a new one still in development and thus not viable.

HIM Key to Meeting Compliance

HIM professionals know that the structure of ICD-10 will be followed by ICD-11, and if new or legacy systems are not converted now, they will have to be restructured later at a much higher cost as the progress of medical knowledge accelerates.

HIM professionals also know that the conversion to ICD-10 will require better documentation to sustain the coding. But use of the ICD-10-CM codes will create better information in claims and reporting systems, negating a considerable amount of

further questions and further record analysis to answer billing and other third party data users' inquiries. In this same vein, it is clear that more specific coding, and the ability to apply codes, will also lead to fewer claims and chart audits and fewer accusations of fraud.

While it is true that the use of a modern classification system is more detailed, the detail of ICD-10-CM also allows for the demonstration of severity-which when used should lower the challenges to a physician's E/M reimbursement requests. This same information, when combined with the practice's data on patient sex, age, and other factors can also serve for an internal quality assurance program.

The environment of physician practices is changing rapidly. Quality measurement data is being collected not only to comply with Medicare quality programs and, eventually, quality-based reimbursement, but is also being used by a variety of insurers and other programs to post quality comparisons of practices on the Internet for consumer comparison. The ability to measure severity, patient age, and other factors not present in the current code set will enable providers to demonstrate quality. Also providers will soon be required to communicate with public health through the submission of classification codes.

The ARRA-HITECH stage 2 "meaningful use" EHR Incentive Program requirements already call for voluntary reporting of ICD-10-CM measures, and more are expected in stage 3. These requirements translate to electronic health record (EHR) certification standards, and any practice purchasing a new EHR or upgrading an existing system must demand their systems can produce and use ICD-10-CM codes.

Finally, physician practices are rapidly being bought by hospitals, absorbed into accountable care organizations, and targeted for bundled payment arrangements. The need to merge physician records or, at a minimum, the codes that demonstrate disease, diagnosis, or procedures must keep up with the quality controls, reporting, and value-based reimbursement systems that are on the horizon.

At this crucial juncture, HIM professionals must learn to help practices prepare to face the challenges and ICD-10 requirements of implementation, testing, and coder training.

AHIMA has seen successful programs in several state HIM associations over the past several years that have centered on reaching out to local private practices. By sharing information and expertise, HIM creates a mutual understanding of the benefits of ICD-10-CM location by location. This allows providers to implement ICD-10-CM into their practices and systems for testing by the end of this year. But work must begin now-and eleven months is not a lot of time.

Based on work by the AHIMA State Advocacy Council and previous work by state HIM associations, AHIMA has developed a toolkit for state HIM associations and their members to leverage for this grass-roots transformation. The toolkit reflects the success of HIM professionals reaching out and working with their healthcare community. The resulting value in moving to ICD-10-CM will not be realized until every provider, health plan, and clearinghouse is ready.

Additional materials are available at the AHIMA ICD-10 Resources website, www.ahima.org/ICD10. This website is accessible to members and non-members and includes resource links to other ICD-10 information websites, such as CMS.

The HIM profession has endorsed the conversion to ICD-10-CM/PCS since the late 1990s. The healthcare industry can only achieve compliance in 20 months with support from HIM professionals. Something as simple as an initial discussion with one's personal physician, organization physicians, and others will help.

AHIMA will continue to work at the national level to ensure ICD-10-CM/PCS implementation. The association will also continue to work unilaterally and with others to provide the needed tools to ensure compliance.

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Article citation:

Rode, Dan. "Embracing ICD-10 Advocacy: HIM Professionals Must Offer Implementation Help to Physicians" *Journal of AHIMA* 84, no.2 (February 2013): 16-18.

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