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Survey Examines ICD-10 Implementation Costs in Small Physician Offices


Posted By Mary Butler on Feb 10, 2015

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The cost of implementing ICD-10-CM/PCS in small physician offices is drastically lower than previous and widely disseminated estimates, according to a new white paper.

With so much speculation swirling about the cost of

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Professional Association of Health Care Office Management (PAHCOM) conducted a survey of its membership to assess the ICD-10-related costs actually being incurred by small physician practices—focusing on practices with six or fewer direct care providers.

According to the results of the survey, the average ICD-10-related expenditures for a physician practice with six or fewer providers is \$8,167 with average expenditures per provider of \$3,430. This stands in contrast to a study released by the American Medical Association (AMA), which estimated that small practices could spend between \$22,560 and \$105,506.

PAHCOM surveyed member practices with six direct care providers (physicians, physician assistants, and nurse practitioners) and asked them to specify expenditures for ICD-10-related activities, including costs already incurred, and costs yet to be expended. Expenses covered by this question included those related to the costs of obtaining ICD-10 manuals and documentation, ICD-10 training costs, the cost of superbill conversion to ICD-10 and software system upgrades, and testing. They received responses from 276 practices.

Additionally, respondents were asked to account for time expended by all personnel in the practice, including physicians, non-physician providers, office management, and other support staff. On average, the combined amount of ICD-10-related hours expended across all personnel types in practices with six or fewer providers was 45.5 hours per provider in the practice, according to the paper.

Possible reasons for the numerical differences between the PAHCOM study and the AMA's often cited figures could be newly available educational and training materials, new resources from the vendor community,

and the increasing adoption of electronic health records by providers, which have helped to ease some transition expenses and concerns, the authors conclude.

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