



The Coming of ICD-10: How to Keep the Workflow Flowing



Here are some recommendations
for avoiding bottlenecks.



BY HARRY GOLDSMITH, DPM

Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

We are less than one year removed from ICD-10 implementation, again. Practices should have already begun the transition preparation process. By this time, you should have contacted your software—both practice management and EHR—vendor to ensure that they are ready for ICD-10. Also, you should have contacted your practice's major payers and asked 1) if they are confident that they are/will be ready for ICD-10 and 2) when they will begin testing and how you can sign up for that testing.

Moving on in your preparation, you might want to look at your current paper or electronic charge ticket ("superbill") and see what level of updating you will need to do in order to convert the ICD-9 section to ICD-10.

Your Charge Ticket and ICD-10

When ICD-10 is implemented October 1, 2015 (can you really afford to think you'll get another reprieve through another Act of Congress?), one of the greatest impacts to your practice will be on workflow. What

exactly do I mean? Well, think of your typical practice day using your current charge ticket that lists your most commonly used ICD-9 conditions. It probably goes something like this...after you have seen your patient, I presume that you fill out the patient's charge ticket (because oth-

conditions, circumstances, and symptoms will be an eye opener. Since ICD-10 demands much more specificity in coding the patient's diagnostic/symptom/circumstance findings, you will need a form that includes potentially higher levels of coding and more exacting coding selection. And

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erwise your office manager will yell at you) identifying the services and procedures you performed as well as identifying the patient's diagnoses. That charge ticket somehow gets up at the front office where staff reviews the information, and lets the patient know how much is owed (copayment, deductible, charge for the day, past due charges, etc.). This information from doctor to front office is contained within your current charge ticket that is essentially the equivalent of one page in length.

With ICD-10, developing a charge ticket (paper or electronic equivalent) that includes the same diagnoses,

this may affect workflow, getting the information from the doctor to the biller.

What a Difference Codes That Are 6 or 7 Characters in Length Can Make

Picture this: Ms. Schwartz called the exchange this morning to let you know she missed a step and came down very hard on the left foot. She is now experiencing pain and swelling in that foot. The exchange contacts you, and you tell the patient to come to the office at 8:30 am. When she gets in, after the work-

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up, you take x-rays of the left foot to confirm your suspicions and note a non-displaced fracture of the left 5th metatarsal neck. The patient is understandably not happy. The good news for her is that she will not need surgery and can be treated conservatively with immobilization. The good news for you is that she has good insurance and has met all her deductibles for the year.

In your current ICD-9 world, when it comes time to fill out Ms. Schwartz's charge ticket, you check (or circle, your choice) "fracture, metatarsal, closed—ICD-9 825.25" along with the appropriate E/M code modified by "-57" [decision for surgery] modifier, add CPT 73630-LT for the x-ray study, and either bill for cast supplies if you apply a cast, bill for a post-op shoe, or bill for a dispensed walking boot. The charge ticket is handed to the patient or a nurse to take to the front office while you duck into another treatment room to see the next patient. This is typical workflow for a medical practice.

In your future ICD-10 world, when it comes time to fill out Ms. Schwartz's charge ticket, the possible 5th metatarsal fracture code choices go from 1 code in ICD-9 to 42 codes in ICD-10. When all is said and done, because this was the first time the patient was seen for this condition and it was a closed fracture and the fracture was non-displaced, someone in the office will look up metatarsal fracture and eventually come up with S92.355A (non-displaced fracture of 5th metatarsal bone, left foot, initial encounter), which should not be confused with an open displaced fracture of the 5th metatarsal, left foot; or a subsequent encounter for fracture with delayed healing (S92.352G); or any of the other 40 5th metatarsal fracture coding options.

If your practice happens to be limited to left 5th metatarsal fractures, you can probably still get away with a one page equivalent charge ticket with your typical workflow functions unchanged. If, however, you are like most foot and ankle specialists, occasionally you will need to

treat a right 2nd metatarsal fracture, displaced. In that case, for the sake of this article, if you were to create a "complete" foot fracture diagnostic section on your brand new-updated ICD-10 charge ticket and take the coding to, "the nth degree"—the level of highest specificity, you will need to include:

- 273 codes for fractures of the calcaneus
- 252 codes for fractures of the talus
- 21 codes for unspecified tarsal bones
- 42 codes for fractures of the cuboid

els of specificity for these diagnoses have been met...and that will take time that wasn't previously spent when checking ICD-9 codes which reflected what the patient presented, at least to the level for you to get paid.

