

# Chiropractic Coding & Compliance Alert

## ICD-10 Update: Pick Up the Threads and Cast a Net on Your ICD-10 Worries

**Boost your preparations with these 5 strategic tips.**

All set for ICD-10 on October 1? It's a good idea to have processes in place and make sure your practice or organization isn't caught off guard. Time now to gather your ICD-10 team and take stock of the situation. Here is a lowdown on the five most empirical things that you must be doing right now.

### 1. Fine Tune Your Software

Check your software. While your EMR (electronic medical record) vendor may say they're ready for ICD-10, check carefully.

- Are processes like dual coding (offering a corresponding ICD-10 code for an ICD-9 code) in place?
- Do your report parameters include ICD-10 options?
- Are the referral forms for hospitals, ancillary testing, and other physicians ICD-10 ready?.
- Review your EMR's interface with your clearinghouse and make sure the new code set will flow properly amongst them.

"Make sure your EMR is on the certified list and has done the necessary testing with the payers and CMS," says **Elizabeth Earhart, CPC**, with Godshall Chiropractic in Millersville, PA. "Some say they have tested the software but have they tested it through the payers?"

**Here's a dual coding tip:** If the ICD-9 code was non-specific, then ideally, the ICD-10 code should be unspecific too, if the EMR does an automated translation.

### 2. Prime What Your Payers Preach

Learn from your payers. Make a list of all the payers to whom you send claims. Contact them to know whether they have started testing ICD-10 claims, and whether they are permitting the providers to send in test claims. If yes, seize the opportunity. Even if you send them a few test claims, the learning would go a long way.

"We participate with several of our payer's webinars regarding the switch to ICD-10 to see where they are at and where they expect us to be at," reveals Earhart. "It also gives us insight into what they expect from our end as far as level of codes, proper documentation, etc."

Also, do not forget to take a closer look at your payer contracts. Certain payers have "ICD 10 clauses" where they can deny a payment based on various factors including lack of specificity of the code. Also, simultaneously, check the contract if it's due for renewal.

### 3. Focus on Your Top Codes

The sheer number of codes in ICD-10 and ICD-10-PCS can be enough to worry any coder or administrator. Use the remaining months before implementation to cull through codes and determine which you'll use most often. Create your own ready reckoner having your most-used diagnoses. Take those codes one at a time and then work out a list of ICD-10 equivalents, taking care of the increased specificity of codes with ICD-10, and start integrating them into your EMR.

You may want to synchronize your thought process along with your EMR vendor and create an appropriate diagnosis list

for your practice.

#### **4. Take the Training While There Is Time**

Identify the areas in which you feel you require training. Plan on having specialty-specific training and practice enough to feel confident about the new codes before October 1.

"All staff should have some exposure to the new codes," stresses Earhart. "In my office, it helps that the front desk people who check in and check out the patient know a bit to recognize if the diagnosis being changed by the doctor is the result of a new injury, subsequent visit, or final visit."

She explains further that, "I have worked on a 'top 100 codes' list for our office and am getting those people to recognize them. It also helps for them to know so that they charge correctly at checkout if there should be an office visit involved and not just the adjustment codes."

**Good news:** Most medical societies, specialty societies, hospitals, and other organizations have customized training available to cater to the specific needs of providers.

Do not forget to communicate with each payer's provider representative, to know if he can offer some guidance. This way, you can learn about your payer's inclination and also take the pulse of the payer's coding and documentation expectations.

#### **5. Save for the Rainy Day**

It always pays to have a contingency plan ready to fall back on. The aim of the Plan B would be: Maximize your cash reserves. No matter how much you plan and prepare, there could always be unforeseen circumstances to challenge you when the deadline rolls by.

One way to do this would be to work on winding up the pending accounts receivable or reducing them as much as possible by October 1.

The next wise thing to do would be to slip in as many claims as possible in the ICD-9 format, while it's still in use. File claims quickly and reduce your number of unfiled claims to as few as possible by October 1.

"Smaller offices may only bill monthly," notes Earhart. "I bill weekly in ours and have actually stepped it up to billing daily with some payers so that I can get a quick return."