

## OASIS Alert

### Diagnosis Coding: Could 2015 Be the Winning Number for ICD-10?

#### Commenters express strong opinions on proposed delay.

Opinions about the upcoming transition to ICD-10 have always been passionate, whether pro or con. And comments about the recently proposed implementation date of Oct. 1, 2014 were no different. See what the healthcare industry had to say about the new format for codes you'll report in M1020/M1022/M1024.

Due to the **Centers for Medicare & Medicaid Services** on May 17, opinions in the 135 comments that were publicly posted on government feedback website regulations.gov are split down the middle. About half of the comments support the delay and the remaining comments oppose.

#### Providers Have Invested in ICD-10

Among the voices opposed to the ICD-10 delay was one home care provider in Indiana. "Implementation of ICD-10 needs to happen as scheduled in 2013," said the representative from **Memorial Home Care**. "This version offers better descriptions for patients and health care providers. As it is the U.S. is already lagging behind the rest of the world ... Putting off implementation serves no purpose but to tell the world that we are willing to continue to use outdated options for our healthcare needs."

Bottom line: "As a health care provider I want to see this conversion done as soon as possible," the home care provider said.

One New York-based coder said, "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 "ICD-9-CM is outdated and broken," the commenter wrote.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 providers 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."

The **American Health Information Management Association (AHIMA)** "continues to strongly recommend that there should be no delay applied to the compliance date for ICD-10-CM and ICD-10-PCS of October 1, 2013," said **Dan Rode, MBA, CHPS, FHFMA**, Vice President, Advocacy and Policy in an April 24 letter to CMS. "Setting back the compliance date ignores both the efforts of the healthcare industry and the ability to use the much-improved data code sets ..." he said.

But "if a delay is inevitable at this point, AHIMA urges that such a delay be limited to the one year stated in the proposed rule to limit financial and information losses," Rode continues. Further, "HHS and CMS must provide a clear indication that no further delays will be made for ICD-10-CM or ICD-10-PCS compliance. Unfortunately, HIPAA rules have a history of being extended, leading to a perception that no compliance date is 'final,' and procrastination becomes the norm for some entities," Rode warns.

#### Other Providers Are Weary From Changes

Not all home care providers are against the delay. Among the voices who applauded the ICD-10 delay was a Minnesota home care provider. "Thank you for your consideration in delaying the ICD-10 implementation," said a rep from **Good Samaritan Home Care**. "We have much education to provide for staff and much research into new codes prior to 2014."

One suggestion: CMS should consider easing providers' diagnosis coding ramp-up and increasing coding quality, suggested **Rose Kimball** with home care billing company **Med-Care Administrative Services** in Dallas. "Why not wait and do an update with the **World Health Organization** (WHO) ICD-11-CM?" Kimball asked in her comments. "This would allow the United States to not always be so far behind the rest of the 'forward thinking' industrialized countries. This further reduces the costs associated with two (2) changes necessitated in order to be in sync with WHO."

An Illinois biller noted that her organization 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, 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.

Note: To read the public comments, go to

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