If anything, ICD-10 will require the doctor to document findings in a more timely manner—like before any claims go out. That means in a well-run office that the front office/billing staff will need critical information like (in the case of our metatarsal fracture example):

- Which foot the fracture is on (without that information, the coding

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- 42 codes for fractures of the lateral cuneiform
- 42 codes for fractures of the intermediate cuneiform
- 42 codes for fractures of the medial cuneiform
- 42 codes for fractures of the navicular of the foot
- 231 codes for fractures of the metatarsals
- 147 codes for fractures of the great toe
- 189 codes for fractures of the lesser toes
- 42 codes for unspecified fractures of the foot and toe

That's 1,365 codes for just fractures in the foot. I'm thinking you might not want to rethink treating ankle fractures since your new "complete" metatarsal ICD-10 charge ticket is already 50 pages long. For those of you using an electronic charge ticket with an "EHR assisted" ICD-10 determiner, workflow will still radically change. Before a patient is given a receipt or the claim is prepared, someone will need to review and confirm that the required lev-

is unspecified).

- Which metatarsal is fractured (without that information, the coding is unspecified)?
- Is the fracture open or closed?
- Is the fracture displaced or non-displaced?
- Is this the first time the doctor is seeing the fracture (without the 7th character added to the code, the claim will not be paid)?
- If this a follow-up for the fracture, what is the status of the fracture?
- Is there routine healing, delayed healing, non-union, mal-union, or sequela (without the 7th character added, the claim will not be paid)?

If the doctor is interrupted during the day or nagged by the billing staff, one might assume some of the time that the doctor would ordinarily spend seeing/treating patients might be, how do I put it, sacrificed—with either the doctor seeing fewer patients per day or the doctor tacking on additional administrative time to his/her day to catch up on charts or

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to fill out the charge tickets. Slowing down the process or complicating the workflow potentially results in the office billing and collection suffering. In addition to this, in the end, someone in the practice is going to have to look up the “nth degree” code that corresponds to the doctor’s documentation for every patient. It is either going to be the doctor or staff.

The Problem, the Solution

If you are anticipating a bottleneck in workflow with ICD-10, what

is the solution? First, you have to come to the realization that you still need a workable charge ticket. Workable means that you cannot possibly include all the nth degree specificity of your typical codes on your charge ticket. It is just not practical. That’s your starting point. You need to develop something you should be doing right now—a new charge ticket (paper or electronic) for ICD-10 that has cross-walked your ICD-9 codes to ICD-10 codes. And that updated charge ticket should only identify the ICD-10 “root” codes. What is a “root” code? It is an ICD-10 code that is 3,

4, 5, or 6 characters in length. Some of those codes will be complete such as L84 (corn/callus); other codes represent an incomplete subcategory code.

These incomplete codes have a hyphen (“dash”) at the end of them. The presence of a hyphen on a code indicates that additional characters are required to complete the code selection and reach the highest level of coding specificity. Circled, check-marked, or otherwise somehow identified codes on your ICD-10 charge ticket that have hyphens at the end

