ICD-10: Supporting you Over the Hurdles

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Overview

• ICD-10 fundamentals and navigation
• Diagnosis coding guidelines review
• ICD-10 code selection strategies
• Documentation improvement
• Implementation in ten minutes per week

Note: ICD-10-PCS are procedure codes which replace ICD-9-CM volume 3. They are used for inpatient hospital facility billing only and not discussed in this workshop.
Myth or Fact?

- The date will be delayed  Myth
- Worker’s comp and auto insurance can still use ICD-9  Fact
- The volume of codes make ICD-10 cumbersome  Myth
  Documentation will take much longer  Myth (or Fact)
- ICD-10 is already out of date  Myth
- ICD-10 will replace CPT  Myth


ICD-9 and ICD-10 differences

ICD-9

ICD-10
ICD-9 and ICD-10 differences

<table>
<thead>
<tr>
<th>Feature</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Codes</td>
<td>About 14,000</td>
<td>About 68,000</td>
</tr>
<tr>
<td>Number of characters</td>
<td>• 3-5 characters in length</td>
<td>• 3-7 characters in length</td>
</tr>
<tr>
<td></td>
<td>• Characters are all numeric (or E or V)</td>
<td>• Character 1 is alpha</td>
</tr>
<tr>
<td></td>
<td>• Decimal is used after 3 characters</td>
<td>• Character 2 is numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Decimal is used after 3 characters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Some codes use “x” for characters 4-6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Character 7 used in certain chapters</td>
</tr>
<tr>
<td>Number of chapters</td>
<td>17 chapters (plus E and V)</td>
<td>21 chapters</td>
</tr>
</tbody>
</table>

ICD-9 and ICD-10 similarities

I. Official Guidelines (about 30 pages)
   II. Indexes (about 350 pages)
      i. Diseases and Injuries
         i. Neoplasms
      ii. Drugs and Chemicals
      iii. External Causes
ICD-9 and ICD-10 similarities

I. Official Guidelines (about 30 pages)
II. Indexes (about 420 pages)
   i. Diseases and Injuries
   ii. Neoplasms
   iii. Drugs and Chemicals
   iv. External Causes

ICD-9 and ICD-10 similarities

III. Tabular list (340 pages)
   1. Infectious Diseases
   2. Neoplasms
   3. Endocrine
   4. Blood
   5. Mental
   6. Nervous
   7. Circulatory
   8. Respiratory
   9. Digestive
   10. Genitourinary
   11. Pregnancy
   12. Skin
   13. Musculoskeletal
   14. Congenital malformations
   15. Perinatal
   16. Signs and Symptoms
   17. Injuries and Poisoning
   E-codes. External Causes
   V-codes. Health Status
III. Tabular list  
(660 pages) 
1. Infectious  
   Diseases  
2. Neoplasms  
3. Blood  
4. Endocrine  
5. Mental  
6. Nervous  
7. Eye  
8. Ear  
9. Circulatory  
10. Respiratory  
11. Digestive  
12. Skin  
13. Musculoskeletal  
14. Genitourinary  
15. Pregnancy  
16. Perinatal  
17. Congenital  
   malformations  
18. Signs and  
   Symptoms  
19. Injuries and  
   Poisoning  
20. External Causes  
21. Health Status  

ChiroCode Complete and Easy  
ICD-10 Coding for Chiropractic  

Pages 1-43: Complete guide to understanding ICD-10-CM coding  
Pages 44-56: Commonly Used Codes*  
Pages 57-134: Code Map (GEMs)*  
Pages 135-454: Tabular list (abridged)  
Pages 455-472: Alphabetic Index*  
Pages 473-511: Coding Guidelines  

*We’ll discuss these at length later
Tabular list layout

- Chapter
  - 21 of them from A to Z
- Block
  - Ranges of categories
- Categories
  - 3 characters
- Subcategories
  - 4th or 5th characters
- Codes
  - 6th or 7th characters

Note: Codes may be complete with fewer than 6 characters. Some codes only have 3.

