

## **James L. Holly, M.D.**

**Health: Will codes affect care?**

***Beaumont Enterprise***

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- Local providers don't expect more detailed method of recording ailments to slow down visits to doctor's office.

### **By Eric Besson**

Today, the monster emerges from under the health industry's bed, with doctors, nurses, and staff getting their first anxious glimpse at a new federally mandated record-keeping system that could be a bogeyman or a bundle of clothes.

Health-care professional in the U.S. shifted this morning to a new coding system – the esoteric sequence of letters and numbers that details a patient's ailments – that will permeate their office operations and their insurers'.

The transition to more detailed record-keeping, twice delayed, has required providers to spend money to comply and has some worried that unforeseen issues will pop up as an industry learns its new language.

Local health care providers said the change should not result in longer wait times for patients. In the long run, because the records are more detailed – the new system has 10 times as many codes – it should lead to better care and communication among the various layers of health care, they said. “I think it's going to tell a true picture of the exact amount of care we are providing for our patients,” said Prudence Budemer, director of reimbursement for the Christus Health system.

Still, the new coding is one element of a shifting health-care landscape that has undercut predictability from the business side of local doctors' offices, prompting consolidation and putting a dent in solo practices, providers said. Consolidation can lead to higher medical costs.

At least one local practice has stopped accepting new patients until staff gets a firm grasp on the new codes and how responsive insurers are to them.

Health-care professionals across the country are now required to use version 10 of the International Classification of Diseases to record diagnosis. It's promoted as modern and much more precise – while version 9 included close to 15,000 different codes, the new system has about 150,000. The United States is the last industrialized nation to make the change.

Some examples where the old coding system fell short: how many times one patient visited the doctor for the same issue; how many heart attacks someone previously had; and even which ankle, left or right, was broken. One code was a stand-in for both high and low magnesium levels, separate issues that require different treatment.

“It's really a good thing because (the old system) was really built for insurance and statistical analysis of hospital work,” said James Holly, chief executive of Southeast Texas Medical Associates. “It was never built as a diagnostic capturing process.”

Long-running resistance to the change stemmed from economics and unpredictability, local providers said.

“Is there going to be pain? Yes,” Holly said. “There are going to be some practices that aren't quite ready for it.”

The switch is not a topic many local doctors' offices are eager to discuss. More than a dozen local practices did not respond to messages seeking an interview about the transition. Others declined outright.

The American Medical Association, the nation's largest association of physicians, fought for delays to the federal mandate. Last year, AMA president said the if the new system was a “droid,” it “would serve Darth Vader.”

“It's scary,” said Sheryl Villarosa, practice manager of Triangle Pediatrics in Port Arthur, which stopped taking patients a few months ago in anticipation of the change because it will take more time in the back office to manage records.

The practice spent a significant amount of money and time preparing for the transition, including purchasing software that will translate old codes into new ones, Villarosa said.

Aside from front-end costs, Villarosa said she is concerned with how quickly insurance companies will pay out doctor's claims, potentially causing short-term cash flow problems if the transition is not seamless.

“We have not been accepting new patients. That was our initial step,” Villarosa said. “If it becomes harder or more challenging as it goes, then we'll have to lesson our patients, too.”

Kimberly Pitts, a Port Neches family doctor, earlier this year turned over control of her solo practice of 12 years to Christus St. Elizabeth, referencing the pending shift of records management among other issues that cost her money and took her away from patients.

Larger systems have more money and other resources than the neighborhood family doctor, which makes compliance with regulatory shifts like the today's easier to manage.

Holly said SETMA has invested \$9 million in its electronic records system since 1997, itself specifically today.

Christus, meanwhile, has shared software, training and educational material with its member physicians, Budemer said. The system will also launch a command center for troubleshooting.

"We're ready," Budemer said. "We feel good about this transition."

Smaller groups and solo practitioners, meanwhile, are still apprehensive.

"We're kind of ready, but it's hard to predict," Villarosa said. "More or less what we can foresee, we have that covered. We're expecting other (unforeseen issues.)"

#### **Insert:**

#### **Scope of the Change**

The health industry will change the system it uses to code patient ailments from 9<sup>th</sup> version of International Classification of Diseases to the 10<sup>th</sup> version, which allows far more precision in documenting why someone visited a doctor. Some examples are below.

#### **Insect bite on the toe**

**Previously:** Two possible codes could apply to non-venomous insect bites on someone's toe, only distinguishing whether there was an affection.

**Now:** There are 18 possible codes, depending on which toe on which foot the bite occurred and how many times the patient has visited the doctor because of the bite.

#### **Twice surviving a jet engine**

**Previously:** There were no codes related to someone being sucked into a jet engine.

**Now:** There are three. Was it the first time a patient was sucked into a jet engine, the second time or the third or more?

#### **Pedestrians**

**Previously:** a total of 37 codes related to pedestrian, spanning railway accidents, motor vehicle accidents, accidents with animal-drawn vehicles and even cases when people were hurt while riding an animal.

**Now:** 63 codes related to pedestrians only when they are on foot. Among the many distinctions the new codes make: Was the pedestrian injured in a collision with a roller-skater, or a skateboarder?

A “pedal cycle”?

The pedestrian in this code list could also be the person using the skateboard, roller-skates, pedal cycle or more-traditional animal-drawn vehicle, ballooning the total number of codes relevant to pedestrians to 471.

Source: CMS. Gov