

Impact of the ICD-10 transition on Urologists

The New ICD-10 codes contain many areas of specificity which are to come in use for certain specialties only. These areas of specificity include details like laterality, etiology, location, severity, sequence of visits etc. However, it should be borne in mind that not all conditions need these levels of specificity.

In urology coding, specifically, correct codes need to be entered especially in which laterality now plays a part when dealing with benign and malignant genital and urinary neoplasms (kidney, renal pelvis, ureter and testicle) and renal trauma (contusion and laceration). The new coding will impact both clinical documentation and the coding process. Thus, there is no way a coder or biller can choose the correct code without proper documentation, which is needed to support the level of service being reported. Moreover, some codes are included and can never be unbundled, especially for urology procedure coding, or when coding for instillation based on type of drug, as charges here can be applied separately for the drugs that are instilled. So without proper documentation and knowing which codes should be used where, the urologist can either lose revenue due to delays from the payer side or increase his revenues if codes are correctly entered and thereby billed for.

With the new coding structure, urology billing and coding service will undergo some changes. The impact on urology practices will be:

- Increased time for documentation- it is estimated to rise by 69%
- Increase in fixed costs for software and hardware upgrades
- Increase in staff to handle documentation , especially the electronic medical records that will be in the offing by Insurers going for digital records
- Decreased revenue stream in the initial phases
- Significant delay from payers who need to also now learn and be aware of the entire set of ICD-10 codes

Further, with a change in the revenue models initiated with the change in healthcare reforms especially with the Affordable Care Act, which has brought in the uninsured and whose focus is now on quality care and efficiency, the revenue reimbursement models for [Urology medical coding and billing](#) are seen to be transitioning from volume-based to value-based. An increase in primary care funding is being seen as affecting the specialists and thereby lowering the cost per service. Value to the patient is now of prime importance.

According to UrologyTimes.com, just 36% of urology practices have initiated change into overseeing the transition from ICD-9 to ICD 10. If you are one of this statistics, then the road up ahead is manageable. But keeping a reserve of funds as cushion for the initial loss is advisable.