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DESCRIPTION	A-D	ICD-9	DESCRIPTION	A-D	ICD-9	DESCRIPTION	A-D	ICD-9	DESCRIPTION	A-D	ICD-9
Abrasion, Ankle		916.0	Dermatophytosis		110.4	Hypermobile Foot		718.87	Osteoporosis, Disuse		733.03
Abrasion, Foot		917.0	Diabetes Mellitus		250.0	Infection, Foot		686.9	Pain Lower Extremity		729.5
Abscess/Cellulitis Toe		681.10	Dystrophic Nail		703.8	Infection, Post Op		998.59	Paresthesia		782.0
Aftercare Dress. Chg.		V58.3	Edema		782.3	Ingrown Nail		703.0	Periostitis		730.37
Aftercare Post Surgery		V58.49	Excoriation, Neuro		698.4	Injury, Foot/Ankle		959.7	Pes Cavus		754.71
Amputation Toe		V49.72	Exostosis/Spur		726.91	IPK		701.9	Pes Planus		754.61
Angiopathy, Diabetic		250.7	Failure, Implant		996.4	Joint Pain		719.47	Phlebitis, Leg		451.2
Ankle Sprain, ATF		845.03	Fissure, Skin		709.8	Joint Stiffness		719.57	Plantar Fasciitis		728.71
Anti-Coagulant Therapy		E934.2	Follow-up, Injury		V67.59	Keratoma		701.1	Porokeratosis		757.39
Apophysitis		732.5	Follow-up, Surgical		V67.00	Laceration, Foot		892.0	Psoriasis		696.1
Arterial Insufficiency		443.81	Foot Deformity, Acq		736.70	Laceration, Tendon		892.2	RA		714.0
Arteriosclerosis -ASO		440.20	Foreign Body, SubQ		729.6	Laceration, Toe		893.0	Sciatica		724.3
Arthritis Acute/Chronic		716.97	Fracture, Foot		825.20	Leg Length Discrep		755.30	Sesamoiditis		733.99
BK Amputation		V49.75	Fracture, Metatarsal		825.25	Mass, Subcutaneous		782.2	Skin Inflammation		686.9
Blisters, Foot		917.2	Fracture, Phalanx		826.0	Metatarsalgia		726.70	Sprain, Foot		845.11
Bunion, Symptomatic		727.1	Fungus Nail		110.1	Metatarsus Adductus		754.53	Status Post Op		V67.00
Bursitis, Foot		726.79	Gait, Abnormality		781.2	Met Primus Adductus		754.52	Steroid Therapy		E932.0
Calcaneal Spur, Sympt		726.73	Ganglion, Tendon		727.42	Myofasciitis		729.1	Subungual Injury		924.3
Capsulitis/Tendinitis		726.90	Gangrene, Low Extr.		785.4	Neoplasm		239.2	Tenosynovitis		727.06
Cellulitis/Abscess Foot		682.7	Gouty Arthropathy		274.0	Nerve Entrapment		355.71	Ulcer, Diabetic		250.8
Cellulitis/Abscess Leg		682.6	Haglund’s Deform		754.79	Neuritis, Peripheral		355.8	Ulcer, Ankle		707.13
Cicatrix/Scar		709.2	Hallux Abductovalgus		735.0	Neuroma		355.6	Ulcer, RF/MidFt		707.14
Contracture of Joint		718.47	Hallux Rigidus		735.2	Neuropathy		355.8	Ulcer, ForeFoot		707.15
Contusion, Foot		924.20	Hammer toe		735.4	Neuropath Diabetic		250.6	Ulcer, Stasis		454.0
Crush Injury, Toe		928.3	Heloma (Corn)		700	Onychia		681.11	Varicose Veins		454.9
Dehiscence, Post Op		998.3	Hyperhidrosis		780.8	Osteochondritis		732.5	Venous Insuffic.		459.81
Dermatitis, NOS		692.9	Hypertrophied Bone		733.99	Osteomyelitis Acute		730.07	Verruca Plantaris		078.19
									Walking Difficulty		719.77

