ICD-10 Race to the Finish: 8 High Priorities in the 11th Hour

Cheryl L. Toth, MBA

As late as mid-April 2015, a survey of 121 orthopedic practices indicated that 30% had done nothing to start preparing for ICD-10 (*International Classification of Diseases, Tenth Revision*).[1] That's scary. And even the practices that had begun to prepare had not completed a number of key tasks **(Figure 1)**.

Certainly, the will-they-or-won't-they possibility of another congressional delay had many practices sitting on their hands this year. But now that the October 1, 2015, implementation is set in stone, this lack of inertia has many practices woefully behind. If your practice is one of many that hasn't mapped your common ICD-9 (*International Classification of Diseases, Ninth Revision*) codes to ICD-10 codes, completed payer testing, or attended training, it's time for a "full-court press."

Being unprepared for ICD-10 will cause more than just an increase in claim denials. If your surgery schedule is booked a few months out, your staff will need to pre-authorize cases using ICD-10 as early as August 1—and they won't be able to do that if you haven't dictated the clinical terms required to choose an ICD-10 code. Without an understanding of ICD-10, severity of illness coding will suffer, and that will affect your bundled and value-based payments. And, if you don't provide an adequate diagnosis when sending patients off-site for physical therapy, you'll soon be getting phone calls from their billing staff demanding more specifics.

The clock is ticking and time is short. Here's a prioritized list of what needs to get done.

1 Generate an ICD-9 frequency report

Identifying which diagnosis codes are the most frequently used, and therefore drive a significant portion of practice revenue, is an absolute must. The data will help prioritize training and code-mapping activities.

Most practices generate *Current Procedural Terminology* (CPT) code-frequency reports regularly, but few have ever run an ICD-9 code-frequency report. Call your vendor and ask for as-

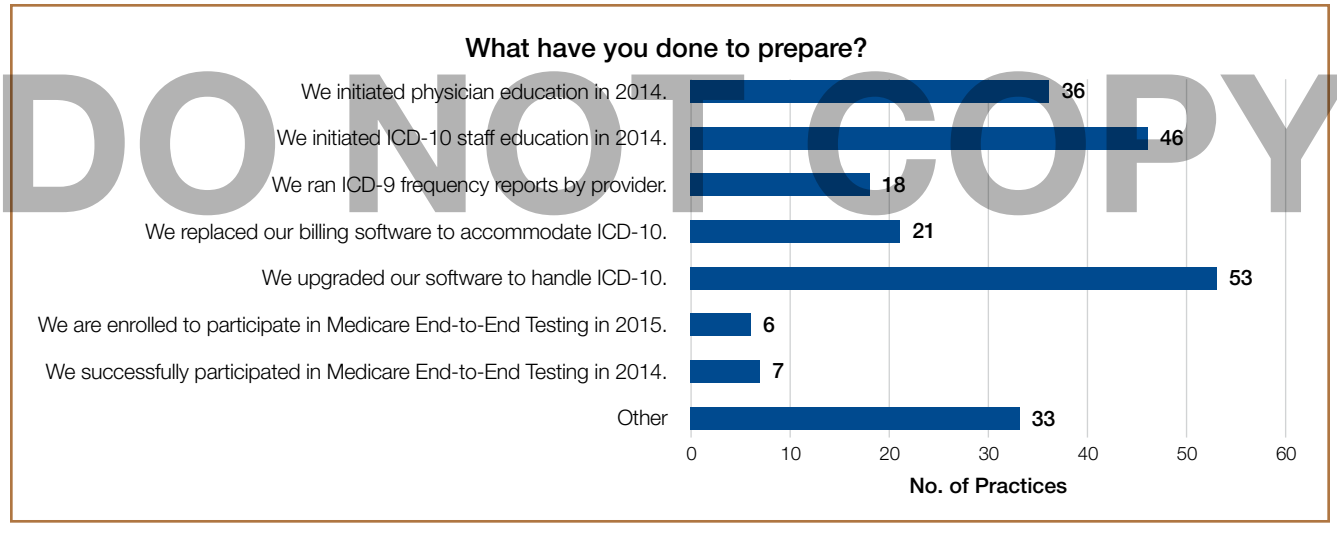

Figure 1. Results from a survey of 121 orthopedic practices indicate that many practices have inadequately prepared for ICD-10. Less than half of respondents said they had started or completed the key tasks listed.

