

FACTS ON ICD-10

Requiring Emergency Action to Prevent Implementation

The American Society of Interventional Pain Physicians (ASIPP) is a not-for-profit professional organization founded in 1998 which now comprises over 4,500 interventional pain physicians and other practitioners who are dedicated to ensuring safe, appropriate and equal access to essential pain management services for patients across the country suffering with chronic and acute pain. There are approximately 8,500 appropriately trained and qualified physicians practicing interventional pain management in the United States. ASIPP also has affiliated state societies in all 50 states and Puerto Rico.

Physicians in the United States are drowning in a regulatory tsunami from the *Health Insurance Portability and Accountability Act* (HIPAA), numerous components of Affordable Care Act (ACA) including electronic medical records (EMRs), the *Physician Quality Reporting System* (PQRS), value-based payment system, electronic prescribing, the statutory monopoly of the American Medical Association (AMA), Current Procedural Terminology (CPT), and Relative Value Scale Update Committee (RUC) with numerous codes. Now physicians face the threat of ICD-10 implementation with unfunded mandatory requirements.

ICD-10 implementation to be effective October 1, 2015, is based on a very liberal interpretation of the weak in *Health Insurance Portability and Accountability Act* (HIPAA) that only requires an update to ICD-9 and says nothing about ICD-10 or beyond. Further, the highly regulated health care industry has been handed over to and under-regulated health information technology (IT) industry and various other providers in health care. The Supreme Court's ruling on June 29, 2015, that the Environment Protection Agency (EPA) unreasonably interpreted the Clean Air Act when it decided to set limits on the emissions of toxic pollutants from power plants without first considering the costs on the industry to do so is applicable to the medical industry with the Centers for Medicare and Medicaid Services (CMS) unreasonably interpreting HIPAA and imposing extensive regulations without considering the costs. Meanwhile, health care costs for the average family continue to rise and the consolidation of hospitals and providers is escalating with the threat of the extinction of independent practices. The arguments for implementation of ICD-10 are not only weak, but intellectually dishonest.

The United States lags behind other countries due to outdated clinical data

Proponents of ICD-10 argue that the current ICD-9 system is outdated and lacks specificity and the new system will enhance research. This argument is not only inaccurate, but intellectually dishonest.

- ICD-9 approved by World Health Organization (WHO) in 1978 with clinical modification (ICD-9-CM) was adopted in the United States with updates provided each year.
 - The total number of codes in ICD-9 is 7,000 with ICD-9-CM codes of almost 15,000 in the United States.
- **ICD-10 is the 10th revision by WHO, adopted across the world with own modifications with expansion in**

Canada, Australia, France, Germany, Netherlands, and the United Kingdom. Canada adopted the system in a stepwise fashion from 2001 to 2005.

- ICD-10 adopted worldwide consists of 14,400 different codes.
- Codes were expanded in multiple countries to over 16,000 codes by using optimal subclassifications.
- The United States developed ICD-10 clinical modification (ICD-10-CM) with 68,000 diagnostic codes and 76,000 procedural codes which are not used by other countries, with a total of 144,000 codes.
- The number of codes from ICD-10 used across the world – not ICD-9, have increased by 4 to 9 times utilizing either 68,000 codes as the baselines or (68,000 + 76,000) 144,000 codes as the baseline.
- The system has become so complicated that it no longer correlates with any other country. They have expanded their coding to only 16,000, far below the 144,000 code increase for the U.S. .
- Consequently, the U.S. ICD-10-CM does not correlate with any other country and will not facilitate any comparisons.
 - Moreover, most WHO members use the ICD-10 system (not ICD-10-CM) only to record mortality (138 states) or morbidity (99 states) statistics.
 - Amazingly, the United States has used ICD-10 (not ICD-10 CM) since 1999 to classify mortality data from death certificates.
- Currently only 10 countries employ the ICD-10 (not ICD-10-CM) in the reimbursement process, 6 of which have a single payor health care system (Canada, Finland, Iceland, Norway, Sweden, and the United Kingdom). In some these countries, physicians are not even aware of the existence of ICD-9 or 10 or they still continue to code under ICD-9. Practitioners' involvement is minimal.

Thus, we are not behind the developed world; however, we will certainly be behind the developed world for comparison purposes once ICD-10-CM is implemented and ICD-10 which has been used since 1999 by the Centers for Disease Control and Prevention (CDC) is replaced with ICD-10-CM.

Development of ICD-10-CM

Development of ICD-10 is not bad in and of itself, it is the so called improvements, modifications, and process employed in the United States.

- ICD-10-CM is managed by 4 non-physician groups (cooperating parties):
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare and Medicaid Services (CMS)
 - American Hospital Association (AHA)
 - American Health Information Management Association (AHIMA)



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Facts on ICD-10 (continued)

However, physician groups are not party to these cooperating parties. Physicians only have peripheral involvement.

