Dermatology Coding Alert

Reader Question: Cheat Sheets Are Just a Starting Point

Question: We have been training our new dermatologists to use the superbills we printed with our most common ICD-10 codes on it, but we've discovered that the doctors are limiting themselves to those diagnoses only. Is it a bad idea to keep the most common diagnoses on the superbill like we have been?

South Dakota Subscriber

Answer: Not necessarily -- but although shortcut "cheat sheets" can be extremely helpful for your practice, don't stop there when you find the right code group for your patient's condition. Consulting the alphabetical index, the tabular index and the procedural codes in the ICD-10 manual will ensure that you comply with coding requirements. Always use both the alphabetical as well as the tabular index of the manual when looking for a code.

For example: Suppose your patient has a laceration of the eyelid. You quickly flip to the index of your ICD-10 manual and find "Laceration, eyelid" connected to code S01.11 for lacerations without a foreign body or S01.12 when a foreign body is present. If you simply put one of these codes on your shortcut sheet ⬜ or worse yet, on a claim ⬜ you will be facing denials. Why? Because these codes are followed with a check mark icon, which means that an additional character is required.

The only way to code the eyelid laceration properly is to flip to the tabular list in the back of the ICD-10 manual. Under the listing for S01.11 (Laceration without foreign body of eyelid and periocular area), you'll find three subsequent entries referring to the right eye (S01.121), the left eye (S01.122) or unspecified eye (S01.129). The same options are available for the S01.12 series. This illustrates how essential it is to use not just your cheat sheets but also each section of the ICD-10 manual.