

MEDICAL EDITOR

Kenneth G. Adler, MD, MMM

EXECUTIVE EDITOR

Leigh Ann Backer

SENIOR EDITOR

Brandi White

ASSOCIATE EDITOR

David Twiddy

ASSISTANT MANAGING EDITOR

Lindsey Hoover

ART DIRECTOR

Christine Schneider

EDITORIAL ADVISORY BOARD

John Bachman, MD, Rochester, Minn.

Jennifer L. Brull, MD, FAAFP, Plainville, Kan.

Arnold Cuenca, DO, CAQSM, FAAFP,
Ladera Ranch, Calif.

Russell W. Kohl, MD, FAAFP, Stillwell, Kan.

Sumana Reddy, MD, FAAFP, Salinas, Calif.

Sumi Sexton, MD, Washington, D.C.

CONTRIBUTING EDITORS

Alice G. Gosfield, JD;

Cindy Hughes, CPC, CFPC; Kent J. Moore

DIRECTOR OF JOURNAL MEDIA

Stephanie Hanaway

SENIOR OPERATIONS MANAGER

Darren Sextro

ADMINISTRATIVE COORDINATOR

Marilyn Harvey

ADVERTISING BUSINESS MANAGER

John Payne

DIRECTOR OF ADVERTISING SALES

John Molluso

NATIONAL ACCOUNT MANAGER

Mickey Cotter

ADVERTISING SERVICES SPECIALISTS

Frances Clay, Linda A. Porter

ADVERTISING SALES OFFICE MANAGER

Karen O'Leary

MANAGER OF CONTENT SALES AND DISTRIBUTION

Susi Cordill

CONTENT SALES AND DISTRIBUTION STRATEGISTS

Alan Fagen, Rebecca Harp

MARKET INSIGHTS MANAGER

Tiffany M. Long

MARKET INSIGHTS SPECIALIST

Melissa Lavenbarg

PRODUCT STRATEGIST

Mary Reilly

PRODUCTION DIRECTOR

Bret Taylor

PRODUCTION GRAPHICS MANAGER

Stacey Herrmann

GRAPHIC ASSOCIATES

Bryan Colley, Debra Rodriguez

DIGITAL PRODUCTION SPECIALIST

Evan Palmer

EXECUTIVE VICE PRESIDENT

Douglas E. Henley, MD

**VICE PRESIDENT FOR JOURNAL MEDIA DIVISION
AND STRATEGIC PARTNERSHIPS**

Craig Doane

FROM THE EDITOR

ICD-10: Our Newest Documentation Dilemma

Will ICD-10 become just another reason for insurers to deny payment?

We are told that we need ICD-10 because ICD-9 isn't modern or granular enough and is running out of space. We are told that we need ICD-10 for better quality reporting, public health research, health policy planning, fraud detection, and risk adjustment for quality based payments.

That all sounds reasonable. But will the primary beneficiaries of ICD-10 turn out to be payers rather than patients? Will ICD-10 be used as just one more tool to delay or deny payment to physicians?

Our own experts – see “Getting Ready for ICD-10: How It Will Affect Your Documentation” (<http://bit.ly/1fneNQN>) by Kenneth Beckman, MD, MBA, CPE, CPC, in our November/December 2013 issue and “ICD-10: Major Differences for Five Common Diagnoses” (page 15) by Cindy Hughes, CPC, CFPC, in this issue – and many others keep warning us that ICD-10 requires more detailed and specific documentation to select and justify our diagnosis codes or we might not get paid. Some have even warned that insurers may not reimburse “unspecified” codes.

When I first read those warnings, they struck me as strange. Hospitals are often paid based on diagnosis, but family physicians are paid based on our evaluation and management (E/M) coding. An audit may reject our claims if our documentation doesn't support our E/M code, but I've yet to hear of a claim being rejected in my group because the doctor billed ICD-9 486, “Pneumonia, organism unspecified,” rather than 482.41, “Methicillin susceptible pneumonia due to Staphylococcus aureus.”

CMS's recent announcement that claims cannot be rejected during the first year for not being specific enough seems to support this fear that insurers could use ICD-10 to delay or reject claims.

Yes, in certain value-based payment situations, choosing a diagnosis code that doesn't fully capture the patient's complexity could indirectly lessen your reimbursement. But simply not getting paid for a less specific code is a different matter altogether.

There are plenty of reasons to be reasonably specific with our coding, such as better communication with other clinicians, better risk adjustment, and better population health management. But fear of not being paid should not be one of them. As physicians, we need to continue to make that point loud and clear.

Kenneth G. Adler, MD, MMM, Medical Editor

fmedit@aafp.org