Review of Optometric Business

EHR: Your Transition Tool to ICD-10

By Robert L. Bass, OD, FAAO; and Robert Day, Jr., OD

SYNOPSIS

Ease your transition to ICD-10—and reduce claim rejections and lost revenue—by utilizing new technology in your EHR.

ACTION POINTS

PRACTICE MAKES PERFECT. Try dry runs with make-believe patients to test doctor and staff knowledge.

OFFER TRAINING. Use vendor and industry resources to train staff on the nuances of ICD-10.

PREPARE FOR FIRST DAYS. Slow down or close on Sept. 30, 2015, to file last ICD-9 claims before new system, and consider seeing half normal patient load Oct. 1-2.

The transition from ICD-9 to ICD-10 represents a steep challenge for many practices. Robert L. Bass, OD, FAAO, owner of Optometric Associates, PC, in Manassas, Va., and Robert Day, Jr., OD, owner of Broadway Eye Center in Garland, Texas, recently shared with ROB how they are using their electronic health record solutions to ease the transition to ICD-10 coding by the mandated October 1, 2015, deadline. Dr. Robert Bass uses Eyefinity EHR, a cloud-based solution. Dr. Day uses ExamWRITER a server-based solution.

Robert L. Bass, OD

How Ready Are You For ICD-10?

What makes the switch to ICD-10 difficult?

Dr. Bass: The increase in the number of codes (nearly five times as many with ICD-10) makes this transition complex. But the true complexity of ICD-10 is how it will impact every area in a practice. Practices will have to review their operational and exam documentation processes, as well as their technology (practice management and electronic health record software). Staff training and education, along with practicing with the new ICD-10 codes, is essential to a smooth transition to ICD-10. The financial impact that this transition could cause a practice is also what makes it difficult. It is imperative that practices put in

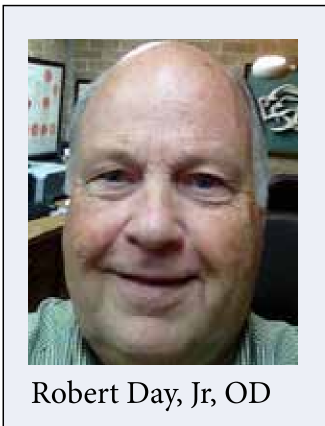
the time to prepare, train their staff, and upgrade or adopt an electronic health record with an auto-coding solution for a smoother transition.

The beauty of Eyefinity EHR is you and your staff do not need to do anything differently; the same exam with new codes. Eyefinity EHR was built for ICD-10 with the new specificity. The US is behind other countries that have used ICD-10 for years, so Eyefinity EHR can be used in a dozen different languages. The software is ready, but are the payers? My staff is training on the coding specificity to double-check my own coding, the software and the payers….that is all I feel will be different.

Dr. Day: Learning ICD-9 versus ICD-10 is very much like comparing learning multiplication tables to learning calculus. I can't remember a time when I didn't know my multiplication tables, but I remember struggling to learn calculus all too well. Learning multiplication tables was a straightforward process where one problem produces only one answer. For example, 2×2 can only equal 4—easy enough, right? Then you advance to calculus (particularly differential) where one problem can produce multiple possible answers. The learning process is far more complex, and the answers, at least initially, are far less obvious. But it can be done; you just need to spend the time to identify your best resource and to understand your goal.

Editor's Note: *For eye trauma, there are additional numbers to indicate location where the injury to the eye took place, and whether the injury was intentional (self-inflicted) or accidental.*

You both mentioned the importance of using an EHR solution. How does an EHR ease the transition to ICD-10?



Robert Day, Jr, OD

Dr. Bass: There is not a one-to-one match from ICD-9 to ICD-10 codes. The key driver for correct ICD-10 codes is your exam documentation. Since ICD-10 codes are more specific than ICD-9 codes, there is not a one-to-one match. The AOA cheat sheet or reference guide is 300 pages. An EHR with auto-coding can generate the ICD-10 code based on your exam documentation. Eyefinity EHR uses intelligent, auto-coding to produce the appropriate ICD-10 codes and ensures that you have the proper documentation to support them. Also, my exam documentation process has not changed from ICD-9 to ICD-10. With the exception of trauma coding, I will go through the same steps to produce ICD-10 codes as I do today to produce an ICD-9 code.

Ensuring you have an EHR is essential. Using ICD-10 codes is not only legally required to file insurance claims, but doing so incorrectly will result in lost revenue and lost staff time. Every time a claim is rejected and sent back to the office, a staff member must figure out the error, re-code and re-submit. This can take up to an hour of staff time. If your staff is not able to correctly submit the claim, you lose out on the reimbursement, which could mean the loss of hundreds of dollars just for one patient.

Editor's Note: *The doctor, not the staff , is responsible for correct coding. It is a common mistake to let staff code without the doctor double-checking, then when there is an error, to try to blame the error on staff. Coding rules say it is the doctor who is ultimately responsible, and cannot blame anyone else for errors.*

Dr. Day: I use ExamWRITER, the on-premises EHR from Eyefinity, as my EHR solution. It also uses intelligent, auto-coding technology to automatically generate the appropriate ICD-10 code based on my exam documentation. The auto-coding that both ExamWRITER and Eyefinity EHR provide is not a translation of

ICD-9 to ICD-10. ICD-9 and ICD-10 are two different "languages" trying to describe an impression of a disease. The software helps come up with the correct coding for ICD-10.

Because ICD-9 is such a limited language, auto-coding must go back to the original impression of the disease to correctly code the extensive language of ICD-10. Without using the original impression, Blepharitis (ICD-9 373.00) is translated to ICD-10 H01.009 (unspecified blepharitis, unspecified eye, unspecified eyelid), which is very sloppy coding and of limited value.

