

ICD-10: Implementation is Necessary, Efficiency is Key

Background

Under a final rule published in the Federal Register, the Health and Human Services department is replacing the International Classification of Disease, 9th Edition, Clinical Modification (ICD-9-CM) code sets now used with significantly expanded ICD-10 code sets. Providers and health plans will have until Oct. 1, 2013, to implement the new code sets. This will replace the 30 year old ICD-9 code sets. The Centers for Medicare and Medicaid Services (CMS) states that they will not be flexible on this implementation date, so we must all get prepared.

The ICD-9-CM contains about 17,000 codes, compared with 155,000 codes in the ICD-10 code sets. Roughly 100 nations across the globe have already implemented ICD-10, making the US one of the last countries to use this classification system.



The Challenge

There are significant one-time costs involved in implementing ICD-10. These include the cost of training, changes to bills to include ten times as many codes, upgrading IT systems for the new code set, and reviewing insurance plan contracts for changes to payment and coverage.

In addition to the one-time costs involved, there will also be additional ongoing costs. The greater specificity of the ICD-10-CM code set will require more specific documentation in provider records. The permanent increase will take physicians additional time, adding about 34 percent to their workload. Companies will also have to properly train coding staff so that they are prepared to handle the challenge that ICD 10 brings about. There will also be a need to hire more coders as productivity will decrease due to the in-depth coding.

The ICD-10 code set is divided into two major sections: ICD-10-CM represents disease classification, where as ICD-10-PCS contains procedure codes. ICD-10-PCS is designed to replace the existing ICD-9 procedure codes, currently, at roughly 3,000 codes. These codes are

used mainly in hospital reporting. The number of codes increases to 78,000 in ICD-10-PCS.

An Active Solution

Ascellon has developed a conversion methodology to enable our customers to reduce cost and maximize the benefits of ICD-10. Our certified and experienced coders work with specialized software and databases that can be adapted to the requirements of small medical practices and large organizations of all types, depending on the particular needs of the customer. Our team of IT professionals specializes in providing and adapting medical records coding systems and they have an in-depth understanding of the requirements of ICD-10.

The increase in the volume of codes found in ICD-10 will allow for increased specificity in coding, which in turn will lead to more accurate reporting and in the end higher reimbursement.

It will require highly specialized expertise to guide an organization through the conversion to ICD-10. For example, currently in ICD-9 there is only one code to represent decubitus ulcers, or pressure sores, and it does not specify any complications or degrees of severity. Whereas in ICD-10, there are eight codes representing decubitus ulcers to classify varying degrees of severity, as well as complications. On a larger scale, the increased specificity will enable more accurate reimbursement, and allow health plans to have a better grasp on severity of illness.

Ascellon has the expertise to and experience to help our customers realize the benefits of ICD-10 while minimizing disruption in operations during conversion.

For More Information on how Ascellon can help your organization implement ICD-10 or other medical coding projects, please contact:

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