Drawbacks of ICD-9

- Too old
- Many sections are full and cannot be expanded
- Not descriptive enough
- Not able to accurately reflect advances in medical knowledge or technology
- Will not meet healthcare needs of the future
Benefits of ICD-10

Improved efficiencies and lowered administrative costs
• Fewer rejected and improper reimbursement claims
• Decreased demand for submission of medical record documentation
• Increased use of automated tools to facilitate the coding process
• Fewer coding errors
• Increased productivity
• Reduced labor costs

Benefits of ICD-10

• Greater specificity can be achieved because the codes are:
  o alphanumeric
  o up to seven characters long
Benefits of ICD-10

<table>
<thead>
<tr>
<th>Feature</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion</td>
<td>Very limited</td>
<td>Expandable without a structural change</td>
</tr>
<tr>
<td>Detail</td>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Laterality</td>
<td>Lacks laterality</td>
<td>Includes laterality when appropriate</td>
</tr>
<tr>
<td>Encounters</td>
<td>Encounters are not defined</td>
<td>Initial and subsequent encounters are defined</td>
</tr>
<tr>
<td>Combination Codes</td>
<td>Combination codes are limited</td>
<td>Combination codes are frequent</td>
</tr>
</tbody>
</table>

ICD-10 examples

ICD-10-CM code for *chronic gout due to renal impairment, left shoulder, without tophus*.

Note: there are 11 gout codes in ICD-9 and 365 in ICD-10.
ICD-10 examples

Kissing Spine

<table>
<thead>
<tr>
<th>In ICD-9 (alphabetical index)</th>
<th>In ICD-10 (tabular list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>Kissing Spine, unspecified M48.20</td>
</tr>
<tr>
<td>Osteophyte</td>
<td>Occipito-atlanto region M48.21</td>
</tr>
<tr>
<td>Spine</td>
<td>Cervical region M48.22</td>
</tr>
<tr>
<td>Vertebra</td>
<td>Cervicothoracic region M48.23</td>
</tr>
<tr>
<td></td>
<td>Thoracic region M48.24</td>
</tr>
<tr>
<td></td>
<td>Thoracolumbar region M48.25</td>
</tr>
<tr>
<td></td>
<td>Lumbar region M48.26</td>
</tr>
<tr>
<td></td>
<td>Lumbosacral region M48.27</td>
</tr>
</tbody>
</table>

ICD-10 examples

Migraines (see G43. _ _ _)

44 choices available for migraines

- Documentation must include:
  - With or without aura
  - Intractable or not intractable
  - With or without status migrainosus
  - Persistent or chronic
  - With or without vomiting
  - With or without ophthalmoplegic, menstrual, etc
  - Induced by ICD-10 training

G43.709 Chronic migraine without aura, not intractable, without status migrainosus

G44 includes cluster, vascular, tension-type, post-traumatic, drug-induced, and many other types of headaches
ICD-10 Guidelines for DCs

1. **Conventions**
   (appendix, section I.A)
2. **General Coding Guidelines**
   (appendix, section I.B)
3. **Chapter Specific Coding Guidelines**
   (appendix, section 1.C)
4. **The Tabular List**  **takes precedence**
   (in-column instructions)

---

ICD-10 Conventions

**NEC** “Not elsewhere classified”
Used when the information in the medical record provides detail for which a specific code does not exist
example:  
739 Nonallopathic lesions, NEC  
M99 Biomechanical lesions, NEC

**NOS** “Not otherwise specified” or “unspecified”
Used when the information in the medical record is insufficient to assign a more specific code.
example:  
784.0 Pain in head, NOS  
R51 Facial Pain, NOS
ICD-10 Conventions

“Includes”
This note appears immediately under a three-digit code title to further define, clarify, or give examples of the content of a code category.

“And”
The word “and” should be interpreted to mean either “and” or “or” when it appears in a title... “either or”

ICD-10 Conventions

“Excludes”

***Different in ICD-10***

Excludes1 – is used when two conditions cannot occur together or “NOT CODED HERE!” Mutually exclusive codes; two conditions that cannot be reported together.

Excludes2 – indicates “NOT INCLUDED HERE.” Although the excluded condition is not part of the condition, it is excluded from, a patient may have both conditions at the same time. The excluded code and the code above the excludes can be used together if the documentation supports them.
"Excludes"

**Excludes1** – consider these codes *instead*
(you can only use 1)
(mutually exclusive)

**Excludes2** – consider
these codes *in addition*
(you may use 2 or more)
(Not included)

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"Code First/Use additional code"

Provides instructions on how to "sequence" the codes. Signals that an additional code should be reported to provide a more complete picture of the diagnosis. i.e. etiology/cause first, then manifestation.