Figure 1: Charge Ticket Diagnosis Section Sample, Current ICD-9 Codes

DESCRIPTION	ICD-10	DESCRIPTION	ICD-10	DESCRIPTION	ICD-10	DESCRIPTION	ICD-10
Abrasion, Ankle	S90.51-	Diabetes Type 1	E10-	Hypermobile Foot	M24.2-	Osteoporosis, Disuse	M81.8
Abrasion, Foot	S90.81-	Diabetes Type 2	E11-	Infection, Foot	L08.89	Pain Lower Extremity	M79.67-
Abscess/Cellulitis Toe	L02.61-	Dislocation, Foot	S93-	Infection, Post Op	T81.4	Paresthesia	R20.2
Aftercare Dress. Chg.	Z48.01	Dystrophic Nail	R60.3	Ingrown Nail	L60.0	Periostitis	M86.9
Aftercare Post Surgery	Z48.8-	Edema	R60.3	Injury, Foot/Ankle	S99-	Pes Cavus	Q66.7
Amputation Toe	S98-	Excoriation, Neuro	L83-	IPK	L85-	Pes Planus	Q66.5-
Angiopathy, Diabetic 1	E10.5-	Exostosis/Spur	M77-	Joint Pain	M25.57-	Phlebitis, Leg	I80-
Angiopathy, Diabetic 2	E11.5-	Failure, Impl	T84-	Joint Stiffness	M25.93-	Plantar Fasciitis	M72.2
Ankle Sprain, ATF	S93.49-	Fissure, Skin	L98.8	Keratoma	L84.2	Porokeratosis	L74.8
Anti-Coagulant Therapy	D68.32	Follow-up, Injury	Z04-	Laceration, Foot	S91.31-	Psoriasis	L40-
Apophysitis	M72.5-	Follow-up, Surgical	Z47- & Z48-	Laceration, Tendon	S96-	RA	M06.87
Arteriosclerosis -ASO	I70.22	Foot Deformity, Acquir	M21-	Laceration, Toe	S91.11-	Sciatica	M54
Arthritis Acute/Chronic	M07.07-	Foreign Body, SubQ	S90.8-	Leg Length Discrep	Q72.81-	Sesamoiditis	M77.8
BK Amputation	Z89.51-	Fracture, Foot	S82-	Mass, Subcutaneous	R22.4	Skin Inflammation	L08-
Blisters, Foot	S90.82-	Fracture, Metatarsal	S82.3	Metatarsalgia	M77.4-	Sprain, Foot	S93-
Bunion	M20.1-	Fracture, Phalanx	S82.2	Metatarsus Adductus	Q66.2	Sprain, Foot	S93.5-
Bursitis, Foot	M77.5-	Fungus Nail	R35.1	Met Primus Adductus	Q66.2	Status Post Op	Z98.89
Calcaneal Spur, Symptom	M77.3-	Gait, Abnormality	R26-	Myositis	M60.8-	Subungual Injury	S90-
Capsulitis/Tendinitis	M76-	Ganglion, Tendon	M67.47-	Neoplasm, Unspecif	D30.2	Tenosynovitis	M65.87-
Cellulitis/Abscess Foot	L02.61-	Gangrene, Low Extrem.	I70.26-	Nerve Entrapment	S96.2	Ulcer, Diabetic 1	E10.621 +
Cellulitis/Abscess Leg	L02.62-	Gouty Arthropathy	M10.07-	Neuritis, Peripheral	S97-	Ulcer, Diabetic 2	E11.621 +
Cicatrix/Scar	M71.5	Haglund’s Deform	M92.6-	Neuroma	G57.6-	Ulcer, ForeFoot	L97.5-
Contracture of Joint	M24.5	Hallux Valgus, Acquired	M20.1-	Neuropathy	G57-	Ulcer, Heel	L97.4-
Contusion, Foot	S90.3-	Hallux Valgus, Cong	Q66.6	Neuropath Diabetic	E10.4-	Ulcer, Midfoot	L97.4-
Corn/Callus	L84	Hallux Rigidus	M20.2-	Subungual Diabetes 2	E11.4-	Varicose Veins	I83-
Crush Injury, Toe	S90-	Hammer toe	M20.4-	Onychia/Paronychia	L03.03-	Venous Insufficiency	I87.2
Dehiscence, Post Op	T81.3-	Hyperhidrosis	L74.13	Osteochondritis	M92-	Verruca Plantaris	B07.9
Dermatitis	L24-	Hypertrophied Bone	M89.37	Osteomyelitis Acute	M86.1-	Walking Difficulty	R26.2

Figure 2: Charge Ticket Diagnosis Section Updated for ICD-10 Codes



Workflow (from page 104)

ultimately mean that someone is going to need to look up the complete ICD-10 code reflecting the doctor's findings. Figure 1 is an example of an ICD-9 section of a charge ticket (my old charge ticket).

Figure 2 is an example of an ICD-10 revised section of a charge ticket. To create your own future ICD-10 charge ticket, you will need to begin converting from ICD-9. If you haven't done this yet, what are you waiting for? Need some options on how to do this? Okay. 1) You can hire someone to do it for you; 2) You can purchase or download ICD-10 manuals, and begin converting with "Abrasion, Ankle" [or whatever your first ICD-9 code is]. If you're fast, it will take a few days; if you are slow or procrastinate, it would take you months or years. Or 3) you can subscribe to the APMA Coding Resource Center, and use the ICD-10 Quick Index or use the ICD-9 to ICD-10 Crosswalk tool or the ICD-9 Quick Index code crosswalks, and convert a hundred or so ICD-9 codes to the root ICD-10 codes.

Nice First Step— What About Codes with Hyphens?

