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State: OH

Ohio 1st Out of the Box in ICD-10 Conversion for Comp Providers: Top [2013-08-19]

By [John P. Kamin](#), Reporter

The Ohio Bureau of Workers' Compensation is getting ahead of the rest of the nation in converting its billing system to the ICD-10 billing codes that will be mandated for group health and government health programs in 2014, but medical-billing experts say eventually providers in all of the states' comp systems will have to make the switch.

Ohio workers' compensation providers will have to abide by the federal government's mandate for new medical-billing codes sooner than workers' compensation providers in other states, because the state Bureau of Workers' Compensation's unique position as a monopolistic payer allows it to mandate use of the new codes.

When the U.S. Department of Health and Human Services first called for most medical billers and providers to use new ICD-10 medical-billing codes, the federal agency exempted state workers' compensation systems from having to comply with the rule. Despite the exception, the Ohio Bureau of Workers' Compensation decided to align itself with the rest of the health care industry by changing its billing system and requiring all workers' compensation providers to use ICD-10 as of October 2014.

Most providers now use ICD-9 codes, which stands for the International Statistical Classification of Diseases and Related Health Problems, 9th Revision. The U.S. Department of Health and Human Services called for the switch to ICD-10 codes because they cover a more expansive variety of different types of medical procedures. The federal agency had originally set Oct. 1, 2013, as the date of implementation for the ICD-10 codes, but postponed the implementation date until Oct. 1, 2014.

The BWC started working on the switch in medical coding in 2009, but the delay in the implementation effectively granted the agency another year to implement the codes.

Melissa Vince, spokesperson for the BWC, said the agency is still working on the conversion project.

"There are a number of changes underway to ensure timely and effective implementation of the ICD-10 conversion," she said. "These include system support changes, electronic data interchange updates, significant staff training, as well as robust conversion of old claims activities."

The BWC has estimated that the total cost of the project will amount to \$5 million, but Vince noted that the figure could change as the project continues.

Once complete, the change will affect millions of bills. In 2012, the BWC processed 1.8 million bills for

professional provider services, 5,100 bills for ambulatory surgical center procedures, 4,600 bills for inpatient hospital stays and 220,000 bills for outpatient hospital encounters, Vince said.

To help prepare workers' compensation providers for the eventual switch, the agency has been taking a proactive approach by sending out [bulletins](#) and notices to providers, which highlight the impending changes.

Meanwhile, other states are taking a mixed approach.

Brian Allen, vice president of government affairs for Progressive Medical, said now that the 2014 deadline is getting closer, providers and payers in workers' compensation are talking about ICD-10 codes more frequently.

"It is definitely something that people are talking about. It is on everybody's radar," he said. "I think all of them are in various states of preparation. Some states are actually mandating them – they have to be ready by a certain date. Other states are just letting it evolve as the marketplace evolves. So it is kind of a mixed bag."

Regardless of whether state regulators are requiring use of the codes on the Oct. 1, 2014, deadline, Allen said that all workers' compensation systems will eventually evolve to use the ICD-10 codes, because most workers' compensation providers also treat patients outside of the workers' compensation system.

"Even those that specialize in workers' compensation, a lot of them take other patients," he said. "They are going to have to change their practice management software to manage all those codes anyway. I am sure (work comp) is going to get swept up in the change as it occurs everywhere else."

Mark Pew, Prium's senior vice president of business development, said that providers are going to select one set of codes and stick with it.

"They have a hard enough time with all the extra paperwork of workers' compensation versus group health and Medicare," he said. "I just cannot see them going with ICD-9s for workers' compensation and ICD-10s for group health or Medicaid or Medicare patients. I think once they make the transition (to the ICD-10 coding), it will be for all patients."

On the payers' side of the billing process, Pew said that carriers with mixed lines of insurance will likely have to use ICD-10 codes for other types of insurance and will incorporate the ICD-10 codes into their workers' compensation billing systems.

"There is really no reason to bifurcate, and say work comp is handled this way, and group health and Medicare is handled that way," he said.

However, payers with single billing systems could be slower to migrate from the ICD-9 billing systems to the ICD-10 systems, simply because it will be cheaper to avoid making a change.

"As long as it is not mandatory – if you give people an out, they will take the out," Pew said. "Especially if taking action is going to require an allocation of additional dollars or resources to make that happen."

Once a carrier or provider has decided to change its billing system to an ICD-10 system, it must evaluate its billing software.

"There is a commitment that needs to be made for folks that have created their own proprietary claims system, or are using an off-the-shelf system," Pew said. Changing a proprietary claims system could require more time-intensive labor and cost than changing other types of systems, he said.

Allen pointed out that software programmers may have to "map," or link, related codes in the ICD-9 system to the codes in the ICD-10 system, to track billing and do a comparative analysis between the two billing systems. While the changes will not require any "earth-shattering" programming, Allen noted that this type of programming does require a significant amount of time and research.

Pew made a similar comment, noting that "mapping" the ICD-9 and ICD-10 codes is not always easy. The switch from ICD-9 to ICD-10 billing systems will also require significant training for doctors and nurses, he said.

"The ICD-10s are more specific and more detailed, so the nurses that have been trained on ICD-9 are going to have to be trained on how to look at codes a little bit differently," Pew said. "Obviously, doctors are going to have to be trained and their practice management systems updated to allow ICD-10."

Once the ICD-10 codes are being used by most billing systems, Allen said that he believes that more detailed codes will help cut costs out of the system. The detailed codes will allow cost-containment companies and payers to develop more specific data about patient outcomes, as related to specific billing codes.

"I think we are going to get better and smarter on how we manage this care and keep it in a place where we can manage the costs, get better outcomes and get people back to work," Allen said.

Pew agreed that the increased specificity of those codes is "a great idea" that could help payers make better decisions. However, he pointed out that the use of the ICD-10 codes will still be subject to human error.

"A lot of it comes into the human component," he said. "With ICD-9s or ICD-10s, you do not get one by pushing a stethoscope up against a guy's chest and there's an LED readout on the stethoscope of (the billing code). It is still the interpretation of the doctor in picking out what he thinks is the most appropriate one. As long as you have got that, despite all the benefits of ICD-10, there still could be holes that do not give you the level of detail that you would prefer."