The Building Blocks of ICD-10

by Kathleen Casbarro

Expert commentary by Dr. Gary Martin and Dr. Brian Capra

Play Time's Over

Clinicians need to keep coming coding changes in mind

"Ben!" called Carmen, "You're going to be late for work!"

Ben swung Jonathan down to the floor and settled him with crayons and paper. The time he spent with his son in the mornings helped him start his day in a great mood, but it was easy to lose track of time.

"Thanks!" he said to his wife, taking the strong, hot coffee she offered. "You don't have to go in to the restaurant at all today?"

"I have an actual day off," she beamed. "It's kids' clinic at your place today, isn't it?"

"Yes, it is, and I think it's my favorite day of the month." Ben's chiropractic office provided monthly well kid checkups for patients, and it worked out best to bunch all those appointments together. "Unless we have an emergency, it's all happy, healthy kids."

"You can just write 'Great kid!' on each chart and skip the paperwork," Carmen said with a smile.

Ben finished his coffee quickly and headed to the clinic, with Carmen's words ringing in his ears. He had been focusing on getting billing and scheduling systems in place in preparation for the ICD-10 changeover in October, but he knew he was also going to have to make changes in his clinical documentation.

What changes, though? Once again, Ben thought, he was facing a possible problem without knowing just what he was up against. He knew he did a good job with clinical documentation, but he also knew that the documentation would be key to success with ICD-10. There would be different codes for the two sides of the

body, for various levels of severity of each condition, and more—and payment decisions would be riding on making the right choices.

Ben added "clinical documentation" to his list of issues to think about. The list never seemed to get any shorter, but he felt fairly sure that he had no choice with this issue.

How can Ben get on track for the ICD-10 changeover when it comes to clinical documentation?

Note-Worthy

Office personnel have to work together to make transition easier

Pam looked up as Dr. Ben bustled into the office. "You're energetic today!"

"I'm feeling inspired," smiled Ben. "We've made some smart changes in the practice, and we have more coming up, so I think I'm ready to tackle changes in documentation."

"I'm impressed," said Pam, "but I hope you're not going to make too many changes. I feel like I've had just about all the change I can stand."

Ben was surprised. "I don't think this is going to be a problem, Pam. We know that the new ICD-10 codes that go into effect in October are going to require more detailed documentation. I'm just going to get a handle on the new requirements."

"I understand that," Pam sniffed, "but I feel like I have just gotten to where I can completely understand your notes and pick out the important keywords for coding. If I have to get used to a whole new system…well, if it's not essential, I'd rather we didn't make any more changes, that's all."

Ben took a seat. "You know there are a lot more codes in the ICD-10 system than with ICD-9 codes—"

"Don't I know it! Almost 70,000 total."

"And one of the reasons there are so many more is that the codes have to be a lot more specific. If you don't have very specific clinical documentation, it'll be easy to get the codes wrong."

Pam said nothing.

"If we have too many coding errors, or inaccurate documentation, it becomes a compliance issue."

Pam frowned. "I see what you're saying. We could face non-payment issues, or even be audited. That would be a lot more trouble than getting used to a new style in documentation."

"Exactly." Ben stood and stretched. "Tell you what, I'll work on my handwriting and punctuation at the same time."

Pam laughed—or, thought Ben, maybe it was a snort. Either way, he was ready to get on top of the new demands for documentation. It felt good to have a clear goal.

Can Dr. Ben's self-improvement plans cause trouble for his staff?

Seeking Direction

For ICD-10 transition, it's essential to choose the right path

"It's great that you're not experiencing pain any longer," Dr. Ben told his last patient of the day, "but remember to come in for regular adjustments and keep it that way."

actually causing some pain. It was slowing him down a bit, distracting him from his key priorities, and probably irritating Pam and the rest of the team. Was it better to get a head start on it now, possibly lessening the pain of the transition in October but also perhaps lengthening the amount of time there'd be pain in the office? Or should he wait till closer to the time?

In fact, maybe the best solution would be to do his documentation in the usual way and pass those on to Pam and the team, but then also to produce a second set of notes that would provide enough detail for the new set of codes? But then, Pam and the rest of the team wouldn't benefit from the head start he would be getting.

