Road Map to ICD-10-CM
Point/Counterpoint — How Effective is ICD-10-CM?

# Chaos One Cost of ICD-10-CM

By Brian Whitman

The Road Map to ICD-10-CM has been a feature in Coding Edge for a long time, but I wonder if readers really take the time to consider whether a move from ICD-9-CM to ICD-10-CM is worth the incredible effort and expense. The American College of Physicians, representing more than 124,000 internists and medical students, does not believe there is much evidence to support making such a transition, at least in the area of outpatient coding for diagnoses.

The arguments that the proponents make for ICD-10-CM seem reasonable and noble at first glance, but the proponents have failed to fully grasp the impact of such a change. Can you imagine changing over every single one of your superbills, examining each individual code to determine what it would match with? Now imagine Medicare or an insurance company trying to do this with every single coverage decision and policy it has. The chaos that would ensue trying to change every single document that contains an ICD-9-CM number would be quite extraordinary.

To give a sense of the impact, we merely need to look at the National Provider Identifier (NPI) implementation that many are suffering through right now. Those in the business have heard about the NPI for years and were all given warnings about how important it was to get. Even so, when the NPI was supposed to be required on May 23, 2007, what happened?

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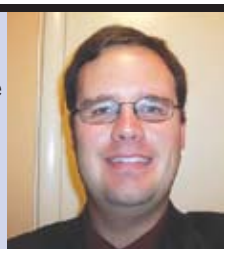

The Department of Health and Human Services (HHS) announced an opportunity for covered parties to participate in a contingency plan if they were not ready to use the NPI, an opportunity which many participants, including Medicare, quickly took advantage of. Even with the contingency plan in place, I hear complaints from physicians who are in desperate situations, with thousands of dollars stuck in claims because something wrong happened with the NPI.

Imagine the level of confusion of the NPI multiplied by 120,000 (the number of diagnosis codes included in ICD-10-CM) which is quite an extraordinary jump from the approximately 13,000 existing ICD-9-CM codes used for diagnoses. I spoke to well-qualified coders who tell me they would retire rather than try to take on the implementation of ICD-10-CM.

If we really felt it would cause a tenfold improvement in United States health care, maybe we could justify such a jump. But, I find it hard to believe that ICD-10-CM will improve health care. Given the limited funds we have to spend on services that are actually helping sick people, why should we ask physicians, hospitals, and insurance companies to spend the collective billions of dollars it would take to change their coding system, when they could be spending that money on electronic medical records or hiring another nurse?

While recording what we do accurately is an important concern, it must not get in the way of the most important concern of everyone involved in the health care industry, which is to improve people's lives. Until ICD-10-CM can be shown to do this, it does not make much sense to pay the billions of dollars and endure the myriad hassles to implement it.