Transition to ICD-10 may cause information, financial losses for providers

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Health providers may experience information and financial loss during the mandated conversion from the current International Classification of Diseases to its new and improved version, report researchers at the University of Illinois at Chicago.

The study, appearing in the March issue of the *Journal of Oncology Practice*, looked at coding ambiguity for hematology-oncology diagnoses to anticipate challenges all providers may face during the transition from ICD-9-CM to ICD-10-CM.

The researchers chose to look at hematology-oncology because prior research suggested that, compared to other sub-specialties, it would have a simpler transition, due to fewer ICD-10 codes and less convoluted mappings.

The nation's health care system is scheduled to fully implement ICD-10 on Oct. 1, and many doctors and hospitals are still preparing for the transition. The system is used to classify and code all diagnoses, symptoms and procedures for reference in managing all aspects of health care – from insurance reimbursement to staffing decisions to supply procurement.

The ICD-10-CM includes more than 68,000 diagnostic codes, compared to 14,000 in ICD-9-CM. The Centers for Medicare and Medicaid Services provides a general equivalent mapping (GEM) code translation system, but it's complex and often difficult even for billers and coders to

interpret, according to the researchers.

Codes often do not map one-to-one or one-to-many, says Andrew Boyd, UIC assistant professor in biomedical and health information sciences and one of the study's co-authors. A cluster of codes might map to several ICD-10 codes, which might then map back to different ICD-9 codes, he said.

In the study, the researchers used 2010 Illinois Medicaid data to identify ICD-9-CM outpatient codes and the associated reimbursements used by hematology-oncology physicians. The researchers identified 120 codes with the highest reimbursement for analysis.

They also looked at ICD-9-CM outpatient diagnosis codes and associated billing charges used by University of Illinois Cancer Center physicians from 2010 to 2012 and selected the 100 most-used codes.

Using a web-based tool developed at UIC, the researchers input the ICD-9 codes and translated them into ICD-10 codes. They looked at whether the translation made sense; whether a loss of clinical information occurred; and whether a loss of information had financial implications.

"What we found was the transition from ICD-9 to ICD-10 led to significant information loss, affecting about 8 percent of the Medicaid codes and 1 percent of the codes in our cancer clinic," said Dr. Neeta Venepalli, UIC assistant professor of hematology/oncology and first author of the study.

In looking at the financial implications, the researchers found that 39 ICD-9-CM codes with information loss accounted for 2.9 percent of total Medicaid reimbursements and 5.3 percent of UI Cancer Center billing charges.

The report highlights the 39 codes "to help identify that there might be trouble with reimbursement for these codes," said Boyd.

Provided by University of Illinois at Chicago