ICD-10 Coalition Cautions Capitol Hill Against Further Implementation Delay

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By AHIMA's Advocacy and Policy Team

AHIMA is not the only industry voice advocating for the transition to ICD-10-CM/PCS. At a Capitol Hill briefing sponsored by the Coalition for ICD-10, Sue Bowman, MJ, RHIA, CCS, FAHIMA, senior director of coding policy and compliance at AHIMA, was joined by many other industry leaders who echoed AHIMA's position that relying on the current ICD-9 coding system compromises the value of healthcare data.

At the September 2014 briefing, leaders representing physician practices, hospitals, and payers urged policymakers to adhere to the scheduled transition to ICD-10 on October 1, 2015. The following are interviews with several speakers at the event on why the healthcare industry cannot afford another delay.

Providers Have Been Ready

According to a February 2014 survey by the Healthcare Financial Management Association (HFMA), nearly three quarters of hospitals and health systems said they were ready for ICD-10 just weeks before another yearlong delay was announced on April 1, 2014.

"The hospital sector had put in the time and effort, so providers could have made it work," says Sandra J. Wolfskill, FHFMA, director of healthcare finance policy, revenue cycle MAP, at HFMA. "If we have another delay, we would lose even more momentum, not to mention the lost dollars that we have spent trying to maintain skills and tread water because of the current delay."

What is at risk is perhaps as much as $6.8 billion, the estimated cost of a single one-year delay, according to the US Department of Health and Human Services. Also at risk are the job prospects for more than 25,000 HIM students and recent graduates, many of whom learned to code exclusively in ICD-10.

Wolfskill believes ICD-10 adoption is needed in 2015 because the new coding system's granularity will allow providers to capture the data they require for population health management and new value-based payment models. For example, ICD-10 provides four levels of asthma disease severity—unlike ICD-9, which does not include a severity measure.

"Severity coding allows providers to develop interventions and strategies to appropriately treat asthma patients at either end of the spectrum, whereas now we are dealing with a one-size-fits-all approach," she says.

Effects on the Bottom Line

The delayed transition means that hospitals across the country will need to re-spend millions of dollars that they have already spent on staffing, education, and IT resources. For example, Inspira Health Network, located in Bridgeton, NJ, will need to reinvest $1.2 million in 2015 that they spent in 2014 to prepare for the ICD-10 transition.

"We absolutely cannot afford another delay," says Thomas Pacek, vice president of information systems and CIO at Inspira. "We are trying to reduce costs in healthcare, and this is not helping us."

Inspira originally had $2.8 million earmarked for the ICD-10 transition, a figure that Pacek believes is on the low side compared with other organizations. "We spent millions to get software upgraded to be compliant, to test systems, and to test claims with payers. We even did some preliminary tests with [the Centers for Medicare and Medicaid Services] CMS at one point before they had the delay. So we were in a really good spot," Pacek says.

Inspira also made significant investments in education for coders, office managers, and physicians.

Pacek says the delay has had a ripple effect on other technology initiatives at Inspira, which has been named a "Most Wired" organization by *Hospitals & Health Networks*. In particular, the delay has made it difficult to assign resources to other projects, including the deployment of a common IT platform with a recently merged hospital. If there is another delay of ICD-10-CM/PCS implementation in 2015, Inspira may need to postpone its planned rollout of a common ambulatory platform until 2016.

Based on Inspira's market, Pacek believes physicians are motivated to move to ICD-10. "If you really listen to physicians, they are ready," he says. "We have done a lot to support our community physicians through education, and we are not going to let them fail."

Training Costs are Not an Obstacle

The cost of training clinicians on ICD-10-CM is not a valid excuse to delay the transition another year, says Jeffrey F. Linzer Sr., MD, professor of pediatrics and emergency medicine at Emory University School of Medicine, located in Atlanta, GA. "Some groups have claimed it will cost thousands and thousands to train physicians on I-10 [ICD-10]," says Linzer, who is leading ICD-10-CM training at Children's Healthcare of Atlanta. "In my healthcare system with 2,000 physicians, we have estimated that it costs less than $1,000 per physician to train on I-10. So the costs are not that substantial. And a fair number of health systems with EHRs are already using ICD-10 terminology, so physicians are getting used to it."

Linzer says the industry needs to adopt the ICD-10-CM coding standard this coming October because the current coding system is 35 years old and does not reflect current medical thought. "Ask your own physician when was the last time he or she purposely made the diagnosis of intrinsic or extrinsic asthma. That terminology is archaic and way out of date," he says.

In addition to using more current terminology, ICD-10-CM is more flexible to update and allows for greater specificity, Linzer says. "This specificity is critical for reporting quality metrics, tracking health resource utilization, and helping uncover fraud and abuse," he says.

To take advantage of this greater specificity, medical societies like the American Academy of Pediatrics and the American Academy of Orthopaedic Surgeons contributed to the development of the US clinical modification of ICD-10, known as ICD-10-CM. "The medical societies asked for specific codes because they wanted to track conditions more closely," Linzer says. "As a result, the number of codes increased from just over 14,000 in ICD-9 to more than 69,000 in ICD-10-CM.

"Because of this input from medical societies, ICD-10-CM is really tailored to help physicians document the services they provided and why certain resources were utilized."

Telling the Patient's Story

Like hospitals and health systems, physician practices also must reinvest time and energy to prepare for ICD-10. "The longer we delay, the more we have to redo the work we have already done," says Gail Eminhizer, CMM, CGCS, HITCM-PP, practice administrator at Digestive Health Associates of Northern Michigan, P.C., a 10-provider private practice in Traverse City, MI.

As an office manager, Eminhizer believes the adoption of ICD-10 is needed to reduce the number of rejected or pended claims from payers requesting further documentation. "We simply do not have codes that can tell the whole story," says Eminhizer, who is president of the Traverse City Chapter of the Professional Association of Health Care Office Management (PAHCOM). This has implications for timely payment as well as accurate quality reporting in specialty practices that see complex patients. "There is nothing in ICD-9 that fully explains how complicated a patient's condition can be."

Eminhizer urges other small to mid-sized practices to recognize that the new coding system may not be as difficult as they perceive. She recommends taking advantage of transition tools available online from CMS and specialty organizations. As Eminhizer puts it, "People need to step back and recognize that they are really already where they need to be."

Payers Offer Support

To help support small practices and individual physicians that may be anxious or unprepared for the ICD-10 transition, several payers in Michigan have formed a unique consortium. Confirmed members include Blue Cross Blue Shield of Michigan, United HealthCare, Humana, and Priority Health. Together, they will meet with specialty groups to present a framework for provider readiness.

"The framework helps specialties understand how they can map their current ICD-9 codes to the corresponding codes in ICD-10 so they can focus their preparedness activities on their particular book of business," says Dennis Winkler, technical program director of program management and ICD-10 at Blue Cross Blue Shield of Michigan, based in Detroit, MI. The framework also gives practices access to free or low-cost industry resources and testing environments to practice ICD-10 coding. By doing this type of outreach, payers hope to debunk some of the myths about ICD-10. "Some in the professional community have heard that it costs an average of $80,000 to get ready for ICD-10, but it is our contention that for small practices, the costs could be much lower," Winkler says. Payers in Michigan hope to replicate this collaborative approach in other states across the country.

As Winkler says, "ICD-10 is good for the industry, and it is in everyone's best interest to work together and ensure readiness across the board."

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