



ICD-10, Here We Come!

by Kathleen Casbarro

Expert commentary by
Dr. Brian Capra and Candace Coleman

Code of Conduct

What will the new ICD-10 codes mean for Dr. Ben's practice?

"I'm a lucky man," said Dr. Ben Wilson. His wife Carmen had brought an envelope full of family photos to his chiropractic office. The two of them had taken their son, Jonathan, for a photo shoot in a community park, but the pictures looked as though they had been taken in a pristine forest. "That photographer has skills."

"True, but she also had some great material to work with," Carmen teased him.

"We are a photogenic family," Ben admitted with a wink. "I want the one with Jonathan on my shoulder for the office. We look so happy!"

"That's because we are happy," Carmen pointed out. "But you didn't actually look very happy when I came in. I thought things were going well with the practice."

"They are," Ben assured her. "But now that I'm getting control over things in the practice and feeling happier at work, I've had time to notice an upcoming change in reporting requirements that feels a lot like... hmm... maybe a giant wave coming at me."

Carmen took Ben's hand. "A trouble shared is a trouble halved. Tell me about it."

"Well, you know we use codes when we file insurance claims. By October 1, 2015, we have to change them all."

"Sounds like some extra work for your staff, but not exactly like a huge wave about to crash over your head."

"It's kind of hard to know... We don't know right now which codes for chiropractic will be identified as 'medically necessary,' for example,

and we know that it won't just be a question of renaming. We can't simply find all the 724.3 codes, for example, and change them to the single new code that will cover it. There are a lot more ICD-10 codes than ICD-9 codes, and there won't be a one-to-one correspondence. We might need to make some judgment calls about what's the best new code for a given procedure. If we make the wrong choice, we might not get reimbursed. And that's just one issue. I don't really know how many more things there are like that."

"Okay, I can see that you'll need to be involved in the change. But is it mostly just about learning the new codes?"

"I know that the new ICD-10 codes have seven digits instead of five, like the current ICD-9 codes. That could mean all new forms." Ben frowned. "I guess I just don't know what's involved, to tell you the truth. But the government notices have said that it'll affect scheduling

as well as billing, and the way doctors make notes, and -- well, pretty much everything we do."

Carmen started putting the photos back into the envelope, leaving out the one Ben had chosen for his office. "It sounds like you don't have enough information right now," she said. "I'm not saying don't worry -- it does sound like something to worry about. But it doesn't sound as though you know the size and shape of the problem yet. It's like at the pizzeria--"

Ben laughed. "Everything reminds you of pizza!"

"Okay, that might be true. But when we know we have big parties coming in, that's very different from just feeling like it's going to be a busy night. When it comes to this reporting change, you basically don't know how much pepperoni you need to have on hand."

"Pepperoni sounds good. Let's grab some lunch and I'll worry about this stuff later."

"Just don't leave it too late -- October 2015 will be here before you know it."

Trouble Brewing

What will Dr. Ben's chiropractic office face with the changes in insurance reporting?

Carmen sat on the sofa next to her husband and pulled her feet up under her. "Ben," she said, taking



his hands, "I want to know what's going on. You picked at my homemade manicotti, you provided no challenge at Wii Bowling, and you didn't even do the voices for Jonathan's bedtime story."

Ben smiled ruefully. "You're right. I've got something on my mind," he admitted. "Remember I told you about the new codes for insurance reporting?"

"ICD-10 codes?" Carmen thought back. "I remember you didn't seem to know just how they would affect you."

"Ignorance might have been bliss! I just found out that the effects are going to be significant. The AMA estimates that complying with the changes will cost a practice like mine in the neighborhood of \$83,000."

"That's not a neighborhood we'd feel comfortable in," Carmen protested. "Things have been rough with the practice already--"

"I know," Ben agreed. "It's already so stressful dealing with uneven cash flow, I don't know where I'm supposed to come up with the



funds to cover this kind of investment, but it's not optional. We have to complete these changes by October 1, 2015, or we won't get paid at all."

Carmen frowned. "Are you sure it has to cost that much? I'm pretty good at pinching pennies."

"I know you are, but this isn't like negotiating with your suppliers at the pizzeria. I can't negotiate with the government, and the the new ICD book has 1,107 pages of non-negotiable changes. We'll need software upgrades, changes in billing practices, training for all the staff... that's all going to cost."

Carmen and Ben both stared glumly ahead.