Ms. Toth is a writer and content developer for Chicago-based KarenZupko & Associates, Inc (www.karenzupko.com). She brings 22 years of consulting, training, software product, and executive management experience to her projects.

Address correspondence to: Cheryl L. Toth, MBA, KarenZupko & Associates, 625 N. Michigan Ave., Suite 2225, Chicago, IL 60611 (tel, 312-642-5616; fax, 312-642-5571; email, ctoth@karenzupko.com).

Author's Disclosure Statement: The author reports no actual or potential conflict of interest in relation to this article.

Am J Orthop. 2015;44(7):332-335.

sistance, as there are multiple ways to run this report and they vary by practice management system. Sort the data elements and generate the ICD-9 frequency report by:

- Primary diagnosis.
- Unique patient.
- Revenue. (If your practice management system can't give you diagnosis data by revenue, which enables you to focus on the codes that generate the most revenue, generate it by charges.)

The result should be a report that identifies the 20 to 25 diagnosis codes (or charges, depending on the reports generated) that drive the most revenue for the practice. Use the data to focus and prioritize your training and code-mapping activities.

2 Schedule training

Forget about "general" ICD-10 training courses. You need orthopedic-specific guidance. That's because ICD-10 for orthopedics is more complex than for other specialties. Dictating fractures under ICD-10 is not so simple. Selecting an injury code requires confidence in correctly using the seventh character.

"Everyone who uses diagnosis codes must have baseline knowledge: surgeons, billing staff, surgical coordinators, and clinical team," according to Sarah Wiskerchen, MBA, CPC, consultant and ICD-10 educator with KarenZupko & Associates (KZA). Training must include the practical details of ICD-10, such as assigning laterality, understanding the system architecture, and limiting the use of unspecified codes.

The American Academy of Orthopaedic Surgeons (AAOS) offers a self-paced, online training series that provides details for the top 3 diagnosis codes for each subspecialty. The 10-program course, *ICD-10-CM: By the Numbers*, is available at www.aaos.org ($299 for members, $399 for nonmembers). If you prefer live instruction, there is one more AAOS-sponsored, regional ICD-10 workshop left before the October 1 deadline, and more may be added. (Details at www.karenzupko.com)

These courses provide highly specific and granular ICD-10 knowledge and incorporate the use of Code-X, an AAOS-developed software tool. They also feature tools for handling the complexities of fractures and injury codes, such as *Leo C. Far*, an acronym developed by KZA consultant and coding educator Margie Maley, BSN, MS, to make ICD-10 diagnosis coding for fractures easier **(Figure 2)**.

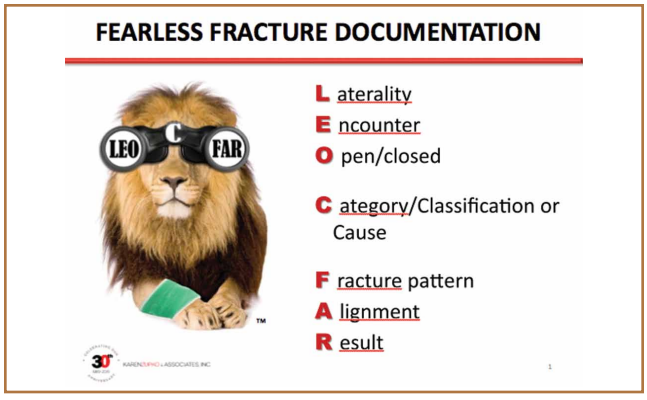

Figure 2. *Leo C. Far* is a method that makes ICD-10 coding for fractures easier. Copyright 2015 KarenZupko & Associates, Inc.

