ICD-10 IS HERE
NOW WHAT??

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A squirrel bit you where????? I can code that!
ICD-10 CHALLENGES

- Physicians are not coders!
  - Physicians are trained to:
    - 1- Evaluate patients
    - 2- Document medical issues
    - 3- Determine diagnosis
    - 4- Discuss treatment options
    - 5- Treat patients based on presented data
1. Medical record documentation must include all pertinent data for coding purposes.

2. Establish a policy to indicate when a coder/biller should generate a physician query, such as when documentation needs to be clarified.

3. Use a “Query Form” instead of scrap paper to document the coder’s question.

4. Determine if the “Query Form” will be a part of the patient’s record and Physician’s documentation.
PHYSICIAN QUERY FORM

- PATIENT
  NAME: ___________________________ DATE: __________________

- PATIENT
  NUMBER: ________________________ CODER: ________________________

- DATE OF SERVICE: ___________ PROVIDER: ________________________

- The diagnosis or procedure of ____________________________ requires more specific information in order to assign the most accurate and complete code.

- ______________________________________________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________

- Please answer the following question: ______________________
- ______________________________________________________
- ______________________________________________________
- ______________________________________________________

- If appropriate, please amend the patient’s medical record to reflect the above response.
Coding Challenges

1. We all are aware that the transition from ICD-9 (14,432 codes) to ICD-10 (69,368 codes) is significant and managing this has been and will continue to be a huge undertaking.


3. ICD-10 offers substantial improvement over ICD-9 in diagnosing the patient’s condition.

4. Cheat sheets used by coders/billers will no longer be useful in saving time. A cross walk for your coder will be helpful for some offices.
EXAMPLE-1

A one year old girl injured her hand while playing, banging on pots and pans in the floor of the kitchen last evening. The child slept good last night. Today her left hand is somewhat swollen and painful to touch. X-ray was taken and is negative for fracture. I treated her with a slight, ice and elevation. She will be rechecked as needed and left the office in good condition.
ICD-9 VS ICD-10

**ICD-9:**
- 729.81- swelling of limb
- 729.5-limb pain
- E971.9-striking object without a fall

**ICD-10:**
- M79.89-soft tissue disorder
- M79.641-pain in right hand
- W22.8xxA-struck by object, initial encounter
- Y92.010-kitchen of single house
EXAMPLE -2

A male smoker diagnosed with CHF due to HTN.

ICD-9: 401.9 unspecified HTN
        428.9-CHF NOS
        V15.82- history of tobacco use

ICD-10: I11.0-HTN with heart disease
        I50.9-CHF
        Z72.0-History of tobacco use
        history of tobacco dependence (Z87.891)
        nicotine dependence (F17.2-)
        tobacco use during pregnancy (O99.33-)
        tobacco dependence (F17.2-)
Challenges continued……

- 5. Payers struggle with processing during this transition.
- 6. Increase in insurance claims being denied or paid inappropriately.
- 7. Labor intense hours working denials and resubmitting denied claims.
- 8. Physician productivity decreased due to new documentation requirements.
Challenges continued…….

9. Staff and physicians spending additional time querying for additional documentation.
10. Office work flow will be impacted significantly!
11. Without the use of a “computer assisted code search tool” office coders/billers will struggle to code appropriately.
Challenges continued......

12. Your Superbill format will no longer accommodate all of the ICD-10 code information needed to process claims.

13. What changes have you implemented to your superbill or front desk work flow to be ICD-10 efficient?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
In closing........

- ICD-10 implementation has effected every aspect of Health Care. Complete and detailed documentation provides accurate care of patients, and delivers quality information to the payers. Claims will not process efficiently without complete and thorough documentation.

- We challenge you to embrace these changes, develop a good process to communicate with your provider. You need to work as a team so that claims will continue to be paid in a timely manner.
Thank you for your time!

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