

# Optometry Coding & Billing Alert

## ICD-10: Prepare for ICD-10 Conversion With 2 Simple Tips

### Know your anatomy and physiology if you want a quick transition.

It's not too early to start educating yourself about ICD-10 implementation (Oct. 1, 2013), but don't spend your time trying to memorize code sets.

That was the advice **Rhonda Buckholtz, CPC, CPMA, CPC-I, CENTC, CGSC, COBGC, CPEDC**, shared with attendees at the AAPC's regional conference in Nashville Sept. 7-9. Buckholtz is vice president of ICD-10 education and training at AAPC and led a general session at the conference entitled "ICD-10: What You Need to Know."

"It's too soon to learn code sets, plus there's not much sense in learning them right now because final codes won't go into play until later," Buckholtz said. "It's not a bad idea to start looking at how some of your common diagnoses will change, but you really don't need to start memorizing things."

Buckholtz's advice is consistent with what CMS spokespeople shared during their recent call, "ICD-10 Implementation Strategies for Physicians."

"Most practitioners probably don't know many ICD-9 codes by heart, so they won't be expected to memorize ICD-10 codes either," said **Daniel Duvall, MD**, medical officer with CMS's Hospital and Ambulatory Policy Group, during the CMS call earlier this year.

### Step 1: Focus on Foundations

Duvall recommended that physicians prepare for ICD-10 by looking at the ICD-9 codes they use most frequently in their offices and creating new job aids or superbills for those diagnoses. "Pick the top 30 diagnoses you see and concentrate on knowing how to code those appropriately," he said.

Example: Common diagnoses for optometrists might include glaucoma (365.xx), refractive errors (367.xx), or eye pain (379.91).

"Every form will need updating," Buckholtz said. "If you really want to see the impact of ICD-10, take one of your most frequent diagnosis codes and follow it through your entire practice/system. See where it comes into play to help check everything you'll need to update."

### Step 2: Brush Up On A&P Knowledge

Buckholtz said a coder's top focus should be on anatomy and physiology (A&P). "Coders will need a good understanding of so many A&P nuances with ICD-10," she said. "Work on skill sets to get to that level of specificity so you can read your physician's documentation and pull the details you need instead of stopping the physician to ask him all the time."

Many ICD-10 codes will be more detailed than their ICD-9 counterparts, which is why adequate A&P knowledge will help coders. For example, Buckholtz said coders will need a good understanding of bones and different types of fractures with ICD-10. New diabetes codes will explain underlying manifestations but will no longer include controlled/uncontrolled options. Neoplasm choices will expand by site (including 54 codes for male/female malignant neoplasm of breast, for example).

A&P knowledge, however, won't compensate for poor documentation. "Physicians should take the opportunity to improve their documentation skills," Duvall said. "As there are more opportunities for coders to pick from a list, they're going to be coming back to physicians early on to say 'Wait, I need more definition to help me pick A or B.'"



"Coders need to realize that physicians don't document for coding," Buckholtz said. "They document for health care. Things that weren't on their radar as important before will need to be important now. It's a great time for coders to step out of their comfort zones and learn new things, even if they're not responsible for training or implementation."