

Built-in or Bolted-on ICD-10: What's the Difference and Why Does it Matter?

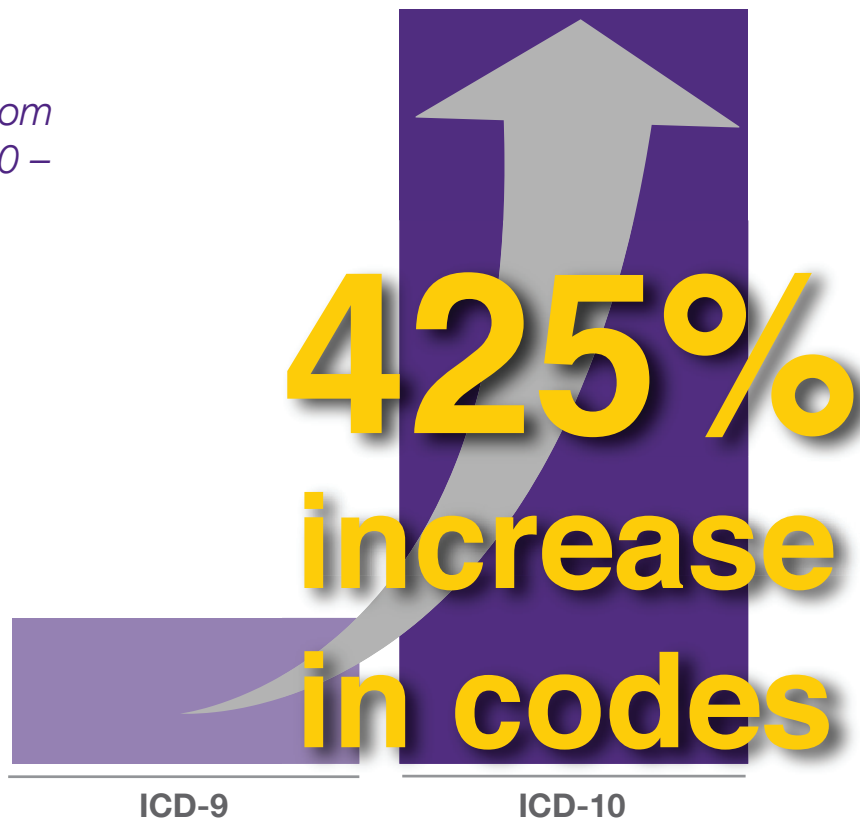
What You Need to Know about the
Different Solutions for ICD-10



The Biggest Challenge Doctors Will Face

Most doctors, if not their office managers, are aware of the impending change in medical diagnostic billing codes that will take effect. Medical practices will have a massive adjustment beginning on October 1, 2015, with the introduction of the 10th revision of the International Statistical Classification of Diseases (ICD), a medical classification list by the World Health Organization (WHO). Diagnostic codes will rise from 13,000 to more than 68,000 – a nearly 425% increase. Proper knowledge and use of the codes in billing for services will determine if doctors get paid.

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Even if physicians are aware of the switchover, many may have not seriously begun to plan for it. It's also safe to say that many don't fully understand the severity of the mandatory transition from ICD-9 to ICD-10 or the impact on their medical practices. They may also assume that whomever takes care of their billing has it under control. The alarm has long been sounded and recommendations on how to prepare abound, but what remains unclear and most misunderstood is the drastic difference between ICD-9 and ICD-10 and the solutions to handle the change without disruptions in reimbursements.

Designed to create more accurate payments, fewer rejected claims and pay-for-performance in medicine rather than payment for service, ICD-10 codes are much more specific, noting precise anatomical location involved, treatment and stage of

treatment. “In an extreme example, the ICD-9-CM code 733.82 (other disorders of bone and cartilage, nonunion of fracture) there are 2,530 corresponding ICD-10-CM codes due to the degree of specificity required in ICD-10.”¹

However, the increased number of codes, although vast, isn’t the only change with ICD-10. The complexity of the codes will also increase. ICD-9 codes are largely numeric and contain three to five digits. ICD-10 codes are alphanumeric and contain three to seven digits. It’s a complete redesign of the system that has been in use for the past 35 years. One new significant feature of ICD-10 codes is the specificity of laterality – providers will need to indicate left, right or bilateral. Also the codes for postoperative complications will be enhanced to distinguish between intraoperative complications as compared to postprocedural complications.

