

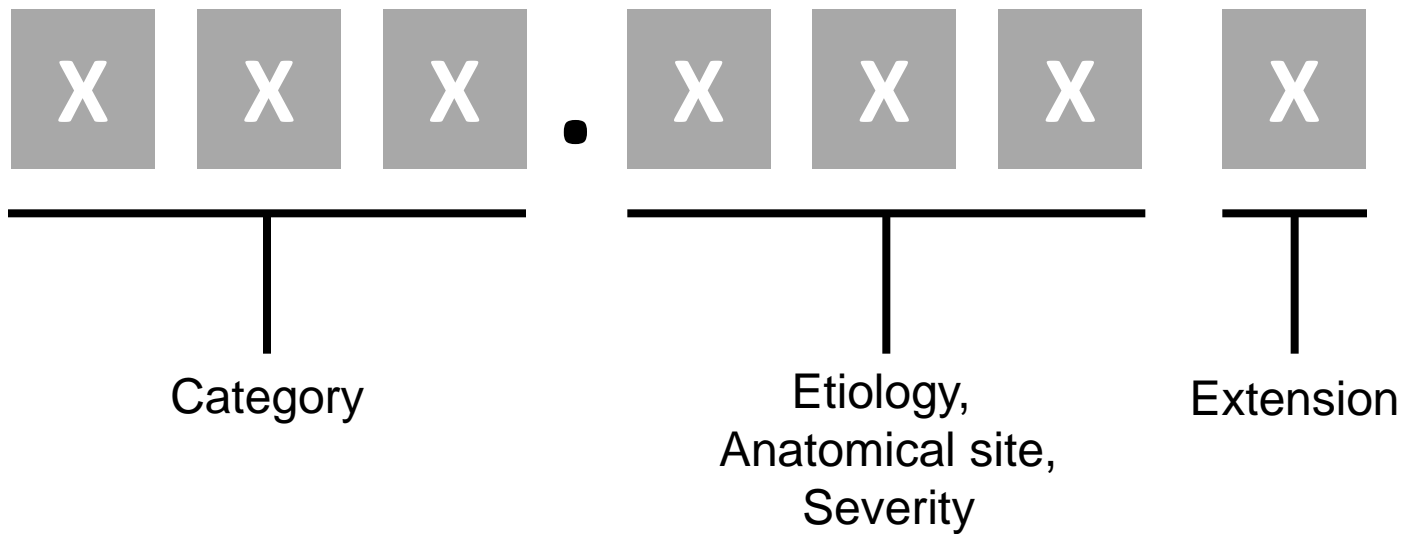


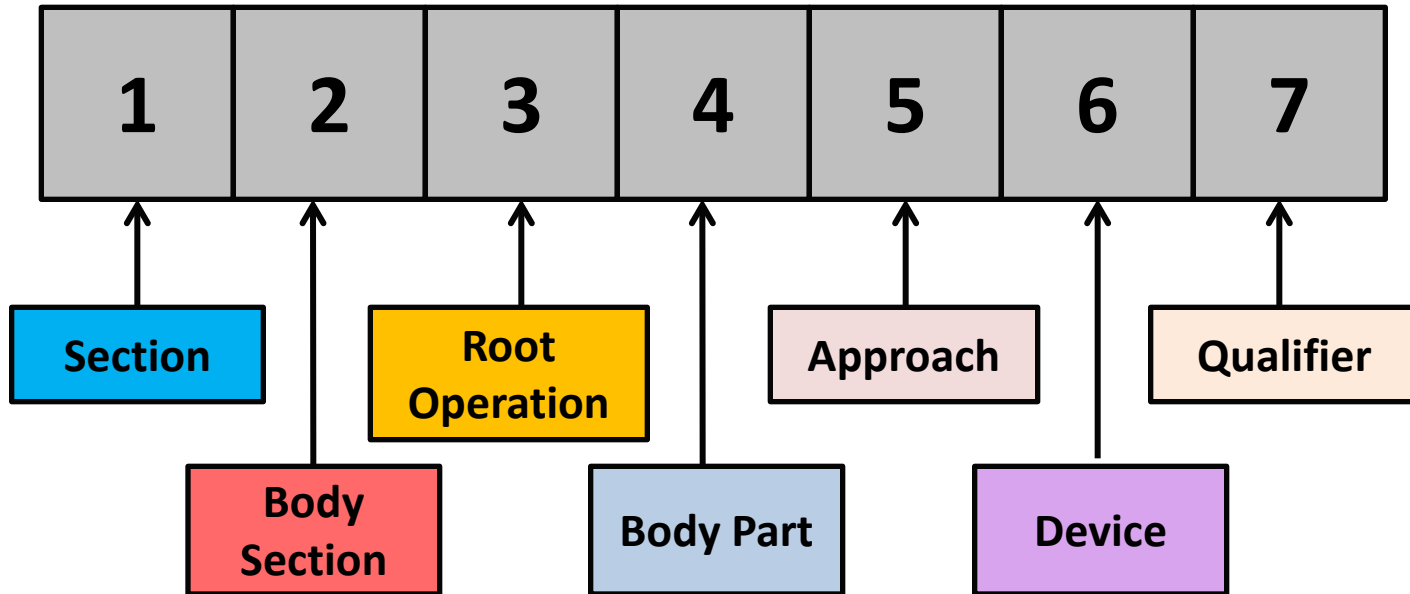
The Critical Role of the Physician

- ICD-10-CM format
- EMR
- What a Provider Needs to Know
- Making ICD-10 Manageable
- Preparation

ICD-10 Changes

ICD-9-CM	ICD-10-CM/PCS
3–5 alphanumeric characters	7 alphanumeric characters
Contains both diagnoses and procedure codes	Over 150,000 codes
Over 3,800 procedure codes which lack detail	Over 71,000 procedure codes which are very specific
Limited space for adding new codes	Flexible for adding new codes
Generic terms for body parts	Specific terms for body parts





A physician performs a laparoscopic destruction of endometriosis of bilateral ovaries.

- Code: 0U524ZZ

Character 1	Character 2	Character 3	Character 4
Section	Body System	Root Operation	Body Part
Medical and Surgical	Female Reproductive System	Destruction	Ovaries, Bilateral
0	U	5	2

A physician performs a laparoscopic destruction of endometriosis of bilateral ovaries.

- Code: 0U524ZZ

Character 5	Character 6	Character 7
Approach	Device	Qualifier
Percutaneous Endoscopic	No Device	No Qualifier
4	Z	Z

- Medical History
- Surgical History
- Related Processes
- Details
- Pre-existing Conditions

- J45.2 Mild Intermittent Asthma
- J45.3 Mild Persistent Asthma
- J45.4 Moderate Persistent Asthma
- J45.5 Severe Persistent Asthma



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Asthma

- Mild – Moderate – Severe
- Intermittent vs. Persistent
- Tobacco Involvement

Congestive Heart Failure (CHF)

- I50.1 Left ventricular failure
- I50.2 Systolic (congestive heart failure)
- I50.21-Acute systolic (congestive) heart failure
- I50.22-Chronic systolic (congestive) heart failure
- I50.23-Acute on chronic systolic (congestive) heart failure

Congestive Heart Failure (CHF) (cont.)

- 150.3-Diastolic (congestive) heart failure