"Code Also"

Alerts the coder that more than one code may be required to fully describe the condition. The sequencing of the codes depends on the severity and/or the reason for the encounter.
ICD-10 Conventions

“With/without”

• “with” means “associated with” or “due to”
• default is always “without”
• Four or Five character codes:
  o 0=without
  o 1=with
• Six character code:
  o 1=with
  o 9=without

ICD-10 Guidelines for DCs

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   (appendix, section I.A)
2. General Coding Guidelines
   (appendix, section I.B)
3. Chapter Specific Coding Guidelines
   (appendix, section I.C)
4. The Tabular List **takes precedence
   (in-column instructions)
General Coding Guidelines

(see appendix)

- Code to the highest level of specificity (i.e. up to five digits in ICD-9, seven in ICD-10) *(section I.B.3)*
- “List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for the encounter/visit shown in the medical record to be chiefly responsible for the services provided.” *(section IV.H)*

- “Code signs and symptoms when a related definitive diagnosis has not been established (confirmed) by the provider” *(section I.B.6)*
  - mostly 780-799 in ICD-9
  - R00 to R99 in ICD-10

- Example: **R45.2 Unhappiness**
General Coding Guidelines

• “Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes” (section I.B.7)
  • Example: R68.84 Jaw pain would not be coded with
    o M26.62 temporomandibular joint arthralgia
• “Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.” (section I.B.8)
  • Example: R11.0 Nausea and
    o S13.4xxA Sprain of ligaments of the cervical spine

General Coding Guidelines

“Do not code diagnoses documented as ‘probable’, ‘suspected’, ‘questionable’, ‘rule out’, or ‘working diagnosis’ or other similar terms indicating uncertainty.” (section IV.I)
“Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.” *(section IV.K)*

*Diabetes? Pregnancy? Cancer?*

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**General Coding Guidelines**

- The acute condition should always be listed before the chronic condition if both are present.

- **Look up** J01.00 *Acute maxillary sinusitis, unspecified*
  - Note the Excludes2 note for J32.0 *chronic maxillary sinusitis*
A combination code is a single code used to classify:

- Two diagnoses, or
- A diagnosis with an associated secondary process (manifestation)
- A diagnosis with an associated complication

General Coding Guidelines

- If the condition is bilateral and there is no bilateral code, then you have to list the left and right code separately.
- Sixth character (usually)
  - 1=right
  - 2=left
- List unspecified if laterality is not described
Placeholder “x” character
ICD-10-CM utilizes a placeholder character “x” in positions 4, 5, and/or 6 in certain codes to allow for future expansion.

7th Characters
Certain ICD-10-CM categories have applicable 7th characters. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder “x” must be used to fill in the empty characters.

General Coding Guidelines

Sequela (late effects)

• Residual effect after the acute phase of an illness or injury has terminated
  o Example: paralysis after cerebral infarction
• Code first the condition being treated, and second the illness or injury that led to it.
• Never code the acute phase of the illness or injury with a sequela
General Coding Guidelines

The seventh character (encounter):

- **A** – initial encounter, while patient is receiving active treatment such as surgery, ER, or evaluation and treatment by a new physician
- **D** – subsequent encounter, routine care during the healing or recovery phase, such as cast change, medication adjustment, aftercare and follow up
- **S** – sequela, complications or conditions that arise as a direct result of a condition, (perhaps degenerative disc disease a year after a neck sprain?). Sequela code (i.e. DDD) is first, then the injury code with the “S” on the end.

**General Coding Guidelines**

The seventh character (encounter):

**Which character is correct?**
- Is the patient receiving active treatment?
- Is the patient in the middle of an active treatment plan?
- Has the patient’s condition stabilized?
- Is the patient receiving supportive care?
- Is the patient in a healing or recovery phase?
- Is the patient being treated for a complication that is the direct result of some other condition?
General Coding Guidelines

- An unspecified code should be reported only when it is the code that most accurately reflects what is known about the patient’s condition at the time of that particular encounter.

  *Note: payers are likely to deny unspecified codes*

- It is inappropriate to select a specific code that is not supported by the health record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code.