Congratulations on preparing for October 1, 2015 (count on it) and developing your updated charge ticket. You have completed the first step in the process. In order to ensure your future workflow doesn't bog down when ICD-10 is here, you need to come up with a solution to "getting to the nth degree coding beyond the root code (e.g., V97.33- what are the other characters needed to complete the code) without wasting a lot of time communicating between the doctor and the biller; without wasting the biller's time looking up things in your nice, thick ICD-10 manual?"

I'm glad you asked. Some solutions include 1) purchasing or obtaining a "cheat sheet" of codes related to a foot and ankle specialist that includes nth degree completed codes (that might

be somewhere on the order of 25 to 100 pages, depending on the font) or 2) developing your own "cheat sheet" (size will depend on the number of codes you include—don't forget your

page" the term "joint" or just use the right side scroll bar to rapidly get to "joint" in the alphabetized (A to Z) ICD-10 Quick Index. When you see the general term "joint", scroll until

The presence of a hyphen on a code indicates that additional characters are required to complete the code selection and reach the highest level of coding specificity.

149 great toe fracture codes.

A third option would be to get a subscription to the APMA Coding Resource Center (www.apmacodingrc.org) which is available for members and non-members. Once logged on,

you see "joint pain, ankle and (joints of the) foot M25.57-". Click on "Show Note" associated with the root code M25.57- and you will see (Figure 3).

Since it is the left ankle that has the pain, your selection would be M25.572 (pain in left ankle and joints of left foot). You are finished. You've reached the nth degree code. Depending on your typing skills and/or browser speed, from the time you logged on to get to this point, it should have taken you roughly 18-25 seconds.

Educational Note: Whenever you see "and" in an ICD-10 description, it means "and/or"

As long as your front office staff has the clinical details (anatomical site and other ICD-10 relevant information) regarding the diagnosis, condition, circumstance, and/or symptom, the impact

to your office's efficiency and productivity—i.e., workflow—should be minimal given the right coding tools and development of a charge ticket containing as much information as practical.

Note: A "clear" version of ICD-10 Superbill Diagnosis Section image is available as a pdf for Codingline Gold subscribers (www.codingline.com/gold.htm—in The Library tab) and APMA Coding Resource Center subscribers (www.apmacodingrc.org—in the Library tab under ICD-9-CM and ICD-10-CM Documents)

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Notes:
Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition

Excludes2: arthropathic psoriasis (L40.5-)
certain conditions originating in the perinatal period (P04-P96)
certain infectious and parasitic diseases (A00-B99)
compartment syndrome (traumatic) (T79.A-)
congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
endocrine, nutritional and metabolic diseases (E00-E88)
injury, poisoning and certain other consequences of external causes (S00-T88)
neoplasms (C00-D49)
symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)

Includes: Disorders affecting predominantly peripheral (limb) joints

Excludes2: abnormality of gait and mobility (R26.-)
acquired deformities of limb (M20-M21)
calcification of bursa (M71.4-)
calcification of tendon (M65.2-)
difficulty in walking (R26.2)

Excludes2: pain in foot (M79.67-)
pain in limb (M79.6-)
pain in toes (M79.67-)

34 M25.57 Pain in ankle and joints of foot
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot
M25.579 Pain in unspecified ankle and joints of unspecified foot

Figure 3: APMA CRC ICD-10 Favorites Sample for M25.57

open it to the ICD-10 Quick Index tab and search for a diagnosis, condition, or symptom. Once you find it, click on its "Show Note" button and a window will open revealing any related specific ICD-10 notes, instructions, Excludes1 and Excludes2, and the nth degree "level of highest specificity" code choices for the diagnosis. You don't have to search further.

Let's demonstrate with a patient diagnosed with joint pain in the left ankle. Assuming you're already logged on, click on the ICD-10 tab (which default opens to the ICD-10 Quick Index), either type in "Find in



Workflow (from page 105)

DISCLAIMER: I am a consultant for the American Podiatric Medical Association and work on the development and maintenance of the APMA Coding Resource Center. I have no financial interest in the APMA Coding Resource Center (www.apmacodingrc.org). I, however, promote it because it is the best tool out there for foot and ankle specialists...and it's a bargain...and part of the profits go to the APMA Educational Foundation Student Scholarship Fund.

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Dr. Goldsmith of Cerritos, CA is editor of Codingline.com and recipient of the Podiatry Management Lifetime Achievement Award.