- ICD-10-CM Coalition includes 3M which makes a lot of money off of ICD-10-CM consulting and software, as well as selling poorly designed Ambulatory Payment Classification (APC) software to states and others, and Blue Cross Blue Shield which has its own agenda, and for the most part, does not cooperate with physicians even on crosswalks.
- It is shocking that 3M was the major witness in a non-publicized house hearing supporting immediate implementation of ICD-10.
- This indicates the lack of physician input and domination by the health IT and hospital industries for inadequate and bizarre coding. ICD-10-CM provides unnecessary - specificity of numerous codes leading to many bizarre codes such as "sucked into a jet engine a second time." It also misses many other important issues.

Code Discrepancies

ICD-10-CM creates numerous deficiencies.

- There are over 500 codes that are more specific in ICD-9-CM than ICD-10-CM.
 - There are over 3,600 instances in ICD-10-CM coding which can map to more than one ICD-9-CM code.
 - Post surgery syndrome in spine has been presented in ICD-9 with 4 separate codes describing the regions; however, ICD-10-CM describes this with only one code which may lead to significant confusion and numerous denials.
- Congenital malformation of the spine not associated with scoliosis is described one ICD-10-CM code; whereas in the ICD-9 there were 5 codes. There are numerous other codes where a diagnosis can't be properly communicated utilizing ICD-10-CM.
- There are 119 instances where a single ICD-9 code can map to more than 100 distinct ICD-10 codes.
- There are over 255 instances where a single ICD-9 code can map to more than 50 ICD-10 codes.
- Not surprisingly the bizarre coding also includes the following codes:
 - Subluxation stenosis of neural canal of head region
 - Osseous stenosis of neural canal of head region
 - Connective tissue stenosis of neural canal of head region
 - Osseous and subluxation stenosis of intervertebral foramina of head region
 - Connective tissues and disc stenosis of intervertebral foramina of head region
 - Subluxation stenosis of neural canal of lower extremity
 - Subluxation stenosis of neural canal of upper extremity
 - Osseous stenosis of neural canal of pelvic origin
 - Osseous stenosis of neural canal of lower extremity
 - Intervertebral disc stenosis of neural canal of upper extremity
 - Intervertebral disc stenosis of neural canal of lower extremity
 - Intervertebral disc stenosis of neural canal of rib cage

The spinal canal does not present in any of these regions.

- There are multiple other codes just in spinal stenosis category.
- Many of the codes describing extremity disorders such as reflex sympathetic dystrophy, causalgia, describe right upper and lower extremity, left upper and lower extremity, and also unspecified upper limb and lower limb.

Finally, we will learn how many Americans have 6 extremities instead of 4.

Costs of Implementation

The costs of implementation will be devastating to U.S. health care, just not for physicians. It will probably eradicate independent practices and small practices completely.

- This is in contrast to the Supreme Court ruling on EPA which has stated that the EPA unreasonably interpreted the Clean Air Act similar to CMS interpreting wrongly and unreasonably the HIPAA to update ICD-9 coding.
- Costs have been estimated by multiple organizations.
 - Hay Group in 2006 estimated the cost of ICD-10-CM implementation for all providers nationwide to be between \$2.5 billion and \$6.67 billion.
 - The Nolan Company estimated the implementation costs for all providers to range from \$4.1 billion to \$10.5 billion.
 - Americas Health Insurance Plans estimated the total systemwide cost just for health insurance companies would likely be between \$2 billion and \$3 billion, with per-member implementation costs ranging approximately \$38 for small health plans.
 - Nachimson Advisors estimated implementation costs for private practices to range from \$25,000 to \$3 million per practice, depending on practice size.
 - The only study conducted by AHIMA which is part of cooperating parties benefiting from ICD-10 involved in its development a trade group, showed costs ranging from \$5,000 to \$10,000 for a small practice.
 - However, these numbers have not been substantiated by any other study or group.
 - Further, there will be annual expenses for maintaining these new systems with 25% of budget of practices and providers going to investment in health IT.
 - The productivity has been estimated to be reduced by as much as 20%. This has been demonstrated in Canada with reduced productivity even though Canada has a single payor system and the loss of productivity has never recovered. Further, Canada implemented in a step-wise fashion over 5 years.
 - There are also multiple issues related to cash flow disruptions which could last for 6 months, 1 year, 2 years, or 5 years. These disruptions may become permanent and never be recovered due to denials.

Summary:

Overall, this provides a bleak picture of ICD-10 and its influence on the U.S. health care system. Consequently, Congress should establish a 2020 deadline for the implementation of the much improved ICD-11 system and eliminate ICD-10-CM. This is of crucial importance to the American health care industry and consumers. We are hoping that Congress will act on this swiftly on this issue.

If you have any questions, please feel free to contact us one of us: Laxmaiah Manchikanti, MD at drm@asipp.org; Peter Staats, MD, at peterstaats@hotmail.com; Tim Hutchinson at hutchinsont@gtlaw.com; Monica Prah Schulteis at schulteis@gtlaw.com; Jeff Mortier at jmortier@rmvblp.com; or Jeff MacKinnon at jmackinnon@rmvblp.com.