Can New Insights Resolve Concerns Over ICD-10 and 5010 Transitions?

By Holly Louie and Randal Roat

The Centers for Medicare and Medicaid Services (CMS) recently hosted its ICD-10 Vendor Conference, designed to explore readiness, barriers to success and testing. Among the selected group of invited speakers were Healthcare Billing & Management Association (HBMA) Board Member Holly Louie and Immediate Past President Randal Roat, who share insights into the discoveries emerging from this conference, and perspectives on what needs to be done to move forward.

With the imminence of the compliance dates for Version 5010 and ICD-10 (January 1, 2012 and October 1, 2013 respectively), the industry has been engaged in avid debate over the implications of this transition, and the issues that still present obstacles to effective implementation. On April 27 this year, CMS called on software vendors, billing services and clearinghouses that support the healthcare industry, to openly discuss the ICD-10 and Version 5010 transitions, and explore how implementation can be achieved more effectively by addressing testing issues and exploring resources that might facilitate the transition.

As CMS has agreed, these two transitions call on our industries to make both systematic changes and changes within our business operating systems, with ICD-10 affecting coding for all stakeholders covered by HIPAA, and not just those who submit Medicare claims. Because of this wide-ranging ripple effect, the opportunity to interact with other leaders across these industries and provide feedback to CMS is invaluable. The importance of these sessions cannot be understated: this is the only way that we can move toward industry collaboration on resolving some of the remaining major issues.

Going into the conference, speakers and participants focused on a few questions:

1. How is the industry addressing issues that cross industry business areas (including billing, quality control, fraud protection, or research)?
2. What do we know about the development of proprietary crosswalks between ICD-9 and ICD-10?
3. How can the vendor community best plan for the transition to 5010 and ICD-10?
4. What planning processes are being put in place to ensure that products and support are available to meet the deadlines?
5. What communication vehicles have been identified for reaching healthcare customers?

Specific Points Made On Behalf of HBMA

- We should aim for true standardization, where companion guides should be eliminated and a single standard and use should be enforced. Companion guides add hours of time and cost.
- There are also real concerns regarding enforcement. When complaints were made about 4010 non-compliance, it took over a year to respond. The response was no action.
- There needs to be adequate testing prior to implementation, and it's inappropriate for insurance companies to begin testing on the implementation date.
- A sequential chain of testing should be established, since it would be inadvisable for two organizations that are testing for the first time to test with each other. Instead, a system should be established in which organizations that are just starting out with testing, are testing with those that are further along in their testing.
- We are concerned about the ability to handle both 4010 and 5010 transactions simultaneously, during a transition period. Further, 4010 isn't yet fully implemented.
- There's also a concern about the ability to handle both ICD-9 and ICD-10 simultaneously until all ICD-9 services are worked out of the system.

In response to these questions and concerns, participants raised compelling points regarding readiness for the transi-

tions, and apprehension over making the changes, in time to meet the 2012 and 2013 deadlines identified by CMS.

This conference perhaps marked the first time that there was open and clear recognition of the problematic effect of commercial payors using proprietary programs, and the resulting differences in reimbursement guides for each system. In earlier meetings and communication, there seemed to be an assumption – or perhaps a hope – that organizations would rely on the General Equivalency Mappings (GEMs) provided by CMS. If this were the case industry-wide, there would be less concern regarding compatibility. The reality that was stated clearly at the ICD-10 Vendor Conference, and which HBMA has raised in the past, is that commercial payors will be using their own proprietary programs, adding exponential complexity, coding variability, cost and programming challenges. So far, there are few answers about how this will affect mapping and reimbursements.

While several participants and presenters raised concerns about "premature implementation" and whether all stakeholders would be able to meet the 2012 and 2013 transition timelines, CMS made the case for staying on track for these established deadlines. Of course, what this means is that if the deadlines are not going to change, and serious concerns persist, then our collective approach to resolving these issues must be stepped up. One reassurance that was repeated throughout the duration of the one-day conference was that CMS would play an important role in helping industry participants who may find it difficult to meet deadlines.

Another important discussion that gives us a hint of industry status is the reality of testing. In its final recap of the conference, CMS indicated that they were "impressed with the significant efforts of the clearinghouse and vendor industry, but very concerned with the lack of progress by the payor industry." How can vendors and clearinghouses proceed with testing without reciprocal payor companies to test with? Added to this, there's also the issue of payors who are exempt from ICD-10 and Version 5010 guidelines (e.g. workers compensation companies), and would, therefore, cause industry-wide problems: the proverbial wrench in the works.

Subsequent to this conference, another issue has since come up that also affects the healthcare industry. Recent federal legislation establishes the General Equivalence Mappings as the national standard map between ICD-9 and ICD-10-CM/PCS. While this development is a step in the right direction towards bridging the language gap between ICD-9-CM and ICD-10-CM/PCS, a concern must still be addressed: whether the GEMS will also translate to reimbursement, which is a key issue for all stakeholders. At the time of this writing, we await feedback from the commercial payor group on whether and how this will or will not affect their initiatives.

Every change that affects us either at the industrial or organizational level brings with it inherent problems and anxieties. The transition to ICD-10 and Versions 5010 will affect us on all levels. The key to our putting the appropriate crosswalks, checks, and measures in place, to ensure as smooth a transition as possible, is to recognize the learning curve and implementation challenges, collaborate on ways to resolve the issues across industry sectors, and keep lines of communication open throughout the transition process. It's only through the participation and discussions of leaders from across healthcare that we'll come to understand precisely what we need to do to address any barriers to success. ■

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