Ben suddenly realized he had been standing frozen in thought, one hand holding his car keys out in front of him and the other reaching for the door, for—well, an embarrassingly long time if anyone had happened to be looking.

The young woman hefted her tote bag and stepped through the door. "I know I should, but somehow if I'm not having any pain I don't make the time."

Ben commiserated. "Let's go ahead and make your appointment now," he suggested. "That way you'll have that part done. Pam, can you help Sheila?"

"Of course!" Pam took over with a warm smile.

Ben understood what his patient meant. He had been trying all day to get used to the new clinical documentation he'd have to be using once the shift to ICD-10 codes took place. He had tried to note which side of the body each issue involved and to write notes with the level of specificity the new system would demand. It hadn't been hard at first, but it had been a busy day. As patients mounted up and he and Pam skillfully navigated through a day filled with surprises as well as scheduled events, it

got harder to take the time for the new style of documentation— and easier to fall back on the old system he found so comfortable.

After all, it really wasn't a problem right now if he skipped the notes on laterality or wrote something with less detail. The pain wouldn't come up till later, so it was tempting to just wait till later to make the changes.

In fact, Ben mused as he moved through his end-of-day routine, making the changes now was

He shook his head and got back in motion. It was hard to know the right thing to do, that was all there was to it.

Should Dr. Ben start practicing the new style of documentation long, or wait until he has to do it?

Recipe for Success

Software solution promises to be the "secret ingredient"

"So…?" Carmen asked with an upward lilt that made it into a question, "how's the documentation going?"

"Thanks for asking," Ben said, dropping a kiss on her nose. "I think it's going to be good. You know I've been going back and forth a bit on how to approach the need for greater specificity in our documentation."

Carmen rolled her eyes. "I'd noticed. But I can see why, too. It's hard to know exactly what you need to do and what the consequences are likely to be."

"Turns out the new software we've been looking at has an internal auditing process. Basically, I think we can work with the coaches to find out just how we can use our documentation to build the right ICD-10 codes, and actually try it out and see how far we are from perfection."

"And if you're not quite perfect, you've got some time to work on it."

"Exactly. We'll be able to see what practices we don't yet have in place. We won't be taking a shot in the dark and hoping we're on the right track." Ben sniffed. "Is that sauteed mushrooms I'm smelling?"

"Yes. Mushroom ravioli tonight, with a fresh marinara sauce and garlic bread. Just a little good home cooking."

"Very good home cooking. Can I help?"

"Come keep me company while I add a little squeeze of lemon." Ben followed Carmen into the kitchen, where their son was already sitting at the table coloring.

"I really feel like things are coming together," he told his wife as he ruffled his son's hair. "Just having a clear plan and a clear goal makes all the difference."

Carmen beamed.

Ben held up his hands in mock protest. "Are you about to tell me some special way in which this reminds you of pizza?"

"Not at all." Carmen busied herself plating the ravioli and ladling on sauce. "I could however say that it's like having a great recipe and setting out all the ingredients, measured and ready, before you begin to cook." She added a slice of toasted garlic bread on each plate. "That's the way you get a perfect outcome. It's not that you don't have work to do, but you have it all laid out clearly, so success is easier."

"I'll take that," Ben smiled.

Will Ben's new tech solution lead to the perfect outcome?

The Experts Respond

Dr. Gary Martin *graduated from Parker College in 1994. He received a diplomate in neurology in 1997 and has done advanced neurology, disability, impairment, billing, and neurodiagnostic training. Dr. Gary received a BA from Wayland Baptist University in 1989 graduating magna cum laude with special honors. He has been involved in independent medical evaluations, expert witness testimony in numerous trials and hearings, peer reviews, designated doctor evaluations, and utilization reviews. He has been in private practice in Dallas for 20 years. He has consulted for ergonomics and injury prevention for Microsoft, Verizon, Southwestern Bell (ATT), Concentra, Southwest Medical, AIG, Fujitsu, and other major corporations. He has treated many professional athletes, the rock band The Eagles and other celebrity musicians, The Guess Who, and wrestlers from the WWE. Dr. Martin also teaches continuing education seminars to chiropractors around the nation teaching them to practice ethically and maintaining high profitability. He also consults doctors in areas of compliance, reimbursement, case management, asset protection, and risk management.*

In order for a chiropractic office to be successful, it is essential to balance quality care with an efficient use of time. The changeover to ICD-10 threatens to throw off that balanced, forcing practitioners—and their staff—to spend more time on documentation. Left without other options, doctors must either add hours to their workday, or steal hours away from patient care. With neither being a tenable solution, they have no choice but to cut back on their patient load.

