



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



News Updates | July 11, 2014

NCVHS Standards Subcommittee Panel Focuses on a Successful ICD-10 Transition

Last month, [ICD-10](#) was a featured topic at a meeting of the [Standards Subcommittee](#) of the [National Committee on Vital and Health Statistics](#) (NCVHS). Representatives from both the Centers for Medicare & Medicaid Services (CMS) and medical and trade associations testified during the panel “ICD-10: Achieving a Successful Transition.”

In light of the recently enacted legislation that delays the ICD-10 compliance date until at least October 1, 2015, several panelists urged the various components of the U.S. health care community to work together for a successful transition. They pointed to a need to rebuild credibility around the message that ICD-10 is coming and health care professionals need to prepare. Panelists from trade associations urged CMS to communicate its commitment to ICD-10 and to robust [end-to-end testing](#) with providers and clearinghouses. They also noted that collaboration across groups like payers, clearinghouses, and providers will be essential to successfully testing ICD-10.

CMS Commitment to ICD-10 and Testing

Denesecia Green, acting director of the Administrative Simplification Group, assured attendees that CMS is committed to ICD-10, including Medicare testing with providers and clearinghouses. She emphasized that CMS Medicare testing plans have been postponed—not canceled—saying “There *will* be testing.” To help mitigate risks around the ICD-10 transition, CMS is regularly bringing together payers, software/IT vendors, clearinghouses, and providers to collaborate on sharing best practices and overcoming challenges.

Representing Medicare fee-for-service (FFS), John Evangelist shared details about

the [Medicare acknowledgment testing](#) that took place March 3-7. He noted that testers submitted more than 127,000 claims with ICD-10 codes to the Medicare FFS claims systems and received electronic acknowledgements confirming that their claims were accepted.

Approximately 2,600 participating providers, suppliers, billing companies, and clearinghouses participated in the testing week, representing about five percent of all submitters. Clearinghouses that submit claims on behalf of providers comprised the largest group of testers, submitting 50 percent of all test claims. Other testers included large and small physician practices, large and small hospitals, labs, ambulatory surgical centers, dialysis facilities, home health providers, and ambulance providers.

Nationally, CMS accepted 89 percent of the test claims, with some regions reporting acceptance rates as high as 99 percent. The normal FFS Medicare claims acceptance rates average 95-98 percent. Testing did not identify any issues with the Medicare FFS claims systems.

AAPC Study of Transition Costs

Rhonda Buckholtz, [AAPC](#) vice president for ICD-10 training and education, also testified to the ICD-10 panel about results from a study that her organization conducted of its members and others in the health care community. Among AAPC's findings: ICD-10 transition costs were lower than previously estimated in other studies—an average of \$1,600 per provider.

Of the 5,000 AAPC clients that responded via phone or online, 220 answered a question about their actual investment in ICD-10—a question that Ms. Buckholtz noted could be answered only by those who were “truly ready.” Respondents were asked to answer the question based on how much their vendors charged, how much they spent on education, and how much they spent on consultants. (These actual costs do not include staff time spent on training and education.)

Here's how the costs broke down by practice size:

- Small practices (fewer than 10 providers) = \$750 per provider
- Medium practices (10 – 49 providers) = \$575 per provider
- Large practices (50 or more providers) = \$3,500 per provider

The costs do not account for additional expenses that may be incurred as a result of legislation delaying the ICD-10 compliance date.

If additional studies help to confirm that AAPC's results reflect the actual costs for the

transition to ICD-10 for diagnosis coding, it could alleviate concerns providers have expressed about costs.

Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



Questions? [Contact Us](#)

Stay Connected:



Subscriber Services: [Manage Preferences](#) | [Unsubscribe](#)

This service is provided to you by the [Office of E-Health Standards & Services, ICD-10.](#)

