In last month’s AAOS Now roundtable, “Making the Most of PAs and NPs,” Thomas F. Murray, Jr, MD; Gail S. Chorney, MD; Anthony V. Petrosini, MD, and Kemuel Carey, MHS, PA-C, ATC, shared valuable insights on how to effectively use physician assistants (PA) and nurse practitioners (NP). This article covers essential billing research steps for groups who are new to using these providers, collectively described as nonphysician providers (NPPs).

Read Full Article

Mapping Your Way to ICD-10
As orthopaedic surgeons and their practice teams ready themselves for the implementation of ICD-10, a team-based transition action plan is essential. One step in making the transition is known as “mapping.” Mapping describes the process of comparing the codes currently used in ICD-9 to those that will be used in ICD-10 for the same condition or injury.

Read Full Article

Five Frequently Asked Questions About ICD-10
Five Frequently Asked Questions About ICD-10
Sarah Wiskyken, MBA, CPC

During the AAOS-sponsored ICD-10 education courses presented this year by KarenZupko & Associates, orthopaedic surgeons, practice managers, and staff had plenty of questions about ICD-10. Here are five that were frequently asked.

1. If we’ve been using unspecified codes before, why can’t we use them now?

For orthopaedists, a key feature of ICD-10 is its expansion to include greater detail about the injury and condition treated. In ICD-9, an “unspecified” diagnosis code may have been the only option, but that will not often be the case in ICD-10.

If greater specificity exists within a code category for laterality, anatomic site, and other condition-specific descriptors, and these details are known, they should be reported in the diagnoses selected. Using unspecified codes when more specific descriptors could be added means future claims could be rejected, payment delays, and more work by staff and physician when codes must be corrected.

2. Must ICD-10 codes be used beginning Oct. 1, 2015, regardless of the date of service?

ICD-10 implementation is service-date specific; this means that information systems must be "EHLF"ed during the transition period. Physician claims for dates of service prior to Oct. 1, 2015, will be reported using ICD-9, and claims for dates of service after Oct. 1, 2015, will be reported using ICD-10.

The exception is surgeries that are scheduled before Oct. 1, but will occur after Oct. 1. In these situations, presentation must be completed using ICD-10 codes. This requires that staff and physicians understand the codes well in advance of the October deadline. The Centers for Medicare and Medicaid Services (CMS) and other payers are already expanding their medical necessity policies to include ICD-10 codes.

During the AAOS-sponsored ICD-10 education courses presented this year by KarenZupko & Associates, orthopaedic surgeons, practice managers, and staff had plenty of questions about ICD-10. Here are five that were frequently asked.

Read Full Article

6 Action Steps for Getting Documentation Ready for ICD-10
We are less than a year away from the biggest change to healthcare administration in decades. Yet, many practices are woefully behind when it comes to their ICD-10 conversion planning. And some physicians still mistakenly believe that this is a job for their billing staff.

Read Full Article

When “7” Is Not a Lucky Number
When “7” Is Not a Lucky Number – November 2014
by Margaret M. Maley, BSN, MS

Using the 7th character extension in ICD-10-CM for orthopaedic injuries

The 7th character extension represents a major distinction between the International Classification of Diseases, Ninth Edition (ICD-9) and the International Classification of Diseases, Tenth Edition (ICD-10). A clear understanding of the 7th character is imperative due to its extensive use in orthopaedics.

Read Full Article

Follow an eight-step formula for correct spine coding
Reporting the “just right” CPT codes isn’t easy for spine surgeons and coders. In fact, it is complicated. If you under code, in effect, you “pick your own pocket” by losing revenue and/or relative value unit. Overcoding leads to denials, inflated accounts receivable and a possible audit with a payback.

Try this organized approach to answer key questions to submit accurate codes the first time. The benefit of using our technique means you increase the chance of your claim being coded correctly — with no reworks, denials or time-consuming appeals.

If you are in academic practice, share this technique with your fellows and residents. For private practice surgeons, keep the Figure on your phone to use as a dictation prompt to make sure your operative reports have all necessary information. Coders will also benefit by using these eight steps as their guide.

Read Full Article
In May of this year, the Office of the Inspector General (OIG) published a report describing, among other things, its methodology for evaluating E/M code documentation during audits for the Centers for Medicare and Medicaid Services (CMS). In addition to the OIG’s typical review method and process, the report contained the following (italics ours):

Read Full Article

Follow an Eight-Step Formula
for Correct Spine Coding

Follow an Eight-Step Formula for Correct Spine Coding – September/October 2014
by Teri Romano, RN, MBA, CPC, CMDP and Kim Pollock, RN, MBA, CPC, CMDP

As part of the new Spine Coding Source column, Spine Surgery Today will begin discussing relevant spine coding issues for surgeons. We hope this new feature will enhance your practice and help clarify areas of difficulty. We are pleased to work with coding experts, KarenZupko & Associates. Our goal is to provide our readers with up-to-date coding changes and practice optimization tools. We look forward to your comments and suggestions for future topics.

Read Full Article

ICD-10 Focus on Common Knee and Shoulder Codes

Margaret Maley, BSN, MS
Much has been written about the explosion of diagnosis codes under the International Classification of Diseases, 10th Edition Clinical Modifications (ICD-10). The amplified granularity of the system and the addition of laterality coding will certainly have an impact on orthopaedics. The ICD-10 implementation delay until Oct. 1, 2015, gives orthopaedic practices an opportunity to take a focused look at the most commonly used codes in ICD-9 and map them to the corresponding codes in ICD-10.

With ICD-10, orthopaedic surgeons will be required to document the location and severity of most injuries and fractures with increased specificity. However, an overview of some common shoulder and knee diagnosis codes reveal that not all codes have expanded exponentially. Table 1 shows knee diagnoses with one-to-one mapping from ICD-9-CM (ICD-9) to ICD 10, with the addition of laterality.

Read Full Article

---

**Hit by an Alligator or Crushed by a Crocodile**
Hit by an Alligator or Crushed by a Crocodile – June 2014
by Margaret M. Maley, BSN, MS

Does ICD-10 require this reporting?

External cause codes in the International Classification of Diseases, 10th Edition (ICD-10) have been the source of much hilarity—and considerable concern. After all, who would ever consider the need for a code to report the following incidents?

Read Full Article