

ICD-10/Version 5010 Industry Listening Session Summary

On December 8, 2009, the Centers for Medicare and Medicaid Services (CMS) convened a listening session to hear from representative stakeholders in the health care industry about the upcoming transitions to ICD-10 and Version 5010. Following brief presentations on CMS Version 5010 and ICD-10 activities, participants provided their respective perspectives and insights about the industry's progress toward and concerns about implementation.

Participants

Industry participants included associations representing providers, payers, and vendors:

- America's Health Insurance Plans
- American Academy of Professional Coders
- American Clinical Laboratory Association
- American Health Information Management Association
- American Hospital Association
- American Medical Association
- Blue Cross and Blue Shield of North Carolina
- Blue Cross Blue Shield Association
- Healthcare Billing and Management Association
- Healthcare Information and Management Systems Society
- Maryland Medicaid
- Medical Group Management Association
- Workgroup for Electronic Data Interchange

CMS participants included representatives from the Office of E-Health Standards and Services, the Center for Medicare Management, and the Center for Medicaid and State Operations.

Key Discussion Points

Awareness and Preparation

Participants reported that awareness of the ICD-10 and Version 5010 transitions is generally higher among large organizations than small organizations and practices. Among providers, for example, hospitals have a high level of awareness whereas small physician practices have a low level. Awareness of small physician practices around Version 5010 is particularly low. Payers and vendors are more focused on the more immediate January 2012 transition to Version 5010 than on the October 2013 transition to ICD-10.

Of those who are aware of the transitions, many do not understand why they are taking place and are skeptical that the transitions will bring benefits. They are also skeptical that the 2012 and 2013 deadlines are firm. Many organizations, particularly small entities, have not begun to prepare for the transitions. An AHIMA survey of providers found that only 12 percent had allocated funds to implement a transition plan. A WEDI survey found that many small vendors have not initiated ICD-10 efforts and that some did not plan to have products ready until 2012 or 2013.

Concerns

Specific concerns that industry participants raised about the transitions included:

- The costs associated with transitioning
- The need for extensive internal and external testing and industry-wide collaboration
- The possibility that multiple sets of ICD-9/ICD-10 crosswalks will be used by various organizations
- The potential for delays in reimbursement if there are glitches in the transitions
- Apprehension that their business trading partners, particularly vendors, will not be prepared and that non-HIPAA-covered entities like auto insurance companies will never transition
- A perception that industry currently faces many competing and uncoordinated initiatives; of particular concern is coordinating the implementation of electronic health records (EHRs) with Version 5010 and ICD-10
- A potential industry-wide shortage of staff capable of handling transition activities
- Uncertainty about the direction health care reform will take and how it will affect the transitions

Opportunities

While participants pointed to obstacles outnumbering opportunities, they identified potential long-term benefits driven by ICD-10's specificity:

- Improvements in data, quality, and disease management
- Decreased need for back-up documentation for claims
- Less ambiguity in coding, leading to fewer payer-by-payer differences in interpretation

A few participants noted that there will be a lag in realizing these benefits if organizations rely on crosswalks instead of integrating ICD-10 logic into their systems.

Several participants also noted that ICD-10 implementation offers an opportunity to rethink performance and quality measures and one mentioned that Version 5010 will bring improvements to the eligibility determination and remittance processes.

Observations

Industry associations described their ongoing efforts to inform their members about the transitions to V 5010 and ICD-10 and the need to prepare, and they offered several observations:

- Address Version 5010 and ICD-10 in EHR meaningful use guidelines
- Adopt certification standards for practice management software as well as EHRs
- Clearly label CMS communications about the transitions as originating from CMS, a trusted information source; emphasize the January 1, 2011, level I compliance date for Version 5010 to spur providers to action
- Designate a single set of crosswalks for industry-wide use
- Handle ICD-10 date-of-service issues (primarily a concern for hospitals) the same way that date-of-service issues for annual ICD-9 updates are handled
- Leverage best practices and lessons learned from implementation of Version 4010 and the National Provider Identifier

- Share internal CMS experiences with preparing for the Version 5010 and ICD-10 transitions so that industry can leverage best practices and lessons learned
- Continue to track vendor readiness
- Encourage communication and coordination across the industry, particularly to minimize the burden of testing
- Need to develop more predictable/coordinated testing process (e.g., national testing days)
- Develop a forum to handle issues as the transitions go live

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