More importantly, unspecified eye and unspecified diagnosis violates the Correct Coding Policy. An eyecare provider should be able to identify the specific eye and the specific diagnosis. For this reason, ICD-9 to ICD-10 Crosstalk programs (often found on the internet) often fail to give correct coding. To use ICD-10 coding, doctors and staff should only need to learn to accurately document the disease impression in the record, and their EHR's auto-coding function should find the correct ICD-10 code.

If you have documented in your medical EHR: bacterial blepharitis, right eye, you have a specific diagnosis and a specific eye, then the EHR can come up with the appropriate ICD-10 code. If you just documented blepharitis, then the software cannot come up with the correct code because your medical documentation is incomplete because it does not know the specific diagnosis nor the specific eye.

Without auto-coding, a slightly more complex patient with hyperopia, myopia, astigmatism and cataracts might take 6-8 minutes because hyperopia (four), myopia (four), astigmatism (4), cataracts (29 age-related cataract codes) would be 1,856 (4x4x4x29) possible combinations. Without auto-coding, the time required to code patients by looking up ICD-10 codes in references will vary depending on the diagnosed disease. A simple patient with myopia, presbyopia and astigmatism might take only 1-2 minutes because myopia (4 possible codes), astigmatism (4 possible codes) and presbyopia (only one possible code) have 16 (4x4x1 = 16) possible combinations.

A slightly more complex patient with hyperopia, myopia, astigmatism, and cataracts might take 6-8 minutes because hyperopia (four), myopia (four), astigmatism (4), cataracts (29 age-related cataract codes) would be 1,856 (4x4x4x29) possible combinations. A corneal injury might take 3-5 minutes to diagnosis/treat and 10-15 minutes to document the manifestation, cause, place of occurrence, activity of occurrence and status because of the thousands of possible combinations of these five required ICD-10 codes. Without auto-coding, an average 4-5 minutes might be added to each patient, which might result in the necessity to handle 2-3 less patients per day. Less patients means less pay for staff and doctors.

What are you doing in your practices to prepare for ICD-10?

Dr. Bass: Eyefinity EHR has been ICD-10-ready since October 2014. My staff and I have tested the EHR several times to ensure we understand the updated ICD-10 codes. I use the Eyefinity EHR sandbox to practice ICD-10 coding by doing an eye exam with a make-believe patient to test myself and my staff.

We plan to run tests with our clearing house before October. We also plan to be financially sound with back-up funds in case of a slowing cash flow. I already have a line of credit for my office; I have personal savings for the worst case that I cannot pay myself. I would hope for no more than month or so for problems to settle out, but I would plan on a year for all payers to be perfect.

I plan to be fully prepared for the transition. If any problems occur, it will be with unprepared insurance companies or clearing houses.

Dr. Day: I have been helping Eyefinity with the transition to ICD-10, so as practice owner, I have been

preparing for this transition since last year when CMS/Congress set the October 1, 2015, deadline. However, we did not start training our office staff and the other doctors until January 2015. Since that time, we have completed the following steps:

1. All staff and doctors viewed the first two AOA webinars "ICD-10-CM Are You Prepared?" I have personally viewed the other videos in the series several times, but we are not having the staff or other doctors view them. Since OfficeMate/ExamWRITER has true auto-coding, our staff and doctors require much less training on the ICD-10.

2. The office frequently visits and reviews the resources on the Eyefinity ICD-10 Resource Center, including reading FAQs and attending webinars. You can also view an Eyefinity webinar on ICD-10 preparation by clicking HERE.

3. The ICD-10 version of OfficeMate/ExamWRITER (version 12) has been downloaded installed on our server and workstations. All staff and doctors reviewed the Eyefinity "What's New in OfficeMate/ExamWRITER 12.0" documentation, which has been helpful in understanding the ICD-10 new coding concepts of Stage, Top/Bottom, With/Without, Etiology, Encounter and Injury.

4. We plan to use the OfficeMate/ExamWRITER sandbox to practice with mock patients. We will document eye diseases, post charges and print HCFA 1500s. During the CMS Testing Week (June 1-5), we plan to use our OfficeMate/ExamWRITER v12 to create a test file composed of mock patients for electronically submitting to our insurance clearinghouse. During our September staff meeting, we plan to use the staff as "live" patients through the process (from initial welcome sign-in to check-out) using ICD-10 coding.

Preparing adequately for the transition to ICD-10 is important. A bad transition to ICD-10 would mean that no claims could be filed for 90 percent of our patients after Oct 1, 2015, and cash flow through the practice would become a trickle. Within a few months the practice would close. A poor transition to ICD-10 would mean lost doctor and staff productive time with delays in patient movement through office, delays in delivery of materials (glasses and contacts) to patients, rejections in billing by third-party programs, slower payments to supplies and labs, and ultimately, lower profitability.

In contrast, a good transition would mean patients notice no decline in the care, and staff can discontinue their anxiety medications.

To ensure a smooth transition, we plan to stop seeing patients at noon on September 30, 2015, so that all ICD-9 exams can be filed with the various insurance companies before October 1. On October 1-2, we will be scheduling at about half of our normal pace. For the two weeks after that, we plan to have an extra review of all claims before filing. Extra staff meetings will be scheduled for the first two weeks of October to discuss how the process is working and make adjustments as necessary.

October 1, 2015, will be a big day for the entire healthcare industry. Technology, in conjunction with training and education, can help ease the transition into the new ICD-10 coding solution.

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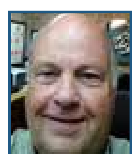

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