ICD-10 Guidelines for DCs

1. Conventions
   (appendix, section I.A)
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   (appendix, section 1.C)
4. The Tabular List **takes precedence**
   (in-column instructions)
Chapter Specific Guidelines

ICD-10

Tabular list
1. Infectious Diseases
2. Neoplasms
3. Blood
4. Endocrine
5. Mental
6. Nervous
7. Eye
8. Ear
9. Circulatory
10. Respiratory
11. Digestive
12. Skin
13. Musculoskeletal
14. Genitourinary
15. Pregnancy
16. Perinatal
17. Congenital malformations
18. Signs and Symptoms
19. Injuries and Poisoning
20. External Causes
21. Health Status

Chapter 6: Guidelines for diseases of the nervous system (G00 – G99)

Pain (G89 pain, not elsewhere classified)
- For generalized acute, chronic, post-thoracotomy, post-procedural, or neoplasm related.
- Localized pain codes are found in other chapters (i.e. M54.9, back pain)
- G89 can be the principal diagnosis when it is reason for visit
Chapter Specific Guidelines

Chapter 13: Guidelines for diseases of the musculoskeletal system and connective tissue (M00 – M99)

Site & laterality
• Site represents the bone, muscle, or joint involved
• Bone conditions occurring in a joint are classified by the bone involved, not the joint
• If a “multiple sites” code is available, use it instead of listing several sites individually

Acute traumatic versus chronic recurrent
• In general acute injury should be coded from chapter 19, recurrent or chronic conditions are coded from chapter 13

Chapter Specific Guidelines

Chapter 18: Guidelines for symptom, signs, and abnormal clinical findings, not elsewhere classified (R00 – R99)
• Acceptable when a definitive diagnosis has not been established by the provider
• With a definitive diagnosis only when the symptom is not routinely associated with the diagnosis
• Don't code the symptom separately when it is mentioned in a combination code
Chapter Specific Guidelines

Chapter 19: Guidelines for injury, poisoning, and certain other consequences of external causes (S00 – T88)

Injuries
- Code most serious injury first
- Superficial injuries are not coded with more serious injuries at the same site (such as contusions)
- Primary injury is first, then code for minor injury to nerves and blood vessels

Chapter Specific Guidelines

Chapter 20: Guidelines for external causes of morbidity (V, W, X, and Y)

Never sequenced first
Provide data about cause, intent, place, activity, or status of the accident or patient
No national requirement to use these codes, but voluntary reporting is encouraged

Y92 Place of occurrence should be listed after other codes, used only once at initial encounter, in conjunction with Y93

Y93 Activity code should be used only once, at initial encounter
Finding the ICD-10 code

ICD-10

ICD-9

Approximate Matches

Combinations

Exact Match

Scenarios

Reverse Matches

Medicare LCD for ICD-9

Short term
- 306, 339, 784 Headaches
- 718 Contracture
- 721 Spondylosis
- 723-724 Back Pain

Moderate term
- 353 Root lesions
- 720 Enthesiopathy
- 722 Unspecified disc disorders
- 723 Other cervical disorders
- 724 Stenosis
- 729 Myalgia
- 738, 756 Spinalolisthesis
- 846-7 Sprains

Long term
- 721 Traumatic Spondylosis
- 722 Degeneration, displaced discs
- 724 Sciatica
Medicare LCD for ICD-10

Short term
- G44 Headaches
- M24.5 Contracture
- M47 Spondylosis
- M48 DISH
- M54 Dorsalgia

Moderate term
- G54 Nerve root and plexus disorders
- M43 Spondylolisthesis
- M46 Spinal enthesiopathy
- M48 Spinal Stenosis
- M50, M51 Disc disorders
- M53 Other dorsoapathies, NEC
- M54 Radiculopathies
- M60 Myositis
- M62 Spasm of back
- M79 Myalgia
- M99 Other biomechanical lesions

Long term
- M48 Traumatic spondylopathies
- M50 DDD
- M51 Disc displacement
- M54 Sciatica
- M96 Postlaminectomy

Note: These are only categories. To find the complete list, contact your CMS contractor or check the “Medicare Coverage Database”

Finding the ICD-10 code

Three methods using the ChiroCode ICD-10 book:
1. Commonly used code list (but don’t stop there!)
2. GEMs code map (don’t stop here either!)
3. Alphabetic index (still not safe!)

Always confirm the code using the tabular list
1. Common Codes
pages 44-56

2. GEMs

General Equivalence Mappings (GEMs)
- Created by the National Center for Health Statistics, part of the CDC
- Forward maps from ICD-9 to ICD-10
- Backward maps from ICD-10 to ICD-9
- Approximations only
- Download the free tablet/smartphone app called “FindACode”
- Use the Code Map section in the ChiroCode ICD-10 book
- ChiroCode members can access the MapACode tool in their accounts
Finding the ICD-10 code

Look up 724.3 Sciatica in the “Code Map” section (this is using GEMs)
- M54.30 Sciatica, unspecified side
- unspecified codes need to be investigated

Look up “sciatica” in the ICD-10 index
- M54.3 Sciatica
- at least five characters required to code to the highest level of specificity

Now find it in the tabular list

Finding the ICD-10 code

Combination mapping:
724.3 Sciatica →
M54.30 Sciatica, unspecified side
M54.31 Sciatica, right side
M54.32 Sciatica, left side
OR
M54.40 Lumbago with sciatica, unspecified
M54.41 Lumbago with sciatica, right side
M54.42 Lumbago with sciatica, left side
How do I code for a subluxation?

