Industry Debates Necessity for ICD-10 Delay

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By Chris Dimick

Debate has followed the proposed delay of ICD-10, with the healthcare industry arguing whether the call to push back compliance to Oct. 1, 2014 was a political move aimed at appeasing powerful sectors of the healthcare industry or a necessary action to give a struggling industry more time to convert to a complex code set.

Conflicting Studies

Various studies have been performed that give ammunition to both sides. A February Workgroup for Electronic Data Interchange (WEDI) survey showed that some of the healthcare industry was not on track to meet the original ICD-10 compliance date of Oct. 1, 2013.

Based on the premise that ICD-10 impact assessments should have been completed by the end of 2011 if entities were to remain on track, the survey results showed nearly half of provider respondents indicated that they did not know when they would complete their impact assessment, according to a WEDI press release.

However, the survey respondents were mostly small providers, who historically have tracked behind larger provider groups and health systems in ICD-10 readiness.
In a December 2011 survey conducted by CMS called "Version 5010 and ICD-10 Readiness Assessment," the results were much different. A total of 84 percent of providers said they believe they would be compliant by the original Oct 1, 2013 deadline, while 88 percent of payers and 75 percent of vendors said they would have been ready.

Time to Catch Up

Just why smaller providers fell behind on implementation plans is unknown. Did some providers not take the deadline seriously? Did they expect to catch up in the final months before the deadline? Or did they really not have the money, staff, and time to do a conversion.

Regardless of the reason, the delay is an opportunity to catch up. AHIMA, the American Hospital Association, and other groups have begun to reach out to providers and help those who have fallen behind.

CMS has a provided a cache of material on its website to help providers make the transition as well – and has promised to add even more help soon.
"But you have to go and use it, you have to be convinced that this is going to happen," said Dan Rode, vice president of policy and governance at AHIMA.

Details Cause Debate

Another argument against ICD-10 is the cost and time commitment. In an online column written by American Medical Association president Peter Carmel, he said transitioning from a current 13,000 codes to the 68,000 codes in ICD-10 couldn't have come at a worse time as providers are already working to implement health IT systems like e-prescribing, trying to meet the meaningful use of EHRs, and taking part in the Physician Quality Reporting System.

Carmel said the cost of implementing ICD-10 could cost $83,000 for a group of three physicians.
But that estimate likely includes not just the cost to implement ICD-10, but also to install health IT systems like an EHR, Rode said.

Most physician offices use a "super-bill," or list of codes and descriptors that are encircled by physicians at the conclusion of an office visit, for submitting their claims. The time and cost to update these super-bills is minimal. The cost to revise that super-bill with ICD-10 codes is under $1,000, Rode said.
"It is the question can I suffice with a Mini Cooper, or do I need a Yukon to move the data, and that is a decision that groups are going to have to make, and the (AMA) study doesn't really get into that."

The need for those 68,000 codes has also been questioned. In the paper "There are Important Reasons For Delaying Implementation of the New ICD-10 Coding System" published in the March 27, 2012 edition of *Health Affairs*, a group of informaticists said only a small portion of ICD-10 codes cover new diseases and new technology, with the rest acting as unnecessary modifiers that merely clutter the coding system.

But HIM professionals disagree with this argument, saying that modifiers like side of the body and epidemiological details not only lead to a more specific bill, but also help providers specifically state the treatment patients received. Population health also benefits from more specific codes. A response article, titled "There Are Critical Reasons for Not Further Delaying the Implementation of the New ICD-10 Coding System" was developed by AHIMA to address issues raised by the *Health Affairs* article.

"If you are a health plan paying a bill or are a Quality Improvement Organization looking at quality of care that is given, it should matter what part of the body was handled, it should matter that I can define a puncture wound as something that was done because I put my thumb on a needle versus the fact that I got shot in the chest," Rode said. "Many of those differences don't show in the existing code system."

Another point to consider, those "modifying" codes were requested by physicians. When the American version of ICD-10 was adapted from the international model, physicians and other stakeholders asked for the code set to contain additional details, Rode said.

AHIMA: ICD-10 Needed Now

AHIMA believes that a transition to ICD-10-CM/PCS will bring significant benefits to U.S. healthcare providers and their patients including:

- Clear and complete descriptions of diseases, including affected body systems and locations, severity and other factors, that reflect modern-day medical knowledge to maintain information integrity created by healthcare providers;
- Precise descriptions of procedures performed in hospitals;
- Greater detail and specificity to prevent coding errors, improve patient safety, and decrease opportunities to commit fraud;
- Descriptive detail to support and enable electronic quality measurement of healthcare;

ICD-10-CM/PCS is a classification system that:

- Permits the international exchange of data for disease prevention and advanced healthcare research;
- Enhances the benefits of implementing EHRs and allows health data analysis to assist providers and consumers to make crucial healthcare decisions through data aggregations and analysis; and
- Increases value of current clinical terminologies and permits greater use of health information technology to improve our health knowledge and decision support while lowering the cost of healthcare.

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