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◀ **Bernie Monegain,** Editor-at-Large

Bernie Monegain is the Editor-at-Large of *Healthcare IT News*. Bernie covers hospitals and IDNs and industry trends.

Survey shows ICD-10 easier than first reported

Rural docs on Capitol Hill today to speak at Congressional briefing

WASHINGTON | February 10, 2015

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For physicians in small practices, it turns out the cost of moving from ICD-9 to ICD-10 is much less than anticipated, according to a new study released today by the Professional Association of Health Care Office Management.

The survey of 276 physician practices of fewer than six providers revealed that total ICD-10 related costs for an entire practice averaged $8,167. Per provider expenditures averaged $3,430.

The survey results were published today in the Journal of AHIMA.

The findings would not surprise Deborah McEuen, practice manager at Beyer Medical Group, a six-provider practice in Fredericktown, Mo. She and two of the practice's doctors were headed to the nation's capital on Monday to talk about their experience at a Congressional briefing on Capitol Hill today.

The Coalition for ICD-10 is hosting the briefing on ICD-10 readiness, featuring the perspectives of leading physicians and also the PAHCOM on the cost of ICD-10 conversion.

Beyer Medical Group

Also participating in the briefing is Nemours Children's Health System, a large organization and research institution with more than 50 facilities across five states; and Florida Blue Cross Blue Shield.

When McEuen told the practice's founder Phillip Beyer, DO, the practice needed to get serious about ICD-10, he said, "whatever you need."

[See also: Outlook grim for docs' ICD-10 readiness.]

She forged ahead with a pilot that employed the practice's Intergy electronic health record.

When the Oct. 1, 2014, deadline for conversion to ICD-10 was postponed, she and the doctors continued to code in ICD-10 in diagnosing and the charts – using ICD-9 only for billing purposes.

"In fact, it's probably simpler than ICD-9," she said, "because they are more clear," she said. "My providers love it; they wouldn't go back. They love the specificity of it. They feel when they are choosing a code it really represents what they're trying to say. It paints a much clearer picture."

No downside?

Deborah McEuen

"No, not for us," McEuen said. "We didn't have the cash outlay; we didn't have the training. We didn't have adjusted schedules, cranky providers. Nothing."

McEuen's experience seems to correspond with the findings of PAHCOM's ICD-10 survey.

"We hear so much conflicting information about the impact of ICD-10 on the small physician practice," said PAHCOM Director Karen Blanchette, in a statement announcing the survey results. "Our goal was to bring some clarity to the discussion by surveying our members – office managers who represent hundreds of solo physician and small group physician practices across the United States.

[See also: Senators confident ICD-10 is a go.]

"Our members reported actual data on expenses to date and costs still remaining," Blanchette added. "The PAHCOM survey is the most comprehensive and current data on ICD-10 implementation costs actually being incurred by small physician practices."

Survey respondents were asked to specify the number of providers in the practice, where a provider was defined as a direct caregiver including physicians, physician assistants and nurse practitioners. Survey questions on total expenditures for all ICD-10 related activities specifically highlighted the cost of ICD-10 manuals and documentation, ICD-10 training costs, the cost of "super bill" conversion, software system upgrades and testing.

The ICD-10 expenditures reported in the survey are significantly lower than earlier estimates of $56,639-to-$226,105 in projected ICD-10 implementation costs for small physician practices.

Survey of ICD-10 Implementation Costs in Small Physician Offices was co-authored Blanchette, Richard Averill, senior vice president, public policy for 3M Health Information Systems, and Susan Bowman, senior director, coding policy and compliance for AHIMA.

Topics and speakers at today's Capital Hill briefing are:

- Small Rural Provider Readiness – Edward Burke, MD and Phillip Beyer, D.O., Beyer Medical Group, Fredericktown, Mo
- Countdown to ICD-10 for Hospitals – David W. West, MD, medical director, health informatics, Nemours Children's Health System
- New Survey on ICD-10 Conversion Cost for Small Physician Practices – Karen Blanchette, director of Professional Association of Health Care Office Management
- Payer Testing and Readiness – George Vancore, senior manager, systems mandates and compliance, Florida Blue Cross Blue Shield

Topics: Claims Processing, Electronic Health Records, ICD-10 & Coding

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Yeah. I say this is baloney. Just because the like specificity, doesn't mean every will be so specific. Most will use unspecified codes. This smells of an inside job, to promote ICD-10. So 2 providers like it. Great for them, but wait until workers comp tells them they have to use ICD9 and that they are getting denied because they are not specific enough on their other codes or some insurers are not yet doing ICD10. Again, who would use ICD10 as a provider right now and even care. This seems like someone is being paid to promote ICD10.

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Is your org pumping up patient engagement efforts?
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Learn how the University of Pennsylvania's Health System transformed its information system via digitization. What started as an intention to reduce the paper load generated by a single patient visit, turned into a comprehensive overhaul of the hospital's medical and financial records. The end result? Dramatically increased efficiencies across all departments. **LEARN MORE**

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Erin McCann
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February 26, 2015 | Michael Raymer, Steve Emery

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March 17th @ 2PM -- Improving Performance Through Real-Time Integrated Business Intelligence & Predictive Analytics

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Healthcare Finance Symposium, February 19, 2015

Privacy and Security Forum, March 5-6, 2015

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I.T. Brought Challenges and Benefits to Healthcare in 2014

Privacy & Security Forum: Final Call for presentations

HHS Gives $36.3 Million in Quality Improvement Rewards

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patients at home or on their mobile devices. However, patients will increasingly demand online connections with their providers. **MORE**

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February 26, 2015 | John Halamka

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February 25, 2015 | Chad Johnson

Chad Johnson speaks with Michael James McCoy, MD, ONC's Chief Health Information Officer, about his new position and his vision for a learning health system. **MORE**
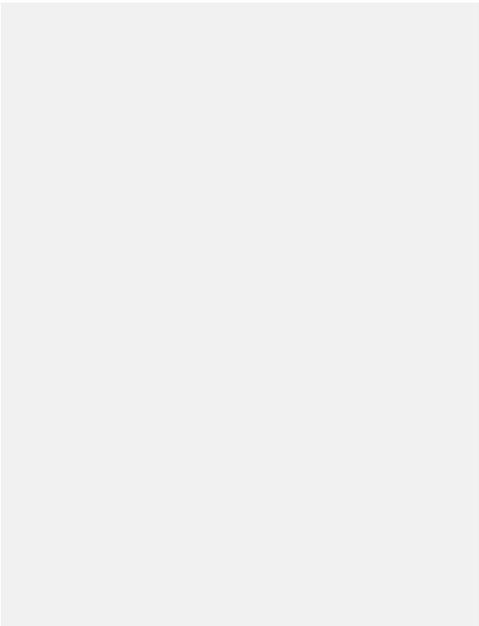
Making clinical data 'actionable' for payers
February 24, 2015 | Mayuri Potdar, Parag Nasikkar

Payers' involvement in patient care, and their access to clinical data, has remained limited. They have traditionally relied on claims data to build care management applications and cost reduction programs. **MORE**

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