739.1 Nonallopathic lesions, Not Elsewhere Classified; segmental and somatic dysfunction; cervical region, cervicothoracic region

Using GEMs / code map, we find:

**M99.01** Biomechanical lesions, Not Elsewhere Classified; segmental and somatic dysfunction of cervical region

- Note: Still no mention of the “subluxation”

How do I code for a subluxation?

739.1 Nonallopathic lesions, Not Elsewhere Classified; segmental and somatic dysfunction; cervical region, cervicothoracic region

Using the tabular list, we find:

**M99.11** Subluxation complex (vertebral) of cervical region

Note: This is not defined any further and maps back to 839, not 739
How do I code for a subluxation?

739.1 Nonallopathic lesions, Not Elsewhere Classified; segmental and somatic dysfunction; cervical region, cervicothoracic region

Using the alphabetic index (Subluxation and dislocation→cervical vertebrae) we find:

S13.1_ _ _ subluxation and dislocation of cervical vertebrae  Still 54 possible combinations!

Note: These codes all map back to 839 codes in ICD-9

How do I code for whiplash?

847.0: Sprain of neck
(includes strain and tear of joint capsule, ligament, muscle, tendon)

Using the Alphabetic index (sprain of→spine→cervical) we find:

S13.4_ _ _ Sprain of ligaments of the cervical spine

Note that there must be seven characters for the code to be complete.
How do I code for whiplash?

847.0: Sprain of neck
(includes strain and tear of joint capsule, ligament, muscle, tendon)

Using GEMs / code map we find:
S13.4xxA Sprain of ligaments of the cervical spine
S13.8xxA Sprain of joints and ligaments of other parts of the neck

Note: This represents six possible codes, depending on the 7th character, or encounter (A: initial, D: subsequent, or S: sequela).

Documentation for ICD-10

Codes must be supported by the documentation in the patient record.

The AAPC estimates an increase in documentation time of 15%.

The AAPC also found that 65% of physician notes were not specific enough.

Examples of details not necessary in ICD-9:
- side of dominance
- trimesters
- stages of healing
- laterality
- ordinality
Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident.

In ICD-9, the codes might be:
- 847.0 Cervical sprain
- 339.21 Acute post-traumatic headache
- E813.0 Motor vehicle traffic accident involving collision with other vehicle; driver of motor vehicle other than motorcycle injured

General Equivalence Mappings (free FindACode app) suggest the following codes:
- S13.4xxA Sprain of ligaments of the cervical spine, initial encounter
  OR
- S13.8xxA Sprain of other parts of the neck, initial encounter

Note: When you look up S13.4xxA in the tabular list, you will find which parts of the cervical spine it includes in the fine print. This is why you need a complete book, not just a short crosswalk list of codes.
"Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident."

In ICD-9, the codes might be:
- 847.0 Cervical sprain

The excludes2 note leads us to consider:
- S16.1xxA Strain of muscles, fascia and tendon at neck level, initial encounter

Note: Sprain and strain are separate codes in ICD-10. Crosswalks won’t tell you about this code, you need to know how to use the alphabetic index.

"Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident."

In ICD-9, the codes might be:
- 339.21 Acute post-traumatic headache

GEMs suggest:
- G44.319 Acute post-traumatic headache, not intractable

Note: In the index G44.319 is next to G44.311 which is the intractable version of this condition.
  - Intractable means “hard to control or deal with”
  - This must be documented in order to select the correct code.
"Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident."

In ICD-9, the codes might be:

- **E813.0** Motor vehicle traffic accident involving collision with other vehicle; driver of motor vehicle other than motorcycle injured

Note: External cause codes describe location, circumstances, and causes of injury. More detail is needed since these codes are greatly expanded in ICD-10. (However, they are only required if you already use ICD-9 E-codes)

"Exam findings are consistent with whiplash sprain of the ligaments of the cervical spine and strain of the muscles at the neck level. The patient also has acute post-traumatic headache, which does not respond to over the counter medications. Patient was the driver of a vehicle that collided with another motor vehicle on the interstate. He was not treated at the scene."