Additionally, providers will not only have to document more specific codes for certain conditions or injuries, but also “combination codes for certain conditions and common associated symptoms and manifestations.”²

Chances are you can easily rattle off many of the existing codes you are accustomed to using. Based on your medical specialty, it’s easy to assume that the extent of code changes won’t impact your practice. That’s a misconception, especially given the immensity of the codes and their complex nature. How long do you think it would take for you to memorize thousands of new codes just for your specialty alone?

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The two-inch thick book of new ICD-10 codes won’t help much. Imagine trying to leaf through over 1,000 pages of tiny print to find a single code. However, doctors know that a majority of exams result in multiple diagnoses and treatments, and hence numerous codes. You’re looking at potentially adding minutes for every patient visit – or adding resources to handle the extra workload.

1. <http://www.aapc.com/icd-10/conversion-mapping.aspx>
2. <http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10QuickRefer.pdf>

Technology Solutions for ICD-10

Of course, manually searching for codes is an archaic approach and there are myriad solutions, including technology-driven approaches, to help ease the burden. Yet, even with these aids, you could still find yourself in an ICD-10 conundrum, especially when it comes to efficiency and accuracy in coding.

“The problem that most EHR vendors have is that they don’t have the EHR data recorded in a way that they could create an algorithm to identify a specific ICD-10 code.”⁴

*John Lynn, EMR & HIPAA,
December 10, 2013*

Most technology offerings for ICD-10 involve code look-up or general equivalence mapping (GEM), an attempt at translating ICD-9 codes to the new codes. That method seems simple in theory, but is convoluted and can be ineffective in practice. GEM, other translation tools, and conversion software all have one thing in common: they aim to redirect you from the old ICD-9 code to the appropriate ICD-10 code, but the increase of codes and their complexity may make exact matches difficult if not nearly impossible. “Only 5 percent of ICD-10 codes match exactly to ICD-9 codes.”³

Another similarity is that these tools lack the ability to intuitively provide the proper code on their own and can require multiple steps and going back and forth between solutions, adding minutes of hunting per patient to find the correct code. Ask yourself how many patients do you see in a day. Multiply that by the time lost looking up codes. What is your time worth?

Some experts have advised providers to plan on securing loans to help finance the transition and to cover monetary losses due to inaccurate coding. Planning is vital for a smooth crossover. Your staff needs to be educated and prepared and your systems need to be ICD-10 ready, but the ultimate solution you choose to code your superbills will be of utmost importance – and it should be a better solution that gives you more security than a surplus of borrowed funds.

There are quickly becoming as many solutions offered for ICD-10 as there are new codes. It’s hard to keep them straight. And many vendors, including electronic medical records (EMR) system vendors, will say they are ICD-10 ready, but this could imply that they are merely using mapping or translation tools rather than having built-in, intelligent coding.

Just having 68,000 codes in your EMR system to choose from in long lists isn’t a time-saving or cost-effective option. For efficiency, billing codes should generate effortlessly right along with your exam notes. Your EMR should be built around ICD-10 – it should be its “native tongue”, and not have ICD-10 conversion bolted-on.

3. American Medical Association. *Preparing for the ICD-10 Code Set: October 1, 2014 Compliance Date*
<http://www.ama-assn.org/ama1/pub/upload/mm/399/crosswalking-between-icd-9-and-icd-10.pdf>

4. EMR & HIPAA. *Is Your EHR Ready for ICD-10, Not Just Say They’re Ready? – ICD-10 Tuesdays*,
<http://www.emrandhipaa.com/emr-and-hipaa/2013/12/10/is-your-ehr-ready-for-icd-10-not-just-say-theyre-ready-icd-10-tuesdays/>

Intuitive coding and billing in an EMR system isn't quite as simple as it seems. Most EMR systems follow legacy designs with templates and macros that prevent the creation and use of structured data. And structured data enables the dynamic calculation of billing codes on demand, which should ultimately save the physician and coder time. Systems with templates or unstructured data could put the time-consuming burden of code determination and verification on the office staff and physician.