"Even if you figured out some way to do everything yourself, you'll have some opportunity costs," Carmen said. "You'd have to cut down on the patients you see or the other work your team is doing. I'm at your place a lot and I never see people sitting around doing nothing. You're already running efficiently, so extra time is the same as extra money."

"Exactly. Plus, any change increases the risk that we'll be audited or that the insurance companies won't pay claims. We don't yet know what will be considered medically necessary under the new system, but we've heard that the insurance companies will have opportunities for cherry picking. That means that

our choice of words in the notes we write up could affect whether or not we get paid."

Carmen shook her head. "You're already dealing with non-payment of claims, aren't you?"

Ben nodded. "I just don't see how we're going to get through this."

"Things are good at the restaurant. And, as I said, I'm good at pinching pennies."

Ben forced a smile. He was lucky to have Carmen, and he knew she'd do what she could, but the stress was getting to him. This was definitely not what he had dreamed of when he had set up his practice.

Appreciating the Layers

What makes the ICD-10 changeover so challenging?

"You just have to know your onions," said Carmen, waving a wooden spoon.

Ben snatched a mushroom from a prep bowl. It was always fun to visit his wife's pizzeria, even when he was worrying about his chiropractic practice. "I don't usually envy you," he said, "but just for the moment I wish onions were all I had to worry about."

"See," Carmen continued, spreading onions

over the sauce and cheese on a pizza with a practiced hand, "not everyone likes onions sliced and on the pizza, but everyone wants them in the sauce, where they don't even notice them... unless they're missing. Tomatoes, cheese, sausage -- that's the stuff people think is key to a pizza, but the onions are really essential. Without onions carefully chosen, chopped, and simmered in the sauce, you won't have the flavor."

"Down-home philosophy based on pizza," Ben laughed. "Just what I need today."

"I know this whole changeover in the insurance reporting is bothering you a lot."

"True. Payments from insurance companies are a very large part of the profit at the clinic. If I don't make the changeover correctly, I could lose out in a very big way."

"So the codes are like onions," said Carmen. "It's not something everybody knows about and notices, but it's very important. When someone says you know your onions, it means you're really knowledgeable and experienced,



not just on the surface.”
“I’m not sure they’re really talking about pizza.”

“Come with me on this,” Carmen laughed, pushing the pizza into the big oven. “The codes are changing, and you would like that to be a small thing, something your office staff can take care of, but it’s really important, the way onions are important. Just because your clients don’t notice it doesn’t mean it’s a small thing. It’s worth an investment of time and money if that’s what it takes.”

“I think it will take time and money,” Ben admitted. “The ICD-9 set has 14,567 codes, while new ICD-10 has 69,832 codes.”

Carmen turned away from her workstation to stare at her husband. “Did you make those numbers up?”

“No,” said Ben, “I have them stored right here on my phone.” He showed her the note. “I’m not sure why I’m saving these numbers, but I guess they seem to explain the reason this is such a big deal. It’s not just about changing a few numbers. Things for which we’ve been using just one code will now need to be divided up into a lot of different codes depending on lots of new criteria, including which side of the body is involved and how the patient got the injury -- there’s a special code for turtle bites, and I am not making that up.”



Carmen cupped Ben’s face with her hands, leaving his cheeks dusted with flour. “You’re a great chiropractor and you can do this. I’m just saying, accept that it’s a big deal. It’s complicated, it’s urgent, and it requires an investment.”

She suddenly sniffed the air, whirled, and pulled the pizza out of the oven.

“See,” Ben said, “you caught that just at the right moment -- because you know your onions when it comes to pizza.”

He hoped his knowledge of chiropractic would be enough to bring his practice through the reporting changes successfully. Sometimes it seemed as though the business side of the practice was overwhelming.

Something for the Pain

How can software make a difference in the ICD-10 changeover?

“Doctor!” The box on Ben’s desk squawked. Pam always sounded

professional, but Ben knew her well enough to hear the tension in her voice.

Ben hesitated for just a moment over the stack of paperwork he’d been plowing through, but decided he should respond to Pam’s obvious stress. As he neared the front desk, he heard raised voices.

“You’ve already been to the doctor!” a young woman shouted at an older man whose face was set in pain... or perhaps in stubbornness. “He’s already been to the doctor!” she repeated in Pam’s direction.

“Maybe I can help,” Dr. Ben offered.

“I was in a car accident--” the older man began.

