Dermatology Coding Alert

ICD-10: Check If You Are All Set to Implement ICD-10

Gear up for the fast approaching change with these 4 steps.

Oct. 1 will bring the challenge of ICD-10 for your practice. You need to prepare your practice to efficiently meet this transition period. Here are three key areas where you can work to prevent your practice from being drained.

Step 1: Rework Your Approach to Documentation

Old habits die hard, as the old adage says, even in the coding world. The single biggest challenge in the transition to ICD-10 may come not from the coding perspective as much as from providing the requisite documentation.

"The granularity of ICD-10 will require more descriptive documentation to allow for matching to the right diagnostic code," says **Gregory Przybylski, MD**, director of neurosurgery at the New Jersey Neuroscience Institute, JFK Medical Center, Edison.

Providers might be able to have less than stellar documentation for ICD-9 coding, but that won't be the case with ICD-10. Code descriptions will be much more detailed, so start working with your providers now to accurately document procedures and services so as to match the future code descriptions. You need not wait until the new codes are in place to practice better documentation; start adapting to the new documentation style now and it will feel like the transition battle is halfway won.

Step 2: Focus on Your Top Codes

The sheer numbers of codes in ICD-10 can be enough to worry any coder or provider. The diagnosis code hierarchy has neurological conditions on the top, followed by structural, functional and soft tissue pathologies.

"You should report the most descriptive and specific diagnostic code(s) when several related diagnoses may be applicable," Przybylski says.

"Most systems will let you run a report of your most frequently used codes. This is a great way to determine which codes you use," says **Elizabeth Earhart, CPC**, with Godshall Chiropractic in Millersville, PA. "I also review the code set list for Medicare and make sure I am paying attention to the hierarchy of codes. Coding to the highest specificity now will make it easier for the transition."

Good news: CMS is now providing a list of ICD-10 codes that are medically necessary in conjunction with appropriate CPT® codes in the Local Coverage Determination (LCD) data available.

Next steps: Use the general equivalence mappings (GEMs) written by the National Center for Health Statistics (NCHS) as the starting point for crosswalking the ICD-9 codes to their ICD-10 equivalents. However, remember that GEMs provide only approximations and that other; more specific diagnoses might apply in a specific situation.

"I personally do not like using GEMs because it does not always recognize the best codes or gives you several to choose from," admits Earhart. "I actually created my own cheat sheet linking the codes that apply using the list of codes we use the most."

That means use the information you collect to create your very own crosswalk knowledgebase for the most frequently used codes in your practice.

"Practices should closely examine their high volume services relative to changes in procedure coding," says **Duane C.**

Abbey, PhD, president of Abbey and Abbey Consultants Inc., in Ames, IA. "Computer reports can identify high volume areas and then the coding changes can be assessed along with possible increased documentation requirements. By focusing on high volume, and generally high dollar, areas both coding and the supporting documentation can be addressed in a focused manner through increased training."

Reality check: You will need to prioritize by determining the most common codes for your practice. Your coding team might need to divide into smaller groups to focus time on specific diagnosis or procedures, depending on how extensive your list is.

"Fortunately, most physicians use a manageable number of diagnostic codes in caring for patients, so the initial focus should be on learning the crosswalks for the most commonly used," Przybylski says.

Step 3: Analyze Your Inefficiencies

It is said that a chain is only as strong as its weakest link. Now is the perfect time for facilities to analyze inefficiencies that thwart current performance levels ⬚ and strengthen your billing and reimbursement process chain. Abbey recommends that you ask questions such as:

- What are the top reasons you receive denials?
- Does your practice have a strategy to reduce denials?
- How do you address medical necessity issues?
- How frequently must physicians be queried for additional information?
- Is documentation provided in a timely fashion?

Final takeaway: Even the smallest inefficiencies can multiply, having an exponential effect on productivity slowdown. The more you can begin addressing areas now, the sooner your productivity levels will return to normal under ICD-10.

"Some EMR software has already been loaded with ICD-10 codes, allowing you to see both the old and new version(s) of the diagnoses. This can provide a great opportunity to become familiar with the crosswalks," Przybylski says.