Until I heard Keith Siddel, PhDc, JD, MBA, CHC, speak at our OR Business Management Conference in February, I didn’t fully realize how much ICD-10 coding could disrupt billing and payment for services. Siddel, an attorney and healthcare finance expert based in Creede, Colorado, explained why providers should have been preparing for ICD-10 long before now and how other new laws are affecting the bottom line.

He expanded on those concepts in a subsequent interview with OR Manager (see cover story).

The news on March 31 that ICD-10 implementation would be pushed back until at least October 1, 2015, has been met with either relief or resentment, depending on how much effort has already gone into preparing for the change.

For Hardeman County Memorial Hospital-Quanah (Texas), the delay will help the 18-bed critical-access hospital survive, said Dave Clark, interim administrator, in a recent Modern Healthcare article. The hospital needs the time to get back on its feet after filing for bankruptcy last May.

“We made decisions 18 months or 2 years ago that we are going to do certain things and postpone certain things based on having to implement ICD-10,” said Michael O’Rourke, senior vice president and chief information officer at Catholic Health Initiatives, headquartered in Denver. O’Rourke and his peers at other facilities now must decide whether to cut back on their staffing and IT investment in ICD-10, and when to ramp it back up, the authors say.

Geisinger Health System in Danville, Pennsylvania, had planned to have all of its physicians trained on ICD-10 by May, according to Alistair Erskine, MD, chief clinical informatics officer. Now they’re trying to decide whether to continue running in ICD-10 and dual-code for billing in ICD-9 until 2015.

Leaders at Beth Israel Deaconess Medical Center in Boston likewise are grappling with this decision. “I’m going to recommend we ... go ahead with as much ICD-10 as possible,” said John Halamka, MD, CIO—including dual-coding, using ICD-10 data in house, and ICD-9 data for billing. “Doing nothing but waiting on ICD-10 is not an option,” he said.

Lynne Thomas Gordon, CEO of the American Health Information Management Association in Chicago, applauded that advice. Healthcare organizations should strengthen their clinical documentation programs, she said. “Make sure you have your coders and stakeholders trained in ICD-10. If you’re dual-coding, keep doing it,” she added.

Siddel explains why the switch to ICD-10 coding should matter to surgical services directors and managers and what they can do to help their organizations prepare.

Food for thought—and hopefully a chance to be proactive instead of reactive, now that implementation isn’t imminent.

—Elizabeth Wood

Reference
Carlson J, Conn J, Andis Robeznieks A. Bruised by ICD-10 delay, healthcare execs huddle over what to do next. Modern Healthcare. Published online April 5, 2014.