

ICD-10 Has Arrived

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By Mary Butler

Ready or not, Judgment Day is here—and if you’re reading this, then you have reached the historic go-live of ICD-10-CM/PCS in one piece. For at least the next month and a half, however, it will be a “hurry up and wait” situation before providers can say with any confidence whether the transition from ICD-9 has been successful.

In a Centers for Medicare and Medicaid Services (CMS) conference call held on September 24, Dr. Patrick Conway, CMS’s principle deputy administrator and chief medical officer, said that in terms of claims processing, it would be a couple weeks before CMS had a “full picture” of how things are going. He noted that Medicare claims can take up to two weeks to process, while Medicaid claims can take 30 days.

“For this reason, we expect to have more detailed information after a full billing cycle is complete,” Conway said.

Dianne L. Haas, PhD, RN, executive director of consulting at TrustHCS says she anticipates a similar timeline.

Starting October 1, she expects “roughly four to six weeks of heads down work and then, when remittance advices are being returned, the full story will be told,” Haas says.

“My prediction is that hospitals will have a challenging time with ICD-10-PCS unless they have been well educated, had time to practice via dual coding, and had external auditing support and ongoing education. Because CMS had indicated that they will accept codes within the same ‘family of codes’ that will work fine on the ICD-10 CM (diagnostic side), but it is a less applicable concept on the PCS side of coding.”

While no one expects to notice major changes in the healthcare system overnight, it is important to look at the big picture.

“If success is reflected in ability to leverage data to measure performance and managed based on that performance, this, too, may be recognized within the first three months of our transition,” says Deborah Enfield, RHIT, senior consultant, provider consulting, project management services, at Optum360. “However, if success is measured by the impact of ICD-10 on quality and outcomes, we need to become experienced in the application and use of ICD-10 and trend 2-5 years of ICD-10 experience.”

For its part, CMS is ready for the switch. In the first week of September, the agency released its most recent batch of [end-to-end testing](#) results. During the testing period of July 20-24, CMS demonstrated an acceptance rate of 87 percent. During that time, it received 29,286 test claims.

A Long Time Coming

[Of course, the road to ICD-10 implementation was a long](#) and frustrating one for many stakeholders. In 2007, the US Department of Health and Human Services (HHS) published a notice of proposed rulemaking for the replacement of ICD-9-CM by ICD-10-CM and ICD-10-PCS with a go-live date of October 1, 2011, only to push that date back to October 1, 2013 in 2009. Then, in response to backlash from physicians’ groups, HHS issued another final rule delaying implementation to October 2014, in 2012.

The final delay came in April 2014 when Congress [unexpectedly](#) included a measure delaying ICD-10 until the current go-live date when it passed “[The Protecting Access to Medicare Act of 2014](#).”

Even after “The Protecting Access to Medicare Act of 2014” was passed, ICD-10 continued to be a political football, [with members of Congress proposing](#) delays during budget negotiations. Fortunately, advocacy efforts by AHIMA and other

stakeholder groups kept the threat at bay.

In light of reaching today's implementation date, AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA, said in a statement that she wants to thank "AHIMA members and volunteers, as well as our industry partners and others, for all of your support in advocating for ICD-10 implementation, for your commitment in training and education, and for your continued support of a new era of better information."

Mary Butler is the associate editor at The Journal of AHIMA.

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