For Dr. Ben, ICD-10 is a nightmare looming in the not-too-distant future. Fortunately, it sounds like he has a grasp on what needs to be done—just not how to sell his staff on the idea. Software that comes pre-coded with the appropriate information, and can be easily implemented into the practice workflow, offers the real possibility of relief—and continued compliance—allowing Dr. Ben and Pam to carry on with business as usual.

What ICD-10 offers, when compared to the alternatives, is a more comprehensive form of documentation, which should ultimately lead to more accurate diagnosis and treatment—serving both doctors and patients well. Yes, there are bound to be bumps along the way, but with proper implementation—including the necessary instruction and coaching—it will ultimately provide a much smoother road.

Dr. Brian Capra *started his career in private practice in May 2002 and gained experience working in practices ranging from 300 to 1500 patient visits per week. Through the personal experience of losing one of his patients he began a search for chiropractic 'practice management software' that would help him manage patient relationships. After realizing there was no true "business management software" for chiropractors on the market Dr. Capra became frustrated. Looking outside of chiropractic, Dr. Capra found the answer he was looking for in a system that uses a very unique technological advance to give doctors better control over their patient retention, revenue, and compliance with less management time. After he implemented it in his own practice, his patient retention improved, documentation and management time was cut by 33%, and his insurance collections doubled. Faced with the crossroads, Dr. Brian decided to take that new technology and methodology to the chiropractic profession. That methodology is called Single Metric Management. In 2005 Dr. Capra co-founded Genesis Chiropractic Software which has since grown to over 3,000 users across the world, asset protection, and risk management.*

It seems rather silly to fret about the changeover to ICD-10. After all, it's a requirement that, ultimately, everybody is going to have to settle into—at least until ICD-11 comes down the pike. The industry we're in is heavily regulated, so it's critical that we stay on top of regulatory changes so that we can stay in compliance, and continue to provide excellent care.

But in reality for practice owners like Dr. Ben, moving over to ICD-10 isn't about compliance at all; it's about money. For all our noble efforts and good intentions about treating patients, a chiropractic practice is—first and foremost—a business. We have staff with salaries, equipment to buy, bills to pay, etc., and those funds come from the fees we charge for our treatments. But if we don't get reimbursements from the insurance companies in a timely manner, we can't continue to operate. Short of switching to an all-cash practice, we remain reliant upon the payers; they determine our cashflow by virtue of how quickly they process claims. Changing to ICD-10 is just another hoop we need to jump through...but if we don't jump, we don't get paid.

Dr. Ben has dedicated staff—including Pam—and with their commitment to operating the best possible practice, they are sure to work out the kinks so that, when the deadline comes, they'll be ready.

What Would You Do?
Some advice from the ICD-10 community

With the big coding changes rapidly approaching, tension within the office is likely to rise. It is important that the clinicians work together to establish the biggest changes and put a plan in place to ease the transition. Research should be done in order to be prepared and so that there will not be any surprises. The more information you have, the better off you will be.
—Lisette Acevedo

Ben should start practicing the new style of documentation now as transitioning in the right direction is the key for any practice so it need to be started as soon as possible...there is no reason to wait...
—Robin Kortman

The more you know about a problem, the better prepared you are to tackle any problem head on. Prepare yourself for the changes to minimize frustration and coding errors and increase chances of being successful.
—Amy Wiko

Ben has to practice the new style of documentation now in order to be able to transition later. If he is having problems now and he will have the same problems later. He will have a harder time fixing them once the transition happens. If he get started now he can fix any problems that may arise in advance and be proactive instead of being reactive.
—Danielle Kimble

Transitioning in the right direction is the key for any practice. Ben should most definitely start moving in the right direction now. Why wait!!
—Sonia Dhawan

Attend the webinar

Genesis offers a complete solution for the ICD-10 changeover.

Visit http://tinyurl.com/oyx892e to view the recorded ICD-10 presentation,

or visit www.genesischiropracticsoftware.com to check out our other webinars.

GENESIS