- 150.31-Acute diastolic (congestive) heart failure
- 150.32-Chronic diastolic (congestive) heart failure
- 150.33-Acute on chronic diastolic (congestive) heart failure
- 150.4-Combined systolic (congestive) and diastolic (congestive) heart failure

- Left or Right
- Systolic or Diastolic
- Acute or Chronic

Linking severity, laterality, major and all complications can increase the DRG weight which will be reflected in the reimbursement by the Payer

- EMRs are tools to guide and assist providers
- EMRs should not take the place of documentation
- Physicians are responsible for documentation

- EMRs assist physicians in ensuring that documentation is:
 - Specific
 - Complete
 - Accurate
 - Captures pre-existing conditions
- Templates



What a Provider Needs to Know

- Providers do NOT need to know 150,000 new codes
- Providers DO need to know what components are needed in documentation

- Begin adding the following to physician documentation templates and queries:
 - Side of dominance
 - ⦿ Left, right, or ambidextrous (defaults to right)
 - Laterality
 - ⦿ All paired organs or structures
 - Ordinality
 - ⦿ Is this the initial visit or a subsequent visit for the complaint?
 - ⦿ Are these symptoms the sequela of the initial event?

- Educate your Coders
- Begin Chart Audits
 - Measure where you are and where you need to go
- Find Top 30 Dx
 - Flash Cards
- Template Reviews
- Vendor Assessment
- Project Management

- W5609XA: Other contact with dolphin, initial encounter



- V9542XA: Spacecraft crash injuring occupant, initial encounter



- R46.1 is “bizarre personal appearance”
- W22.02XA, “walked into lamppost, initial encounter
- W22.02XD, “walked into lamppost, subsequent encounter”
- V91.07XA, “burn due to water-skis on fire”

Questions





AAPC CEU



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