UIC information specialists ease switch to new healthcare codes

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University of Illinois at Chicago researchers have developed a website that walks healthcare providers through the challenging transition from the current International Classification of Diseases—ICD-9—to the new ICD-10.

Doctors, hospitals and all other healthcare providers have until October 2014 to switch to the new coding system, used to classify every disease or condition and in every aspect of healthcare from ordering supplies to insurance reimbursement.

The switch won't be easy—the number of codes has grown from 14,000 to 68,000. The AMA estimates the administrative costs for physicians will be $87,000 to $2.7 million per practice, plus potential losses in reimbursement due to incorrect coding.

The UIC team created a web-based tool to help physicians, hospitals and clinics make the transition without the need to hire experts. The study is available online in advance of print in *JAMIA, the Journal of the American Medical Informatics Association*.

They also identified the diseases presenting the greatest reporting complexity.

The study shows that the transition to ICD-10 is likely to be far more costly and disruptive than previously reported—particularly for a subset of specialists, says Yves Lussier, UIC professor of medicine and

engineering in medicine, and principal investigator on the study.

"We show that the translations to ICD-10 are organized into clusters of two or more somewhat related codes," Lussier said. "Many ICD-9 clusters map to many ICD-10 codes, and many ICD-10 codes map back to a significantly different cluster of ICD-9 codes."

"It's not one-to-one, it's not one-to-many, it's many-to-one," said Dr. Andrew Boyd, assistant professor in biomedical and health information sciences at UIC and first author of the study. "It's convoluted, it's entangled. When you map one ICD onto the other, it looks like a star map."

"Most physicians only use about ten codes in their practices and don't have to bother looking them up—physicians, coders and everyone in healthcare thinks in ICD-9," Boyd said. "When you think of a specific disease, you literally think of the individual code."

Transition to the new codes will be vital for clinical management to record patient encounters, make staffing decisions, manage supplies and track revenue. The researchers illustrate the impact of the transition on clinical care from information supplied by hundreds of emergency departments in Illinois.

On the website, http://lussierlab.org/transition-to-ICD10CM, the researchers invite providers to put in their old codes and find the appropriate new codes. They identify the 36 percent of ICD-9-CM code mappings that have no straightforward correspondence in ICD-10-CM. For example, what was once coded as "ear infection, unspecified" may now be coded as "ear infection, left ear"; "ear infection, right ear"; "ear infection, both"; or "ear infection, unspecified."

"We've tried to simplify these coding changes to the point where they

can be understood and used," said Boyd.

Provided by University of Illinois at Chicago