Some subspecialty societies also offer ICD-10 training. The American Society for Surgery of the Hand (www.assh.org), for example, offers a series of webinars and member-developed ICD-9-to-ICD-10 code maps.

3 Crosswalk your common codes from ICD-9 to ICD-10

Crosswalking is the process of mapping your most commonly used ICD-9 codes to their equivalent ICD-10 codes. This exercise familiarizes your team with ICD-10 language and terms, and gives a sense of which ICD-9 codes expand to just 1 or 2 ICD-10 codes and which codes expand into 10 or more codes—as some injury codes do **(Table)**.

"Attempting to map the codes before completing ICD-10 training is like trying to write a letter in Greek when you only speak English," Wiskerchen warns. "So start this process after at least some of your team have grasped the fundamentals of ICD-10." This is where the data from your ICD-9 frequency report comes in. Use it to prioritize which codes to map first with a goal of mapping your top 25 ICD-9 codes to their ICD-10 equivalents by August 31.

Invest in good tools to support your mapping efforts. Avoid general mapping equivalent (GEM) coding tools, which are free for a good reason—they are incomplete and don't always lead you to the correct ICD-10 code. Instead, purchase resources from credible sources, such as the American Medical Association (AMA; www.ama-assn.org). The AMA publishes *ICD-10-CM 2016: The Complete Official Codebook* as well as *ICD-10-CM Mappings 2016*, which links ICD-9 codes to all valid ICD-10 alternatives. The AMA also offers electronic *ICD-10-CM Express Reference Mapping Cards* for multiple specialties.

Practice makes perfect and crosswalking from ICD-9 to ICD-10 is one of the best ways for your team to become aware of the nuances in the new coding system. Like learning a new language, "speaking" ICD-10 does not become automatic just because you've attended training or completed the coding maps. Training teaches the architecture of the new coding system. Mapping provides a structured way to become familiar with the codes the practice will use most often. Once these 2 primary pieces are understood and assimilated, most physicians find that dictating the necessary new terms becomes quite easy.

4 Conduct a gap analysis to identify the ICD-10 terms missing from each provider's current documentation

Conduct the gap analysis after your team has completed training, and once you've at least begun the process of mapping codes from ICD-9 to ICD-10. Here's how:

- Generate a CPT frequency report.
- Select the top 5 procedures for each physician.

- Pull 2 patients' notes for each of the top procedures.
- Review the notes and try to select ICD-10 code(s).

If key ICD-10 terms are not included in current documentation, physicians should modify the templates or macros they rely on for dictation.

"This simple exercise makes it obvious which clinical information physicians must add for ICD-10," Wiskerchen says. For example, if the patient had an arthroscopy, but the note doesn't specify on which leg, that's a clear indication that the physician must dictate laterality. "The gap analysis is a great way to coach physicians about the clinical details to document, so staff can bill under ICD-10," Wiskerchen says.

5 Contact technology vendors

Given the number of new ICD-10 codes in orthopedics, paper cheat sheets will be obsolete. Instead, you'll need to rely on pull-down menus and/or search fields in the electronic health record (EHR) and practice management systems.

"Get clarity about how the new features and workflow processes will work in your systems," suggests Wiskerchen. "Ask questions such as: *Which features will be added or changed to accommodate the new codes? Will there be new screens or pick lists for ICD-10, or search fields? How will new screens and features change our current workflow?* And schedule any necessary training as soon as possible."

In addition to software upgrades and training, vendors and clearinghouses offer an array of services to help practices make the transition. Some vendors even provide help coordinating your internal plan with their new product features and training. Contact vendors to find out what they offer.

6 Use completed code maps to build diagnosis code databases, EHR templates, charge tickets, pick lists, prompters, and other coding tools

"Provide the code crosswalks and results of your documentation gap analysis to the IT [information technology] team so they can get started," Wiskerchen advises. "And assign a physician or midlevel provider to work with IT so that the tools are clinically accurate."

