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The Top 10 Reasons to Take ICD-10 Seriously



BY WENDY WHITTINGTON

The *Wall Street Journal* published an article about ICD-10 [International Classification of Diseases, 10th Revision] that poked fun of the federally mandated coding system that will be used to describe medical services and facilitate billing to insurance companies. To be exact, the article made fun of all of the detail surrounding the coding system. For example, did you know there's a code for being injured in a chicken coop? It's ICD-10 code: Y9272, to be specific. There's even a code for walking into a lamp post.

Going from 14,025 to 68,069 diagnosis codes and from 3,824 to 72,589 procedures codes when we switch from ICD-9 to ICD-10 on October 1, 2013, will be a big deal. The current system does not have enough nuances to support what we now know about disease processes that we didn't know in 1970 and we do procedures now that we never dreamed of doing in the 1970s. We need to make the leap, but physicians are not accustomed to

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documenting the level of detail that will allow coders to adequately capture what they do in ICD-10.

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The additional codes in ICD-10 are medically necessary and a critical step to claims processing. The fact is we need a system that allows us to describe as closely as possible everything we encounter in patient care. In my 20 years of practicing pediatrics, for example, I pulled an amazing variety of objects out the noses of four-year-olds and helped out with things that were pretty unlikely and certainly not able to be coded for in ICD-9. For moviegoers and enthusiasts of *A Christmas Story*, yes, I even had a patient who mimicked that fa-

mous scene where a kid licked a cold metal flag pole and got his tongue stuck. It sounds a little silly, but we need to be able to code for the absurd as well as the commonplace and we don't even have enough codes in ICD-9 anymore for some very common conditions and procedures.

Top 10 Reasons to Get Serious About ICD-10

In my opinion, here are the top 10 reasons why we need to be serious about the mandated conversion to ICD-10:

1. ICD-9 was developed in the 1970s. A lot has changed in medicine since then and the current system has run out of enough codes to describe the work physicians do every day. The more granular codes of ICD-10 may reduce the need for attachments to claims to explain what really happened to the patient.
2. Not enough folks are taking ICD-10 seriously. A recent AHIMA [American Health Information Management Association] survey shows that 85 percent of responding hospitals have begun preparing for ICD-10, a sharp increase from a year ago. But only 49 percent of the respondents said they had started making changes in their hospitals based on those evaluations.
3. ICD-9 doesn't allow for meaningful comparative effectiveness research or for the development of protocols that are sorely needed to manage patients in an increasingly complex system. We can't afford to compare apples to oranges in medical research. We need to be able to completely describe the patient with the codes.
4. ICD-10 provides a greater ability to accommodate new technologies and procedures. Better equipment, better medications, better approaches happen every day.
5. We will be better able to share disease information *internationally*. Remember the bird flu?
6. Hospitals and providers will be able to compare outcomes against resource use due to the greater detail in ICD-10 about the approach used for treatment. We need to know if more expensive treatments actually work better.
7. Reports generated from ICD-10 on quality can be used to pinpoint areas for prevention and/or improved treatment of the disease.
8. The greater detail in ICD-10 can be used with newer electronic applications for detecting patterns of fraud and abuse.
9. The conversion to the use of the 5010 electronic format (for claims that can support ICD-10) is required on Jan. 1, 2012—just 92 days from October 1, 2011, and two short years from the final Oct. 1, 2013, date. There is not much lead time left and the consequences are serious: increased denials from payers, increased provider queries, slowed and reduced cash flow for providers. If insurance (payers) don't prepare, they won't suffer any consequences. There are no incentives for them to comply. The providers will suffer.
10. The United States is the only developed nation still on ICD-9. Currently, about 25 countries use ICD-10 for reimbursement and resource allocation in their health system and about 110 countries use ICD-10 for cause of death reporting and statistics. ICD-10 has been out since 1998 and countries like Australia, Canada, France, and Germany have already implemented the coding system.

What the public may not realize is that this decision has been put off for so many years already that it has reached an urgency level that leaves little room for more delays. The government will NOT change the date. We simply have no choice but to go to ICD-10. It will be an expensive and laborious transition but the cost to all of us of sticking with the status quo would be much greater.

It is true that, unfortunately, this comes at a time when reimbursement for physicians is on the decline, hospitals are extremely busy implementing electronic health records and our entire health care delivery system is in transition. We still have to do it. Health care is so broken in this country that to say we need to put this off because we are in the middle of too much change is absurd. We have many many years of "too much change" ahead of us if we intend to fix our very broken health care system.