

Making the Case for ICD-10 to Physicians

Save to myBoK

by Mary Butler

The HIM Problem

Trying to find the best way to advocate for the ICD-10-CM/PCS transition with physicians and legislators.

The HIM Problem Solvers

Dr. Paul Isaacs, MD, CDIP, senior director of health solutions, FTI Consulting; and Linda Renn, RHIT, CCS, CPC, CPC-H, CHTS-TR, FHIMA advocacy director, vice president, education and communications, STAT Solutions

With the number of ICD-10 implementation delays health information management (HIM) professionals have seen recently, it might be tempting to believe that grassroots advocacy doesn't work. But don't tell that to the members of the Florida Health Information Management Association (FHIMA), which has been working diligently with local and national legislators to see that the October 2015 deadline sticks. HIM professionals everywhere would be doing themselves and their industry a favor in following FHIMA's lead.

Making Coding Personal

Linda Renn, RHIT, CCS, CPC, CPC-H, CHTS-TR, is FHIMA's advocacy director, and has spent much of her personal and professional time working with physicians, physicians groups, and legislators to help them understand why ICD-10 matters to them. Renn says she works with a large "layered" advocacy team in Florida to acquaint physicians with ICD-10 by holding face-to-face training sessions, group training sessions, and peer-to-peer documentation workshops with physician trainers. Renn uses AHIMA's training materials and works with the Centers for Medicare and Medicaid Services (CMS) and a third party contractor, Noblis, to provide this training.

"Right now, any physician practice who asks us to help, we are helping," Renn says.

Renn not only provides training when asked, she's even taken matters into her own hands. Back in 2013, Renn fractured her wrist but her insurance carrier wouldn't pay her claim. This was due, she later learned, to a coding error.

"The average patient wouldn't have known what to do, but I went to the same doctor [who documented the claim] and said, 'What are you doing with your coding here?' Their encoding was good, but it was a hospitalist or internist who missed the code."

Renn then offered to go in and help the facility with its coding practices, and with ICD-10 conversion planning free of charge.

FHIMA's advocacy efforts went into overdrive in early December when [physician groups began circulating a letter in Congress](#) calling for a two-year implementation delay. When AHIMA's congressional affairs put out a call to get CSAs involved in advocacy efforts, FHIMA contacted 28 state legislators. It was during this time that Isaacs reached out to FHIMA and offered to help. Renn says FHIMA matched Isaacs with physician legislators and facilitated conference calls with them to address concerns.

Physician-to-Physician

Isaacs has helped FHIMA produce YouTube videos aimed at physicians, including:

- [“ICD-10-CM Benefits Physicians”](#)
- [“Why ICD-10 Matters: A Physician’s Perspective”](#)

“I bring ICD-10 education to physicians in the inpatient setting, so I focus on all physicians who give me the opportunity to listen... I try to bring conversation to all physicians and deliver focused education and explain the benefits to all physicians based on their specialty. Especially those who touch the coding environment the most,” Isaacs explains. “In the inpatient setting that’s general physicians, hospitalists, nurse practitioners—they do lots of documenting for physicians. Then I focus on all the physicians.”

Isaacs says that there are still a lot of myths and misconceptions swirling around that physicians are concerned about—such as the exaggerated costs of implementation. In his discussions with other physicians, Isaacs says he cites the report done by AHIMA and the Professional Association of Health Care Office Management (PAHCOM) which found that the average ICD-10-related expenditures for a physician practice with six or fewer providers is \$8,167 with average expenditures per provider of \$3,430. This stands in contrast to a study released by the American Medical Association (AMA), which estimated that small practices could spend between \$22,560 and \$105,506.

In his discussions with physicians, Isaacs emphasizes that a lot of clinical input from the medical community helped formulate ICD-10.

“They were amazed by that. They thought it was mostly bureaucrats who came up with this in an office, but they were quite astonished when I talk about laterality and alluded to the fact that orthopedists requested the laterality [in ICD-10],” Isaacs said.

He noted that even physicians don’t realize that laterality alone accounts for 40 percent of the new codes.

“There’s a lot of information out there that they [physicians] aren’t privy to,” Isaacs says.

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