The ICD-10 codes in this case are:

- **S13.4xxA** Sprain of ligaments of the cervical spine, initial encounter
- **S16.1xxA** Strain of muscles, fascia and tendon at neck level, initial encounter
- **G44.311** Acute post-traumatic headache, intractable
- **V49.40xA** Driver injured in collision with unspecified motor vehicle, traffic accident, initial encounter
- **Y92.411** Interstate as place of occurrence of the external cause
ICD-10 Documentation Strategy

1. Pull out a recent patient note.
2. Locate the ICD-9 codes reported for that service.
3. Search for the ICD-10 code using one of these three methods:
   a. Code mapping (i.e. GEMs tables)
   b. A commonly used ICD-10 code list for your specialty
   c. Search for the key words in the Alphabetic Index
4. Look for the final code in the Tabular List and review the information required to report that code at the highest specificity level. Is there a 4th, 5th, 6th, or 7th character required?
5. Review in-column instructions at the level of each character. Pay particular attention to inclusion, Excludes1, and Excludes2 notes.
6. Compare the required information with the detail contained in the patient note. Is there enough detail in the documentation, or is more information needed?
7. Re-create the note to ensure that it supports the newly selected ICD-10 codes.
8. The next time a patient presents with that condition, document in the new way.

ICD-10 implementation steps

High level questions:
1. What do you already know about ICD-10?
2. Why are we changing?
3. How much do you think ICD-10 will affect your clinic?
4. Where do you plan to go for more information?
ICD-10 implementation steps

Front Desk
- System updates, training
- Management
- Vendor and payer contracts
- Budgeting
- Training plan
- Compliance plan, coding guidelines

Providers
- Documentation with more specificity
- New code specific training

ICD-10 implementation steps

Back office / billers
- New patient coverage policies
- New super bills
- New LCDs
- Code set training
- Reimbursement policies (more denials?)
ICD-10 implementation steps

Places to update ICD-9 codes:
• EHR/EMR
• Software – allow time for updates and training.
• Forms – charting forms, internal forms, etc.
• Documents – ex. ABN form
• Website
• Contracts
• Policy & Procedure Manuals
• Inter-departmental documents

ICD-10 implementation steps

Budgeting for ICD-10 falls into four categories:
1. Information systems upgrades
2. Education and training
3. Staffing and overtime costs
4. Auditing and monitoring documentation for ICD-10

According to a RAND corporation study, it could cost as much as $40,000 on average, but small clinics may be closer to just $4,000. The AMA says over $200,000.
ICD-10 implementation steps

Questions for your software vendors:
• Do I need to pay for an upgrade?
• Will the software have a built in crosswalk? If so, is it based only on GEMs?
• Will you provide any training or assistance?
• Will the software be able to report both ICD-9 and ICD-10 codes if necessary?
• When will you be ready to test your program?


ICD-10 implementation steps

Internal testing:
• Identify software issues
• Identify workflow issues
• Develop and maintain communication with vendors
• Create new forms
• Revise EHR templates
• Monitor payer notices about ICD-10

External testing
• Identify issues with transactions outside the clinic
• Receive test data reports from trading partners
• Monitor clearinghouse test transaction results
ICD-10 implementation steps

Medicare: free training, Roadmap to ICD-10

ChiroCode: free email alerts and webinars, more training, memberships, and chart audits, coding tools

FindACode: crosswalks and other advanced tools

ICD10Monitor: free articles

AAPC: books and expensive training

AHIMA: more expensive training

ICD-10 implementation steps

1. Review the basics- go over these notes again with your whole office
2. Buy ChiroCode Complete and Easy ICD-10 Coding for Chiropractic (or some other, less spectacular, comprehensive resource)
3. Dedicate a few minutes of each office meeting to ICD-10
   • Assign someone to read articles in trade journals or ICD10Monitor.com and share them at each meeting.
   • Run a report with the list of most common ICD-9 codes for your office, then create your own crosswalk
   • Take a real patient file and crosswalk it to ICD-10, then rework the documentation.
ICD-10 implementation steps

4. Use the project management steps in the book to keep on track. You will:
   - Plan a budget for implementation expenses
   - Update all your forms
   - Contact all your vendors
   - Conduct internal and external testing

5. Use ChiroCode Consulting services if you need help.

6. Have a good time!