“My dad has been to the doctor and to the hospital,” the young woman said firmly, “and they told him it was back pain and it would get better in time. They gave him pain medication to take and he won’t take it. Now he’s insisting on coming here, and I don’t think his insurance will pay. I just want to take him home.”

Family altercations weren’t as common in Dr. Ben’s chiropractic clinic as they were in hospitals, but he recognized the situation. The daughter was worried that her dad wouldn’t be able to pay, the old man was still in pain, and their worries were showing up as anger.

“Let me take these good people back and have a little chat,” he said calmly to Pam. Getting the shouting out of his waiting room was the first priority. He’d get them calmed down, explain the situation, and then bring them back to Pam for intake, and the paperwork -- well, it looked like he’d be working late again.

It was hours later when Ben had a chance to discuss the event with Pam.

“I’ve been thinking about the man who’d had a car accident,” she said. “We’re always careful to avoid using the ICD-9 code 724.5 for back pain because it tends not to get paid. We make sure to use the most specific code we can, so the patient’s insurance will be able to pay.”

Ben nodded.

“I realized that I don’t have that knowledge about the new ICD-10 codes,” Pam continued. “We’re always focused on the people we treat, but the paperwork is what allows us to keep the doors open and take care of those people. I’m worrying that the new insurance reporting codes will get in the way.”

“I think we may have a solution,” Ben said. “I’ve been talking with the people at Genesis -- the new practice management software. They had a really sensible approach to it. Three things: assessment, documentation, and

implementation. That’s better than focusing on the 70,000 new codes, right?”

“It might be,” Pam said uncertainly, “if I knew just what that meant.”

Dr. Ben laughed. “Fair enough,” he said. “What I get is that the software will cluster the codes into groups so we can drill down to the right one, instead of trying to memorize everything. We’ll be able to see the relevant ICD-9 and ICD-10 codes on the billing screen, along with which payers are using each set, and we’ll have a crosswalk that will let us learn and train before the deadline.”

“All on the billing screen?” Pam sounded excited. “That sounds workable.”

“Workable,” Ben repeated. “That’s it exactly. It’s like when we get a patient having a meltdown in the front office -- we may feel a little stress, but we have workable systems in place to handle it, and it turns out well.”



The Experts Respond

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.

Ben is suffering from the crushing weight of trying to handle this entire change by himself. Many entrepreneurs, especially in their first experience, want to do everything themselves. They're not sure enough about their needs to be confident about making the right decision when they look for resources or partners to help them, and they worry about the costs.

Unfortunately, as Ben has discovered, they don't always know all the ins and outs in every area. They think they'll maintain control and cut costs by trying to do it all themselves, but often this leads to stress and bad decisions.

The trick is to understand everything, and then delegate. A combination of automation and support will make the transition easier for Ben and his practice, and choosing ICD-10 experts to help with the transition will help Ben learn the things he needs to know to succeed after the change.

Candace Coleman is a practice success coach who works with providers to improve profitability, including revenue cycle management, performance analysis, office work flow optimization, compliance, system configuration, training, patient scheduling and no-show management, visit documentation, and billing process. Her purpose is to help practitioners and office staff reach their goals, improve patient care, and better manage their practice while spending less time on administrative tasks and more time with their patients.

Ben needs to understand that the pain of transitioning into an ICD-10 compliant software is LESS than the pain of what he is doing now. He's taking worry and frustration home with him – and that's nothing compared with the frustration he will experience on October 1 without the proper software and support.

I am working with my providers to be sure they are prepared for the huge transition into ICD-10. Incorporating a workflow centered software that offers support for ICD-10 is key so that providers can focus on treating patients and building their dream practice instead of sifting through 70,000 new codes."

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

Considering that ICD-10 includes some bizarre codes, like 'struck by Orca' for example, I would suggest that Ben focus on the codes he is actually using on a regular basis.

- Astrid Bidanec

This is not going to be the last of the major changes that will happen. Ben needs to find a system that will be able to grow with the changing times.

- Heather Miller

ICD-10 is only one of the radical changes taking place in healthcare right now. Every practice needs to begin preparing far in advance of the October deadline. In addition to the doctor and their staff being educated on the changes, they really need to make sure they are using a compliant software system that is dynamic enough to meet all the challenges we're going to face moving forward.

- Thomas Jorno

Attend the webinar

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

Visit www.genesischiropracticsoftware.com to register for the webinar or to view a recorded presentation.

