

ICD-10 Two Weeks In: How's it Going?

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By Mary Butler

Two-plus weeks into the transition to ICD-10-CM/PCS, the chaos predicted by many groups that protested the code sets' implementation for years has not come to fruition. In fact, preliminary reports from providers, commercial payers, and coding consultants indicate quite the opposite.

Admittedly, it's still early. [Experts predicted](#) that it would be hard to know how successful the transition would be until at least the first billing cycle is complete. On average, that takes about 30 days. It's not too soon, however, to look at factors such as coder productivity, coder morale, vendor support, communication with the Centers for Medicare and Medicaid Services, and the readiness of commercial payers.

Major insurers such as Humana and UnitedHealth Group have both reported smooth transitions, according to a report by [Forbes](#).

"We are about ten days into this and already have 50 percent of our claims coming in. Almost everyone who is submitting claims is getting it right," Sid Hebert, head of Humana's ICD-10 transition team, told the magazine.

Even groups that were vocal opponents of ICD-10, such as the Medical Group Management Association, are reporting that their members have not encountered serious problems. The group's director of health IT policy, Robert Tennant, told [Politico](#) that it had planned to survey its membership on front-end issues related to the ICD-10 transition but opted not to because "initial negative feedback was minimal."

HIM Feedback

Coders and HIM directors anticipated that there would be a drop in coder productivity come October 1, and according to those in the field productivity did take a hit.

Kelly Whittle, MS, principal at Whittle Advisors, an ICD-10 consulting group, said her clients dual coded for at least a year, and are seeing a 20-40 percent drop in productivity.

"We expected this and have contingency plans to offset the loss. In the first few weeks, they are holding Coding Huddles," Whittle said. "Periodic breaks during the day to bring difficult cases for group review. This builds a collaborative atmosphere and allows coders to avoid wasting time on one case."

Consultant Keith Olenik, MA, RHIA, CHP, was on site at three hospitals during the first two weeks following October 1. Two of those facilities saw the expected 35 percent dip in productivity, he said, though it's still too early to know for sure.

"I feel the other big impact to outpatient that we didn't realize is that coders had many of the typical codes memorized and were used to just applying the one code and moving to the next outpatient diagnostic account," Olenick said. "Until they get used to these new common codes it's going to be more time consuming."

Mary Beth Haugen, MS, RHIA, president and CEO of Haugen Consulting Group, did note some little bumps along the way, in the first days of ICD-10. In one case, she said, a large retail pharmacy turned one patient away for having their prescription for diabetes supplies that was written with an ICD-9 code instead of ICD-10 codes. The issue was resolved quickly but Haugen says she's surprised it even happened. There were also cases where vendors and minor applications had trouble accepting ICD-10 codes, but all the problems that she's aware of were resolved with hot fixes from vendors.

Overall, Haugen says that coders are very upbeat regarding the transition.

“They are thankful that it’s finally here and anxious for feedback,” Haugen said. “The coders felt very prepared for the change and productivity has been better than the expected loss.”

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

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