7 Schedule testing with clearinghouses and payers

"Successful testing indicates that your hard work has paid off, and that claims will be processed with few, if any, ICD-10–related hiccups," Wiskerchen says. Essentially, the testing confirms that your ICD-10 code database, pick lists, vendor features, and other coding fields are working properly. "Testing with a clearinghouse is good. Testing directly with

Table. **Sample Crosswalk of ICD-9 to ICD-10 Codes for Closed Colles' Fracture**

ICD-9	ICD-10
813.41 Closed Colles' fracture	S52.532A Colles' fracture of left radius, initial encounter for closed fracture
	S52.532D Colles' fracture of left radius, subsequent encounter for closed fracture with routine healing
	S52.532G Colles' fracture of left radius, subsequent encounter for closed fracture with delayed healing
	S52.532K Colles' fracture of left radius, subsequent encounter for closed fracture with nonunion
	S52.532P Colles' fracture of left radius, subsequent encounter for closed fracture with malunion
	S52.532S Colles' fracture of left radius, sequela
	S52.531A Colles' fracture of right radius, initial encounter for closed fracture
	S52.531D Colles' fracture of right radius, subsequent encounter for closed fracture with routine healing
	S52.531G Colles' fracture of right radius, subsequent encounter for closed fracture with delayed healing
	S52.531K Colles' fracture of right radius, subsequent encounter for closed fracture with nonunion
	S52.531P Colles' fracture of right radius, subsequent encounter for closed fracture with malunion
	S52.531S Colles' fracture of right radius, sequela
	S52.539A Colles' fracture of unspecified radius, initial encounter for closed fracture
	S52.539D Colles' fracture of unspecified radius, subsequent encounter for closed fracture with routine healing
	S52.539G Colles' fracture of unspecified radius, subsequent encounter for closed fracture with delayed healing
	S52.539K Colles' fracture of unspecified radius, subsequent encounter for closed fracture with nonunion
	S52.539P Colles' fracture of unspecified radius, subsequent encounter for closed fracture with malunion
	S52.539S Colles' fracture of unspecified radius, sequela

the payer is even better, if you are a direct submitter and it is allowed," Wiskerchen suggests. Contact your clearinghouse and/or payers for testing opportunities prior to October 1.

8 Develop a plan for a potential cash flow crunch

So what happens if your best efforts in the 11th hour still aren't enough to get your practice to the ICD-10 finish line? Prepare for the possibility of increased claim denials and temporary cash flow stalls, and put a plan in place to deal with them.

Start now by cleaning up as much of the accounts receivable as possible, and moving patient collections up front. Ask the billing team for a weekly status update of the largest unpaid balances in the 60-day aging column, and what has been done to appeal or otherwise address them. Analyze denial patterns and trends and fix their causes at the source—some may be ICD-10–related, others may simply be a gap in the reimbursement process that needs improvement.

Use payer cost estimators to calculate patient out-of-pocket cost and to collect unmet deductibles, coinsurance, and noncovered services prior to surgery. The surgeon-developed iPhone app Health Insurance Arithmetic[2] ($1.99 in the iTunes Store) can help staff do this math on one, simple screen.

Finally, secure a line of credit to guard against a claim denial pile up this fall. A line of credit mitigates financial risk by making cash available quickly, should you need it to cover temporary revenue shortfalls, meet payroll, or pay operational expenses. It's not too late to meet with your banker and apply for this protection, and the peace of mind may even help you sleep better.

References

1. KarenZupko & Associates, Inc. Pre-course survey of Q1 2015 coding and reimbursement workshop attendees. [Workshops are cosponsored by the American Academy of Orthopaedic Surgeons.] Unpublished data, April 2015.
2. Health Insurance Arithmetic. iTunes Store website. https://itunes.apple.com/us/app/healthinsurancearithmetic/id953262818. Accessed May 12, 2015.