Make sure you ask your existing EMR system vendor for a demonstration of exactly how ICD-10 coding will function in the solution. Have them walk you through documenting an exam and coding it correctly, step by step. Watch for signs of steps being added or access to other translation solutions required to find the proper code. Time the process. How long does it take not only to find the code, but also to compose your superbill? Check, check and double check. Note the codes the solution suggests or generates and cross check them manually to make sure they are accurate. There may be multiple codes for one disease because of the specificity. For instance, there is one ICD-9 code for insect bite. ICD-10 increases that number to 180. Wrong code, wrong or rejected payment. The close proximity in the multitude of codes for one diagnosis can trip you up.



Questions to Ask Your EMR/ EHR System Provider

Your plans for ICD-10 should be in place, but even if you already have a strategy for how you will handle the transition and are currently using an EMR in your practice, make sure you ask your vendor the following questions.

1. What is your solution for ICD-10?
2. When will your ICD-10 functionality be available?
3. Are you using look-up tables or mapping solutions in your system for ICD-10, or will your system provide the correct ICD-10 code with the exam notes?
4. How will ICD-10 affect the workflow in your solution?
5. How much longer will it take for me to code a superbill for ICD-10 than it took for ICD-9?
6. How many added steps will there be to select the correct code?
7. How do you prevent invalid or clinically inaccurate ICD-codes?

“ *What I found unique about the Modernizing Medicine ICD-10 interface was that the ICD-10 codes were identified algorithmically as opposed to doing a search. In fact, it begs the question: are there other EHR vendors that algorithmically choose an ICD-10 code as opposed to providing some interface where the user has to search and identify the code?* **”**⁴

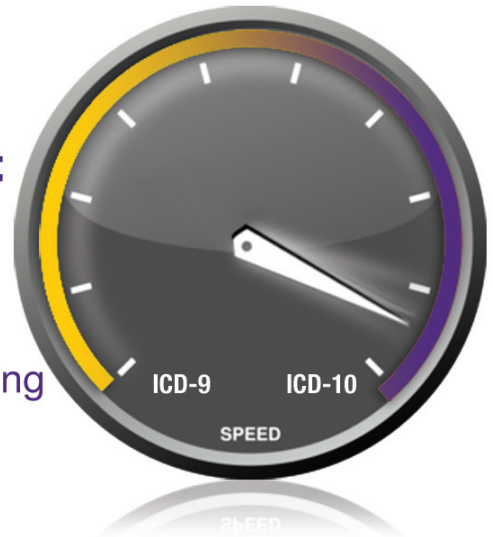
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There is a simpler way to ease your way through ICD-10. The Electronic Medical Assistant® (EMA™) is template-free and macro-free. In addition to EMA's native iPad interface that allows you to touch-and-tap through an exam and document each exam uniquely for every patient, your exam notes are simultaneously coded for billing. Imagine this power when ICD-10 hits. No tedious typing, plus effortless coding at your fingertips. No mapping or conversion software needed. It could be your best defense against ICD-10.

Just as with your current EMR system, see a demonstration of EMA and time the speed of documentation and coding for ICD-10. Most of all, compare it to the demonstration of ICD-10 in the system you are now using and with other systems to ensure you have the best possible solution, so that when ICD-10 starts, your payments don't stop.

Take the ICD-10 speed test

Compare how fast EMA™ can handle ICD-10 with your existing EMR system



Modernizing Medicine® is transforming how healthcare information is created, consumed and utilized in order to increase efficiency and improve outcomes. Our product, Electronic Medical Assistant® (EMA™), is a cloud-based, specialty-specific electronic medical record (EMR) system with a massive library of built-in medical content, designed to save physicians time. Available as a native iPad application or from any web-enabled Mac or PC, EMA adapts to each provider's unique style of practice and is designed to interface with hundreds of different practice management systems. Today, Modernizing Medicine provides specialty-specific offerings for the dermatology, ophthalmology, orthopedics, otolaryngology, plastic and cosmetic surgery markets, and to more than 1,300 physician practices across the country. In 2013 Modernizing Medicine was listed on Forbes' annual ranking of America's Most Promising Companies.

