

Chiropractic Coding & Compliance Alert

ICD-10 Update: Expect No Delay in ICD-10 This Time, Says the Congressional Hearing

Enlighten yourself with these top 4 myth busters.

Time now to roll up your sleeves and prepare to welcome the ICD-10 reform. The recent Congressional House hearing on the issue was dominated by the message of "full speed ahead."

Background: Seven healthcare experts hailing from various quarters of the healthcare industry gathered in the US House of Representatives' Energy and Commerce Subcommittee on Health hearing, titled "Examining ICD-10 implementation" that took place on Feb, 11, in Washington, DC.

Panelist **Sue Bowman, MJ, RHIA, CCS, FAHIMA**, AHIMA's senior director of coding policy and compliance, along with most of the panelists urged Congress not to enact further delays. "The industry is ready for the new diagnostic codes, which would modernize patient care and research and help prevent billing fraud. Further delay would waste enormous investments already made by insurers, hospitals, and other healthcare organizations to prepare for ICD-10 Day," Bowman explained.

As a result of the two one-year delays granted by HHS (Department of Health and Human Services) in 2012 and Congress in 2014, the healthcare industry has had more than six years to prepare, Bowman said. "This length of time is more than adequate for all segments of the healthcare industry to be ready for the transition."

"I believe it can be done by the time October 1, 2015 is upon us," says **Doreen Boivin, CPC, CCA**, with Chiro Practice, Inc., in Saco, Maine. "Yes, we have had time to prepare, but most people will wait until they absolutely need to and make sure there aren't any more surprises or changes," she explains further.

Assimilate the SWOT Analysis

The committee sat to weigh evidence from a series of recent reports, surveys, and government studies looking at concerns such as:

- The cost of implementing ICD-10, particularly for small and rural physician practices
- The cost of delaying the code set any further
- The impact on the quality of care of implementing a more granular code set.

Panelists and committee members cited the recent GAO report on the Centers for Medicare and Medicaid Services (CMS) ICD-10 readiness, which overall stated CMS was supporting providers in the transition and was ready for the October 2015 implementation date, as well as stating lower-than-expected costs for ICD-10 implementation.

Some of the other concerns that the members voiced were:

- How ICD-10 can help detect fraud
- How it impacts new payment reforms
- Why the healthcare system needs stronger data
- How ICD-10 makes reimbursement more fair and accurate.

The answer: In the words of Bowman, "With ICD-9 deteriorating, we're getting less and less information from [patient and physician] encounters. We're getting less information about what's being treated. So many disparate procedures are lumped into a single code."

Many clinicians feel ICD-10 does help improve quality. "The biggest assistance is in the data analysis," deliberates Boivin. "Knowing who and how many suffer from certain types of disorders, diagnoses, etcetera will help in the long run to come up with better treatment avenues."

Example: ICD-9 procedure codes for suturing an artery in ICD-9 doesn't specify whether the artery being repaired is an aorta, or a much smaller artery for something like a finger laceration. "There are enormous differences in complications and cost of repairing the artery. On the procedure side, we can fine tune information about the cost of treatment, which links to reimbursement," Bowman says.



Dispel These ICD-10 Myths

The members also brought up the popular prejudices, myths, and beliefs that need to be clarified. Here are a few of them:

Myth 1: ICD-10 was created by bureaucrats, without input from the medical community.

Fact 1: All of the content of the original ICD-10 that the World Health Organization (WHO) uses is contributed to greatly by the House of Medicine, which participated in development and asked for this detail.

Myth 2: ICD-10 does not improve the delivery of care while a physician is in the middle of a patient visit, and therefore shouldn't be a priority.

Fact 2: Some clinical practices are using ICD-10 codes to improve disease management for conditions such as diabetes and asthma. More specific data can help track treatment trends for diseases and improve surveillance efforts for medical complications.

Myth 3: The costs for transition are enormous.

Fact 3: The committee mentioned about recent survey, in which ICD-10-related expenditure for a physician practice with six or fewer providers is \$8,167 with average expenditure per provider of \$3,430. This estimate is much lower than previous reports. Moreover, the market has responded with multiple free and low-cost software and training materials. Additionally, the multiple delays to ICD-10 implementation have allowed more resources to proliferate and help providers with the transition.

Myth 4: We can resort to a transitional phase using both coding systems for some time.

Fact 4: Running dual systems is just not feasible—it's very costly. On Oct. 1, we would be switching to new algorithms and new codes with ICD-10 because using two coding systems would be too confusing.

Chiropractor viewpoint: "The costs from a chiropractors standpoint can be anywhere from a few thousand dollars to \$10,000 plus," shares Boivin. "If they don't have an EMR in place and need to upgrade, they need the hardware, the software, and also need to train staff."

"There are numerous free materials available for ICD-10 training," Boivin adds. She feels that "the transition can be done at a nominal fee, and yet be cost effective. Local associations would be the primary resource and then the National ACA."

Discern the Views of the Lonesome Combatant

Of the seven industry experts who testified, only one opposed implementation in 2015. He was panelist **William Jefferson Terry, MD**, representing the American Urological Association.

He voiced concerns about lost physician productivity if ICD-10 is adopted too quickly.

"Physicians are overwhelmed with the tsunami of regulations that have significantly increased the volume of work for

physicians and their staff," Terry stated. "Many physician practices, especially the rural one- or two-physician practices, do not have the time, money, or expertise to follow and comply with the mounting regulatory challenges, which is why many are considering early retirement or opting out of the Medicare program. Physicians have to have a guarantee that we're going to get paid if we don't code right."

"Everybody can't run a 4-minute mile," Terry added. "Some doctors aren't going to be able to do it. Do they deserve a death sentence, to be put out of business?"

It would be unwise to ignore providers like Terry simply because they are in the minority. Are some providers opposed to ICD-10 because they are stuck with their idiosyncrasy? Probably yes. But Terry also brought up some valid concerns, such as bumps in the road following the transition, and the abilities of various types and sizes of provider organizations to implement ICD-10 in the same manner.

"Yes, any single physician office can identify with this," feels Boivin. She advises the chiropractors to "reach out to their peers, local associations and the national associations" for charting their way ahead.

Take-home impression: Athena Health's **Kristi Matus** said the uncertainty circling another delay has hard and soft costs, and urged committee members to, "Pull the trigger or pull the plug."

Are you a proponent of implementing ICD-10-CM/PCS on the October 1, 2015? If yes, then it's time now to start drawing up a strategy plan.

Editors' note: In the next issue, we bring you tips on preparations on various fronts.