

The impact of ICD-10 on clinical operations



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Despite the fact that positive outcomes regarding ICD-10-CM implementation serve as popular talking points, such discussions often rely on generalities rather than specifics. It is remiss to assume that ICD-10 will have a positive impact on every aspect of the healthcare industry; instead, the categorical effects of ICD-10 must be examined individually.

A focus on health-plan clinical operations raises these questions: Will specificity at the coding level have as dramatic an impact on health-plan clinical management as some people think? What can health plans expect and how can they strategically deal with the fallout?

In an effort to answer this question, we focus on six key areas concerned with day-to-day clinical management:

- Medical/claims policies
- Disease management
- Wellness management
- HEDIS reporting/QI studies
- Medical necessity guidelines
- Case management

MEDICAL/CLAIMS POLICIES

Medical services are often covered under certain circumstances, and the circumstances themselves are largely defined by some type of ICD diagnosis coding. The issue here rests with how transitioning from ICD-9-CM to ICD-10-CM will affect automated authorization/claims-processing systems.

Laminoplasty is an example where ICD-10 coding may actually permit some auto-adjudication and eliminate clinical review. The medical policy may cover laminoplasty for compressive myelopathy. ICD-9 codes are not specific enough to determine whether the myelopathy is due to compression. ICD-10 gives a very precise location of the stenosis and specifically identifies compression syndrome. There are other examples where current automated approval processes will become impossible with ICD-10.

In short, what will happen with any given coverage policy is unclear until the ICD-9 codes that specify it are mapped to ICD-10.

DISEASE MANAGEMENT

Identification and severity stratification is most often performed using ICD-9 coding. Because of the lack of coding specificity, misidentification is not uncommon. For example, the current coding

for asthma does not define the presence of persistent asthma. ICD-10 will make the persistent asthma distinction, thereby improving stratification of asthmatics into different levels and more appropriately focusing disease management efforts.

However, ICD-10 offers no better help than ICD-9 in identifying or differentiating severity of illnesses within populations with coronary artery disease.

WELLNESS MANAGEMENT

Although the same descriptions are found in ICD-10, “V” codes no longer exist; they are replaced by “primary” codes. Hopefully, this change will help promote coding of factors that influence health status. However, many believe that until reimbursement is based on diagnosis, it is unlikely the ICD-10 codes describing obesity or other health-status factors will be used routinely.

HEDIS REPORTING/QI STUDIES

Healthcare Effectiveness Data and Information Set (HEDIS) reports consist of a set of performance measures that compare how well health plans perform in key areas including clinical outcomes. ICD-10 will no doubt change health-plan HEDIS results.

For instance, HEDIS currently utilizes algorithms to identify persistent asthmatics. It will be interesting, from both an analytical and practical standpoint, to see how closely previous HEDIS figures compare to those based on the more precise differentiations provided by ICD-10.

Overall, the “refined” data offered by ICD-10 may change existing benchmarks and better delineate those achieving revised best practice goals. However, until ICD-10 data are analyzed, there will be a “data fog” around HEDIS and quality improvement (QI) measures and benchmarks.

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MEDICAL NECESSITY GUIDELINES

From an applications perspective, ICD-10 will have little impact on medical necessity guidelines, mainly because those who do medical necessity reviews look at the patient and not at the codes. However, ICD-10 will likely have an effect on the portion of population achieving benchmarks relating to meeting or not meeting guidelines.

For some clinical conditions, ICD-10 will allow claims data to reflect condition severity and will help track clinical outcomes that may result from case management.

CASE MANAGEMENT

It is expected that what are known as case management “trigger diagnoses” will change under ICD-10. When data mining by diagnosis, ICD-10 might help better identify who truly belongs in case management.

For some clinical conditions, ICD-10 will allow claims data to reflect condition severity and will help track clinical outcomes that may result

from case management. For example, ICD-10 coding for pressure ulcers delineates stage of the ulcer, in addition to the location, which is the only distinction made with ICD-9.

CONCLUSION

When it comes to health-plan clinical operations, the impacts of ICD-10 span a wide arc. By beginning now to examine critical clinical operations issues and conducting relevant comparisons between old and new coding systems, health plans stand a better chance of being strategically prepared for the inevitable time when ICD-10 becomes mandatory throughout the industry.

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