

Part B Insider (Multispecialty) Coding Alert

ICD-10: Medical Community Split on Advantages to ICD-10 Delay

But AMA wants further delay to 2015.

Whether you submitted comments to CMS about the new proposed ICD-10 date of Oct. 1, 2014 or not, you most likely have an opinion on whether the new diagnosis coding system should be implemented sooner rather than later--and so did the rest of the coding community.

Comments about the new implementation date were due on May 17, and 135 comments were publicly posted on the government's feedback Web site, regulations.gov. The Insider reviewed the comments, and the opinions appeared to be split down the middle, with roughly the same number of comments in favor of the delay as those who opposed it.

Practices Have Invested in ICD-10

Among the voices opposed to the ICD-10 delay was one New York-based coder, who commented, "As an individual, I have spent significant time, energy and money to prepare for this important change to ICD-10-CM...I estimate I personally have invested \$5,000 in preparation. While this number may seem insignificant to you, as a working individual it was significant. I am not alone."

A Texas coding auditor opposed the delay due to the need for ICD-10's expanded code set. "ICD-9-CM is outdated and broken," the commenter wrote. "The lack of specificity inherent in the code set results in the need for a number of backend processes (like auditing) to ensure coding compliance. I strongly believe that ICD-10-CM/PCS will result in benefits to both patients and providers."

And one Idaho chiropractor lamented the fact that practices who dragged their feet in preparing for ICD-10 will simply continue to do so. "No matter when we implement this, there will be some people who aren't ready," the doctor wrote. "Giving us an extra year just means that we will take an extra year to start getting ready, and won't really change what happens on the day it's set to implement."

Other Practices Are Weary From Changes

Among the voices who applauded the ICD-10 delay was an Illinois biller, who noted that her practice is "just catching our breath from 5010," and urged the government, "Do not forget how your laws affect the people at the way bottom of the totem pole--the people in the billing department and their managers."

A solo practitioner in California noted how the delay will help him transition more easily. "Presently my overhead is over 75 percent," the family doctor wrote. "To keep the office open I am totally dependent on cash flow. I have started the process of transitioning, but just seizing the task is taking all the resources I have available. Time appears to fly by, and in no time October will be here, and the chances of me being ready are minimal. I want this postponement to come true. My patients need this postponement."

Some Want ICD-10 Scrapped or Adjusted

Interestingly, an equal number of comments were for the abolishment of ICD-10 altogether due to the flurry of recent regulations that practices have worked hard to implement.

One Ohio practice noted that it would consider dropping out of Medicare under the increasing rules. "CMS needs to take a break from all these burdens on physicians including new data sets (ICD-10, EHR, eRx, PQRS)--overlapping regulations completely irrelevant to the practice of medicine. Without a doubt, we will take seriously just dropping ourselves as Medicare providers as this is ridiculous. Yes, you will lose three board certified orthopedic surgeons. And yes, you need

us. You really need to assess these extreme burdens on physician providers and need to postpone ALL of these until you adequately assess these regulations."

Doubts about clearinghouses: Other comments suggested alternative solutions to make the transition smoother--in particular, many commenters appeared concerned about bending over backward to prepare for ICD-10--and potentially facing insurers that may not properly process the claims.

One Texas radiology group wrote, "What implementation of 5010 claims sets has taught us (once again) is that most medical providers are prepared prior to the health plans. The inability of health insurers to accept data creates a nightmare for claims processing. Set Oct. 1, 2014 as the date when all claims clearinghouses and health plans must prove they can accept the data, then set April 1, 2015 as the date when medical providers must submit ICD-10 data."

For its part, the American Medical Association wrote CMS asking to delay implementation by another full year. "We strongly urge CMS to further extend the ICD-10 deadline at a minimum to October 1, 2015," wrote AMA CEO **James L. Madara, MD**, in a May 10 letter to CMS. "A two-year delay of the compliance deadline for ICD-10 is a necessary first step."

CMS is currently reviewing all of the comments and will issue a follow-up notice as soon as it decides on whether to finalize the 2014 implementation date or not. Keep an eye on the Insider for more on this story.

To read the AMA's comment letter, visit

www.ama-assn.org/resources/doc/washington/icd-10-comment-letter-10may2012.pdf

To read the public comments on the Regulations.gov page, visit

www.regulations.gov/#%21docketDetail;dct=FR%252BPR%252BN%252BO%252BSR%252BPS;rpp=100;po=0;D=CMS-2012-0043